

The Art of the Deal

J.S.G. Boggs draws money for a living. What's his exchange rate?

By Jesse Walker

Artist J.S.G. Boggs is famous for drawing intricate but slightly skewed versions of the national currency, asking businesses to accept one of these bills in lieu of ordinary dollars, then asking for the correct change. Anyone willing to take this leap of faith and accept the bill will soon find collectors offering him thousands of Treasury-approved dollars for it. In a sense, Boggs is issuing his own currency, backed by the full faith and credit of the fickle art market. If it sounds a bit like a confidence game, that may be because it's public confidence that gives money value in the first place.

Critics and journalists love Boggs' work, but lawmen are sometimes less tolerant. In 1986, the British government charged him with counterfeiting, even though he has never represented his work as "real" money. He won that case, but that hasn't kept other police forces from harassing him. Late in 1992, the U.S. Secret Service raided his workshop, confiscating drawings, receipts, even press clippings. Eight years later, they've neither filed charges against the artist nor returned his property.

More recently, Boggs has designed an



electronic image—or rather, a rapidly shifting flux of images—for an encrypted online currency to be unveiled later this year by Blue Spike Inc. And the University of Chicago Press has published an excellent book about the man, his art, and the issues his art raises: *Boggs: A Comedy of Values*, by Lawrence Weschler.

Boggs, 45, divides his time between New York City and St. Petersburg, Florida, where I reached him by telephone.

Q: What's the status of your conflict with the Secret Service?

A: They confiscated over 1,300 items of my property. But when I went to collect them, there were only a couple of hundred items in the box—and they wouldn't even allow me to inventory them. So I'm going to have to go back to court.

Q: Isn't there a sense in which fights like that magnify the point your art is making?

A: It magnifies several points. One is that art in this country is not properly understood, respected, or valued. Another is the discrepancy between what we represent as our beliefs and

what we actually practice. In this country, we're supposed to have due process, and we're supposed to have respect for private property.

Q: If I drew a dollar bill and signed your name to it, would I be a forger or a counterfeiter?

A: A forger. I don't make money; I make works of fine art.

Q: Have you ever drawn a currency that was subsequently devalued?

A: Yes.

Q: Did the price of your drawing drop after the devaluation?

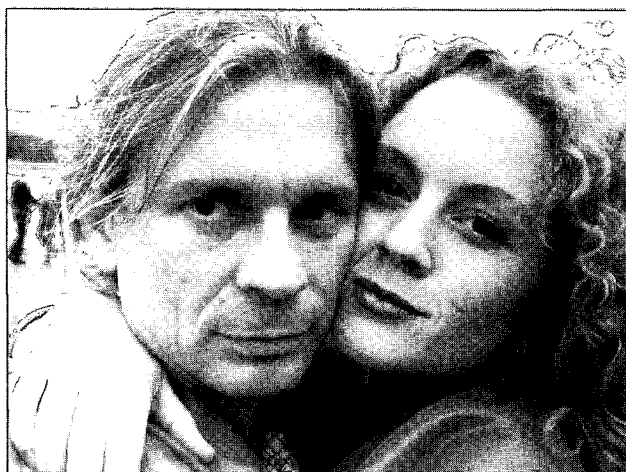
A: No—my work has a nasty tendency to keep appreciating.

Q: What's the oddest thing you've ever bought with a Boggs bill?

A: I've bought everything with Boggs bills. Hot dogs, watches, airplane tickets, rent, clothing, jewelry—anything.

Q: Have you ever drawn a campaign contribution?

A: No, but I've drawn a charitable contribution. I drew a \$1 bill, which I gave to the New York Dance Company as a donation valued at \$1. They put it up for auction and sold it for \$5,000. The person who bought it sold it for \$10,000. Last I heard, the current owner was offered \$25,000 but declined to accept it.



J.S.G. Boggs and his money (top).

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"The idea that addiction is a disease," he declares, "is the greatest medical hoax since the idea that masturbation would make you go blind."

In taking on the prevailing wisdom, Schaler shows a sharp eye for contradictions, non sequiturs, and unfalsifiable claims. "Addiction is a 'disease' to be 'treated,' yet 'treatment' consists of talking sessions aimed at changing the addict's beliefs and motives," he observes. "Ironically, the fact that addiction treatment does not work helps to convince people in the addiction treatment field that addiction is a disease. What else could account for the tenacity with which addicts cling to their addictions? Could it be that people sometimes freely choose to do foolish and self-destructive things? Inconceivable! It must be a disease that makes them do it."

Marlowe is not nearly as wary of talking about addiction as if it were a medical condition. Growing up in New Jersey, she saw her father, a research chemist and patent attorney, succumb to Parkinson's disease, an experience that colors much of her memoir. At one point she tentatively likens her habit, "with its intimations of loss of bodily control," to her father's condition (though she admits, "I always could, and finally did, simply walk away from my illness"). Conflating

the flu-like symptoms of withdrawal with addiction itself, she calls heroin use a "sickness," a "disease," an "illness." She does not pause to reflect on the implications of such language—surprising for someone who otherwise seems keenly aware of loaded terminology, whose book is organized as a faux dictionary, with each section tied to a resonant word. Still, she clearly does not believe that addiction is something that happens to you. "My addiction, such as it was, was chosen," she writes. "Getting a habit isn't an accident, or the result of the 'power of the drug'; it's what you were after."

Marlowe rejects the idea of addiction as an impairment of will. "Taking heroin never struck me as showing a lack of willpower," she writes. "After all, what is a habit but self-discipline? Most people don't have the capacity for it." Here she echoes Schaler, who suggests that "heavy drinking and drug use are characterized by strong will. The more single-mindedly self-destructive the drinker or other drug user is, the more indicative their behavior is of a strong will, even an iron will."

Marlowe warns that the "fetishization of dope" fostered by anti-drug propaganda only makes heroin more attractive. "The more heroin is hyped as ultimately powerful and irresistible," she says, "the more people are going to addict themselves to

it." Schaler makes a related point when he observes that believing a drug cannot be used moderately, the way that Alcoholics Anonymous encourages heavy drinkers to think about alcohol, can be a self-fulfilling prophecy.

Like Schaler, Marlowe takes a dim view of A.A. and its progeny. "The twelve step programs encourage this nonsense [the belief that addiction is uncontrollable] with their obtuseness about psychoanalytic thought," she writes. "They'd rather have someone stand up and testify that eight years after his last heroin he still struggles every day against the temptation to do it again—a ridiculous notion—than send him to learn what he really is fascinated with."

Marlowe's preference for psychotherapy over A.A.-style ritual reflects a conviction, displayed throughout her memoir, that drug abuse is a sign of other problems that need to be dealt with. Schaler would certainly agree. He describes a 16-year-old girl whose desperate parents brought her to him because she was using LSD and marijuana regularly. "As usual," he writes, "I kept the emphasis off drugs and asked her about the problems in her life." After a few months of therapy, the girl became "completely abstinent, except for a few very moderate intakes of alcoholic beverages."

Schaler does not tell us what this girl's underlying problems were. For Marlowe, who says she has not been tempted to use heroin again since she gave it up in 1995, the drug was a way of "stopping time," of pushing away the consciousness of mortality that afflicts all of us but was especially acute in her case, partly because of her father's long struggle with Parkinson's. "If I had to offer up a one sentence definition of addiction," she writes, "I'd call it a form of mourning for the irrecoverable glories of the first time. This means that addiction is essentially nostalgic, which ought to tarnish the luster of nostalgia as much as that of addiction.... That drive to return to the past isn't an innocent one. It's about stopping your passage to the future, it's a symptom of fear of death, and the love of predictable experience. And the love of predictable experience, not the drug itself, is the major damage done to heroin users. Not getting on with your life is much more likely than going to the

emergency room, and much harder to discern from the inside."

During her years of heroin use, Marlowe made a nice living from a "consulting business" (presumably financial consulting, since she worked at an investment bank after college). Although her habit apparently did not affect the business, her writing career stalled. Her chief regret about heroin is the time it wasted and the experiences it blocked. "After I quit," she says, "it gradually came to me that the messy stuff I'd been screening out with dope—the nitty-gritty of having a relationship, constructing friendships, getting along with acquaintances, meeting new people—the stuff that hadn't seemed worth the trouble, the stuff that had to be controlled so I could focus on the important matters, was in fact the only material life presents."

Schaler, too, sees missed opportunities as heroin's main danger: "I oppose the use of heroin for the same reason I oppose the use of Prozac: I think relying on these is an existential cop-out—a way of avoiding coping with life." The deliberately provocative comparison with Prozac helps clarify the moral and practical issues raised by chemically assisted living. People who like Prozac would probably say that it helps them get on with their lives by relieving anxiety and chasing away the blues. But Schaler argues that using drugs this way is counterproductive because it eliminates the discomfort that spurs people to make the changes that would ultimately lead to better, more satisfying lives. Surely there is truth to both positions; the trick is recognizing which more accurately describes a particular person's situation.

The answer to that question does not hinge on the drug's legal status. Americans like to pretend that pharmaceuticals are morally unproblematic, because they are approved by the government and prescribed by doctors. Conversely, they like to pretend that illegal drugs, unsanctioned by authority, are inherently immoral. This pretense breaks down when similar substances—say, amphetamine and Ritalin—are used for different purposes, or when different substances—say, heroin and Prozac—are used for similar purposes. Then we are forced to think about what makes one kind of drug use life-enhancing and

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another kind self-destructive.

To talk about the reasons why people use drugs—and, especially, to distinguish between good and bad reasons—is risky, as Marlowe discovered in 1994, when she first wrote about her heroin habit. “Doing heroin isn’t as scandalous as writing about it,” she notes. After her account appeared in *The Village Voice*, “I got lots of nasty letters that all agreed on one thing: because I emerged from years of heroin use without noticeable health, career or financial effects, I wasn’t qualified to write about dope. I didn’t really have the experience, because the sign of really having the experience is ruining your life. This is a circular argument of course—‘we will only trust

People can get into trouble by trying to substitute easy sources of pleasure for more worthwhile activities, whether they’re buying heroin or fancy clothes.

accounts of dope use that end in ruin, because dope use always ends in ruin.”

Marlowe rejects the charge that writing about heroin glamorizes it, making the writer responsible for anyone who might be inspired by the account to try the drug or return to it. “If I wrote an article about how wonderful a time I had surfing,” she says, “I doubt readers would blame me for any injuries they received trying to duplicate my experience. But accounts of heroin use (and sex), like the real thing, are supposed to be irresistible, powerful drugs in their own right.”

Although her criticism of the conventional take on heroin suggests that Marlowe is skeptical of the war on drugs, she is not nearly as explicit in condemning it as Schaler, who declares, “It is no more the business of the government what chemical substances you put into your body than it is the government’s business where or in what manner you practice your religion.”

And while her memoir is filled with intriguing ideas, she occasionally goes astray, especially when she deals with economics. She claims, for example, that “copping reveals the aggressivity behind buying that capitalism usually manages to cloak.” Because “heroin is a commodity and inspires no affection except for its use value...and because the commerce of heroin is deeply illegal, the aggression beneath all purchasing seeps out.”

But surely it’s the drug’s illegality, rather than its status as a commodity, that explains the market’s undercurrent of violence. When I buy salt or sugar, I never worry that the grocer will refuse to hand over the goods after I pay, or that he will try to substitute some other white substance, and he never worries that I might be an undercover cop. Later, Marlowe more accurately describes buying as “a way of negotiating the competition for scarce goods without physical violence.” Buying can do that because the transaction is voluntary, meaning that both parties see themselves as benefitting from it.

Marlowe’s confusion seems to reflect her uneasiness with earning and spending. “Stereotypical wisdom has it that when people get addicted to dope, they become greedy and money-centered,” she writes. “But it’s really the other way around: only those with an inclination to greed and a fascination with money become serious about dope. Heroin use is a disease of

those who are naturally most suited to capitalist society—bossy wired hustling obsessive-compulsives—but, perhaps, are ashamed of that. We decide we would rather be cool, but we gravitate to those aspects of this aesthetic that can be purchased because this is an action we understand.... While dope is in some ways the ultimate hipster buy, when all is said and done it’s still a purchase and the user is a consumer. Centering your life around copping is not so different from centering your life around shopping, or making deals. Same activity, different aesthetic.”

You can interpret this as a swipe at consumerism or as an attempt to normalize heroin use. Either way, the important point is that people can get into trouble by trying to substitute easy sources of pleasure for more worthwhile activities, whether they’re buying heroin or fancy clothes. Both of these books help us see that just about any harmless diversion can become a dangerous distraction—a realization that makes the risk of addiction seem more immediate but also puts it into perspective. The next step is to recognize the difference between good and bad habits, an ongoing task that engages anyone who tries to find meaning in a world of choices and temptations. ♦

Senior Editor Jacob Sullum (jsullum@reason.com) is writing a book about the morality of drug use.

Impractical Equality

By Richard A. Epstein

Sovereign Virtue: The Theory and Practice of Equality, by Ronald Dworkin, Cambridge: Harvard University Press, 505 pages, \$35.00

Throughout his long and distinguished career as an academic lawyer and political philosopher, Ronald Dworkin has been obsessed with a single theme: to show how an—or, more precisely, *his*—egalitarian vision of the world can shape the character of our legal, political, social, and market institutions. In *Sovereign Equality*, Dworkin brings together essays that he has written on this

subject over the past 20 years and wages a two-front war to persuade the reader of his grand idea.

The first half is intended to show that the rigorous philosophical foundations of his concept of equality of resources is superior to any rival conception of liberty. More ambitiously perhaps, he argues that his concept is powerful enough to reduce liberty to a subsidiary principle whose chief