

Bren Brophy and Eliza Moodley interviewed by Paul Sendziuk

Durban, South Africa, 19 July 2006

This is a complete transcript of a recorded interview. It should be noted that when engaging in spoken conversation, people do not phrase their thoughts in grammatically correct sentences. In the majority, such grammatical imperfections have been retained here, except where intelligibility proved difficult. Eliza kindly provided additional information, which was inserted when she reviewed and approved the transcript.

Paul Sendziuk: Let's start off by talking about the government sponsored HIV prevention campaigns in South Africa at the moment and maybe even some in the recent past. What is your opinion of them? As people who work in visual culture, do you think they're successful? Have there been studies that have suggested their success? What are some of their problematic elements?

Eliza Moodley [EM]: 'Khomanani' is the government's campaign for HIV and AIDS awareness and prevention. I think previously in the early 1990s we had the *Sarafina* play and this was followed by the 'Beyond Awareness' campaign in 1999, which was later developed and revised for the 'Khomanani' campaign. Basically the 'Khomanani' campaign tries to offer nationally-based campaigns in communities using community involvement for collective action. I think the reason why it comes under a lot of criticism is because 'Khomanani' tends to follow a top down approach where it actually designs the campaigns and then allows community members to roll them out, as opposed to community members themselves actually designing the messaging and the campaigns. So I think in that area, that's where 'Khomanani' seems to have fallen short. And then there's the 'loveLife' campaign which is funded by various bodies, one of them being the Global Fund...

Bren Brophy [BB]: The Global Fund, yeah.

[EM] ...which has now withdrawn its funding, so I'm not really sure about who else funds them. But I think with 'loveLife' the biggest problem is their billboards and the effectiveness of their messaging for their particular target group. There's also the question of success indicators: can they actually produce results on the impact? How effective is their messaging? There's no actual success indicators on the effectiveness of their messaging. Are people actually abstaining? Are their strategies in terms of prevention actually working? For example, 'Skin on Skin' – 'HIV Love: Skin on Skin'; their target group is between, I think, 15 to 17 year-olds.

[BB] Yeah, 15 to 17.

[EM] Or was it a little younger group? What message are they actually relating in their 'Skin on Skin' billboard? So there is almost a gap between the target audience and the type of messages related on their billboards. Can young people make sense or find

meaning in these billboards? Are the billboards designed for the appropriate age group? All these questions, makes the 'loveLife' billboards very controversial.

So who's involved in designing the campaigns? Does it go to commercial graphic designers?

[BB] It's a kind of mystery. I mean, we went to a presentation recently with a gentleman who you must get in touch with, named Richard Delaney...

[EM] Richard Delate.

[BB] Delate, that's right. He's a senior social science media and communication studies person with UN AIDS in Jo'burg and he's writing – I think it's a thesis – or it's a journal publication, quite a voluminous thing on, specifically, the visual aspects of that 'loveLife' campaign...

[EM] Visual representations on 'loveLife'.

Good.

[EM] I think I've got a chapter of his book here; I could put that out for you.

[BB] He's extremely critical, and he made this point, at this presentation, of trying to track down who actually dreams up these campaigns. It's like trying to put smoke in your pocket, it's the most amazing thing. I mean, you'd think it would be easy but it's not.

[EM] Another good person to speak to if you're looking for genuine information on 'loveLife' is Warren Parker.

[BB] He's the Director of CADRE.

[EM] He's done his masters on 'loveLife', PhD on 'loveLife'...

[BB] He lives and breathes and speaks 'loveLife'.

[EM] He's a Director of CADRE...

[BB] Let's make a list of these and I'll get these contacts to you.

Oh, that's great.

[EM] His email address is warren...

[BB] She's a mine of information...

[All laugh]

[EM] It's warren@cadre.org.za.

[BB] CADRE stands for?

[EM] It's Centre for AIDS Development Research and Evaluation. You can check his website as well.

[BB] They've also been influential in the production of numerous exhibitions – wonderful, wonderful work – many of which we've curated on their behalf.

[EM] Photo voice.

[BB] Photo voice stuff, there's an exhibition called – it was a few years now – 'Living Openly', a black and white social documentary photographic exhibition. I'll give you some snapshots of these images now.

Oh, that would be great.

[BB] And we've got all this stuff, I mean, I just want to give you a taste of what we've got in the computer because I think for your website it would [be good] – we've documented everything. It's an exhibition – a black and white social documentary exhibition featuring portraits of South Africans – individual portraits – ranging from Edwin Cameron, who's one of the Chief Justices of the Constitutional Court, all the way through to an anonymous domestic worker, and then interviews with them about their disclosure; it's about disclosure specifically, public disclosure. The text plates obviously are exhibited next to the portraits. So he's got all that stuff as well.

I haven't seen any of the 'loveLife' billboards here in Durban but when I was in Jo'burg, as you do, you do a tour of Soweto and just driving around Soweto I saw probably six or seven billboards, and it was difficult to discern whether they were actually commercials for a BMW motor car or an AIDS prevention campaign. They were incredibly slick, three or four, you know, colours, very smooth, snappy slogans, but not particularly explicit – not sexually explicit. I was looking around Soweto and the language that they were using on the billboards is definitely not the language that the people were speaking, you know, I mean it was...

[BB] Oh absolutely. I mean, this is not definitive and it's not researched and it's certainly just my opinion, but the word on the ground does seem to be "We just don't get it". [Laughs] We're in the business of messaging HIV and we don't get it, you know, and people on the ground are not getting it either!

[EM] When we were in Jo'burg we saw some thing about pregnancy: 'HIV loves pregnancy'...

[BB] 'HIV loves teenage pregnancy'.

[EM] You know, and that automatically creates the perception that if you fall pregnant then you have to be HIV positive, you know, it automatically creates that link so it's very misleading.

And it's also powerfully promoting this idea of abstinence as well, as the primary...

[BB] Which you know is unrealistic.

...Which is unrealistic.

[BB] Particularly since 60% of children under 14 in this country are sexually active, or have had sex that is forced on them. Also their print media campaign is very confusing. I mean, they actually use sex to sell abstinence, which is quite the most bizarre thing. That adolescent, post-pubescent, kind of, sexuality is very in your face in their print campaigns. Another interesting thing I've noticed is that 'Khomanani' and 'loveLife' are kind of national campaigns, but their approach seems to have filtered down to provincial initiatives. So, for example, if a Queeny or Durban municipality wants to have an HIV/AIDS program they'll copy what 'Khomanani' and 'loveLife' does, but not officially, I would imagine. A good example of that relatively recently was when the Durban Municipality was promoting abstinence and HIV/AIDS prevention but they used the platform of a teenager – well, the target people were teenagers – it was a Miss Virginity competition with all the bells and whistles and bikinis that you can imagine, where the message of Miss Virgin who got crowned Miss Virgin was to abstain. So how you sell abstinence with sex, I just don't get it.

[All laugh]

[BB] The kids in the audience were in this kind of sexual frenzy, so that's pretty amazing.

[All laugh]

Well, 5 points for trying I suppose. And the 'Khomanani' campaign, how is that different from the 'loveLife' campaign? I'm afraid I'm not familiar with that one.

[EM] Ok, I think 'Khomanani' does a lot of cultural events and campaigns where they try to get the communities involved in messaging; with 'loveLife' it's purely billboards.

[BB] It's above the line media.

[EM] It's billboards. 'Khomanani' has service points, service stations, drop-in centres, counselling points; with 'loveLife' it's a lot of messaging through billboards and I'm not sure in terms of their community programs, what they actually do.

So 'Khomanani' has a treatment aspect to it, not just prevention?

[BB] Well, 'Khomanani's' also involved in the roll out, in the messaging of the awareness of the roll out of ARVs and they publish extensively on that.

[EM] Guidelines to the ARVs and treatment, yeah. 'loveLife' is more prevention.

Ok. A broader and possibly more difficult question: I want to know where you sit in terms of the ideas about why the HIV epidemic has got so far out of control in South Africa. Can you pinpoint the three primary reasons for the very high rates of HIV infection and the difficulty that South Africa has encountered in reigning the infection rate in?

[EM] [Pause] I think this would be a very biased comment, but my first comment would be that I think South Africa tends to apply more Western models in a South African context without taking into consideration the cultural factors. A typical example would be the ABC strategy, where we try to...

[BB] You know that?

Mmm.

[EM] ...implement abstinence, be faithful and 'condomise'. And I know a lot of NGOs even for that matter are kind of sitting on the fence – do they actually please their funding bodies in their messaging and give them what they want [i.e. the 'ABC'] or do they message what they think is more effective? For example, if you're getting funding from the United States or any other country – and their strategy is the ABC strategy – if you as an organisation support a different approach, would you comply with the funder's strategy to get the funding? I consider that as one of the biggest problems in why our messaging, our attempts in prevention, is not very effective. We are still struggling to align our own experiences with the Western models and funding opportunities in HIV prevention. We don't really take into account the cultural context. Consider, for example, being faithful to a partner in the ABC strategy. South Africa has a culture where it promotes polygamous marriages, so how do you, in that effect, promote 'be faithful' when your culture doesn't necessarily support that? South Africa as a country needs to work through these challenges. It appears that the way forward is to revise our strategies and to make it more culturally specific but we also don't want to be guilty of cultural nostalgia.

The contradiction there is that America is imposing the ABC on other countries, yet they never, when they were controlling the epidemic in the 1980s, used that strategy! They controlled the epidemic in the gay population by gay men talking

about sex and using it really positively, and saying, “Yes, go out and have sex but just use condoms”; they put the C right at the front. It was actually Uganda that was experimenting with the ABC which caused America to say: “Look, it works, therefore we’re going to apply it everywhere else” and now that’s how they tie their funding and it’s a shame...

[EM] It is, but if you also look at PEPFAR [the U.S. President’s Emergency Plan for AIDS Relief] funding, they agree to the ABC model but not necessarily the C part of it, they would rather go with A and B and if, and only when necessary, the C component (however there is discussions that this is now changing). But what happens if people are sexually active and they need to condomise? So what happens if you need to actually encourage people to condomise, what do you do then?

[BB] Yeah, I think, piggy-backing on that whole cultural context thing would be stigma and discrimination, and inevitably gender empowerment and advocacy, you know, all the way from self advocacy to community advocacy, political advocacy and so forth. We do a lot of work with HIV positive people – children and adults and also obviously communities that are affected by HIV – using participatory art making techniques, and what we find is that they don’t disclose because of the stigma, and that stigma is rooted in culture. Women are much happier to disclose than men; women are disclosing, going to clinics, getting ARVs, and bringing them back. The men know they’re sick so they confiscate the women’s ARVs and they get on treatment. The woman is [now] not on treatment so her baby [becomes] positive through mother to child transmission. This kind of chaos emerges because of male chauvinism, you know.

We’re very careful when we produce literature. We’re busy publishing a book at the moment called ‘Our Virus’; it’s a book produced by nine HIV-positive ten year-olds. They’ve done all the artwork, they’ve written the storyboard, it’s all about their lives, it’s all about adherence, well-being, management, and diagnosis. We found – we would much rather have communities message their own disease. I’ve also found that at the World AIDS Conferences, when we were lucky enough to go, and the South African AIDS Conferences, is that people living with HIV are sick and tired of being talked about and they really, you know, need to do their talking. But when it comes to prevention, yeah, culture is big. [Pause] Cultural understandings and cultural perceptions of things, as well.

It’s difficult, though, for them to do the talking for themselves if they’re reluctant to come forward and to disclose because of threats of violence or discrimination etc. I mean, you have to get that – the human rights structure – right first; that they’re going to be protected if they come out and disclose.

[BB] Exactly, and that’s why I’m quite tired of people saying, well, “cultural context, cultural context”. What does that actually mean? We work within a unit of HIVAN; the unit is called ‘Communication Arts Advocacy and Networking’ and our primary goal is to first contribute to a culture of human rights and then contribute to a better

dispensation for people living in communities affected and infected by HIV/AIDS. All of our work is human rights based first, and self-advocacy based, and then we move from that; in fact, we seldom start with HIV when we're doing body mapping workshops. We recently did a body mapping workshop with 34 home based care trainees – they're in a training course – and we took a day – HIV only comes out much later in the day. The right to expression and the right to advocacy comes first, and people really do open up if you provide that kind of space.

If one of the big problems in South Africa is the power imbalance in relationships and gender relationships, how are you going to go about changing that? And, by trying to change that, are you changing culture? You're actually taking a stand and saying "This culture is bad", which is a problematic thing to do in this country.

[BB] No, you're not changing culture. I mean, we have a culture of human rights already, we have a constitution and it's a very good one as you know, and it's not so much about awareness of human rights as access to human rights. Most of these communities don't have access to human rights. As an HIV/AIDS organisation, we're busy writing what we call knowledge clusters that are, kind of, binary mind maps, if you will, very visual, on how to access a child grant and how to access a birth certificate, because if you don't have a birth certificate you don't have an ID document, and if you don't have a birth certificate you don't get a child grant and if you've got six kids and you're HIV positive, that is a huge problem. So accessing human rights in a practical way becomes the first step to wellbeing management. You can't talk about [drug] adherence without wellbeing and you can't talk about wellbeing without access to your basic rights.

[EM] Picking up on what Bren said, I think that is a challenge. Firstly, you've just got to generate awareness that this is their right and then you have to provide the means for them to access it. We're working on this project with orphans and vulnerable children, trying to teach them how to get their birth certificate and how to access their child grants; even if they are aware, how do we make it available to them?

Ok, so you're looking at possibly intervening in smaller aspects of the epidemic, rather than going straight for how do we stop men demanding sex whenever they want it from their wives and children even as well. You're saying, we don't like that, but that's a more difficult thing to try to challenge, let's work in the area of human rights that we can make a tangible difference and offer services.

[EM] Like, for example, if a woman doesn't have a source of income at home and she's single, she doesn't have to be dependent on the man and just apply for her grant 'cause it's a human right, you know, she has access to those child grants. So by getting access to what's accessible to her, it empowers her, so we can't necessarily create that form of empowerment directly but we can use other means around it to impact, yeah.

[BB] I think you're referring to lobbying at a much higher level, the party political level, and there are groups that do that, and one of our objectives is to create forums

and opportunities for networking where there's strength in numbers and we do try to present issues at regional forums where we invite organisations of similar minds, you know, similar like minded people, but it's difficult. Political change, you know, in our democracy and in most democracies I imagine, ultimately happens at the polling booth, you know, you vote with your feet. And we have a very strong, one party democracy that has very fixed ideas on HIV/AIDS. I was just reading a somewhat satirical article in the *Mail and Guardian*. It was about Chris Roper, who – we've got a deputy vice President who thinks she can get rid of HIV/AIDS after raping someone by having a quick shower, and we've got a Minister of Health who thinks ARVs are a bad thing and that African potato and a whole lot of garlic will do the trick. So, I mean, how are kids supposed to deal with this when this is our leadership! [Laughs]

It's funny...

[BB] I won't be half a moment. [Leaves briefly]

People I have been interviewing this week seem to be avid readers of the *Mail and Guardian*, yet it doesn't seem anyone else in South Africa is.

[EM laughs]

There's this great critical discourse and the *Mail and Guardian* is inspired by this, but when I see the average person on the street, they're reading the *Sun* or the *Star* or the *Argus* or something like that. It's a shame, 'cause the *Mail and Guardian* seems to be a very decent paper.

[EM] Oh, it is.

[BB] Absolutely.

Tell me a little bit about why Artist Action Around AIDS was established; I think the actual groups and the idea was established in 2003. What was the motivating force for that?

[EM] Your question, Bren.

[BB] Yeah. At the time, HIVAN was not the five units it is now. HIVAN was set up by Professor Coovadia, he's a biomedical scientist, doctor, and Professor Eleanor Preston-Whyte, who is a social anthropologist, directly after the 2000 AIDS Conference in response to that initiative as an initiative of the university. And Preston-Whyte, as a social anthropologist, has always been enormously interested in culture and specifically visual art, just as a personal thing I think, and she heads up, and still does, the team of social science researchers. And it was a very informal and non-academic kind of setting up in a way; it wasn't a grandiose proposal or concept at all. In fact, she approached me as I was the curator for the 13th World AIDS Conference, which was held here in Durban. We had an extensive cultural arts program. I think I

curated something like 32 exhibitions. We used every space – from the city hall to every broom cupboard – that was available, and I had consulted with Eleanor quite extensively in that process. She then approached me informally and said, “Bren, you know, it’s time we had another exhibition that dealt with issues and challenges surrounding HIV/AIDS,” and that’s how it was born. Essentially Artists Action Around AIDS was formulated as a large scale, multimedia, visual arts exhibition, not as a campaign or as a program, and it’s just grown from there.

As to ‘why’, I think because, at the time, there was this whole ‘Break the Silence’, kind of, campaign – that was the theme. As you probably well know, each World AIDS Conference has a theme and it tries to pick up on the aims and objectives of the last one and considers what has been achieved and so forth. ‘Break the Silence’ put emphasis on getting HIV/AIDS out of the closet and into the public domain. And then it grew. We realised that it wasn’t only about artists. There was a huge debate I attended at the World AIDS Conference in Bangkok that got completely out of hand because they had a vast program called the Silabha Art and Cultural Program, which means ‘the art of’ in Thai. The debate was about whether people who were, or were not, HIV positive should be allowed to make art about HIV/AIDS. The notion was that only HIV positive artists had the right or the knowledge and insight to comment on HIV and AIDS. And it got very heated. It even got so bad as to suggest that there should be a little tag on every artwork that says whether you’re HIV positive or not as an artist, which of course sent me right over the cliff.

[All laugh]

[BB] I had to put my hand up and say, “Well I’m from Africa and in Africa we don’t sort or label people black or white anymore”.

[All laugh]

Is it possible that that sort of argument was being led by the Americans?

[Pause]

[BB] And the Canadians.

Yeah, North Americans.

[BB] I’m just thinking back, and I’m not going to name any names, but yes, that’s exactly what was happening.

And it’s just very typical. These are fights that Americans had 10 years ago and, you know, stuff about exploitation of people with AIDS and using them as passive subjects in art etc, etc, and they had the fights about why you needed to disclose, you’ve got to be out there and be an activist and that’s disclosing. Absolutely fine in the United States where you have civil rights and you’re

protected under all sorts of laws and you've got access to ARVs, and if you disclose and get tested there's actual outcomes for you. Not the case in many parts of Asia and Africa.

[BB] For me, that was never an issue. That AAAA [Artists Action Around AIDS] exhibition was very useful, I think. It opened in the Durban Art Gallery and ran for many, many, many months and then went to the Tatham Gallery, Pietermaritzburg, another national gallery, and then we took it up to the Africa Centre, which is the Centre for Health Population Development Studies up at Matubatuba, it's a United Nations UKZN building, a beautiful space. Some of the work was clearly about HIV but had nothing to do with the artist being HIV positive and it wasn't meant to. Some of the work was deeply, profoundly, about being HIV positive, like the body maps by women from Khayelitsha [a partially informal township in Western Cape] and the 'Long Life' project and so forth. But then, as a kind of response to that I felt – and just sort of looking at the public responses as well over those many months and lots of walkabouts and people writing in the books and what have you – there is a huge difference between people who are HIV positive making art as a tool for self advocacy or messaging or expression or human rights and artists, kind of, commenting on HIV. That's where HEART was born, H-E-A-R-T, which was our other program which stands for Highly Effective Art. I don't want to be categorical about this, but broadly speaking Artists Action Around AIDS is about artists of every description interrogating the issues and challenges surrounding HIV/AIDS without being HIV positive, whereas HEART – Highly Effective Art – is about community based, participatory workshop based development using participatory, often therapeutic, art making techniques with HIV positive adults and children.

[EM] It is more community [i.e. people living with HIV/AIDS] driven.

[BB] Exactly. I remember thinking to myself, you know, if people living with HIV are sick and tired of being talked about, it's time we actually took this whole process to infected communities and say "Hey, don't you want to get involved in these participatory processes?" which we use.

Looking at your website now, that seems to be what you're most heavily involved in now, in the HEART program, rather than curating exhibitions by external artists.

[BB] That, I think, is partly because that's the sort of funding we've received at the moment.

[EM] What we try to do with the HEART program is our participatory workshops and 'train the trainer' workshops and body mapping, and then with Artists Action Around AIDS we try to exhibit the body maps, but that obviously depends on funding. So that's how they link, 'cause HEART does the training of the people who produce the art and it's art and narrative therapy, whereas with Artists Action Around AIDS we're exhibiting the work. But, as I said, it's dependent on funding.

[BB] Also, we don't just want to be involved in archiving and documenting what's happening. We thought we would really like to put a focus this year on getting out there into communities and creating works with them. So we're busy with the publication of this children's book, we've been actively involved in training groups of child care workers in participatory art making techniques with vulnerable and HIV positive children, we've done training of home based care workers in the psycho-social, and using art making techniques as a tool for understanding psycho-social issues and with their patients in a home environment.

You said these are, sort of, art as therapy techniques and I know you've been involved in the body mapping workshops and you've done some photo voice stuff as well. What about the memory boxes? Are you involved in that, or is that Jane Solomon's project?

[BB] Jane Solomon is actually a good friend of mine; I was at Varsity with her. She's also been very instrumental in the establishment of the Cape Town body mapping project, 'Long Life'.

[EM] She works with memory boxes and body mapping.

[BB] Yes, we have done. We had an intern recently and she did memory box work with the kids at Sinikithemba HIV/AIDS Care Support Group, which is in McCord's Hospital down the road. We've investigated and read and researched and documented [the memory box method] and, I think, there's recently just been a book published by Phillipe, what's his name?

[EM] Phillipe Denis. He is a Professor of Theology.

So when you do a, say, body mapping workshop, you have a medical professional as well and an art trained person, an artist, working with you?

[BB] It depends. There's two ways that we go. If, on the one hand, we're working with HIV positive people, then we do.

[EM] But if we're training...

[BB] But if we're training people to go and do the process in their own communities, then no.

[EM] For example, when we took away eight HIV positive children to do the first book in the children's resource book series and we used different art making techniques to get them to tell their stories about treatment, adherence, disclosure and diagnosis – to basically share their life stories – then we took a psychologist, a social worker and a counsellor with us.

[BB] And a medical doctor.

[EM] And a medical doctor.

[BB] I remember. Janet?

[EM] Janet Giddy, yes. So we had all of them with us with those eight children throughout the workshop days, so, you know...

[BB] Some of them were quite sick.

[EM] ...yeah, we'd take them on a Friday and bring them back on a Sunday, but throughout the day we had the psychologist, counsellor and social worker.

[BB] We stay with them for the weekend, we go away to an adventure retreat and then they go home for two weeks and then we have another weekend with them, then home for two weeks. So it's not just like a one-off day. We really have to look after them.

[EM] So we're basically writing their stories.

[BB] Not to mention all those pills.

[EM] But if we're training trainers, then no, we don't take counsellors and psychologists.

[BB] Their whole backpacks are filled! One little guy arrives...

[EM] Open their bags, and clothes...

[BB] When you get them in the Kombi you have to say "Show me your pills, I want to see exactly what you're taking, that you've got them all, that they're all in the right bottle". The kids take these huge backpacks and they're filled with nothing but pills!
[Laughs]

That's a lot of responsibility. No clothes...

[BB] No clothes, just pills.

[EM] Open the zip and out pops the pills.

[BB] We do that here with them as well.

Someone might say, well, these are HIV positive children, what is the point in empowering them to tell their story? Someone might say what is the point in getting them to think about ideas of stigma and discrimination – they're going to

know about that anyway, you know. Shouldn't our attentions be focussed on people who are HIV negative, to make sure they don't become positive? What is the benefit of doing this work with HIV positive people?

[BB] Well, they become the PC cases and they know that. Ok, firstly, it's a human rights issue for me, because it's an enriching experience for these kids and enormously therapeutic, it empowers their lives and it makes their lives a better place. OK, that is number one. And we are fundamentally focussed on – even if the book doesn't get published or even if we don't go to a publication stage with this book – that that process is fun in its own right. So number one, it's an enrichment experience for the kids. Number two: by publishing the book of their work, we then distribute those to 3,000 to 5,000 ARV rollout points and collect.

[EM] Hospitals, clinics and schools, yeah.

[BB] Because the book – separate from the process of making the book which we think is all fine in its own right – is meant to be a tool for newly diagnosed children. It gets used by a guardian or a health professional to counsel the child after diagnosis. We're doing this because what we found certainly with these kids and many, many, many other kids we've worked with is that they're not told – they're diagnosed, but they're not told what their status is or what that means, partly because people don't know what to tell them. The medical professionals know all about HIV but they certainly don't have a lot of experience in messaging that on a child friendly level. So these books are necessary and they don't exist. I mean, there are a few more coming out of the woodwork now, like a recent one which has just been presented called *You, Me and HIV*. It's a brilliant book, it's not written by kids, it's written by adults and graphic designers...

[EM] *Brenda has a Dragon in her Blood*.

[BB] Yeah, *Brenda has a Dragon in her Blood*. And it is published for that purpose, but it's primarily meant for use in school groups and it's about transmission, it's about HIV, it's about prevention. And, I mean, to pitch to a child that's just been diagnosed with HIV about prevention, I mean, you need to obviously because they're infectious and they need to know about that, but at the same time living with HIV is what it's all about for them. So, yeah, that makes the purpose of the book. That's the purpose of working with children 'cause we could just write that stuff ourselves, but it is so much more powerful and rich when it's coming from the children themselves. And these children – we've come up with interesting process – well, we think interesting and innovative processes – because it's not biographical, this is not little Sipo telling the story of his life living with HIV. We've also recently published a book called *Babiza's Story* – and we'll give you all these things – which is the story about Babiza. Babiza is not HIV positive but his Mum is, and the art making techniques and narrative story telling techniques relate the story of his Mum's sickness. But this book is not autobiographical or biographical in any way, shape or form. These children create dolls, they make dolls that become their personalities and then the dolls message [i.e.

narrate] the whole story with the paintings and the drawings and they storyboard the whole thing so it's – that whole process of art making and creating the dolls and transferring the, kind of a transformative process, you actually get whole lot of information that you wouldn't otherwise get, so, you know, that's why we do it.

Is it possible these would end up in primary schools and being read by the teacher to the classes, or things like that?

[BB] Yeah, distribution strategies are always a nightmare but we aim to use the Department of Education, and there are a couple of NGOs that distribute books to vulnerable children. And then, of course, [we're looking for] other organisations, partnerships, we're big on partnerships, there's CHIVA, the Children's HIV Association.

[EM] And also Biblionef, it distributes books in the country, yes.

And you mentioned the idea of these kids going away to become peer educators. Is that just because they're more familiar with talking about their status and knowing how to deal with that, and dealing with other people's reactions?

[EM] Being positive, yes.

That they then feel more free to talk about it to their friends.

[BB] That's quite right.

[EM] I think it's the whole idea in terms of stigma and discrimination that they need to realise is that they're not the only one, because very often they tend to keep their status to themselves without realising that "Hey, my friend sitting next to me is actually HIV positive himself". And through the process of taking them to the workshops they are able to identify that it's a common experience.

[BB] And some of them set up support groups. I mean, this group – they came to us because we networked with the adults in the support group...they're about 800 strong at this particular hospital and these are their kids. But there wasn't an adolescent or youth/ child support group – they went back to the clinic and started one. They've got a room now which we help them with, with toys and a whole lot of art materials and a whole program with an intern from the UK who's working with them. That is a lot for a ten year old [to take on], but we also look at them understanding processes of facilitation and how we run workshops and we give them group facilitation roles in the process. I mean, by the end of the – it's a three workshop cycle – so after the sixth week and it's the third weekend, they facilitate and organise everything and the materials and...

They have to grow up quickly, don't they? I mean, living with HIV is growing up quickly, but then, you know, dealing with this very adult, kind of, framing as well.

[EM] I think the daily infection rate is like 1440 [people per day] and the AIDS deaths per day is 947 in South Africa. It's very hard.

It's huge.

[EM] It's too hard to ignore.

So, these are kids aged about ten. What would be the youngest and oldest that you would work with?

[EM] We worked with 10 to 14. No, no, 9 to 14.

[BB] Yeah. And then, of course, young adults as well. But bear in mind that we're part of the university so I think that, in a way, is what makes our project kind of unusual. There are other cultural arts projects out there, in fact, many; some focus on community murals, some focus on community theatre, industrial theatre and so forth, but we are involved in knowledge production also, as you know that's the product of universities. Although we're part of the Natal University Development Foundation, which is this building here, and it's the outreach wing of the university, our plans for next year are to focus more on research; we've been doing this for years and years now and we've got, like, 50 boxes of stuff.

So you're, sort of, evaluating now.

[BB] Exactly. So we're looking for partnerships, mentor academics that have approached – we've approached them mostly, some of them have approached us – that will guide us in that and then publish.

Just jumping back: when you asked about the founding of Artists Action – not founding, 'cause we're not really registered independently – but we launched the exhibition with the Cultural Arts Conference (which we're going to do again, a much bigger one, now that we've got a bit more practice). It began with the Cultural Arts Conference. We had, I think, 35 or 45, which is small group, of artists, art professionals, curators, gallery owners, drama students, postgraduate culture & media studies students, the whole lot coming together for three or four days for this conference looking at how the cultural arts can impact HIV/AIDS. That, in a way, was the real seed of this whole development of what is now a whole cultural arts program. You know, we're big on feedback and participatory techniques; we don't go in and do, like, training, so we learn as we go along and that's how we built these various programs.

It's interesting that when people talk about conferences in the academic world; it's like, "Oh, another conference", it's a talk-fest, nothing ever happens, they're expensive, World AIDS Conferences are incredibly expensive, massive, logistical problems and people, you know, don't think that things happen from them. But

from that little conference that you had with 35 people this project has been born. From the World AIDS Conference you had in Durban in 2000, you had 35-odd art exhibitions and those things have carried on and community groups that were established, you know, show their art, have kept on doing that. So it's nice to think that there are those outcomes.

[BB] We also don't lose contact with them, you know, we – Artists Action Around AIDS and certainly the Cultural Arts Program, CAP – are the platform for the, kind of, mobilising and lobbying. We are the platform for other organisations. So our vision for the next five years, I would think, is to become an association of organisations that are active in cultural arts and HIV/AIDS and then use that as a vehicle for much bigger party-political change, because we have a Department of Arts and Culture, national and provincial, that has got tonnes of money, I mean, they're forever hosting concerts and events that cost tens of millions per day, but they have not put HIV/AIDS on their agenda and they need. You know, we both have backgrounds in NGOs and I have always believed – in whatever NGO I've worked in – that it's not our job [to look after citizens]. Ok, by succeeding, we do ourselves out of a job, but we should be doing ourselves out of a job. It's their job. It's the government's job to do what we're doing and we should never forget that. If we get really good at doing it then they'll just turn around and say, "Well, you're doing such a great job we don't have to do it anymore". That's not a good situation, you know. We want to be good at what we do but we also want to lobby that they then take over what we do.

Just to pick up a couple of things that you've mentioned so far, just factual stuff that I'm not sure about - the ARV roll out points and all that: what is the situation now in terms of the number of people who now have access to ARVs?

[EM] I think we've got it on our little...

[BB] We've got the stats there. Let me just get them quickly.

[EM] It's stuck on my wall; just bring it through. It's too many to remember and it changes all the time.

What about the situation...I know two or three years ago, three or four years ago, there was a fight for pregnant women to get access to...

[EM] To get Nevirapine?

Yes, has that happened yet?

[EM] I think yes, I think the fight for Nevirapine is over. It's now more about the ARVs [anti-retrovirals], with TAC [Treatment Action Campaign] continuously fighting for people to be put on ARVs. I think the government has agreed to that now but the rollout process is very slow.

[BB] Yeah, the total AIDS sick this year at the moment in South Africa is 576,900 and then of those, the adults that are not on ARVs are 502,000. On ARVs in 154,000, which is not a lot at all.

So what's that, 20%?

[EM] Yeah. I mean, children...

And these are the ones who fall in that category of having 200 CD4 cells and opportunistic infections, so they fit the criteria of full blown AIDS and only 20% are on the...

[EM] The rollout of ARVs for children is greater than that with adults. 'Cause there's 26,000 children with AIDS and 20,000 are on ARVs. If you look at adults, it's 502,000 with AIDS but only 154,000 on ARVs, which is not a lot at all. So the focus is obviously more on children.

And has there been, sort of, there's points where the people come and collect their ARVs...

[EM] At the clinics.

So do they have to take them at the clinic or do they bring the drugs home with them and need to be responsible for taking them themselves?

[EM] No, they take them home and you only go...

[BB] It's monthly.

[EM] Monthly, or is it...

[BB] It varies, we're not clinicians; it would vary considerably. I mean...

Are they free? Are they distributed free?

[EM] ARVs are free, yes. Hence the slow roll out.

And they're the generic drugs that those court cases fought for, so they're much cheaper than the ones that are sold...

[BB] There's a means test. I mean, you need to first sign up with that particular clinic.

[EM] And you have to have your CD count below...

[BB] What I'm talking about in terms of the welfare system, is a means test.

[EM] Oh, ok.

[BB] You have to first, to sign up with the clinic and then do a means test and if your income is less than, you mustn't quote me on this, we know from child grants and things, I think it's – it depends on whether it's rural or urban, you see.

[EM] It depends. For a child grant, if you're living in a rural area your income is less than 800 rand a month [in 2006] and in urban less than 1100 rand, or something like that.

[BB] In which case you then qualify for free ARVs.

[EM] Depending on your income, you qualify.

But you wouldn't have to spend your child grant on ARVs, that would be – that's separate?

[BB] Yes.

[EM] It's an interesting question, yes.

[BB] I mean people with income seldom end up in public hospitals because they're really just difficult places to be. If you've got money you go to a doctor or you go to a private hospital.

So Judge Cameron for example would be going to private health care and he would be paying for his ARVs, he wouldn't...

[BB] I can't say specifically, but I imagine...

Likely to, yeah. And then, just going back again, we've talked about how the art making process helps, say, kids in your programs and the adults can participate as well – what does the general community get out of that? Ok, how does that affect the HIV negative community maybe? I'm going to call it the general community; it's a problematic term but...

[BB] Yeah. Look, there's so many different levels of how these programs are functioning, you know, I mean, on the one hand you've got, when I say quasi-therapeutic, we're not art therapists and these are not on-going counselling situations and when we have real problems we refer all the time and we do that quite often but there's a range from the, sort of, quasi-art therapeutic, kind of, enrichment process, then there's the use of the cultural arts in messaging, in large scale public festivals and campaigns which we've done on campus, we did 'Hope and Healing' – huge multicultural arts festival for a week – that that really impacts the whole community. Then you've got situations where arts and crafts are being used to create sustainable income, all right, which goes back directly to the community. These are programs

designed to produce, and I don't know if you've networked or if you'll be seeing Kate Wells?

No, but I've spoken with Kim Berman in Johannesburg, he does a similar thing with paper prayers where they're using that as income generation...

[BB] We know that project quite well. But it goes beyond that because the Siyazama project for example is a good example – look, to simplify what I'm saying, they don't all do the same thing. But, on different levels, the culture, historically in this country and, I think, in many countries in the world is frankly one of the very few vehicles that dispossessed or disenfranchised people have and certainly that was the case with apartheid, you know. All of us that were involved in what we call, well, broadly, 'cultural activism' were involved in the struggle against apartheid and there was nothing – everything was banned, everybody was banned, every organisation was banned, every NGO was banned, many of us spent our weekends in detention, you know, jail. We used culture – that's what we did. So, I think there's actually - I go more into this, there's an editorial which I wrote on the website that you must actually have a look, it was a while ago, September last year, I don't know if you've seen it, which was, I think I entitled it 'Backwards to the Future' or something, you know, that culture as a weapon of struggle, is actually back, yeah, so...

Back to the Future?

[BB] Yes, that's the one, yes. [Pause] We don't know, actually, how this is affecting people at large and that's why we need to research, do our research, you know. We need to set up research at the highest level so that we can use it also to inform best practice with other organisations and other folk that are doing amazing work, and they really are. So that kind of research and evaluation really needs to be focussed on the actual processing, firstly, and then on products, or outcomes, if you will, and then whether or not that will actually – that's one of your key interests – whether or not this is actually changing behaviour or opinion. I mean, it allows us to be very clued up on this whole KAP study thing process.

What's KAP?

[BB] K-A-P.

[EM] Knowledge attitude and practice. You've heard of that, yes?

[BB] You know, we're always debating as to whether knowledge changes behaviour or whether behaviour changes attitudes...

[EM] Which way does it work?

[BB] We all know that the change belief, you have to change attitude and to change attitude you need to, you know, you need new knowledge and all that but it's hard, exactly, to know if it's working or not.

The difficult thing with – and I've spent the last two or three years trying to grapple with how you evaluate any impact of art on a person's consciousness and on behaviour. You even have the very first problem in trying to work out how much knowledge did somebody have before they experienced the art? We can do a survey of people after they go and see a film about AIDS, for example, and say, "Ok, what do you now know about AIDS?" and they can tell you, but unless you survey them before they walk into the film you're not going to know how that actual film changed them. How do you distinguish them experiencing an art exhibition and getting messages and feelings of hope or allowing them to vent their frustrations, ok, and thus that art helping them versus the knowledge that they got from their friend who's HIV positive and who they talk with every day? How do we divorce – that specific art exhibition had an impact and, kind of, cut off those other influences? It's nearly impossible to do and it's difficult 'cause what we're doing, if you're looking at art as being a public health intervention, public health people want us to try and quantify and they want us to prove those actual effects.

[BB] Oh, all the time. I mean, we do funding applications and they want to know, they want spreadsheets, they want logical matrix grid things of...

And we can't give – we cannot do that.

[BB] ...every single person and who they are and how their attitude and belief changed because of this thing.

And so we have to use inference all the time. "It is possible that...", "It is likely that...", "Because we know this happened we can infer that..." and often scientific bodies aren't comfortable with inference and things like that.

[BB] We would probably, you know, use a lot of focus groups, sort of, qualitative interview type stuff.

[EM] SWOP: strengths, weaknesses, opportunities...

If you look at the research in America it's all done generally by behavioural scientists or cultural studies people and they get university students from their class to go and fill out questionnaires and they do focus groups after they do these things so we have this excellent understanding of how art affects 18 to 20 year olds in American universities, but they are such a small section of the population and not particularly relevant and it makes me cross sometimes how they uses those studies to say, "Well, this equals this, this proves this" and I'd say, "Well, not really – in those specific instances it does". I've got – there's more

questions I want to ask you – but maybe, do you want to take a little break for five minutes and maybe have a cup of tea then we can get back to it?

[BB] Sure. I'm quite keen to show you some stuff; do you want to just do that now?

Yes, let's do that now as well.

[Paul, Bren and Eliza break for tea.]

[The interview resumes]

Just for the purposes of the tape, this is tape two of my interview with Eliza Moodley and Bren Brophy – I forgot to do this at the start of the last tape – it's on the 19th of July 2006 and we're at HIVAN at the University of KwaZulu-Natal in Durban.

Just a couple of questions for Bren, just because this is related to what you wrote in one of the editorials on the HIVAN website. [Pause] You wrote that – I've got a bit of a quote – "I find it doubtful that centralised craft empires celebrating traditional skills contribute in a major way to alleviating suffering at a grass roots level despite the Zulu Versace status that their work has acquired globally. Successful marketing has long since recognised that the jaded consumer buys the sizzle not the steak." And here you're a little bit worried about, sort of, fashionable voyeurism, you know, is...

[BB] I wasn't particularly popular with that whole thing, I can promise you because the people who I was talking about – I don't mention them but they know exactly who they are, all right, and I was really referring to – and I'm not going to be invidious here, I don't think it's useful these organisations and these groups are doing amazing work and I respect them a huge amount but in the context of this editorial – you often find one family, literally, when I say family I mean extended family, which could be up to 30 or 40 women, cousins, aunties, what have you, mostly women – starting a bead empire and then selling their work to commercial galleries and art centres under the guise of being HIV positive – that this work somehow acquires this mythological HIV positive status and that the swing tickets and the marketing campaigns and all the buyer lines and everything on the work, press releases and all this stuff sings the praises of this community based project impacting directly people living with HIV whereas nothing could be further from the truth, all right. And that happens a lot. And I think that this whole reference to the jaded public, about the sizzle not the steak, is that it does huge damage to sustainable craft development projects out there because at the end of the day tourists and consumers are buying that work not because of its craft value but because they want to support people living with HIV. So you have this incredible – this weird situation where there's quite a bit of antagonism that goes on between HIV support groups and clinics, and I can think of two big ones here and you really should be having a bit of a look at them as well. As you well know, we don't

draw a distinction between art and craft, certainly not at this level, you know, the first being the Hillcrest Aid Centre, it's up the mountain a little bit, not far up the hill.

[EM] It's a 40 minute drive.

[BB] It's on the edge of an area called Inanda which is huge community of about 5 million Zulu people in this gorgeous valley, so their members are drawn from that area and then there McCord Hospital down the road at Sinikithemba that we work with and they both have sustainable craft development programs and when I talk about this antagonism, it emerges because at the end of the day local crafters are being pushed out by these groups and local crafters can't compete with the, sort of, spin that goes onto labelling this work as being income generation for HIV positive people.

You're not saying that those two centres are involved in doing that?

[BB] Well, no, I'm saying those two centres are being particularly successful in developing really profitable craft projects, but they have to be careful. I'm not saying that they're actively doing this, of course they're not, because the craft sector in those communities exists with or without them and – we recently went to a workshop which we convened and we have about a hundred people from all over that are involved in sustainable craft development and art making and the subject was quite simple, it was sustainable income generation: what works and what doesn't? So we asked the people from this Hillcrest Aid Centre to come and give us a presentation – we had a whole series of presentations and just to look at how it all works, and we've recently got money from a large funding organisation to do a development project in a deep regional area here in KwaZulu-Natal, we'll actually train the youth in basic ethnographic research, you know, methods; they then will go out for a whole year and research their cultural heritage and their cultural art making and what have you and then produce small collectives which are registered and they make businesses out of it. Now that's different from an organisation paying people for bead work, paying a commission on and building a huge business. It's not empowering anyone on a community level. It is putting cash in the hands of the makers, but so do their own craft businesses before they started, all right, and yes, there is value to centralised marketing, for example, you know, there's – if an organisation can market to large conferences, you know, "We need 16,000 AIDS ribbons by tomorrow", it's not something that the community can deal with. So that's fantastic, but I think there needs to be a much more considered and holistic kind of approach to how these programs are developing and in what direction they are developing. Are they funded so that they can buy bead work to make profit to build the business, or are they funded to go out there and empower and train crafters in setting up community based collaborators or collectors? They're two very different animals. So that's really what I was talking about.

And secondly, in the same, sort of, article, you raised the question at the end: "Where has all the resistance art gone? What has happened to the protest?" And

in those contrary, and this has really struck me since I've been here, that contrary to the kind of angry art produced by American artists and graphic designers such as ACT-UP in the 1980s and the early 1990s, when they were faced with a situation, what they thought was similar to South Africa, they might've had infection rates of 20% of the population, those kind of things – they produced this amazing body of work. Here, I'm struck with the muted political response, the reluctance to actually go and attack government or even pharmaceutical companies and those other kinds of things in the art, it's been much more about personal experience, I'm going to express my grief or loss or – what has happened to the political art? Why has this been the case?

[BB] That's a good question and we're extremely interested in finding out and that could be the title of an abstract of a research project that we'd get involved in. I mean, personally, and this is not a, kind of, considered academic response, it's just a kind of intuitive thing having been part of the resistance art movement of the, sort of, late '70s and '80s, before the release of Nelson Mandela and before the new constitution, apartheid. With the release of Nelson Mandela and the new constitution and the first democratic election, there is no cultural resistance. Take student groups, for example, which, at the time, in those years, were a hotbed of resistance. Campuses – South African campuses at the moment are not involved in resistance of any kind, not that I can tell, to mobilise students to do something, or have a rally or a public art installation or a protest or a poster campaign or a t-shirt campaign or bumper stickers or badges or something. It's like pulling teeth. They're not interested. As far as they're concerned, we have a democratic government, there are opportunities for jobs, let's go get them. It's over. There's nothing to worry about, nothing to complain about.

Well you're better than Zimbabwe. [All laugh]

[BB] So, yeah, you know, I think we do have a little bit of it, obviously, you know, artists like Steven Cohen, a performance artist, radical, radical work. Yeah.

Can you name two others?

[BB] Steven Cohen – and specifically in public health in HIV/AIDS – I'll have to check because there are so many. When I say many, this is not all that these artists do, you know, this is just one – take Steven, he's known for other work as well and so are many other artists but there are some of them that will turn to these and – I'll do some homework and get back to you on that one.

Someone like Clive Van Den Berg was trying to reinscribe, sort of, homosexuality in the South African story in a very confrontational manner and that makes people uneasy and by talking about homosexual visibility, and he's also talking about AIDS in those works – I mean, he's quite confrontational, but he might say, well, it's not so much about AIDS in any case.

[BB] Pieter-Dirk Uys – I recently went to a performance of his – incredibly radical.

And he did a performance in 2003 when you were getting going, I think.

[BB] Not Pieter-Dirk Uys; Steven Cohen we worked with quite a bit. Yeah, it's very good question, it's all gone very soft, you know. Even at the World AIDS Conferences, I mean, in 2000, phew, there's ACT-UP and TAC, you know, the Treatment Action Campaign, was, sort of, there with buckets and buckets and buckets of pig's blood dumping regularly on the pharmaceutical's door, [laughs] you know, that just doesn't happen anymore. Although, one thing I didn't show you, I did a documentary project when I was in Bangkok, of all the visual arts surrounding HIV in that conference, it's a huge disc, and transactional sex workers really came out in force and did the most incredible installations, performances, art works, exhibitions, that kind of thing. I can't answer that question. Where has it gone?

Eliza, what do you think?

[BB] In terms of resistance.

[EM] Gosh. [Pause] Well, I don't see one now.

[Pause] Well, there's resistance fatigue as well, I mean, you were fighting against apartheid, which the world recognised was a terrible system of government. Anything has been better since that and as I said, you're surrounded by other African countries which are politically unstable, economically destructive and collapsing – South Africa looks like a bit of a beacon of hope for other African nations. There is a good reason to feel, kind of, self-satisfied and, you know, "Let's just enjoy this for a time being, rather than – we were so angry for so long..."

[BB] And look after oneself, you know, just on a personal level, when you talk to people, they kind of feel they've done their bit now. You get people in their 30s and 40s who were part of the struggle – kids under 20 have no clue what it was like. They're driven by personal motives, not any kind of altruistic, philanthropic motives and the two things that bother everyone is crime and employment. And unemployment means you've got to get a job and stick to it and develop your career, and crime means you put yourself behind bars and don't go out, and have a close circle of friends and certainly don't go into inner cities and into the gallery downtown in Durban. You wouldn't dream of doing that if you were 25 and you were living in a posh suburb; you would stay there. So that whole, you know...

They just put the tourists there 'cause that's where the hotels are! [All laugh]

[BB] So yeah, I mean, I think unemployment and crime has influenced peoples' priorities. You know, our priorities in the late '80s were to get out there and do as much damage to the Caspers [a tank-like military vehicle] in the townships that we possibly could, and damn the rest. We didn't care about having a job 'cause it wasn't an issue. Crime? What crime? I mean, they were bulldozing townships and murdering

people in their sleep and – we don't think about crime. That was the crime! We were fighting crimes of humanity, and that was our job. You know, we were fully employed and doing it, so yeah, I think that's – I mean, it is an interesting thing – when I say we're ready to curate another really big group exhibition and do some arts – I don't seek the curatorial process as being where you sit down and, sort of, academically get submissions of portfolios and then get a selection committee together and all that kind of stuff, no. It's much more of a process of creating work through collaborative exchanges and residencies and perhaps teaching programs in communities and then seeing what happens, you know, sort of being very involved in the process of doing that and possibly the whole theme, or thread, rather than theme, of resistance could be an interesting thing to look at. Because you'll probably notice that Artists Action Around AIDS is quite deliberately not Artists Action Against AIDS, all right. That was a big, long debate we had in our heads that we don't want to set up a, sort of, difficult relationship, a provocative relationship opposing, you know – we don't want to fight a struggle against something, so much as work around and participate and contribute with that thing, and I think that's also been a fundamental shift because it's not just anymore about – I mean 'Break the Silence' was the 2000 AIDS Conference, it really was about being very vocal and banging your drum about how many people were dying, but now people know now, they actually do know. There's not a lot of ignorance on that, people know about HIV/AIDS. We work with youth in regional areas, boy, they sure know a lot. It's really about working to de-stigmatise and empower communities that are living with HIV. So that process is very, kind of, participatory as opposed to reactionary or confrontational. I personally don't think we would have much joy in working with communities affected by HIV/AIDS if we were perceived to be a very confrontational, kind of, resistance based movement or campaign.

[EM] That's like what my Professor who is supervising my masters says, Prof Tomaselli; he'll always say the thing that frustrates him most is when students say, "We're trying to fight HIV/AIDS, we're trying to come up with strategies to fight HIV/AIDS." He says the biggest issue is we are trying to de-stigmatise but instead we are re-stigmatising, because we say we're just trying to 'fight' this virus. I just picked that up when Bren was speaking about Artists Action Against AIDS, you know, we must be cautious that we're not trying to de-stigmatise and then re-stigmatise.

[BB] Exactly. And communities perceive that kind of approach as being against them, because they are HIV/AIDS, you know, if you're HIV positive and someone talks about fighting HIV, they think they're fighting you [i.e. the HIV-positive person], definitely, and that's, you know, a problem for them.

Yeah, but it resonates in another way because you could be working on projects to deal with human rights, child access to the grants and things like that, which notionally doesn't necessarily have anything to do with AIDS but impacts incredibly on AIDS and by having that kind of name, you're actually able to work on those other intersectoral interventions, you know, legal inventions, access, those kinds of things, rather than just about AIDS as well.

Another question about fine art: which South African artists are in your opinion doing the most important or successful work dealing with AIDS today?

[EM] In terms of fine art?

Yes.

[EM] Bren.

[BB] There are not a lot of them, there really aren't. It's not as though you can say there's a movement or a school. [Pause] Ok.

[EM] Something with...?

[BB] I'm just thinking of the – first the organisations and then maybe the individuals.

[EM] Temba, Temba Chevarsy, is he doing anything? No.

[BB] No. There's the Paper Prayers campaign that's done a huge amount of work and they do a lot of participatory, developmental art making work too, ok. There's the Siyazama [beadwork and doll making] project, which we just briefly talked about before, that is highly respected and they've done a huge amount of work. [Long pause] I'm just trying to think. What's in Jo'burg? [Pause] It's a tricky question, I'm going to have to do some homework as well because again, there are a lot of organisations and groups doing work with art around AIDS but that's not primarily what they do. So, for example, I would refer you to an organisation called the Community Murals Project which is based in Durban and they work all over the country and have done hundreds of murals. The murals is their business, but because of the landscape, a lot of their work is being done around HIV/AIDS, so they're not specifically...

[EM]...focussing on HIV/AIDS.

[BB] Look, there – you have to mention Artists for Humanity, because they've just grown from strength to strength and specifically they've engaged with professional contemporary artists from South Africa and all over the world in the production of their portfolios, so you know, if you were on the moon and you were speaking to someone from Mars that had heard about art and AIDS in South Africa, they probably would talk about that.

The Billboard Project.

[BB] Yes, exactly.

[EM] What does the Umcebo Trust do?

[BB] The Umcebo Trust. Yeah. U-M-C-E-B-O. Robin Opperman, they're also here in Durban. They do extraordinary work.

Are you familiar with the 'Smoke Portrait' series by Dianne Victor? I don't know if you've seen that at all? She draws with a candle and the smoke gets captured on the page. Churchill Madikida, the Standard Bank Young Artist of the Year for this year, has done some work about his sister who died of AIDS. Have you been able to see any of that work?

[BB] I have seen some of that work, and Carol regularly, well not regularly, but relatively regularly curates a show about AIDS. Partly because, I think, of pressure from the city council because it's a, you know, PC thing to do, and partly because I think that there's interesting work out there, but there aren't many artists that are completely dedicated to that work. South African artists, contemporary South African artists tend to, kind of, quite – I'm not being negative – but sometimes maybe quite gratuitously grab something when it suits them because there are so many different kinds of identity, race, gender issues they just, kind of, dabble into these things. Carol's very good at picking up when they dabble in HIV/AIDS and grabbing that piece and putting a lot of them together, there's this one show that I recently went to at the Durban Art Gallery, I'm not sure if she told you about it, this artist who made this, it's just lights, Christmas lights, has never done a single piece about AIDS before and probably never will again, but yeah, she just made that one for that show. Same with the artists at the bottom, Carol's got all this stuff. So yeah, I mean, they are there, but it's not as if you think you could focus on – and they're usually group shows. I can't think of a single example of a solo show that was about that. There might be some exceptions. A good place for you to start would be Art Throb, do you know that website?

Yes, thanks. I suppose if you're a contemporary artist trying to make a living from your art it's probably not a good career choice to be solely focused on HIV because it's not going to sell.

[BB] It's a hard sell.

I mean, and this is what has happened in America. We see very few American artists dealing with AIDS even though it's rife in the, say, the African-American community, rife, but a lot of the artists aren't from the African-American community or they have to make a living and no one's going to commission an AIDS portrait and put it in the lobby of their bank or in the new townhouse they've bought in Brooklyn or whatever, so...

[EM] I think in South Africa you'd find more HIV positive people using creative art to get a source of income as opposed to using...

[BB] Sure. And also, these artists are generous and they will respond, I mean, if there's an auction or a show about HIV/AIDS they'll make one piece about HIV for that show, but as you say, it's not their vision.

What about – I don't know if you're familiar with Zapiro's cartoons? I think he's published in a paper here. Maybe about a quarter of his cartoons seem to be about HIV/AIDS. What do you think of his contribution to the debate and...?

[Phone rings]

[BB] He's also a close friend of mine; he married my best friend at university.

Really?

[BB] Yeah, so it's difficult for me because I know him so well. Yeah, he's magnificent, I mean, he's revered, he's a cult figure, you know, what more can I say? You know, when he exhibits they're packed and his are books sell-outs, yeah, it's absolutely brilliant. There was a hysterical one with the Zuma trial with the getting in the shower, I forget what that one was...

[EM] With the judge there and the shower, yeah, I remember seeing that one.

[BB] That's right. He's the king of unmasking spin, you know, that's what he does.

Jan Jordaan's a little bit worried that he could – by having a cartoonist working with AIDS, that it could possibly trivialise the issue and make it, you know, this is something you can't make laughs out of, this is something that, you know, some of these representations need more – need to be shown to be more devoted and more careful than whipping out a cartoon in an afternoon and putting it in the paper the next day.

[BB] Well, he's a political satirist, that's what he does. It's fine. That's the nature of his medium. He's not – and again, back to the stigmatising, the fighting against HIV/AIDS, he never rips off people dying of HIV/AIDS, he's ripping off people who are causing deaths by HIV/AIDS.

I was going to say, in terms of that US, 1980s style radical resistance art, he seems to be the one person who is – and I see cartooning as art – that he's the one person who is politically engaged and constantly chipping away either at the drug treatment issues, government inaction, Zuma, and I think he's really important. All right, two more questions, because I know I've used a lot of your time; can you think of an instance – a question for each of you – an instance or instances when you've been personally affected by experiencing an AIDS related artwork or piece? Not so much – taking yourselves away as facilitators now and helping other people to learn about their own consciousness through art, an example where it might've helped you deal with your own frustration or sense

of loss or grief or even made you rethink your priorities, your role in the epidemic.

[BB] In other words, how – think of a piece of art or whatever that’s actually done something to us

And it doesn’t have to be visual art, it can be film or dance or writing.

[BB] Gosh, we’ve seen so much. [Long pause]

[EM] It’s interesting, I’ve actually never thought about this. We come across it all the time.

Well, you’re encouraging other people to do it all the time and you obviously believe that it does create consciousness and lead, possibly, to behaviour change.

[BB] [Long pause] Yeah, I mean, I’m just thinking – there’s like a movie going on in my head of all the art about HIV/AIDS and there’s hundreds and hundreds and hundreds and hundreds, all the conferences and, phew, thousands, probably, of works ‘cause it’s my job, it’s what I do, going to look at work like that, but which one of those...

It doesn’t have to be number one.

[BB] No, but which one intuitively, I mean, it must come to my mind for some reason, kind of blows me out of the water. I can think of two...

[EM] It can be a movie or film, or anything.

[BB] What film did we buy yesterday?

[EM] Yesterday – I liked *Nikiwe*. *Nikiwe* was this story about this little girl who is found to be HIV positive and how the community helped her through the process and for me that was personally fulfilling because it, kind of, motivates you to do something. It’s, I think it was, what’s the name of the director? Ingrid...

[BB] I’ve just gone blank.

[EM] You know, it’s a social documentary where she goes through – she speaks about how being a director your role is you don’t actually have to get involved in the process of what you’re actually filming, but when you’re actually affected by issues around HIV/AIDS it’s actually impossible for you to mediate in the process, and for me that was quite stimulating and motivating for me because it kind of empowered me, you know, you want to go out and you want to be involved in the community and you want to push people forward to be empowered in themselves so for me it was an empowering movie that motivated me. I would say...

Do you know how to spell that?

[EM] N-I-K-I-W-E. I think it's Ingrid – I cannot think for the life of me, she's a director, Ingrid, I think I could do a search for you now.

And so you found that inspiring as an arts-based educator, that...

[EM] And the reason why I could associate with what she was going through was that as a facilitator as well you always go through that experience where you know you need to maintain your distance, you need to keep personal boundaries and you always find yourself crossing it, like when we took the children away, the eight HIV positive children, to Hillcrest and even though we had psychologists and social workers and – counsellor, social worker and a psychologist, yeah, with us – there were times where I just had to go outside and recompose myself, cry and get away all the tears before I could go back and continue with them. So you're always struggling where you need to actually maintain that boundary and actually draw out that line and when we came back from that workshop, Bren said to me, "We need to have a post-session for facilitators".

Absolutely, a debrief. Anything else that springs to mind?

[BB] Yeah, there's two things that come to my mind. I just want to see if I can get these pictures up, they were – I happened to see them in Thailand. Where are they? I documented hundreds and hundreds of artworks but that really kind of blew me and made me think, you know, about this whole thing when I came back, and that was one, an installation of *paper mache* dolls made by Chinese sex workers. There were hundreds and hundreds and hundreds of them about this big.

A metre and a half?

[EM] Yes, have you seen them?

No.

[BB] Quite simple, you know, not elaborate, painted with faces and clothes, each one unique – I like to look at art and then read about it, by the way, I don't like to read about it and then go look at it – so I looked and looked and looked to try and work out what's going on here and then went to all the text, 'cause I, kind of, got this impression that they were individual people, you know, that they weren't just like mass produced dolls; they were handmade and each one happened to have its own identity and personality. And there were so many of them, and they showed them in two warehouses in a, sort of, ribbon of about, I don't know, a metre and a half thick, which is maybe about five or six dolls and then this snake of these dolls went as far as the flipping eye could see, just went woosh, woosh, woosh through these warehouses and it turns out – I didn't know they were made by sex workers until I read the text – they were made by Chinese transactional sex workers most of whom – they were living in

Thailand – almost all of whom were illegal immigrants so they can't travel so what they do is they make these dolls, they get together to make hundreds of them and then they send them to all the places they can't go, 'cause they're not allowed to travel. So sometimes they send them to the beach, and they send these hundred dolls to the beach for a week or so, they send them to conferences, they send them to airports [laughs] all over the place, all right, so that was the one. And then another artwork which I thought was amazing was again – it just so happens to be also by transactional sex workers.

Transactional?

[BB] Sex workers. Yes, we don't call them prostitutes anymore.

No, I'm just not familiar with 'transactional'.

[BB] Yes, because transactional – we won't go into that now. It was a big office building, like a skyscraper, and they had strung cords, fish-line, thousands of fish-lines down the outside of the building and threaded on each fish-line was stuff, memorabilia, found objects, and each person had taken charge of one fish-line. It was just, I don't know, little things from your house, little objects; I'd put my keys and my calculator all that, sort of, it just formed this curtain of stuff.

[EM] What were they trying to message?

[BB] Well, it was all – it depends on how you see it really. I mean, for me anyway, because it really didn't have a lot of text at all, it was all about, the feeling that I got was number one, the incredible, sort of, banality of the human condition, you know, that each one of these little – not little, they're huge – threads and each object on each thread was precious and quite beautiful and quite important creation for that person, but when you put them all together, they become noise, as I said; the banality of the human condition. The second thing, obviously, is the, sort of, detritus – I'm very into gleaning as a theme, you know, van Gogh's gleaners, the potato pickers, you know, gleaning means, I think, to collect that which is lost and, more specifically, forgotten, all right, like dead potatoes in a patch. So I saw this as a, kind of, gleaning artwork – everything that is lost and forgotten about HIV/AIDS and the lives that have been lost and all the bits and pieces from those lives. It was like, kind of, one giant memory box, if you will. So yeah, those two for me.

'Cause there's also a conception in the Western world, I think, when people from Africa die of AIDS or in India where there is so many people that, "Oh, well there's so many people anyway, it's just one more life lost," and they have a different conception of life in their countries than what we do. They expect to die early, they expect to lose children, they expect to lose husbands and wives, it doesn't matter, their life isn't worth as much as our life here because we value it here. And also, they're poor, what are they losing anyway, they've got a terrible existence, you know. This is a terrible, callous attitude that plenty of people in

developed Western countries have – that goes against that, doesn't it? By saying, "Yes, this is a cigarette tin without any cigarettes in it but it's something that I think is valuable and means something to me, and these are my – I don't have much but all of these things are important to me and when I go, although I don't have much, I'm important", you know. Yeah. That, sort of, rings through. But they're instances of international art rather than South African.

[BB] [Pause] Yeah, again, there isn't that much here. I'm deeply moved and impressed and all the rest with Fiona's work and I always have been, I've known her a long time and curated some shows with her.

[EM] Have you seen her latest, 'The Washing Line'? Have you?

[BB] We put it up as the last month's editorial. It would be under HIVAN and editorials, at the bottom [of the webpage], I think.

[EM] Look at the bottom.

[BB] What are we, 2006?

[EM] Should be June.

[BB] June. 'The Washing Line Project' by Fiona Kirkwood, she got this whole thing going in public shopping malls.

Oh yes, I have seen this actually.

[BB] Was that – when you first wrote, I suggested probably see the website...

Yeah, I had a look at it.

[BB] Again because her work is just so engaging and her use of materials.

[EM] And it takes it – well, this one particularly takes it out of doors, out of gallery spaces...

[BB] Exactly, she's good at that. So, yeah, Fiona Kirkwood.

All right, well, one last question: this is, I suppose, a sort of a summary question. Do you think art around HIV can save lives and in what ways?

[Pause] [BB] What's that quote that we always say?

[EM] Art does not solve problems, but makes us aware of their existence.

[BB] Yeah, that, unfortunately, would have to be my response. That in a culture of human rights and in a civilised society, you know, one person dead of AIDS is too many, but if that person dies in silence and isolation, then that is a gross travesty of human rights and that that is the role of art. I think art saves lives when it becomes a tool of resistance and that tool of resistance becomes a movement for social change that actually lobbies and impacts public policy. That can save a life and I think there's no doubt in my mind that arts, the visual arts – I'm specifically talking here about visual arts, but all the cultural arts in general – do change governments and have. I mean, it sounds maybe – it could be a touch conceited, but the cultural arts are credited with the, sort of, destabilisation of the apartheid government in no small way or shape, ok, the decision to stop every mine in the country also helped. [All laugh] So, you know, labour obviously as well. But as a movement that could not be ignored, yeah, it does change politics and does change constitution, but slowly, whereas I think the, kind of, immediacy of a change of awareness, you know, of an opening of people's eyes, of an opportunity to actually engage with someone who can make better decisions, that is where the real lives are being saved. I mean, we often come across a situation where, particularly when we're working with youth, sort of, 16, 17 in schools, where they come over to us and they say, you know, "Wow, I just really didn't realise that I could actually make a different choice in a certain...", whatever the situation is. And that awareness came not from us preaching to them, came not from us teaching them anything, it came from them having to participate in art making or in art seeing, if you will, that changed their attitude and opened their imagination to new choices. So yeah.

[EM] I think, for me, in terms of how effective is art in prevention and in HIV/AIDS messaging, I'm not sure how far there is concrete evidence of it being successful. It goes back to the whole KAP study about, you know, how far does your knowledge affect your attitude to actually engage in correct practices? So as far as just looking at art to be effective in HIV messaging, in terms of behavioural change I'm not too sure on that. But what I do know is, in terms of using art in a therapeutic process, we have a positive feedback, in terms of art as a therapeutic process it's effective 'cause we teach people to live positively and for me that is reaffirming in knowing that art, through a therapeutic process, can be an effective tool in HIV messaging.

[BB] Yeah, I think one – not always, but in this context we need to distinguish between presenting art to a viewer and the effect is as on them as versus engaging in art making, and we do both. I think, at the moment, as you say, we're more focussed on art making...

[EM] On art making, yeah, so as far as art making is concerned it really counts in terms of effectiveness of therapeutic, positive living...

[BB] It absolutely does.

[EM] ...empowerment, human rights, advocacy...

[BB] Particularly, these women that I've got to know at one point from Khayelitsha in Cape Town, phew, this whole body mapping project, they weren't artists to start off with, they were there because they were HIV positive, not because they were artists. Rather like when I've done some work in prisons – I always find it interesting that there is a difference obviously between prisoners that make art and artists who happen to be in prison [laughs]; ok, so it's the same thing. Their whole lives have changed completely; their advocacy – they do road shows with this project, they've started support groups, their own adherence, their own well-being management has just grown exponentially. They've grown from despairing individuals into really upbeat, healthy, strong, motivated, focussed and solely through the process of creating these artworks and then showing them to the world. So interestingly enough I think that whole distinction – that's why I'm very careful about making that distinction, 'cause as Eliza said often we make the artwork and then exhibit it, so where do you actually – what's the line? There isn't one really, you know, people say, "On the one hand you work with people who make art about HIV and on the other you work with HIV positive people who make art". And I say, "Well, that's quite right, but you're a HIV positive person that makes an artwork then you become an artist and once you're an artist you put your work up in a gallery, and now you're not there because you're HIV positive anymore, you're an exhibitor just like everybody else!" So I think that, kind of...

[EM] There is a fine line between the two.

[BB] That, sort of, circle, if you will, is something we want to explore more. And I would include in that – I know we're getting a bit away from the question of does art save lives but Eliza said, it saves a life in terms of engaging in art making to changes your life and your attitudes and beliefs

[EM] There's two components to it: in terms of the visual arts and how effective is, like, I had to go look at a portrait or a picture or a painting, I'm not sure on that, but in terms of using art in a therapeutic process, that we've seen the effectiveness of.

[BB] And in the same breath, what I'm saying is once it's up on the gallery wall, it can become a tool for social and political change if it's strong enough to change, you know, Joe Bloggs' attitude or belief.

Well, an employer goes into an exhibition and suddenly they think, "Shit, I might have HIV positive people in my workplace, what am I doing to support them?" or "I just didn't employ someone because they were HIV positive; that was a bad mistake" and that's one person making livelihoods of people with AIDS etc, etc. Unfortunately I don't know if that's happening or not but I reckon it probably is.

[BB] I know with all this, sort of, VCT colleagues that we have and stuff, you know, they're obsessed, and so they should be, that's their job, with each one teach one, if you can message HIV in such a way that that person immediately jumps up and goes and gets tested then you've done a great thing. And by that score, there's no doubt in

my mind that a lot of exhibitions that we've had, people come up to us and say, "As a result of this exhibition I now know my status". So whether that saves a life or not is, sort of, a moot point, but it certainly could, it certainly could, yeah. I've had a lot of people come and disclose to me in the context of exhibitions. I remember hanging a show once at the Africa Centre, which as I say is a rural area, and this woman came up to me and said, you know, "Hello, what's your name?" and I thought – I was hanging the show and I was really busy and I didn't really know what she wanted to talk to me about because there never really seemed to be a context, and eventually she said to me, "I've been looking at all these photographs and I've been reading everything and everything and I just want to tell you that I'm HIV positive and no one else knows – you're the first person – and I want to be part of a project like this, where I can take photographs and then I'm going to be prepared to tell the world". So how do you define "save a life"? You, know, do you save a life because the person's on their deathbed and now they're not on their deathbed? Or do you save a life because they have some kind of quality of life or some kind of richness to their life? For me, you know, someone who's not about to drop down dead, but is suffering a life of quiet desperation, psychologically, emotionally, spiritually, for them to actually not be doing that anymore is life saving. From a humanistic – 'cause we take a humanistic view of this whole world, well, not the whole world, but in terms of the work we do, it's – if we are working with one person whose humanity has improved, that's great, because it's their world, you know, from the humanistic point of view.

Well, Jan Jordaan's idea behind the Billboard Project was exactly that: trying to encourage people to take the moral ownership of the epidemic. What that woman seemed to be trying to express there is – she was prepared to take great ownership of her status and her infection and that might lead her to telling more people, but she definitely wanted to explore it further, yeah.

[BB] I don't want to get sucked into debating with Jan Jordaan because we debate endlessly, ok. I mean, because I think you could probably get a sense this whole empowering communities to take moral ownership for HIV/AIDS, for me anyway, would be slightly problematic because you kind of personalise – not personalising, but you're kind of – it's not something you want to own. Who needs moral ownership of – everyone owns HIV! We all have moral ownership of it! And as for, you know, communities are empowered when they are aware of it and if they have some kind of structures in place to be active participants in the decision making around their own public health, but that's moral ownership of a completely different kind. [Pause] Yeah, I think – I'm not going to comment too much on moral ownership.

Just from learning about the project today, it doesn't sound like what you're doing is all that different from what he thinks, so whether you use that terminology – what he's trying to do is to say everyone – like what you said – everybody owns AIDS, everyone has a role to play here and you have to become aware of it. It's not saying it happens to other people, and it is something that you can stop.

[BB] Yeah. We're completely on the same page, whenever Jan and I have an argument – and we often do it in public. [All laugh] We get invited to forums and things like that where we – medical research council forums we do often, where we actually end up in a debate and that's why we're there and so we do tend to, kind of, go the devil's advocate route just to make it a bit entertaining for everybody. [All laugh]

I was going to say, you're the hired laughs.

[BB]...lackey. And at the end of the day we know what we do and we thoroughly respect what we do and that's fine, but we're very involved in participatory developmental programs and Jan's not. He works with professional fine artists who donate their portfolios to him; he packages them, markets them, makes money out of them and then sticks them on billboards. Now, how communities can take moral ownership of billboard that drops out of the sky on their head, I do not know! [All laugh] I don't get the moral ownership part, but that's just a, you know – it's not a critique of any shape or form.

All right, well, thank you very much, I'll turn this off now.

[End of interview]

Postscript:

When reviewing this transcript for publication in 2011, Eliza Govender (*née* Moodley) wished to acknowledge that the South African government's response to the AIDS crisis has improved significantly since the interview was conducted (in July 2006). Eliza highlighted the effectiveness of the government's HIV & AIDS and STI Strategic Plan for South Africa (2007-2011), which has resulted in the wider provision of anti-retroviral drug treatments (especially to pregnant women) and the promotion of HIV-antibody testing and counselling through the HCT campaign. The South African government also encourages and financially supports male circumcision, which has been proven to significantly reduce the likelihood to HIV transmission from an infected woman to a man during unprotected sexual intercourse.

If citing this interview please use the following:

Bren Brophy and Eliza Moodley interviewed by Paul Sendziuk, Durban, 19 July 2006, *The Art of AIDS Prevention*, <http://www.aidsart.org/#!vstc1=brophy>; accessed <insert date>