

Angie Eng interviewed by Paul Sendziuk

New York City, 10 May 2004

This is a complete transcript of a recorded interview. The text has been slightly edited to correct some grammatical errors (which are inevitable features of spoken conversation), but only where this was necessary to aid comprehension.

Paul Sendziuk: I'd like to begin by asking you about yourself, your training - in terms of the arts, where you came from, and the positions that you held before coming to LIFESIGNS?

Angie Eng: Ok. I'm an artist. I was trained as a painter.

Where did you do your training?

At the University of California, Santa Barbara. The course had a traditional arts, painting, post-classical approach. Right now I do video art. I had some experience doing public art murals in the city, here in New York. I worked for seven years with disabled adults and children both in Santa Barbara, San Francisco, and here in New York.

Were these art-related projects?

A couple of the programs. One was a recreation centre for the handicapped and we did arts-related work, from painting to theatre to sports. Another project was basically working with brain injured people and rehabilitating them back into society after their accidents, and working with schizophrenics in group homes. Those weren't art-related; it was more rehabilitating them or integrating them into the community. I worked in a project in New York City for about three years that involved rewriting the program in terms of integrating [people with disabilities] into the community using the arts. We established an art program and had art shows in the community and in alternate spaces, both with the students that I worked with, that were disabled, and other artists. So we would mix it, to mix the groups.

How did you come to work with people with disabilities as opposed to trying to work with galleries and museums and get your art shown?

I do get my art shown. I wanted to separate the two. I studied a lot of psychology in college and I was split between doing my art and learning psychology. I decided I would have to do one but at the same time have to work. I had a roommate who came home and she'd had a really bad day. She had to take a lot of Advil and she said 'Oh my god I almost got strangled today and we were attacked, one of the students went crazy'. I thought 'I think I want to work there' [mutual laughter]. It was pretty

crazy. It was called St. Vincent's. It involved working with teenagers who were dual-diagnosed, so they didn't have just one disability they usually had two, three or four, and they were teenagers, so it was pretty crazy. Luxury though: it was in Santa Barbara in some really nice condos. They were wealthy people's disabled children. So that's how I got into that. I did take a break. I went into computers; I was working on video performance and video installation and was doing more design. And I loved to travel, take breaks and travel a lot.

You don't look old enough to have done all these things.

I'm 35.

No! Just for the interview tape purposes she's clearly lying at this point!

[laughs] Well I started working with the disabled when I was 18.

Ok. So straight out of High School.

Yeah. Well, I was juggling, as most artists do juggle. I would work three jobs and exhibit my art. I was painting art murals in the public schools and then I was teaching art classes in Chinatown. Then I was doing the art program with the disabled, while I was trying to do my video performance. If you don't sleep there are enough hours [laughs].

When you came to the LIFESIGNS project were you in California, or were you in New York?

I was in New York.

So when did you come to New York?

Well, I've been in New York... '94, '93? Is that right? Yeah, eleven years ago, in 1993.

So what was the stimulus behind LIFESIGNS?

LIFESIGNS started in 2002. I happened to be travelling in Ethiopia. At that time the economy, the war, everything was a little bit...[gestures as if in pain]. It was a bad time to come back to New York. I thought well, I have a little bit of time and as I was travelling – I had travelled for about a year in Asia – I thought, well, it'd be really great to work in a community and be travelling at the same time. When people get to know you in a community – I'd stayed in this one area called Axum in the north of Ethiopia – they find out you're an artist and they ask you 'oh, could you help us paint murals, because we don't have books'. You find yourself going into the classrooms, and there are 100 students from ages 5 to 17 in the same class, no audiovisuals, just somebody speaking to them and it is incredible. In a lot of these countries, they do use public art. They use theatre and murals for education. It's still really effective.

Even in places like Vietnam and Burma and Cambodia they're using murals to teach, or for propaganda also [laughs], to teach about drugs, AIDS, prostitution. It's all visual because a lot of people are illiterate, so it is very effective.

The Catholic Church would say that a mural with condoms on it would be propaganda as well, wouldn't they?

Oh yeah! In Axum, where the Ark of the Covenant is, 50% of the population is Muslim, and 50% orthodox Christian and they're very religious on both sides. To address AIDS is really controversial but at the same time they're very open, they just turn a blind eye to it [the condom advertisements]. One of the murals we did was an anatomy mural and another one was about AIDS prevention, it was about condoms. The priest at the same time was saying 'AIDS doesn't exist, don't wear condoms' but out in the community they knew a lot of people were dying. About 1 in 13 people are dying in the villages, so they do know about it and in recent years all over the place, in every town, there is a mural that addresses AIDS. We did a really graphic mural. It was a cartoon. The mural was a scenario of a couple at a bar, and the next scene was at the hotel and the partner partially clothed with the man putting a condom on his erect penis. In the middle was a giant animated condom with a proud face, showing his muscles. We got away with it. The adults were shocked at first but at the same time they said 'no, this is good we need this'. I don't think you can get away with such a graphic mural here.

So maybe it's because they're in an environment where there's such a high degree of HIV infection, particularly among young people, that they're saying 'desperate times need desperate measures'?

And they don't have books. I mean, they don't have any alternatives. But I discovered these 10 minute radio and television dramas. A common recurring drama was of 'the rich drunk man goes and sees a prostitute, gets HIV and gives it to his wife in the village' and it's always this. They had these stereotypes that you had to be rich to get AIDS and you had to be a prostitute to get AIDS. I said to the kids that you don't have to be rich. It's almost like what happened in the United States when, all of a sudden in the 1980s, they were doing HIV prevention and the reaction was you had to be gay or a drug dealer to get AIDS. When I was working with Visual AIDS, I saw a docu-drama they produced about AIDS amongst transsexuals and transvestites. It would have been a great video if you were addressing that audience, but not if you're addressing a wider audience because then they get this message 'oh well, I'm not transsexual so I'm not going to get AIDS'.

Is this one of the benefits of being an outsider from a country that has a long experience with the epidemic, going into a new population and being able to predict and avoid some of the likely problems? Or were you making some of the mistakes that America made at the start?

Well, one of the mistakes that I had made was not taking enough time to observe and really get to know the culture and the public that we were addressing. For instance, we were doing role plays with the kids. We'd give them a scenario: 'Ok, you're a teenage couple, 16, your boyfriend who's dated a few times wants to have sex and you don't want to. How are you going to say no?' We would let them play it out and then give them feedback and then correct them in terms of the language you would use or the reaction from the boys. Basically, we would assume that you had a choice to have sex, but in that culture a woman doesn't have a choice. If a man who supposedly she's dated asks her to have sex, and she said 'no', he would force it. It wasn't until the end that I spoke to some educated men in their thirties, forties, fifties and they said 'Angie, this wouldn't really work because our culture is such that he would hit her, and basically he would force her to have sex, and this is what we do'. It's really interesting because, as a westerner, when you say 'oh my god, they rape women', well rape, if you think about definitions, they wouldn't see that as rape.

Foreplay!

[laughing] Foreplay, exactly! Role-playing, maybe. So that's really fascinating because for us it was, like, 'wow, they're raping all these women'. If that was the case in Ethiopia then a woman is getting raped every other time. It's almost like that question of date rape. You go on a date with a man, you both get drunk, and you spend all day and all night with him and then he wants to have sex and then he forces himself on you, and you're actually fooling around but you don't want to go all the way.

So you've been invited into the schools to give them information and to do some of these theatrical, role-play games...

We did it outside the school. It's much easier, because that way we weren't under the regulations of their equivalent of the Board of Education.

Did you approach them or were you invited to participate? How did you get the kids to come along?

I approached them. The easiest way was to go to the schools and ask the principal or the directors for a group of children who would be interested in being in this program. It's volunteer, it's after school, for those interested in the arts, interested in AIDS prevention, and also being a peer educator so that they would be teaching other students.

An interesting thing I heard about your project is that you were actually looking for some of the peer leaders, maybe the more popular kids, who could then have some influence on their peers who weren't necessarily coming along to your educational days and events. The peer leaders could communicate the information.

That's the goal. The goal that I have now is to partner with an existing organisation or with the schools. The thing with LIFESIGNS is that we try to get to the children before they are sexually active. Even though we did an older group of 16 year olds, the idea was to get 13 and 14 year olds, and that's a little young to expect them to continue the program by themselves. In the program, I brought different towns together. We would bus them in and then we would have discussions between the two and that was really beneficial to them because then we had 13 year olds speaking to 16 year olds. They became almost like their mentors. Then they were very open, because they (the younger group) do have a lot of questions and they're much more open with each other speaking about HIV than if their local teachers were there. There are no adult Ethiopian instructors present during our meetings. There are Ethiopians, maybe in college, who are AIDS activists, who would come and speak to the students or give them ideas. But they were not a whole generation older, because I think that would intimidate the students. The towns are very small, so they didn't want to say anything if maybe a leader in the community was present, because word would get around.

One of the activities was to buy a condom at the store. We'd give them money and they would go buy a condom, and they'd come back and we would all clap and cheer. We would take turns one by one. We practiced how to put on a condom on bananas.

We took a lot of photos and video and they said to me 'Angie, can you not show our parents', even though the parents know. [Paul laughs] One girl wanted to show the pictures to her parents, but she said 'can you take this one out?' (pointing to a picture of her putting a condom on a banana.) It's one of those things where the adults know that the children have to learn about HIV and about sexuality and about relationships but they don't want to be the ones [to educate], because it's almost like a conflict with their religion and how they were raised. In Ethiopia you don't even tell your children if you're pregnant. You could be nine months pregnant and there's very little communication, it's an embarrassing thing to even speak about this. One day someone will come home and say - you have to ask permission to get married - 'I want to get married to this person' and it's like 'who's this?' I spoke to the parents and they get angry when this happens. I asked: 'Isn't this the custom that you've established? You don't agree with them but you still carry the tradition out'. They said to me that it's because it's such a tight community, that if you went against the system, if you said 'ok yes, my daughter's allowed to date and I know that she's out with this man' then all your relatives and your neighbours would say that you're a bad influence on the community. You'd be up for public scrutiny. So the question of how do we teach about AIDS, sexuality, relationships without [mentioning these things]... you address it without announcing it.

Is this again one of the advantages of an outsider coming in and doing this stuff because they're not going to get a town leader doing it? And, as you said, they don't necessarily agree with it but they know that it's going on and they don't want their kids to die, so they're complicit with it.

Yes, but I think that is changing. I was working on a PSA [public service announcement] where I was asking Ethiopian leaders, movie stars, actors, singers, sports athletes, to talk about HIV. And they do. These are community leaders, they're not politicians or educators, but they're role-models and that really makes a big difference. In Thailand, did you hear how the Prime Minister, for World AIDS Day a couple of years ago, was dressed as a condom? That's fabulous! [mutual laughter] Can you imagine? He had a condom on his head! The Prime Minister!

Our Prime Minister looks like a condom.

[laughs] Well, our President looks like he goes in a condom!

[mutual laughter] I agree with that.

So, with the video project, you've got these athletes and these other role-models, you've got them on video. Were you able to use those in some of your sessions as well?

Yes. I used them in the sessions but all of them said that I couldn't use it for television, which was too bad because I got Gigi, who is a famous singer who they all love, to talk about HIV. She said I couldn't show it on television but I could show it in the schools.

So you wanted to try and approach the television station to put it on as a program?

Ideally that would be a great idea. I asked another singer in Ethiopia to talk about HIV and he said yes but the problem was the publicists and also the region. It's very political and the region that I addressed was in the north and it's mostly Tigrenian. It's pretty homogenous and if you go to Addis Ababa and you say 'I'm doing something in Tigray', they won't want to know about it. So that was also an issue for the public figures. I would have to be doing something more widespread so that they wouldn't say 'wow you're Ahmara and you're supporting the Tigrenians'. Regionalism was a political issue stemming from the war with the Derg that still separates the Ethiopians today.

You were saying that they didn't really have books in the classrooms. What kinds of facilities or resources did they have and what particularly didn't they have? How many people would have, say, television sets in their homes and...

Very few. I was in a town, a large town.

How many people?

I think about 20,000, but the town also included the villages, which took an hour to walk to. It seemed like only a town of 2000 but somebody had said it was 20,000.

Then I went to two other towns. One actually was the capital of the province, where there were a lot of people, I think almost a million. And then a very small town of, I'd say, about 5000. I'm sorry what was the question?

What percentage of those people might have television sets and videos?

Well, very few. They do have cafes, so at news time all the community members go to the café and watch TV. The merchants have televisions. Taxes in Ethiopia are 100%, so a television that costs \$250 here costs \$500, a computer here \$2000 costs \$4000 for them. So you do have to be quite wealthy, and the average wage is less than \$1 a day.

So you'd be saving a long time to get your television.

Exactly.

Was there anyone with you doing this?

There was Simon Ransom, who's English-Ethiopian. We would round-up volunteers to help us do video, help us do photography. There's a lot of Anti-AIDS clubs. They're basically AIDS activists who are students. We would connect with them and have them come and speak to the kids. We would collaborate.

What was Simon's background?

He's an artist. He's a painter and he painted in public schools in England, in London or Luton. He was living in Ethiopia for a couple of years, in Eritrea and then in Axum.

You met him while you were travelling?

Yes. He was in Axum, painting in the community.

Tell me a little bit about the murals, and education through murals?

The first mural we did was in Axum, which was fairly religious. One of the ideas was not just to spread information and address HIV but also make it attractive, so it actually was something beautiful in the community to look at. Since it was a very religious place we mimicked the frescoes, the Christian frescoes. The mural depicted a priest, but he wasn't a priest, he was a teacher. In one hand he carried a skull, and in the other he carried a condom. The condom in the hand was not approved so we replaced it with a book that had the AIDS red ribbon. It was installed in the local market, where all the villagers come. We really targeted illiterate villagers. There was a little bit of text for those who could read, it said 'Stop AIDS in Ethiopia'.

It was really great to watch people look at the mural because the villagers were the ones to actually stop and look, not the people in the town, maybe because they had

seen it so much. The villagers would actually look at it because it was something so different. They were wearing the more traditional dress.

So that's how you knew that they were villagers?

Yeah.



So you've used the red ribbon there instead of being able to represent a condom. Was that a symbol that they would easily recognise?

Widespread. It's amazing. Actually Visual AIDS, who I collaborated with – they're my fiscal sponsor here in New York – they were the ones that developed the symbol. In Ethiopia and all over Africa, it's well known. Everybody knows that this symbol means AIDS, or HIV prevention or its original meaning which was to commemorate those who died of HIV.

So in a place where you can't represent condoms or anything explicitly sexual concerning AIDS, you can represent the red ribbon, which stands for all of those things.

You know it's a message about AIDS. The villagers know. What we had done is – this was a great idea and I wish we had done it on a larger scale – but for World AIDS Day they were doing a parade in the town and we decided we would spray-paint the AIDS ribbon on all the camels. Because basically the nomads would go into the towns and they would sell their wood and sometimes they would go out into the desert to trade salt; they're moving constantly. We thought: how great, this mobile placard, the camel. So we did that. We asked some camel owners if we could use their camels for a day for the parade, paid them a couple of dollars, which was a lot – that's how much they earned in a day, and spray-painted the AIDS ribbon. It was actually a great dialogue too because then they got involved in what we were doing and it was a lot of fun. We got the students to ride the camels and throw condoms during the parade. We only had 10 camels, and we were thinking it would be a really

great idea to get a whole caravan of a hundred. The spray-paint on the camels would last a really long time too, a season at least.

Some people say ‘what is that doing, in terms of stopping AIDS?’ and I said, ‘well, first you have to raise awareness and once it’s part of your daily life you’re forced to address the question of what to do. If it remains hidden it’s just going to continue’. So I really believe that it does help.

And if someone sees the red ribbon symbol and they don’t know what it is, they turn to their neighbour and say ‘why has that camel got a red ribbon on it?’ and they start a conversation about it. So for the cost of three or four dollars you’ve got AIDS prevention on the back of a camel, walking around for a season, going into villages, out of villages.

Yes! You’re right. It’s such an easy message because it does spark conversation. It’s a very strange thing to have a red ribbon painted on the side of your camel. Most of the time the owner puts a little brand on the camel, so people will think: ‘what is this symbol doing here for?’ It was really interesting.



Do you think the other camels might have ostracised those camels because they had HIV?

[laughs] That’s what somebody said: “They’re gonna think, “does the camel have AIDS?””.

[mutual laughter] That’s a longer discussion than what you thought you were going to have.

When you're painting the murals and you're planning the murals, who is involved in doing the painting? Is it just you and Simon and one or two other people, or are you involving the villagers and the towns-people in that process?

It's the group that we choose. Part of being in the group is that we have discussions, a few hours of discussions about HIV prevention, and then we have activities.

How do you choose a group?

By going to the schools. It was the easiest way. They were the peer educators. So we'd choose a group from 6 to 10 students and they would be the ones that were active in painting the murals. We would do the design, and then we would discuss the design. In each town [the program] was four weeks [in duration], so you didn't have much time to land in the town, organise which group you're going to choose, contact the head of the schools, get the group together, on time, on the right day. They go by the Julian calendar, so they're in 1996, I think, or '97 right now and their time is different too! They go by a different clock. So meetings get messed up. Very confusing.

And these are the 13 and 14 year olds?

Yes. They didn't have to be painters, so they were learning how to paint. It was a lot of fun. We would silk screen the t-shirts with them, so that they [felt that they] were a part of this club. We found that the simplest things – making t-shirts – made a big difference. They felt like they belonged to something. We would teach them how to paint. Actually, in a couple of the groups they wanted to do theatre. Theatre wasn't part of our program until we realised this is the way they communicate, this is what they do in the schools, a lot. I was amazed because when I was 13 there was no way I could get up on stage and do a play about HIV. They were very open. They did the acting, the direction, the script. And they made songs about HIV.

I was going to ask, who would write the plays and who would write the songs?

They wrote the plays and the songs. The role-playing we did. Then we would ask them what would be a good scenario for the role-playing. Then we would get their feedback.

What if they came up with something dramatically incorrect? Maybe something about using violence in sex within their plays. Would you have any control over that material, and say 'we need to change this around a bit'?

They didn't do that, but if they did then yes, we would probably have a discussion. This one student, he wrote a play, and he said he would like to rehearse and do this play. And the story was about a wealthy drunkard who spread HIV. He would go to the bar and then go see prostitutes. This is very common because it's very common for the men to see prostitutes. Excellent play, he did such an excellent job, but we

did discuss if we should say that he is a wealthy man, because then people might get this impression that you need to be wealthy to contract HIV. This was the stereotype that they see on television, hear on the radio. We suggested for next time to choose a mother, or a teacher who gets HIV. Or maybe the woman is the one who is promiscuous and gives it to the husband. Write something that avoids the stereotype.

So they were getting a bit of an education in media analysis as well, and cultural studies (which, I think, is a good thing).

I have to give you the video, because we did some interviews with the kids. You'll be amazed. These are 14 year olds speaking about HIV. In English too. All over the world now they're teaching most kids to speak English. It's amazing. If you get a 19 or 20 year old it'd be broken English.

I spent three of months living in Russia, two years ago, and it was the same thing there. The seven and eight year olds are learning English now, and their English is much better than the 16 and 17 and 18 year olds because they got it right from the start.

So what was Visual AIDS's involvement with the project initially?

I approached them. Their mission was to raise AIDS awareness through the arts. Basically what they do is support artists who are HIV positive. That's one of their main programs. So they have an archive, they have an exhibition gallery, they do these events. So it's supporting artists who have HIV, and therefore a lot of the artists are addressing HIV in their work. So it heightens awareness and education that way. I thought 'this is perfect', because there is not too many programs where artists go in and address AIDS and do it through the arts. They are already doing it in Ethiopia, they're doing it with theatre, they're just not doing it with the visual arts.

What kind of support were they able to offer? You said they were a fiscal sponsor, but what did that require in terms of money and how long was the funding for?

It was a one year contract. Basically they were just my 501C3.

What is that?

I'm sorry, that's a non-profit [organisation]. In order to be non-profit here in New York it takes about 6 months of paperwork, licensing, a board of directors. It was much more complicated than what I wanted to be. And the same with Ethiopia. We wouldn't be recognised unless we had 5 paid employees and a budget of over \$200,000 a year. So basically I went to them and said 'there's only two of us and a bunch of volunteers. Can you be our non-profit so that I can raise money and the money go through you?' The way I raised money was basically through letter

writing. I was going to continue after a year to write grants. However, I realised that I would have to get another non-profit to write the grants, or establish myself as a non-profit.

This was really a pilot project and the idea was to establish myself in Ethiopia and to see what other programming there was. Basically UN AIDS gives to Africare, gives to Medicins Sans Frontiers gives to the Tigray Development Association, and it just trickles down. Very little gets to the bottom. By the time you have all the administration fees of 10% there's very little left. But, my hope was to partner with one of these non-profits in Ethiopia, to not have to think about the fund-raising. It was a very small project. I think I wrote a budget of \$25,000.

25,000 US dollars for a full year?

Yeah. But we only raised about \$10,000.

So that's all you used, that's what it cost?

It cost about 16,000. Credit cards [laughter]. It's very low budget. It could be lower. My idea was that it would become either a student exchange program, where Ethiopians who do go back every year would actually establish an exchange with the town that they're from...

So these are Ethiopians who are studying in America?

Yeah, or relocated. So they're first generation, second generation.

Or hook up with a non-profit such as Medicins Sans Frontiers, who would be like a home base. And it would be all volunteers, because there are a lot of high school students and college students who are in these clubs. And the thing is, there's a transition from villages to establishing towns, and once you have towns you have some leisure time, because you're no longer farming. In the villages there's a lot of work. In the towns there's less work. So there are all these teenagers with nothing to do. They do want to be part of something, and AIDS is a big thing. There are a lot of kids who get together and do dance parties. There are very few community centres so it's a reason for the kids to organise themselves and be social and address a topic relevant to their lives.

Were you able to carry out any sort of evaluation of the project in terms of efficacy? How do we know that some of these ideas were being taken up, that safe sex was becoming more prevalent, that behaviour was changing, because of the murals and because of the theatre work that the kids were doing with you?

We had questionnaires that we passed out. I do have to say that in terms of the significance of the evaluations it's a little bit hard because it's very short term. In one year it's hard to measure. You have to see what happens to the behaviour of those

students at the age of 14 and when they become sexually active at 20. That was a really big issue for all of these groups. We were heightening awareness with each other, 14, 15, 16-year olds, so that when these people became adults and sexually active they would know to take precautions. To change the behaviour of someone who was already sexually active was much more difficult. They didn't receive the education. What they learned was so ingrained, the habits that they had. It was much more difficult. I find it's the same case here in the States. If you ask somebody in their forties or fifties how much they practised safe sex as compared to somebody in their twenties, there is a big difference, because they didn't get the same education. They started in grammar school, learning about HIV and being sexually active and anatomy and relationships. Whereas somebody in their forties or fifties, they didn't receive the same education.

So if you were to do evaluations you would need first to establish some kind of base-line data that you can compare things against. You need that longer term view to see whether that behaviour modification is followed through into the next four years, and you need to be able to distinguish what you're doing in terms of your education project with everything else that's in the community. Maybe the fact that they now have more contact with people with AIDS over 3 or 4 years will change their behaviour more than what they're doing in the classroom or with you. So it's difficult to evaluate these kinds of things. But, as I'm sure you know, when you're writing grant applications this is all they want to know about: 'what's the efficacy of your project?' So it's really difficult.

You're so right. We didn't even write the grant applications because I had partnered with an organisation that was raising AIDS awareness through the arts, so whatever grants I would want to write for Ethiopia they were already writing for their programs in New York. So there was this conflict and I realised that I should get a program that actually is into AIDS prevention but not through the arts so that I could apply to the David Geffen Foundation, Elizabeth Taylor Foundation, and Bill Gates Foundation. They know that this is effective but that it is very hard to document as opposed to [the effectiveness of] treatment using drugs. It's such a long term change. It's not three years, it's not five years, it's, like, ten years.

You were saying before that Ethiopia's budget, or GDP, is 30% foreign aid and a lot of the aid that we're now sending to these countries is in medicinal aid. We're sending doctors, giving them medical expertise, but I'm not aware of anyone who's sending artists into their communities to do what you're doing.

The locals do.

But in terms of foreign aid, we might be giving money to AIDS prevention programs to go on television, run by big organisations, but that's not peer education, it's not going into villages. Given the outcomes that should be happening and, I believe, probably have happened because of what you've done - for \$15,000 - that is incredible. It's a real shame. I'm hoping in my work

to write about this and talk about how we need to reconfigure what foreign aid should be. Maybe we need to be sending our artists over there to train their artists to initiate these projects, rather than send our doctors over there to train their doctors.

I spoke to some artists, some painters, in Addis Ababa. They were doing an art show. I said 'you know, if I wrote a program where you could travel – it wouldn't be a lot of money, but it would be enough to survive and maybe get a small stipend at the end – to go and teach about HIV and do these murals, would you do it?' and they said 'yes, that would be a fabulous project and a great opportunity'. I want to eliminate my role. There would be a director but he or she would be in Ethiopia, because you spend so much money on transportation, on administration. For me to go to Ethiopia and come back here, the time that I lose and the money that I lose not being in New York is a lot. If you see where all the money goes, it's all the salaries, and the western salaries as opposed to employing an Ethiopian comparable to what they would receive for that position (as opposed to giving me, like, \$30,000 because you can do so much more with that money).

One of the things with LIFESIGNS was using the resources that they would have, so we wouldn't bring in cars. One of the questions is 'why did you choose this region and why don't you go to all the regions?' and I said 'well, transportation costs'. You have the same issue with treating leprosy. The reason why it's so expensive and you haven't cured it is because of the transportation issue: the cars, the planes, the travel by foot, to access all of these people, the patients. You would run into the same issue regardless of what you're trying to treat: how to get there. So we would go by bus, all of us would go by bus. I spoke to some Ethiopian students who would walk to the villages. They would walk two hours to do a play about HIV and walk back home. This is the kind of project that you need. But they're used to walking! If you had to buy a car, cars in Ethiopia are like \$60-80,000 because of the taxes, and the gas is really expensive, so then all of your money would be spent just be going from A to B.

And if you break down in one of the villages you're not necessarily going to be fixed up real quick.

What sort of contact did you have with local artists in the villages that you went to?

There was always one artist we could find who said 'I wanna work on the project'. There are creative people everywhere and word gets around quickly when you're a foreigner in the town. We were more known on the street than we were in the offices, which was interesting. We did get on national television, and we got on national radio. Some of the non-profits knew about us because we contacted them, but we weren't involved with them. One: because we didn't have money. Even though it's non-profit, money...

Talks.

Yeah.

So what kinds of problems did your program encounter, apart from money, both here and there? From this end it was probably getting the funds together and the difficulty of being under Visual AIDS' umbrella, but not wanting to go for the grants that they were going for.

Yep.

How about the problems over there? You've talked about a naivety in terms of understanding the culture before you started to work with the people, what other problems might have occurred while you were there?

Their culture is a huge one. I have a personal philosophy that I'm not there to change the culture. Even though some of the educators feel like 'our culture needs to change', for me it was like 'well, your behaviour needs to change but not your culture.' So it's 'how can we define what culture is?' They say 'it's our culture to force women to have sex', and I say 'no, that's a behavioural issue, not a cultural issue'. Somehow it was learned that this is ok. We can all agree - I can get a group of students and say 'is it ok to give your girlfriend a black-eye because you want to have sex with her?' and they'd say 'no! It's human behaviour. You don't smack somebody because you want something.' It might be an instinct for people to hit when they want to get their way but in terms of 'should we be doing this?', 'do you think it's right?' ...When you speak to the adults, [they say:] 'it's cultural', but as soon as [they] say that, it's almost like the conversation ends there, as opposed to saying 'check your behaviour'.

We've had the whole thing about Iraq and Afghanistan as well, where we're saying 'western countries are going in there to liberate the people, to liberate the women from these oppressive regimes'. It's the same thing. Those countries are going to come back at us and say 'it's cultural. Women want to wear the burka. It gives them a sense of purpose'. You get stuck in this relativist discussion, of cultural relativism, moral relativism. It's really difficult, but I agree with you. There's a real line between what's behavioural and learnt, and what's cultural and intrinsic to being a human being in a particular geographic, racial setting.

Being an outsider can be an advantage, in that anything you say goes. The adults would say 'ok, you can say that because you're a foreigner'. They actually like the fact that you come with new ideas and a different perspective. But then there's also the danger because it's a pick and choose situation: 'we don't like that you said that or that you're teaching the students this. When they come home the rules are gonna change'. So ultimately you do have to educate the parents as well, because there is that inconsistency, or you're just going to have the behaviour change when the student is outside and otherwise when the student is in the house with their family.

I also feel that it's the responsibility of the policy makers to address family responsibility, relationships and sex education in the schools. Divorce is a huge issue. You can divorce without making arrangements for child support and alimony. People don't really address this because divorce rates are pretty high for such a conservative society, and women do divorce their husbands and vice versa for infidelity (which is pretty amazing because on one hand as soon as you get married it's almost acceptable that your husband is going to see prostitutes, but then at the same time a lot of women are leaving their husbands because of wife beating and for infidelity). There's no law that the man has to take care of the children. Once they split that's it: the woman loses her house, loses any income. She ends up in poverty and then you have prostitution because they're prostituting their girls, the younger girls, in order to survive without a man. So on what level are you going to work that's going to be effective? We're working on the ground implementing these murals and these theatres but to be really effective I realise that there has to be the support of the policy makers and also the leaders in the community, to stand by you. They'll let you educate, they'll let you be on the ground teaching, but then you do have to have that support.

You have to hope that other organisations are going to do that kind of lobbying and those kinds of interventions, because you're working in your area and you can't be expected to do everything, I suppose. You need to run hand in hand.

One issue that I did find interesting was that one of the groups that we worked with weren't into AIDS prevention with condoms. They said they wanted abstinence. That's what they advocated. They were 15 and 16 years of age in this group. We spoke to seven of them, from a group of about 100, an anti-AIDS group. They were very religious, mostly orthodox Christian, and they said 'no, we're into abstinence'. I said 'ok, but what are you going to do when you're 25? Are you going to abstain from sex? Are you not going to have sex until you're married, even if you don't get married until 30? We have to be realistic here. What about this idea of communication? Because you're going to condemn someone for having sex before marriage so they're just going to keep it a secret'. It brought up a lot of conversation and I said 'well, I'm not going to force you to advocate condoms if you don't want to do that, but that should also be an option for others'.

And how did that go?

They understood but they said 'well, we're not gonna distribute condoms, Angie, we're gonna focus on the abstinence'. Religion was their guidance even in HIV prevention and one can't argue over the right and wrong of their religious beliefs.

Did you have a translator when you were having these conversations?

No, they spoke English.

Because you wouldn't want to be misunderstood when you're talking about some of these things.

They're fluent, it's amazing. There was usually one or two in the group who couldn't speak but they could understand and if they didn't understand then they would translate for each other.

On the [LIFESIGNS website](#) – which I have to say is one of the most inspiring websites that I've come across (I love what it's saying, I love the information that it gives, I love the visuals) – there's a slogan, a motto, about the ability of art to save lives; that art has always been involved in changing culture, changing lives, that art can save lives. Do you believe that?

Yes. I wouldn't have done it otherwise, I wouldn't have taken that approach. In these communities where there is a high illiteracy rate and a lot of things are unspoken but AIDS is in your daily life, you see it all the time so you have to know that it exists. It's this invisible virus and people don't even say AIDS. A lot of people die of HIV or of AIDS in Ethiopia, but they say 'the disease'. So once they start speaking about it I really believe that they have to address that issue. Even the idea to carry a condom every day when you're 13 years old; when I see them on the street or at a meeting, I say 'where's your condom?' It is just to get them in the habit that all the time it's in your jacket pocket, it has to be convenient. And it can't be embarrassing. That's another thing. A lot of them are embarrassed, so that once it's out in the open it's common.

How would've your parents gone if you were carrying a condom at 13?

My parents didn't speak about sex. It didn't exist. They would almost behave like the Ethiopians and turn a blind eye to it. I wasn't allowed to date until I was 16. They would ignore it.

So we're not so different are we?

No. People would say 'how are you going to address these starving Ethiopians?' and I said: 'well, teenagers are teenagers, c'mon. We're doing exactly the same thing. We're thinking very similar'.

It's difficult to get documentary evidence that proves the efficacy of a program such as yours. What about anecdotal evidence or maybe letters that people might have written to you, talking about the effect of your art programs in Ethiopia?

We did interview some people.

That's on the video tape?

Yeah. But I guess that can always be scripted out [laughs]. I mean it's not really proof, you know what I mean?

But that's the kind of testimony that you were getting from people, saying that it's made them more aware?

Both. They would say 'this isn't going to work, because this is what we would do', like the thing about role-playing, the woman refusing or having choice – they gave me feedback about how it wasn't going to work. I would ask other community members and adults 'what do you think about this idea or this idea?', and throw ideas around. I did the same with the students, because they would come to me if they weren't in a group or they were in a different AIDS prevention group. They would say 'Angie, I need ideas, this is what we're doing, what do you suggest?' So it really was on the ground, grass roots, in terms of how we communicated. I think that using media like radio programs would be fabulous because people do listen to the radio there. I was surprised when we interviewed the kids, they were on the radio, and when I went to different towns they said 'oh yeah, we know about you we heard you on the radio'. I mean, we were on the radio once, for ten minutes! They must religiously listen to the radio.

So you're looking at doing role-plays on the radio, like mini radio soap operas, or just interviews in order to provide information?

They were giving information. The kids were giving information.

You could envisage maybe using radio to do the radio soap operas?

I think actually television. That's the advantage of being an outsider. As soon as you say 'I'm an artist from New York doing this grass roots project, could you give us some time on the air?' they're like 'sure, no problem'. If you were a local they would say no. They're amazed that you could just walk up to the TV station and say 'I want to be on the news'.

Which isn't right, but if you use it for the right reasons it's good.

Exactly.

What are the ownership laws over there? Is it state owned television or commercial television?

There's both.

Do you get the same kind of reception from both television stations?

Probably not. I didn't go to the state owned one. Actually, we did the role-playing and they filmed the theatre and that was on national news. Depending on what we chose to show they would select, they would edit...I would go private, because there's too much censorship. It's like here, it's like anywhere. They would start censoring what they wanted to show. I think this is why you see a lot of dramas about the rich drunkard and the prostitute who spread it to the innocent villagers.

The same old narrative. Where do you see – we talked about this off tape a little bit – the program going now? What's the future for LIFESIGNS, what's the future for Angie Eng?

My idea is to do the exchange program with the Ethiopian students who go back to Ethiopia. They have a personal vested interest in the regions. And that sort of eliminates the cost of transportation. And to partner with a local NGO, to pull myself out and just write the program, and have this dialogue between the students.

So you would train the students here in New York in how to run the programs, and they would go back and do that kind of stuff?

Yep. And have a director based in Ethiopia. I discussed it with them and they said 'this is really great, but we're a little overwhelmed. Could you hold our hand for a year'.

And are there any plans to incorporate as a non-profit organisation?

They will. They're in the process of becoming a non-profit. It's a Tigray student association. I asked them if they wanted me to set it up with the Tigray Development Association and they said it was too large. That is interesting because they're very small. But at the same time they get money from the Ethiopian government and then they find local projects. Also, I'm still trying to coax Medicins Sans Frontiers. I actually ended up meeting the director who was on vacation in Zanzibar and we started speaking about Ethiopia and she said 'I was just there. I heard about your project. We have some money left over, why don't you talk to the director there'. But that's just word of mouth, and she was the director for the horn of Africa. It's taken a year to actually contact the people. They finally contacted me and said 'maybe we can do a partnership' but I haven't heard from them since.

How much money would you be looking at getting from them? A small sum?

Right now it's \$4,000 a town. It could be less if I pulled out and it becomes an Ethiopian who leads the project. We wore many hats. We were the artists, we were the counsellors, we did the documentary, we did the photography, we did the website, we did the public speaking, we wrote the articles. So I wouldn't expect one person to do this. They would need to get volunteers with stipends. When we got volunteers we would give them a little bit of money, more like a token fee.

But again you're not looking at great costs in terms of their wage levels.

It has to be. One of the ideas we wanted to do, with the Ethiopian students, for World AIDS Day, was a walkathon, just like they were doing in Los Angeles. I asked the community leaders, 'why are these Americans raising money for students here in Ethiopia? Maybe what we could try to teach them also is community outreach and raising money for your own community, because you do have wealthier merchants. Why not give a few pennies to these students to do the walk, so that they have a sense of empowerment?' And they agreed with us. The students said 'we should be trying to contribute what we can, even if it only amounts to \$10, there is still that sense that we are helping on many different levels'. I think what happens with foreign aid is that they get it in their heads that the westerners will pay, that they have a lot of money.

That was one of the challenges that we ran into; this assumption that since we were from America and England we must have a lot of money behind us. That was the first question: 'Who are you going to hire? We need jobs'. Because they learn that the people who work for non-profits have a lot of money. They drive nice cars, they live in nice houses, they make great wages. It's the opposite of the west when you say you're working for a non-profit! [Paul laughs] Even the students wanted money. What we did was we asked them for money! We had this dialogue. We said 'well, you know there's a lot of AIDS prevention teen groups in the community and all of the students actually pay money'. It's usually just for tea and transportation, so really there's this group effort. They get money from their parents, and the people who are villagers who are really poor don't have to pay the 10 cents or whatever they have to contribute per week.

There was a little controversy, but I don't think it came from the students, I think it came from the parents. They said: 'why are these foreigners taking your time? You're doing a lot of work and you're not getting paid'. So the students came up to us and said 'we should get paid'. We had this whole dialogue about 'this isn't about money, it's not about a job either. You're doing work but it's not about a paid 9-5 job. If it is we'll write it into the program and maybe you'll be hired', but still everybody were volunteers with stipends. We were trying to teach this because I think it's very different from what we are teaching them, the underlying message of 'here we are, these westerners, to give you lots of money and jobs' and the issue that we're addressing is almost secondary.

And you have to try to avoid that victim mentality so that if you have to pull out, if the program doesn't keep going from this end, there has to be the will there to keep it going while it's not being funded with salaries.

Right.

Is there anything that we've talked about so far that you want to add to, or any other instances that you want to speak about while we've got the tape on?

What haven't we covered!? Questions for you. Have you approached other organisations that are doing something similar with alternative approaches to HIV prevention?

Not in New York, and as far as I know we don't have anything going like this in Australia.

It's hard to get funding for this.

I think we're still trapped in the mentality that with AIDS in Africa we've lost the window of opportunity, and now it's just going to play itself out, and the only hope for them is to stop the death rate through anti-retroviral drugs. So we're going to focus all our efforts on getting drug companies to give them drugs for free, or as little as possible, and we're going to fund that with our foreign aid projects, and then we're going to work out how to distribute the drugs and make sure that people take them at 12 o'clock in the afternoon every single day, which is nearly impossible.

For me, working on the ground and seeing how the system works, it's a little obvious that now the trend is going more towards treatment and it's so unrealistic. A lot of it is political. The pharmaceutical industries are huge. AIDS is a huge money making business. It's huge. So for the pharmaceutical industries to say 'ok, initially we will give them discounts or we will give free drugs', well, immediately the money comes from another source it goes right back to the west, to the pharmaceutical companies. Meanwhile very few dollars are going into prevention. It's absolutely crazy. This is not what happened in the States. In the States immediately there was education in the schools. It wasn't like 'let's let them get AIDS and then we'll treat them'.

In some ways I would have this dialogue with a lot of the AIDS community leaders: they said 'well Angie, how come you don't you raise money for treatment?' and I said 'well, you know, if you are in a wealthy country and you don't have the money for medicine, you will die. Whether you have cancer, whether you have AIDS, a lot of different illnesses. You're in a poor country, so the idea that "we'll spend more money, we'll end up getting the virus and we can still survive", it's totally unrealistic'. This is globally applicable; this isn't the situation like: 'oh you'll just have to suffer because you're a poor country'. You can't even get an AIDS test. In some towns you can get it for free by grants from either local government or from NGOs, but the thing is you have to buy your own needles and gloves. That's like \$1, and you can't afford that so you're just not going to get the test. And the main priority is people getting surgery, then people getting married, then teenagers or prostitutes or whoever wants to get a test. The system is really crazy. If you go into these countries and see that they haven't treated leprosy because they can't get to the towns, how do you expect them to get to the towns to treat AIDS?

I'm so amazed at the amount of money that goes into research. You've need to question this. I was going to partner with an organization of Ethiopian doctors in America who are doing a lot of research – women's issues, research about AIDS – and they asked me 'would you like to do something with us?' Maybe they would be good to partner in terms of coming up with statistics, but really they were into treatment, not into prevention. I thought, wow, they're raising a lot of money just for the research. You could share information with the people who are dealing with viruses and illnesses in the country and they will tell you that 'we can't even get to the people'. Or, 'how are you going to get these people to take the medication every day?!

There's a whole procedure to taking the drugs and taking them on time and making sure that you take them with meals, or three hours after a meal. Well, first of all let's get a meal!...

They only have one meal and it's very little.

I find our push towards treatment very problematic. But, to be fair, one thing that we didn't say is that once you're on the drugs and you get a chance to get your viral load down it looks to be much safer, in that you're less likely to pass on the virus. So, in a way, 'treatment people' are saying "treatment is prevention if we can get people's viral load down". That's still not all scientifically proven, and as I said we've got problems with how people are taking the medications, but that's the 'treatment people's' defence.

You have to have a very long term plan – very, very long term. Is there enough money to support these individuals who have to take these drugs for the rest of their lives? Because there are non-profit organisations right now who are doing testing on people, treatment, whose money ran out. So all these people who were getting their treatment for AIDS, they're panicking: 'the money ran out, we don't get our drugs anymore'. This is horrible. This is going to happen, too, because first you get a 100% discount, then you get 50% discount, then you get, like, 10%. [President George W.] Bush is not going to say 'yes, we're going to increase our budget for AIDS treatment in Ethiopia'.

Not if he needs pharmaceutical companies to back him in his re-election push. [Angie laughs] Australians are very cynical about your political process, about how Presidents are elected and the money that goes into your Presidential campaigns!

You asked if I'm aware of other organisations that are doing what you're doing. Are you aware of other organisations doing what you're doing?

Not in Ethiopia.

What about other places?

Theatre groups. I mean, our murals are pretty common, the locals are doing it. For AIDS, I don't know. I did see a lot in Vietnam and in Cambodia. A lot of murals that addressed AIDS and drugs and prostitution.

Started by locals?

All locals, and government backed too.

About 2.5 percent of Australia's population are indigenous people, Aboriginal people. Most of them live in the cities but some of them live in outback communities, the bush, you might have heard about it. They're out in the desert, very remote communities. All of the health statistics are completely skewed compared to what's happening in the cities. So infant mortality is much higher, life expectancy much lower, in those places. They're also very difficult to educate in terms of HIV. Literacy, although still very high, is a little bit lower than in the cities. Access to television a little bit lower, but still high. The kind of public health messages that we produce for Aborigines in the city and the outback are just wrong. We're using iconography that's inappropriate, symbols that they don't understand, a language and a way of talking that they don't understand. So we had theatre troupes (actually Aboriginal people themselves or they hire Aboriginal people to help them rewrite the scripts), black actors going out into the communities, performing plays on dirt stages, spoken in the dialect of the place - because the dialect would change - and then doing workshops with the people afterwards, using plastic black erect penises instead of white penises to show them how to use condoms. Little touches like that, which make a difference.

[Laughing] Yeah, like, 'what's that?'...

[Laughing] Is that for stirring the pot?

I know that some of those things were happening in Africa as well. It was really effective. That sort of stuff is going on. Australia is a very multicultural society and we have a lot of enclaves within our major cities where there are Vietnamese, Afghanis and Iraqis now, people that don't speak English, and now we're trying to work out how to do that within their communities. When I get home that's what I'm going to have to think about. Ways that I can support that, and use your experiences and try to find other experiences to build prevention projects...

It's an old tradition. If you look at Mexico, in terms of politics, the tradition of mural making is very popular, to attract attention and then to deliver a message. Also Ireland, the political murals there. It's a really old tradition and it is effective because it catches your eye. You know, 'what's that and why is it there?'

The tradition of providing information through song, dance, and visual mediums as well in illiterate societies goes back to the middle-ages.

One of the students wrote a song and he gave it to the teacher and then we went to an assembly of all the students from age 5 to 16. There were 500 students and they were all singing his song. And I asked him, and he said, 'yeah, I gave them a tape'. I said 'we should really put this on the radio because if they've learned the song in just a few weeks...'. It was really great. The teachers actually played it, taught the students, and then when they got to the assembly a few months later they were all singing it. He didn't know what they would do with it. He was like 'they didn't mention my name did they?' [mutual laughter]

How old is this kid?

He was 17.

That's great. I turn this off now, if you want. That was really interesting.

[End of interview]

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