Making memory work: Performing and inscribing HIV/AIDS in post-apartheid South Africa

Thesis

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Making Memory Work: Performing and Inscribing HIV/AIDS in Post-Apartheid South Africa

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Abstract

This thesis argues that the cultural practices and productions associated with HIV/AIDS represent a major resource in the struggle to understand and combat the epidemic. Research into HIV/AIDS is dominated by biomedical scholarship, and yet in South Africa, the main drivers of the epidemic are social and economic. The cultural productions analysed in this thesis confront and illuminate many of the contradictory and unresolved questions facing HIV/AIDS research today.

The primary materials analysed in this thesis are the cultural texts that explore representations and performances of HIV/AIDS in South Africa from 1995–2012. I locate experiences of HIV/AIDS in a range of theatrical, literary and visual artworks, including prose, drama and memoir, as well as film and critical work across an array of genres. More than simply surveying HIV/AIDS cultural artefacts, I offer socially and historically contextualised accounts of how stories from post-apartheid writers, performers, artists and subjects engage with HIV/AIDS within a climate hostile to their existence.

In my analysis of the texts considered, I develop an argument that underlines the interventionist capacities of cultural production around HIV/AIDS. I investigate to what degree these texts aim to change consciousness and challenge the social
behaviours that contribute to HIV prevalence. I argue that the most significant responses to HIV/AIDS in the last thirty years have been grassroots cultural practices that empower those who otherwise have had little agency in dictating their own circumstances and histories of the epidemic. These findings lead me to argue for a paradigm shift in HIV/AIDS research: from the widespread application of medical hegemony to the consideration of community-level cultural interventions in addressing the epidemic.
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responsible provide a valuable contribution to the ‘fight’ against HIV/AIDS in South Africa.

Lauren Fabian in Cape Town opened her home to me on several occasions. Her generous hospitality and warm friendship provided a first compass point to my time in South Africa and will not be forgotten.

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A special note to my sister, Emma, who having watched carefully, picks up where I have left off: may you enjoy and better the journey – never lose sight of its privilege;

To my Grandfather, the late Rev'd George Benfield, who transformed one of his life's regrets into a gift for mine. This work is – aptly – dedicated to his memory, but also to his scholarship:

A single voice can scatter on all sides
Since each new voice gives rise to others, once the first divides
And splinters into many – as oftentimes a spark of flame
Divides itself and kindles many other fires the same
Therefore, even places screened back from our view abound
With voices…¹

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Acronyms

AIDS    Acquired Immune Deficiency Syndrome  
ANC    African National Congress  
ARV    antiretroviral drugs  
BEE    Black Economic Empowerment  
CBT    community-based theatre  
CD4     glycoprotein-4  
GEAR    Growth Employment and Redistribution  
HIV    Human Immunodeficiency Virus  
HRVC    Human Rights Violation Commission  
IFP    Inkatha Freedom Party  
MAA    Museum of AIDS in Africa  
MCP    multiple concurrent partnership  
MRC    Medical Research Council (of South Africa)  
MTCT    mother-to-child transmission  
MK    Umkhonto wa Sizwe (Spear of the Nation)  
NACOSA    National AIDS Council of South Africa  
NAPWA    National Association of People Living with AIDS  
NGO    Non-governmental organization  
NP    National Party  
OVC    orphans and vulnerable children  
PEP    post-exposure prophylaxis  
RDP    Reconstruction and Development Programme  
SANAC    South African National AIDS Council  
TAC    Treatment Action Campaign  
TRC    Truth and Reconciliation Commission  
UNAIDS    Joint United Nations Programme on HIV and AIDS
A Note on Terminology and a Handful of Definitions

Racial categories in South Africa are freighted with the weight of apartheid. However, as major markers of identity, I have used racial nomenclature without wishing to reiterate the racially fraught history from which it derives. This thesis uses ‘black’, ‘coloured’ and ‘white’ – social constructs based on race – as well as ‘African’ and ‘Indian’: demonyms referring to continents.

The appellation ‘new South Africa’ refers to South Africa since the advent of democracy in 1994.

Terms relating to HIV/AIDS will be employed throughout this thesis as follows:

Antiretroviral medication (ARV) refers to the ‘cocktail’ of three different types of drugs developed in 1996. Taken in combination, ARVs can reduce the growth of HIV in the blood and restore the body’s immune system.

Epidemic is an outbreak that occurs when a new disease exceeds predicted impact on a contained human population during a specified period of time.

HIV/AIDS is used throughout, unless particular reference is made to HI-virus or to being HIV-positive. This combined term reflects the fact that AIDS is not a disease but a syndrome, ‘consisting of a seemingly open-ended list of contributing […] illnesses.’ The term ‘ARC’, AIDS-related Condition, is not referred to, in accordance with wider medical usage since 2000; nor is ‘AIDS disease’.

HIV rate is synonymous with HIV prevalence and refers to the ‘proportion of people in a given population who are HIV positive at a given time.’ HIV incidence is a ‘measure of the speed at which HIV spreads’.

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6 Epstein, p. xii.

7 Epstein, p. xix.
I use ‘orphans and vulnerable children’ (OVC) as well as the more popular term ‘AIDS orphan’. OVC is a comprehensive category that refers both to children who have lost their parents to AIDS-related complications, and those who are made vulnerable as a result of having lifestyles compromised by HIV (including lacking parental care) or who are born with HIV.

The following definition is provided by Alan Whiteside: ‘The current definition used by UNICEF, other international agencies, and most NGOs is that an orphan is a child under the age of 18 who has lost one or both parents.’

*Pandemic* refers to an epidemic of infectious disease that has a large regional or worldwide spread. A pandemic usually affects a large number of humans. Historical pandemics include tuberculosis; more recent pandemics include H1N1.

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9 Porta, p. 179.
Introduction

The primary materials of this thesis are the many different cultural texts associated with HIV/AIDS in South Africa that were created between 1995 and 2012. Not wishing merely to survey HIV/AIDS-themed cultural artefacts, the thesis argues that these cultural texts intervened decisively in debates about HIV/AIDS and helped empower the most vulnerable affected by HIV, reconfiguring HIV subjects as agents in their own history as opposed to passive victims. This thesis thus develops a socio-historically oriented cultural criticism to suggest why and how young men and women affected and infected with HIV have represented themselves using the often limited cultural resources that are at their disposal.

In producing a literary/cultural history of HIV/AIDS in South Africa, this thesis synthesises primary materials that have not previously been collated. My decision to include those works that have been produced adjacent to the live performances and works of literature – including literary memoirs, novellas, novels, film, photography, visual and textile art – under study is a result of not wanting to limit myself to materials dependent on literacy and economic advantage. This would exclude the majority population affected by the epidemic and perpetuate a cycle of exclusion that has long characterised cultural discourse in South Africa. Primary materials have thus been selected because of their potential and actual ability to generate and perform HIV-affected identities during the time of HIV/AIDS, a time demarcated by the ascendancy of discourses emphasising the negative capacities of silence and stigma.
In South Africa, the devastating impacts of the HIV epidemic have revealed challenges to democratic institutions, exacerbated economic inequalities and challenged the very foundations of masculine and feminine identities. Many of the cultural texts considered here query the very tenets of gender identity in post-apartheid South Africa. In representing different realities of the epidemic, these texts have often had to extend and challenge the boundaries of cultural composition. On a macro level, this thesis thus makes suggestions about how the presence of the HIV/AIDS epidemic has helped ‘update’ cultural texts and spaces in the ‘new’ South Africa.

Expanded definitions of the key words in the thesis title, *Making Memory Work: Performing and Inscribing HIV/AIDS in Post-Apartheid South Africa*, will help to clarify the approach I adopted.

‘Making Memory Work’

In parallel to political struggles that have characterised the HIV/AIDS epidemic in South Africa, cultural activists have intervened in order to challenge people’s consciousness about HIV/AIDS. Such challenges reveal the roles of the past and future in generating cultural texts that agitate for more

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10 Humanities-based academic studies have adopted a similarly indirect engagement with HIV/AIDS ‘activism’. They have done so either through affiliation with third parties, because they are published by charities spearheading interventions (Oxfam in conjunction with ActionAid published *Gender Equality, HIV, and AIDS: A Challenge for the Education Sector*, ed. by Sheila Aikman, Elaine Unterhalter and Tania Boler (Oxford, Oxfam GB and ActionAid: 2008)), or by donating their funds to NGOs (Hunter pledges the profits from his book *Love in the Time of AIDS* (Bloomington: Indiana University Press, 2010) to the Treatment Action Campaign in South Africa). Such studies also engaged indirectly with HIV/AIDS activism by dedicating chapters to charting the intervention efforts of other sectors, including education (see for example Fraser G. McNeill and Deborah James, ‘Singing Songs of AIDS in Venda, South Africa’, in *Culture and AIDS in Africa*, ed. by Gregory Barz and Judah M. Cohen (Oxford: Oxford University Press, 2011), pp. 193–212 for a description of the peer educator approach in South Africa) and edutainment cultural endeavours (See *Health Communication in Southern Africa: Engaging with Social and Cultural Diversity*, ed. by Luuk Lagerwerf, Henk Boer and Herman Wasserman (Amsterdam, Rozenberg Publishers/Pretoria, Unisa Press, 2009)). This thesis, by contrast, engages with such activism by prioritising in its argument the interventionist potential of cultural production emerging from South Africa’s most afflicted citizens.
resilient and supportive HIV-positive spaces. The findings of this thesis thus emphasise the role that memory plays in the cultural politics that have evolved in line with other politics. It thus makes suggestions about how the role of memory is actively applied in the promotion of resiliency in the face of loss or in the mobilisation of different information and attitudes about HIV/AIDS. Such findings contrast with those that Douglas Crimp refers to as the ‘passive response of cultural practitioners to social crisis’.  

Memorialising and remembering thus motivate the inception and reception of many of the cultural texts considered in this thesis, emphasising the overall importance of memory in influencing how people relate to the epidemic in the present.  

Paul Ricoeur understands memory as inscribed in three ways: as it is documented through the archive, biologically (in the brain) and in the persistence of passively registered first impressions. This thesis engages with each of these three components: in its theoretical engagement with the archive, in its overall espousal of the argument that the apartheid past has been registered through the body and in its consideration of the exhibition, publication and performance of mainstream cultural products associated with the epidemic.

This study is also an investigation of the HIV/AIDS ‘archive’ in the making, of ‘how knowledge [about HIV/AIDS] is produced’. As such it relies

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12 Such demands include the imperative to ‘know your status’ and to undertake ARV treatments in relation to HIV/AIDS.
14 This study will take both the ‘archive-as-source’ and ‘archive-as-subject’ into consideration. (Carolyn Hamilton, Verne Harris and Graeme Reid, ‘Introduction’, in Refiguring the Archive,
on Ann Laura Stoler’s notion of the ‘archive’ as ‘a strong metaphor for any corpus of selective forgettings and collections.’\textsuperscript{16} Dispatching Diana Taylor’s reading of archives as both ‘enduring objects’ and ‘embodied performances’\textsuperscript{17} alongside Cheryl McEwan’s notion of a ‘postcolonial archive’,\textsuperscript{18} the thesis considers the potential of a more inclusive, expanded and accessible archive designed for the HIV/AIDS era.

‘Performing and Inscribing’

Different types of writing, research and analysis function in critical juxtaposition throughout this thesis. While scholarship, including narratology, that falls under the rubric of ‘performance’, unites my approach to the primary material under consideration, no one theoretical framework informs all chapters.

This thesis considers performance to be the interplay between ‘space, time, performers, action, and audience.’\textsuperscript{19} ‘Performance’ is thus understood to mean any embodied experience, including the performances that are produced for the stage and those that individuals construct for themselves through narrative.\textsuperscript{20} In line with theories of performance studies that have been


\textsuperscript{20} This thesis additionally understands ‘identity’ as that which is imagined – as we see in works of fiction and in plays – or experienced – as we see in the narratives deriving from personal accounts. Identities are therefore understood as entities invented through attempts to represent
developing since the 1920s, the social realities relating to HIV/AIDS considered herein are also considered to be constituted by the ‘components and structural relations [...] that comprise theatre art’.  

Two theorists, Karin Barber and Richard Schechner, have been influential in framing notions of ‘performance’ and ‘text’ relevant to this study. Theorists like Schechner have, since the 1970s, gone some way to establishing the definition of performance most useful here:

Performance: The whole constellation of events [...] that take place in/among both performers and audience from the time the first spectator enters the field of performance – the precinct where the theatre takes place – to the time the last spectator leaves.  

Barber’s anthropological research provides useful additional contextualisation of the role of the ‘text’ in Africa. Her notion of ‘textuality’ as including both the written and the spoken is central to the understanding of ‘inscription’ in the primary works that are considered:

People put words together to make a mark, to leave a trace. They do this orally as well as in writing. Though many people think of “text” as referring exclusively to written works, writing is not what confers textuality. Rather, what does is the quality of being joined together and given a recognizable existence as a form.  

Taylor’s work on the archive complements this approach in its requirement to ‘more fully recognise the many ways in which the archive and the repertoire

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21 See for example the works of Helmut Plesner, Bertold Brecht and Georges Balandier. Their works were influential in shaping early thought around performance studies. Joachim Fiebach’s work on the ‘dimensions’ of theatricality in Africa provides a comprehensive history of the development of performance studies, including references to their works. See Joachim Fiebach, ‘Dimensions of Theatricality in Africa’, Research in African Literatures, 30.4 (1999), 186–201.
22 Fiebach, p. 186.
23 Schechner, p. 71.
work to constitute and transmit social knowledge\textsuperscript{25} relevant to the South African context.

Though this thesis retains its primary focus on the HIV/AIDS epidemic in South Africa, it is worth briefly noting that the American academy in particular has chronicled its country's cultural response to HIV/AIDS through critical work by Douglas Crimp (ed.) in \textit{AIDS: Cultural Analysis/Cultural Activism} (1988), Emmanuel S. Nelson (ed.) \textit{AIDS: The Literary Response} (1992) and Timonthy F. Murphy and Suzanne Poirier (eds) in \textit{Writing AIDS: Gay Literature, Language, and Analysis} (1993), for example. One reason for the early proliferation of American material reflects the history of organised responses around gay rights: in the United States the first responses to the epidemic were able to make use of this platform to mobilise activist responses around HIV/AIDS. Later work from cultural theorists and activists, including Thomas E. Yingling's \textit{AIDS and the National Body} (1997) and Paula A. Treichler's \textit{How to Have Theory in an Epidemic} (1999) have additionally helped establish analysis about the politics of constructing narratives about HIV/AIDS. Perhaps most important to this discussion is Susan Sontag's influential \textit{AIDS and its Metaphors} (1989).

While it is important to note the influence of these American works, it is essential to contextualise their early theoretical generalisations about HIV/AIDS in the South African context that this thesis considers. While Crimp registers his own treatment of 'cataclysmic problem of AIDS in the Third World'\textsuperscript{26} as marginal, Treichler and Sontag dedicate significantly more discussion to HIV/AIDS in the context of 'Africa', though this still remains

\textsuperscript{25} Taylor, p. 33.
\textsuperscript{26} Crimp, p. 15.
parenthetical to their discussion of the American epidemic, as Sontag’s following comment suggests: ‘(I am thinking, of course, of the United States, where people are currently being told that heterosexual transmission is extremely rare, and unlikely – as if Africa did not exist).’

It is important to therefore be aware that the specific literary histories that Sontag (and Treichler) employ in their respective discussions are rooted in Western intellectual thought and history. To cite one such case: Sontag’s distinction between pre-modern (intuitive) and modern (effective medicine) experiences of illness does not take into account debates over the accessibility and affordability of ‘effective’ medication in the specific context of South Africa, or indeed, of the continued use of traditional medicine alongside Western biomedicine (many black South African consult a traditional practitioner before, during or instead of a medical practitioner). This thesis thus prioritises consideration of the South African context in attempting to produce nuanced readings of the cultural texts that have arisen from the South African epidemic.

That being said, by studying the language used to describe the different attributes of HIV/AIDS, metaphors and symbols deployed to delineate infection and performances that demonstrate the various embodiments of HIV/AIDS, I am making use of the approaches that Sontag have employed.

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28 Sontag, p. 120.
My analysis of the use of metaphor to explain complex biomedical concepts in Chapter Two’s discussion of Jonny Steinberg’s *Three Letter Plague* (2008) and Liz McGregor’s *Khabzela* (2005), for example, demonstrate a clear mediation of Sontag’s model of disease in thinking about how illness is linked to certain metaphors. This approach is not without consequences, of course, as Sontag herself demonstrates in relation to how metaphors associating health to war can stigmatise the ill and moralise ‘victory’ over illness, a concept I explore in my criticism of *Sarafina II* (1996) in Chapter One. By taking into consideration the various creative discursive forms that transmit experiences around HIV/AIDS, including the bodymap artists discussed in Chapter Three and the visual art showcased as part of the *Not Alone* exhibit discussed in Chapter Five, and by engaging with how such practices ratify and disapprove medical and political discourses and acquire meaning in different contexts in South Africa, I am therefore helping to chart the legacies that Sontag’s work on HIV/AIDS has come to engender.

In order to appreciate the performative dimension of the texts I was studying, I travelled to South Africa twice to undertake fieldwork. These trips took place from August–September 2010 and 2011. In addition, I had a preliminary fieldwork trip from October–February 2009. Contacts in the art, theatre and HIV/AIDS fields provided opportunity for the following: Formal interviews with production companies, playwrights, actors and artists (respectively Sam de Romijn from Imbewu, Mike van Graan, Peter Hayes and Jane Solomon); semi-structured interviews with academics (Miki Flockemann, Robert Morrell); private tours of the art collection at the Houses of Parliament.

does engage with literary works, it distinguishes itself from Attree’s work in its consideration of other cultural artefacts and in dedicating primary consideration to the South African context.
in Cape Town (Rayda Baker); invitations to attend informal art workshops with a group of orphans based in Khayelitsha (Isa Lee Jacobson) and visits to the offices of the Sinomlando Memory Box Project in Pietermaritzburg at UKZN (Lois Moyo). These trips also provided the opportunity to accrue primary materials that were unavailable outside South Africa, including rare books, unpublished play manuscripts, out-of-print books and unpublished artworks such as those photographed on my visit to the Sinomlando Memory Box project.

A crucial component of this research project involved inhabiting the performance spaces in which HIV/AIDS and South Africa were elicited. Witnessing local responses to live performance in South Africa did much to illuminate how meanings around HIV/AIDS were constructed locally, which contributed to my understanding of the 'epidemic of signification' that Treichler identifies in her early theoretical work on HIV/AIDS. In addition to being able to attend a diverse number of performances, I noted the reception of live performances in different socio-cultural contexts and vehicles of transmission employed during live performances. Away from the theatre, other performance spaces that I visited included the exhibition of visual art created and curated as material embodiments of the experience of HIV/AIDS.

My own position as an 'outsider' to South Africa should be noted as my race, gender, age and (Canadian) accent had bearings on how I was received and interpreted by my South African informants both in South Africa and in the UK. This was an important gap to register and navigate: In a context in which 'Nobody Ever Said AIDS' (to quote the title of Eddie Vulani Maluleke's

2004 award-winning poem), and yet in which many people know somebody with HIV, the connections I made with other individuals affected by HIV became powerful motivators for the direction of this study. I have not herein undertaken to take advantage of my position as an outsider, but rather acknowledge its positionality in proceeding.

Such observations raise an important irony in research methodology. While many researchers are critical of applying non-Western medical paradigms to the study of Africa, and of the attendant debates that arise from what Raewyn Connell refers to as the 'project of theorising in the global periphery', several have no qualms about applying western critical theories such as those put forward by Julia Kristeva and Benedict Anderson to African social realities in their own research. While this practice marks the academic engagement of these texts, it also brings Western critical theories into tension with methodologies designed to explicitly locate academic research in 'local', non-Western, contexts. It is with this tension in mind that this thesis has been designed to both integrate and prioritise both fictional 'localised' and non-fictional 'locally situated' expressions of the epidemic. While the thesis does draw on theory, theoretical frameworks have been carefully evaluated for the South African context in which they are being deployed. Thus theories emerging from the Western field of performance studies (Brecht, for example)

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have been selected with the claims of their feasible application in the South African context in mind.34

‘HIV/AIDS’ in the Context of ‘Post-Apartheid South Africa’

With the demise of formal apartheid and a resolution to the interim violence that marked the transition to democracy (1990–1994), a jubilant South Africa elected its first democratic government in 1994. The adoption of a progressive Constitution in 1996 overthrew a rule of law based on the mandate to separate and benefit the white population at the expense of other South African citizens. Among the Constitution’s precepts is the mandate to ‘Improve the quality of life of all citizens and free the potential of each person’.35 Article 27, ‘Health care, food, water and social security’ of Chapter Two (16th amendment) of the Bill of Rights, relates this principle specifically to the provision of health care:

1. Everyone has the right to have access to
   a) health care services, including reproductive health care;
   b) sufficient food and water; and
   c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.

2. The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.

3. No one may be refused emergency medical treatment.36

The appearance of HIV/AIDS in South Africa would ultimately challenge the bodies – legislative and otherwise – on which the ‘new’ South Africa was built.

It would also come to threaten narrative terrain proclaiming the dawn of a

34 Fiebach for example, makes the following claim: ‘African cultures do bear out what Western anthropologists, sociologists, and artists like Brecht have advanced about theatricality and performance beginning in the 1920s.’ (p. 186).
happy 'new' era for the post-apartheid period. This was perhaps most notable during the 1990s, in which a quickly climbing HIV prevalence rate appeared to be preying on entrenched systems of structural inequalities and violence that had been established during the apartheid era, running counter to efforts – institutionalised most notably by the Truth and Reconciliation Commission – to bury and heal the wounds of the past.

It is precisely this junction – in which a history of institutionalised racism is being dismantled in the context of a global health pandemic – that this thesis takes as its starting point in its investigation of HIV/AIDS in South Africa. In so doing it reveals much about what unfolded after assassinated Umkhonto wa Sizwe leader Chris Hani proclaimed, 'We cannot afford to allow the AIDS epidemic to ruin the realization of our dreams' at the 1990 AIDS Conference in Maputo. From Hani's prophetic words, the HIV/AIDS epidemic would come to be framed by academics as well as public and political figures as post-apartheid South Africa's 'new' struggle, revealing

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38 As is indicated in van der Vliet's title: "The New Struggle".
39 Theatre practitioner and activist Mike van Graan asserts that HIV/AIDS kills more people daily than apartheid did. From my interview with Mike van Graan, 10 December 2010, Cape Town.
40 In 2003 former President Mandela commented that AIDS 'has killed more people than has been the case in all previous wars.' (Staff Reporter, 'Stop Talking, Wage War on Aids: Mandela', Mail & Guardian, 17 February 2002 <http://mg.co.za/article/2002-02-17-stop-talking-wage-war-on-aids-mandela> [accessed 2 January 2013]).
the contours of the ‘social [HIV/AIDS] pandemic’\(^4^2\) that this thesis takes as its primary context.

A note about HIV/AIDS: Acquired immunodeficiency syndrome (AIDS) is now a global pandemic of an infectious disease caused by the human immunodeficiency virus (HIV).\(^4^3\) The virus is present in the bodily fluids of an infected person\(^4^4\) and is primarily contracted through sexual contact or blood.\(^4^5\) Once acquired, it attacks the human immune system, and causes premature death. These deaths are slow and follow a long and infectious incubation period. While a cocktail of pharmaceutical drugs can help manage HIV, no vaccine exists.

The first AIDS cases in South Africa were reported among white gay men. In 1987, early South African AIDS policy reflected the attitude that AIDS was the ‘homosexual community’s own affair’ and that the state should therefore not intervene. They did not. Early statistics show 2 cases in 1982, 4 in 1983, 8 in 1984 and 1985, 24 in 1986, 38 in 1987, 87 in 1988, 139 in 1989 and

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\(^4^2\) See Epstein’s contention that ‘AIDS is a social problem as much as it is a medical one’ (p. xii). The term ‘social pandemic’ recognises the fact that HIV/AIDS has thrown the institutions, social systems and beliefs on which people rely for their livelihoods and identities into disarray, as well as robbing 1.8 million people of their lives and 2.7 million people of their well-being, worldwide, every year. See ‘We Are Here’, \textit{UN World AIDS Day Report 2011} (Geneva: UNAIDS, 2011), pp. 6–7.

\(^4^3\) HIV was confirmed as the cause of AIDS in 1984. See Anthony J. Pinching, ‘An AIDS Lexicon’, \textit{Journal of Medical Ethics}, 26.1 (2000), pp. 66–76 (p. 74). Despite being contested by a small but influential group of ‘AIDS dissidents’ who came to influence heads of state, including Thabo Mbeki, it is generally accepted in the biomedical community that HIV eventually develops into AIDS.

\(^4^4\) Whiteside, l. 62.

\(^4^5\) Pinching, p. 66.
326 in 1990.\textsuperscript{46} Apartheid-era Health Ministers Willie van Niekerk and his successor both named promiscuity as the greatest cause of infection.\textsuperscript{47} And yet a South African study commissioned by the Johannesburg-based Chamber of Mines found that in this early era (1986) nearly 4\% of Malawian migrants were HIV-positive. With these findings, the epidemic began to acquire its Sub-Saharan African shape. While in the West the virus remained confined to ‘high risk’ demographics (as van Niekerk’s remark suggests), including people who inject drugs, gay men and haemophiliacs,\textsuperscript{48} this was not the case in Africa – including South Africa – where the majority of HIV cases remain located in heterosexual African populations.

By 2003, just before the government rolled out its antiretroviral programme, 770 people per day died of AIDS, the majority of whom were African.\textsuperscript{49} Additionally, the number of OVCs in South Africa, where HIV prevalence may not yet have peaked, is set to rise until 2020.\textsuperscript{50} South Africa has the largest orphan population caused by AIDS in the world.\textsuperscript{51} With a total of around 5.6 million infected in 2011, South Africa also has more people living with HIV than any other country.\textsuperscript{52} While it is important to acknowledge that sub-type C, a particularly infectious strand of HIV, is present in South Africa,\textsuperscript{53} the drivers of the disease remain mostly social and economic.\textsuperscript{54} The prevalence of multiple-concurrent relationships, economic conditions

\begin{footnotesize}
\textsuperscript{46} Fassin, p. 156.
\textsuperscript{47} Fassin, p. 157.
\textsuperscript{48} Hunter, p. 24.
\textsuperscript{49} Fassin, p. 156.
\textsuperscript{50} Whiteside, I. 370.
\textsuperscript{51} Whiteside, I. 1087.
\textsuperscript{53} Whiteside, I. 787.
\textsuperscript{54} Whiteside, I. 768.
\end{footnotesize}
(including transactional sex) and gender roles have all contributed to the high HIV rate.

The South African government’s handling of the HIV/AIDS epidemic has also been marred by a series of national and international controversies. These include its criticism of the pharmaceutical industry’s international policies; its contestation of national mortality statistics produced by the United Nations and two court cases, which respectively concerned the government’s refusal of prophylactic treatment for rape victims and the interruption of prevention of mother-to-child transmission. All three post-apartheid presidents have also been criticised for their involvement in perpetuating the HIV/AIDS prevalence rate. From Mandela’s early negligence, to Mbeki’s alleged ‘denial’ and Zuma’s rape trial, the epidemic has, from its onset, challenged and tried the individuals and institutions of democratic governance otherwise responsible for the substantiation of South Africa’s promise of a ‘better life for all’ in the post-apartheid era.

**Thesis Structure**

This thesis is designed around a structure that presents the story of HIV/AIDS in South Africa chronologically: from the transition to democracy until 2012. Careful attention is given to the periodisation of the post-apartheid era. In each chapter consideration is given to how national narratives about HIV/AIDS co-exist with other narratives, in particular how some cultural narratives critique the national narrative while others support it.

The trajectory of the overall chapter structure, which moves ‘from the stage’ to ‘the page’ to ‘beyond the page’, is designed to suggest the limitations exposed by the challenges of representing the epidemic. The final chapter, in
which ‘the virus goes viral’, expands this framework by suggesting how plans to create an online AIDS museum address some of the physical challenges of housing an ‘archive’ of cultural artefacts that have come to be associated with the epidemic.  

Chapter One, ‘Creating Spectacle from HIV/AIDS in the Early Years of Democratic Rule in South Africa: Mbongeni Ngema’s Sarafina II’, focuses on the first mainstream instance of theatre delivering an HIV/AIDS message in post-apartheid South Africa. The musical play Sarafina II (1996) was created by internationally acclaimed South African theatre practitioner Mbongeni Ngema. Theoretical works by Guy Debord, Jacques Rancière, Njabulo Ndebele and André Brink in relation to the notion of ‘spectacle’ inform my analysis of the play. The chapter’s primary findings are motivated by the question of how early government responses to HIV/AIDS influenced the ways that public HIV/AIDS discourse has been engendered in South Africa ever since. The chapter argues that Sarafina II, which was commissioned to ‘combat the spread of AIDS in South Africa’, instead made an early contribution to the crippling socio-political culture that would come to bear on future cultural productions engaging with HIV/AIDS in South Africa. This chapter provides the political and social context relevant to the creation and reception of the primary works that Chapter Four discusses. More immediately, it introduces the socio-political context for what would come to be dominating discourses of ‘stigma’ (Chapter Two) and ‘silence’ (Chapter Three) in relation to the epidemic in South Africa.

55 A note about digital materials referenced throughout this thesis: All URLs were correct and active at the time of submission, and specific access dates have been noted throughout. Permanent links and PDFs have been provided where available. However the ephemeral nature of digital material means that materials may have been moved or deleted since this thesis was written, and therefore may make future access difficult.

Chapter Two, ‘Beyond the Stage: Masculinity, Life Writing and HIV/AIDS’ follows from the historical moment of Chapter One by focusing on HIV/AIDS discourses that circulated during Mbeki’s early presidency (1999–2002). The chapter draws from two bodies of primary material: the first consists of excerpts from the rhetoric on which allegations of Thabo Mbeki’s ‘HIV denialism’ are based. These speeches and documents introduce what have become prevailing discourses relaying the centrality of stigma in representations of the epidemic. The second draws from literary memoirs Liz McGregor’s *Khabzela* (2005) and Jonny Steinberg’s *Three Letter Plague* (2008) along with Peter Hayes’s autobiographical play *I am Here* (premiered South Africa, 2010). To contextualise Hayes, McGregor and Steinberg, I also analyse (in less detail) contemporary literary works on HIV/AIDS: HIV/AIDS novella *Welcome to Our Hillbrow* (Phaswane Mpe, 2001), Eddie Vulani Maluleke’s poem ‘Nobody Ever Said AIDS’ (2004) and literary memoirs *Aidsafari* (Adam Levin, 2005) and *Witness to AIDS* (Edwin Cameron, 2005). The influence of Priscilla Wald’s ‘outbreak narrative’ and Adam Ashforth’s ‘witchcraft paradigm’ inform my close readings of these HIV narratives. In this chapter I ask: How do subjects in different communities affected by HIV/AIDS draw on the confessional mode in order to create meaning out of their masculine identities in a context replete with multiple and often contradictory messages about HIV/AIDS, as was the case during the Mbeki era? The chapter is informed by the growing research corpus on masculinity studies that has developed in South Africa since the 1997 Colloquium on Masculinity Studies in Southern Africa at the University of Natal in Durban and the groundbreaking anthology of papers that drew from the Colloquium, *Changing*

In combination, Chapters Two and Three examine how cultural production offers a space to renegotiate the historically produced, contested and regulated identities that are implicated in HIV infection. Following Elizabeth Mills et al., these two chapters call for a more nuanced understanding of the gender dynamic that simply casts women as victims and men as perpetrators.\footnote{Elizabeth Mills, et al., ‘Love in the Time of AIDS: The Relational Gender Dynamics of Prevention, Testing and Treatment’, Cape Town: Centre for Social Science Research, 252 (2009), 1–29 (p. 1).}

In Chapter Three, ‘Beyond the Page: Women, AIDS Orphans and Silence’, I move on to analyse three bodies of primary materials whose scripts engage with discourses relating violence against women and children, silence and HIV. Texts have been selected for their representations of the experiences of women and AIDS orphans during the post-2000 ‘silent’ period of Thabo Mbeki’s Presidency. The first corpus of primary materials includes works of performance that aim to document the vulnerability of AIDS orphans,
including Lara Foot Newton’s play *Tshepang: The Third Testament* (2005), *Life, Above All* (2010) and *Themba: A Boy Called Hope* (2010). The second literary corpus introduces two South African ‘chick lit’ novels, *The Writing Circle* (Rozena Maart, 2007) and *Beauty’s Gift* (Sindiwe Magona, 2008). These novels wed the American pop-feminist agenda to the South African ‘It Girl’ paradigm developed by Hunter. The third, visual, corpus emerges from the initiatives of community, art-based interventions into the epidemic often led by the NGO sector, including the Sinomlando Memory Box Programme, the University of Cape Town’s Memory Box Project in Khayelitsha and the Bambanani Group’s Bodymap Project. In this chapter I analyse how, in adopting a rhetoric directed at ‘breaking the silence’, these three corpora are able to effectively intervene in public debates that were increasingly exploring the link between sexual violence and HIV/AIDS prevalence by asking to whom each text gives voice, how and for which audience? Given the range of texts, theories from several different fields are employed in this chapter’s close readings, including Lynn Festa’s literary theory of sentimentality and Claire Laurier Decoteau’s research on the HIV/AIDS ‘survivor narrative’.

In the fourth chapter, ‘Return to the Stage: Interrogating the “Theatre of Outrage” in Athol Fugard’s *Coming Home* and Mike van Graan’s *Iago’s Last Dance*’, I return to theatre. The primary materials are theatre productions that have emerged between 2006–2011, including Chinyere Grace Okafor’s play *The New Toyi Toyi* (2007), but substantial focus is given to two productions that premiered in 2009: Athol Fugard’s *Coming Home* (premiered United States) and van Graan’s *Iago’s Last Dance* (premiered South Africa). The chapter explores the ways that these plays, which are all based on ‘established’
theatrical conventions, have adapted to the challenges of representing HIV/AIDS on stage. The research presented in this chapter relates to Aldin K. Mutembei’s work on the theatrical response to HIV/AIDS in East Africa, Ola Johannson’s research into the limits of Community-Based Theatre methodologies in responding to HIV/AIDS and Fraser G. McNeill’s criticism of employing young women as HIV/AIDS peer educators in live musical performances in South Africa’s Limpopo Province. The chapter asks: What are the limitations of conventional theatrical forms in imagining and representing HIV-positive identities? To what degree have other performance techniques been developed in order to meet the demands of the epidemic? In probing these questions, this chapter argues for a redefinition of ‘mainstream’ stages to include performance spaces that have conventionally been considered the realm of ‘traditional’ performances, as is signified through Liz Gunner’s work on isicathamiya, and are now attracting attention and funding from international charities.

Chapter Five, ‘The Virus Goes Viral: Archiving South Africa’s HIV/AIDS Epidemic’, interrogates three recent attempts to institutionalise memory through testimony in post-apartheid South Africa: The published text of the Truth and Reconciliation Commission (TRC), the Not Alone art exhibition (2009–2010) and the 2012 initiative to establish an HIV/AIDS museum both online and in South Africa. Providing a close reading of TRC-play The Story I am About to Tell, the chapter establishes the imperative to exercise different modes of remembering through cultural production in the post-apartheid era. It then asks, to what extent do these modes provide HIV/AIDS-affected subjects with a cultural space in which to confront the
This chapter draws on a combination of performance and archive theory to evaluate the TRC and AIDS Museum initiatives, questioning how archival practices relating to the TRC’s mandate to reflect a more inclusive and diverse range of experiences in post-apartheid South Africa have influenced memory-making practices related to the expression of the HIV-positive self. Applying Cheryl McEwan’s notion of the ‘postcolonial archive’ and drawing from Taylor’s theoretical distinction between archives comprised of objects and the embodied repertoire, this chapter suggests how the introduction of viral spaces such as memory caches during the epidemic challenge such theoretical binaries. The chapter concludes by suggesting some of the implications of housing such a ‘museum’ online.

Chapters are designed to emphasise how strategies for performing and inscribing different experiences of HIV are negotiated in private and public, published and unpublished media, through a variety of genres. Two results emerge from readings of and between these media: The first stresses the potential for empowerment in engaging with cultural representations of HIV/AIDS, especially in ‘grassroots’ spaces; the second suggests the activist potential of such discourses and, as such, asserts the interventionist qualities of such products in preventing the perpetuation of the virus.
Chapter One

Creating Spectacle from HIV/AIDS in the Early Years of Democratic Rule in South Africa: Mbongeni Ngema’s Sarafina II

In apartheid South Africa, playwrights including Athol Fugard and Barney Simon had long expressed their political criticism through the theatre. The HIV/AIDS epidemic in South Africa would eventually extend this tradition into the post-apartheid era, although unsuccessfully at first. This chapter focuses on Mbongeni Ngema’s Sarafina II (1996), the major theatrical work on HIV/AIDS of the first five years after the end of apartheid. I argue that rather than serving its ostensible aim of ‘combat[ting] the spread of AIDS in South Africa’, Sarafina II established a hostile environment for later plays, and set the agenda for subsequent cultural productions addressing HIV/AIDS in post-apartheid South Africa.

The theory of the ‘spectacle’ informs my analysis of Sarafina II. Adapted to the South African context, the suggestions that cultural theorists Guy Debord and Jacques Rancière, as well as Njabulo Ndebele and André Brink, make about the spectacle, emphasising as they do the lack of critical thought and analysis (Debord, Ndebele) of a ‘highly demonstrative form’

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60 Lindfors, p. 182
61 The operation of the spectacle in the context of South Africa will also draw from ANC Legal and Constitutional Affairs Judge Albie Sachs.
63 Ndebele specifies that the genre of the spectacle emphasises emotion over observation, confirmation without challenge and provocations of ‘identification through recognition and feeling rather than through observation and analytical thought’. Njabulo S. Ndebele,
(Brink\textsuperscript{64}) playing before a passive audience (Rancière\textsuperscript{65}) inform my analysis of the plays that follow. I also draw from secondary sources derived from the field of visual and art history\textsuperscript{66} as well as HIV/AIDS research available in South Africa during the early post-apartheid period.\textsuperscript{67}

The chapter is divided into five sections. The first section provides an abridged exposition of the debates that emerged about the role that the theatre would play following the demise of apartheid in order to establish the historical cultural context for Sarafina II. In the second section I provide a close reading of Ngema’s earlier stage play Sarafina! (1987) in order to establish the dramaturgical roots for its sequel, Sarafina II. The third section introduces Ngema’s Sarafina II – his ‘HIV/AIDS play’.\textsuperscript{68} In this section I foreground the more immediate context of Sarafina II, outlining briefly the coincidence of the first democratic elections and the dawn of the HIV/AIDS epidemic, and how the post-apartheid African National Congress (ANC) government tried to

\textsuperscript{64} Brink, ‘Challenge and Response’, p. 170.
\textsuperscript{65} Rancière highlights the problem of passivity among spectators of the spectacle as follows: ‘What human beings contemplate in the spectacle is the activity they have been robbed of, it is their own essence become alien, turned against them’. (Rancière, ‘The Emancipated Spectator’, p. 7).
\textsuperscript{66} Art educationists Charles R. Garoian and Yvonne M. Gaudelius provide the term ‘spectacle pedagogy’ relevant to the commissioning of Sarafina II. This term describes the process by which images teach us what and how to see and think, and, in so doing, mediate interactions between social beings. (Charles R. Garoian and Yvonne M. Gaudelius, ‘The Spectacle of Visual Culture’, \textit{Studies in Art Education}, 45. 4 (2004), 298–312 (p. 298)).
\textsuperscript{67} The early works of the Treatment Action Campaign (TAC), Médecins Sans Frontiers (MSF) and South Africa’s Medical Research Council (MRC) provide evidence of publically available research and outreach campaigns seeking to inform and assist communities affected by HIV/AIDS. Despite being published at a later time than the mid-1990s period of concern here, the 2001 MRC report synthesises research and statistics derived from three national, public sources of data, namely Statistics South Africa (for mortality statistics up until 1996), the Department of Home Affairs Population Register (for more recent details of death) and the Department of Health (for HIV testing amongst pregnant women) for the period of 1990 until its time of publication. This study enables one to ask how much information about HIV/AIDS in South Africa was available when Ngema (and his government sponsors) was creating Sarafina II.
\textsuperscript{68} Lindfors refers to Sarafina II as an ‘AIDS play’ in his title ‘The Rise and Fall of Mbongeni Ngema: The AIDS Play’.
manage’ the epidemic by utilising mainstream theatre. In the fourth section I provide a reading of Sarafina II as ‘spectacle’ based on critical reviews of the play.69 Addressing the immediate political and cultural ramifications of Sarafina II, the fifth section concludes by suggesting that what became known as the ‘Sarafina II scandal’ had a crippling effect on cultural productions engaging with HIV/AIDS that emerged in its wake.

Theatre in the Post-Apartheid Age: A New Theatre Aesthetic?

The proliferation of commentary from South African cultural practitioners anticipating post-apartheid cultural production suggested a renewed faith in the political ability of art.70 The expectation was that, freed from the limitations of apartheid legislation that had shaped the practice of theatre, post-apartheid theatre would both express the transition from apartheid and participate in the building of a ‘new’ democratic society. Several of these practitioners anticipated and advocated for a decidedly ‘new’ theatre aesthetic.

In 1990, ANC Legal and Constitutional Affairs Department Member Albie Sachs stated that the ‘aims and objectives of art should not be determined by any political programme’.71 Sachs further expressed this petition as a desire

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69 My readings in this section rely on critical and academic reviews of Sarafina II as no publicly available primary material relating to the play exists.

70 The debate has been anticipated and commented on extensively. See for example Theatre and Change in South Africa, ed. by Geoffrey V. Davis and Anne Fuchs (Amsterdam: OPA, 1996) and South African Theatre As/And Intervention, ed. by Marcia Blumberg and Dennis Walder (Amsterdam: Editions Rodopi, 1999), two anthologies dedicated to the topic. See also Loren Kruger, "‘That Fluctuating Movement of National Consciousness’: Protest, Publicity, and Postcolonial Theatre in South Africa’, in Imperialism and Theatre: Essays on World Theatre, Drama and Performance, ed. by J. Ellen Gainor (London: Routledge, 1995), pp.148–163.

for a more nuanced, ‘improved quality’ of art that exposed ‘ambiguity and contradiction’.

After years of advocating for the exact opposite, in 1990, Sachs also proposed a ‘ban [...] from saying that culture is a weapon of struggle’.

In tandem with Sachs’s comments, in 1991 Ndebele called for the need for stories about the emerging ‘new’ South Africa to ‘break down the barriers of the obvious in order to reveal new possibilities of understanding and action [...] In this case, the ordinary is defined as the opposite of spectacular’.

The opposition that Ndebele and Sachs proposed between ‘normal’ and ‘spectacular’ introduced crudely polarised positions that ignore the many different forms of theatre-making that occurred during apartheid: From Gibson Kente’s 1960s township theatre which, deploying song, dance, melodrama and clowning, largely ‘promoted official values’ in front of black township audiences, to protest theatre, which made statements of political disapproval that appealed to the consciences of white audiences to put an end to the inhumane system of apartheid during the 1960s and 70s; from the highly mobile, Brechtian-style resistance theatre of artists such as Maishe Maponya and Matsemela Manaka who, responding to Stephen Biko’s Black Consciousness Movement and disapproving of Kente’s sentimental plots,

[accessed 19 February 2012]. See also Sole’s addition to *The Modern Language Review*, 94.4 (1999), 1089–1090 (p. 1090).

72 Sachs, p. 187.

73 Sachs, p. 187.


76 Fugard’s work (for example his *Boesman and Lena* (premiered 1969)) has been said to exemplify this. See, for example, Mda: Fugard’s theatre ‘clearly protest[s] against racial segregation by depicting its inhumane nature’. (‘Politics’, p. 201). Though it is important to note that Fugard himself never identified as a protest theatre-maker.
began creating resistance theatre in the 1980s, to the performances of black trade union poets such as the SARMCOL Workers’ Co-operative (SAWCO), whose performances were designed to consolidate a sense of working class identity and solidarity in the townships, replacing what had become popular resistance theatre that toured abroad such as Ngema’s *Woza Albert!* (1981, jointly created with Percy Mtwa and Simon of the Market Theatre).

In his 1996 comment on the future of the theatre in post-apartheid South Africa, Zakes Mda stresses the importance of variety:

> The death of apartheid will also be the death of South African theatre only if your view of South African theatre is limited to that category of theatre that emanated from the Market Theatre and other similar venues: the Theatre of Resistance, or even the Town Theatre protest variety.

Yet, in the following extract from 2012, Kelwyn Sole comments on the endurance of the binary between ‘ordinary’ and ‘spectacular’ inculcated by Ndebele and Sachs in post-apartheid South African literature:

> It is significant that the critical interventions still used to affirm such a stereotype are, by now, also over two decades old. Yet, time and again, the words of Albie Sachs, Njabulo Ndebele and a handful of others are served up as sufficient truisms to describe this period.

Many different types of theatre were being created during the transition from apartheid. Yet despite this variety, Ngema’s choice to work within the register of the spectacle remained unchanged during the political transitions that his *Sarafina* productions straddled: His decision not to work in the intellectual,

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79 Sole, ‘Oversimplified’. 
Brechtian, and dialectical tradition that developed alongside the more inspirational, physically virtuosic commercial treatment of the liberation movement in Sarafina! is notable, as I suggest in the section that follows. Equally, the decision not to adopt the improvised approach that informs the dramaturgy of the SAWCO plays that recreated a rural, distinctly Kwa-Zulu Natal influence by drawing on the contribution of each participant, not only compromised Sarafina II's educational remit, as this chapter later argues, but also the larger tradition of varied theatre-making in the post-apartheid era.

The Formal Theatrical Roots of Sarafina II: The Theatricalisation of the Liberation Struggle in Mbongeni Ngema's Sarafina!

Sarafina! premiered at the Market Theatre, Johannesburg, in June 1987. Using a combination of narrative and dramatic techniques, the play stages a conflict between National Party government police forces and black school children contesting the imposition of Afrikaans in their classrooms at Morris Isaacson high school. Appearing eleven years after the play's focal point, the 16 June 1976 Soweto uprisings ('Hey, remember this is where the 1976 Soweto uprisings were born', the audience are reminded at the play's outset), Ngema's reconstruction and celebration of a national historical narrative from

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Brecht's Epic Theatre practice used theatre as an instrument for social change and critical self-awareness, transforming 'passive spectators into social and political agents'. Kruger notes the influence of Brecht's Epic Theatre in both official state-sponsored theatre as well as resistance and protest theatre in her Post-Imperial Brecht: Politics and Performance, East and South (Cambridge: Cambridge University Press, 2004), pp. 220, 215–16. Mda refutes the influence of Brecht in African theatrical forms, noting that 'instead of saying that African theatre is Brechtian, it would be just as appropriate to say that Brechtian theatre is African.' (Denis Salter, 'When People Play People in (Post) Apartheid South Africa: The Theories and Practices of Zakes Mda', I'm Still Here/Ich bin noch da, ed. by Maarten van Dijk at al, 22 (1997), 283–303 (p. 285)).


The Soweto uprising saw 3,000–10,000 South African school children march from their schools to Orlando stadium (in Johannesburg) in protest against the Afrikaans Medium Decree.
the point of view of the school children involved in the Soweto uprising situates *Sarafina!* away from apartheid ideology and thus signals the political intention of the play.

Ngema allegedly wanted *Sarafina!* to pay tribute to the school children involved in the Soweto uprisings. As such, much of the play’s dialogue parrots the protests that the Soweto uprisings gave voice to: ‘We don’t want to do mathematics in Afrikaans’, the students protest, for example, ‘Zulu in Afrikaans [...] History in Afrikaans [...] English in Afrikaans’. The play’s two heroines provide much of the ‘protest’ directive: The character of a young, pretty, activist named Sarafina narrates her imprisonment and the death of her (activist) hero. She stands in opposition to the apartheid government, declaring that ‘This whole place is filthy! [...] It smells of the burning bodies of the government’s informers. It stinks of the government’s lies. It stinks of their jails, it stinks of the state of emergency.’ The school mistress, whom the students call ‘Mistress It’s A Pity’, defies the syllabus and encourages the free thinking and protest initiatives (a school musical) of her students. The climax of 1974, legislation that insisted that Bantu schools use an equal mix of English and Afrikaans in their classrooms. The Soweto riots resulted in casualties and deaths among many schoolchildren. (‘1976: Soweto Protest Turns Violent’, BBC.co.uk, ‘On This Day’, 16 June 1976 [http://news.bbc.co.uk/onthisday/hi/dates/stories/june/16/newsid_2514000/2514467.stm] [accessed 5 May 2010]). The association between Afrikaans and National Party rule meant that instruction in English attracted less resistance during this period of time. Protests by young black students to legislation aimed at addressing the decline in use of Afrikaans in schools developed into a broader resistance to the apartheid system as a whole. Historians documenting the Soweto uprising include Sifiso Ndlovu, *The Soweto Uprisings: Counter-Memories of June 1976* (Johannesburg: Ravan Press, 1998); Baruch Hirson, *Year of Fire, Year of Ash: The Soweto Revolt: Roots of a Revolution* (London: Zed, 1979); Helena Pohlandt-McCormick, ‘“I Saw a Nightmare...”: Violence and the Construction of Memory (Soweto, June 16, 1976)’, *History and Theory*, 39.4 (2000), 23–44; Gary Baines, ‘The Master Narrative of South Africa’s Liberation Struggle: Remembering and Forgetting June 16, 1976’, *International Journal of African Historical Studies*, 40.2 (2007), 283–302.

85 Ngema, I, 1, 94–98, (p. 61).
86 Ngema, 2, 1. 47–51 (p. 94).
87 Ngema, I, 1, 78 (p. 61).
involves the police opening fire at the school, accelerating the play's tempo and scattering the children into the aisles of the audience. The denouement provides the play's most sustained dramatic effect with the staging of a funeral and then a school musical celebrating the release of Nelson Mandela from prison. The play's most memorable moments appear at the end of this last act: Explosive and drawn-out dances showcasing the performers' athletic and artistic abilities, and musical performances of songs that remain popular to this day.88

_Sarafina!_ played to full, paying, audiences at the Market Theatre; however it failed to attract any positive criticism in South Africa for its portrayal of the liberation struggle. Journalist Frans LeRoux comments on the play's superficial plot: 'While extremely informative to Broadway audiences, to local audiences it states the familiar and obvious, giving it a specific and superficial quality that demeans the event being dealt with.' Critic Rina Minervini also notes the superficial images that _Sarafina!_ reproduces, suggesting that the play was not created for an 'oppressed' South African audience: 'Ngema [...] uses images that have long lost their theatrical currency in South Africa because the toyi-toyi, the raised fist and 'Amandla!' will still thrill a New York audience.'89 South African critic and journalist Kaizer Nyantsumba similarly comments that 'commercialisation and commercialism have reduced black South African theatre to a predictable and woefully disappointing art.'90

The apartheid regime did not perceive such productions as a threat precisely because they did 'not reach the real people who are capable of taking

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88 A separate soundtrack, _Sarafina!: The Sound of Freedom_ (Qwest), was released in 1992.
revolutionary action after being rallied and mobilized by the works’. In allowing a play portraying the struggle against apartheid to show, apartheid censors appeared to be less rigid than they actually were, creating a ‘false illusion of a democratic environment’. The black theatre-going South African reception of Sarafina! is itself harder to chart because of the lack of public register available to them at the time. However the number of would-be actors who sought to imitate, if not participate in, his proliferating canon, however, suggests Ngema’s quick succession to the status of local (as well as internationally recognised) hero.

As the reviews above note, Sarafina! was exported as a musical, premiering on Broadway in New York in January 1988 and playing until July 1989. On Broadway, Sarafina! proved popular, earning Ngema several Tony Award nominations. The bulk of its charted popularity abroad occurred as a result of the demand for the portrayal of the victims of apartheid in plays and films originating in South Africa. In South Africa, the export of such productions served ‘the important function of keeping South Africa on the agenda, and of sensitising the international community to the injustices in the country.’ As Lesotho-born actor and director Jerry Mofokeng notes, such productions fulfilled the international community’s concern and sympathy for the ‘survival of such subjects’, providing the ‘black majority with an

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93 Garalt MacLiam, "'Beyond any Dream", says SA's Ngema of 5 Tony Nominations', The Argus, 17 May 1988, p. 5.
94 Films include Cry Freedom (1987, based on the 1978 novel Biko by Donald Wood) and A Dry White Season (1989, based on the 1979 novel of the same name by André Brink), both of which were written by white, middle-class liberal South African men.
otherwise inaccessible outlet for cultural expression'. 97 Alienated from the South African people whose struggle Sarafina! depicts, however, consumers abroad were rendered passive and ‘voyeuristic’. 98 The further failure of the production to engage audiences in thinking about the importance of the historical moment the play sought to commemorate in any critical capacity further compromises the play’s political objective, as Gevisser notes of his experience of seeing one such American production:

I remember watching Americans on Broadway at Sarafina!, smugly leaving the theatre believing that, by simply paying $25 and sitting through a couple of hours of song and dance, they had personally done their bit in liberating South Africa, by literally applauding black children from slavery into freedom. 99

Much of Sarafina!’s popularity abroad was a result of the combination of the dramaturgical elements that created the effect of spectacle, the same elements responsible for its critical failures in South Africa. Along with the formulaic plot combination that LeRoux notes above, Ngema represented characters as either ‘bad’ (the ‘filthy’ government) or ‘good’ (the students). Laura Jones describes Ngema’s working methodology in detail in her Nothing Except Ourselves: The Harsh Times and Bold Theatre of South Africa’s Mbongeni Ngema. Much of the method that Jones describes revolves around Ngema’s ability to re-mould his characters using input from actors during rehearsals, ‘as all the roles were designed to illuminate unique characteristics of the actors who played them’. 100 Given this history, the reproduction of one-dimensional,

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97 Mofokeng, p. 86.
99 Mark Gevisser, ‘‘I Should be Paid a Million Rand’’, Mail & Guardian, 8–14 March 1996, p. 16.
100 Ngema’s creative process is described in some detail in the book’s epilogue, which charts the time Jones spent working with Ngema on the production of Magic at 4 a.m. The quote above is taken from Jones, p. 171. Lesley Lawson also notes that Ngema’s ‘strategy of
stock characters robbed the young South Africans involved in the production of
the opportunity to participate in the creation of characters with any complexity.
The play fails to develop the interiority of any of the characters. Instead,
considerable emphasis is retained on the physicality of the black characters
and, in showcasing them in over twenty songs during the play’s duration, on
their musical ability.

The emotionally driven quality of the work added further to the register
of the spectacle. According to Ngema himself, ‘the success of *Sarafina!* was
due to its emphasis on liberation’. The theatre of liberation, a genre that
Ngema coined to describe his combination of Kente’s township theatre
aesthetic with that of resistance theatre, placed primary emphasis on
inspiring audiences, specifically by promoting emotional well-being. The
play’s articulation of resistance in the form of the extended school musical
performed on stage by students dressed in traditional Zulu costume and
singing ‘BRING BACK NELSON MANDELA’ provides the central
emotional articulation of liberation, but is impotent politically, recalling the
‘black theatre of the past, when black theatre was entertainment and “happy
natives” danc[ed] for whites’. If the play was supposed to be a political piece
of theatre, then it additionally suffers, in Brechtian terms, from a lack of
critical counter-positioning. At no stage does the play attempt to complicate or

recruiting unknown child actors from humble backgrounds had earned him a massive
following in the townships’. See Lesley Lawson, *Side Effects* (Cape Town: Double Storey
102 Mda distinguishes resistance theatre (from protest theatre) as that which addressed itself
directly to the oppressed in order to rally and mobilise a fight against injustice. Mda cites Frans
105 Ngema, p. 121.
Today*, 70.1 (1996), 83–87 (p. 84).
problematised the democratic South African moment that the play otherwise
anticipates so enthusiastically.

Spoken first at a keynote lecture in 1984, Njabulo Ndebele’s
declaration that ‘convention of the spectacular has run its course’ was later
wrong twice, employing the dramaturgy he used in Sarafina! once again in his
HIV/AIDS spectacle for a ‘new’ South Africa.

Inscribing HIV/AIDS in Mbongeni Ngema’s Sarafina II

Having established the theatrical and political background relevant to Sarafina
II, in this section I set out the more recent political context that led to the play
being commissioned before providing an analysis of the play as spectacle.

A brief historical overview of the spread of the HIV/AIDS epidemic
within the mainstream heterosexual population of South Africa suggests an
aggressive trajectory for the virus during the early post-apartheid era. In 1990,
the year Nelson Mandela was released from jail and the first year the
Department of Health began taking anonymous HIV surveys amongst women
attending antenatal clinics run by the Public Health Services in South Africa,
0.7% of the population was HIV positive. By the time the first democratic
elections were taking place in 1994, 7.6% of the population was infected; in

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107 'The Rediscovery of the Ordinary' is the essay Ndebele derived from his November 1984
keynote address at the Commonwealth Institute of London, which dealt with the theme New
Writing From Africa: Continuity and Change.
108 Ndebele, 'Rediscovery', p. 32.
109 Reliable empirical data on the epidemic (especially during this early period) in South Africa
is difficult to attain. The main source of information is the series of annual antenatal
seroprevalence surveys conducted by the MRC’s Department of Health (DoH). (Rob
Dorrington et al., 'The Impact of HIV/AIDS on Adult Mortality in South Africa', Burden of
Disease Research Unit, South African Medical Research Council, September 2001
<www.mrc.ac.za/bod> [accessed 9 October 2010]).
1995, the year Sarafina II was commissioned, this number had risen to 10.4%.\textsuperscript{110}

Despite steadily rising statistics, in 1995 Health Minister Nkosazana Zuma was still struggling to launch South Africa’s National HIV/AIDS programme. Due in part to the ‘conservative bureaucracy’\textsuperscript{111} that had been inherited from the National Party, NGOs were continuing to provide the bulk of services in the HIV/AIDS sector. It was against this backdrop of frustrated plans, high expectations and rising HIV’ that Minister Zuma decided to mount a high-profile AIDS campaign ‘that included posters, billboards and theatre armed at raising AIDS awareness among young people’.\textsuperscript{112}

Addressing the need for the project to be as visible as possible, in June 1995, Minister Zuma approached Ngema because he was one of South Africa’s premier black playwrights. She proposed her idea to mount an AIDS-themed musical, intended to be performed in the township halls and schools, and to include areas with little access to other media.\textsuperscript{113} Planning to launch the production on 1 December (World AIDS Day) of the following year, Minister Zuma’s ‘idea was to use theatre as a means of educating young South Africans, especially those in the townships and rural areas, about the serious dangers


\textsuperscript{111} Lawson, p. 94.

\textsuperscript{112} Lawson, p. 95

\textsuperscript{113} Note that the Market Theatre’s Lab had been performing its Broken Dreams production at hundreds of schools from 1995 at less than 1 percent of the cost of Sarafina II. The AIDS-themed theatre for development production aimed at promoting social transformation and awareness around the HIV/AIDS-related consequences of sexual abuse. (Loren Kruger, ‘Theatre in the Interregnum and Beyond’, in The Drama of South Africa: Plays, Pageants and Publics Since 1910 (London: Routledge, 1999), pp. 191–216 (p. 209)).
posed today by casual, unprotected sexual intercourse – especially the mortal danger of contracting HIV/AIDS.\(^\text{114}\)

After sharing the idea with both Ngema and the Director of the HIV/AIDS and Sexually Transmitted Disease programme at the time, Abdoool Karim, the Department of Health then put forth a tender to three different companies.\(^\text{115}\) The tender notice clearly outlined an emphasis for HIV/AIDS education:

- The tenderer must provide a detail script/framework and costing of the play.
- The opening of the play must take place on the first December 1996.
- Consultation with the National HIV/AIDS and STD Programme is essential.
- The company must be committed not only to the prevention of HIV/AIDS in South Africa but the general development of its people.
- The applicant must clearly show a record of successfully completed productions of this magnitude.
- The evaluation of tender quality will be the main criterion and not the lowest cost.\(^\text{116}\)

In contracting Ngema, the commissioning of *Sarafina II* can be seen as having helped engender a key component of the 'new' South Africa, namely what would become known as Black Economic Empowerment (BEE). Additionally, Ngema’s reputation for using actors from townships on stage, a technique that mirrored theatre for development’s approach of using people’s own performance modes to create their own messages on the issues that concern

\(^\text{114}\) Lindfors, p. 182.

\(^\text{115}\) Opera Africa, PACT Windybrow Centre for Arts and Committed Artist Theatre Company – Ngema’s company.

them, resonated with the ‘general development of the people’ outlined in the tender. In the broader post-apartheid political context in which the play was being commissioned, theatre for development mirrored the post-liberation state’s interest in development, which in the South African context, spoke to an interest in ‘getting AIDS under control’. The premise of *Sarafina II* was to present a sequel to *Sarafina!* featuring a grown-up version of the schoolgirl Sarafina. Sarafina was now ‘a social worker teaching the dangers of unsafe sex, in a lavish musical that was supposed to tour South Africa to carry the anti-AIDS message to the illiterate’. In keeping with the heroine (school mistress) of the stage play *Sarajina!* in *Sarafina II* Sarafina is presented as a character that school children look up to as a role model. Throughout the play, Sarafina assists and gives inspiration to the students as they arrange a concert in Zululand (again, mirroring the plot structure of *Sarajina!*). When a popular high school girl from KwaMsinga contracts HIV, she is told to go to church and pray, taken to a ‘witchdoctor’ and then featured ‘dressed as an angel and singing in heaven.’ While basic health information was transformed into slogans during the play’s

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117 Theatre for development is live performance, often combining participatory, improvisational and scripted performances designed to promote issues relating to international development. Communities are encouraged to use this as an empowering process, during which their concerns are voiced and addressed, thus becoming active agents in their own ‘development’. (See Zakes Mda, *When People Play People: Development Communication Through Theatre* (Johannesburg: Witwatersrand University Press, 1993)).

118 The National Community Theatre for Education and Development Network was established in 1994 and functions as an umbrella group for all theatre for development projects scattered throughout South Africa. (Salter, p. 292–93).

119 Ngema is quoted as saying ‘What I’m doing with *Sarafina II* is an exact continuation of what I was doing with the original *Sarafina.*’ (Gevisser, p. 16).


121 Lindfors, p. 182.
favoured medium of singing, other myths about HIV/AIDS (including 'rapid decline and death after diagnosis, blaming women and indifference to contraception') were not critically examined. Ngema charged an admission to see the play, which was relegated to city and purpose-built theatres.

Ngema worked with a formula that had proved to be financially successful for *Sarafina!* in scripting his sequel. Indeed, *Sarafina II* shares many characteristics of its precedent, including plot and characters (see above), music (including the alleged re-use of some of the same music, and the same musical treatment of funeral scenes), performance features (staging a musical-within-a-musical) and dramaturgy (demonstrative over-acting and shallow characterisations). Given that *Sarafina II*’s priorities very closely mirrored the entertainment-based values of *Sarafina!*’s lucrative export market, a contradiction emerges. On the one hand, there is the challenging educational message that incited *Sarafina II*’s commission, and on the other hand the dramaturgy Ngema relies on to mediate that message for his South African audience. Where *Sarafina!* benefited on a surface level from the increased international exposure of the ills of apartheid that its popular tours elicited, the reiteration of the theatrical conventions that made *Sarafina!* popular abroad would render *Sarafina II* ineffective in its stated goal: to educate and raise awareness about HIV/AIDS to a broad cross-section of the South African public.

Drawing on critical responses to the production, this chapter will now identify more fully the elements of the spectacle in a close reading of *Sarafina II*. The results of *Sarafina II*’s shortcomings will then be assessed both in

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122 Salter, p. 298.
123 Kruger, 'Interregnum', p 208.
124 See Mda’s description of *Sarafina II* in Salter, p. 298.
relation to the immediate HIV/AIDS culture from which the play emerged as well as the impact they had on the society and discourse that they gestated.

**A ‘New’ South Africa Inherits the Spectacle**

Responses to *Sarafina II* from the press and the NGO sector were ultimately critical of *Sarafina II*’s ability to deliver a sound educational message to audiences. Three characteristics in particular were central to these criticisms, revealing the production’s adherence to the dramaturgy of the spectacle: A weak plot lacking in any factual accuracy or analysis, an emotionally demonstrative, large-scale production and a didactic approach to audience involvement, all of which also characterised its prequel.

A few nights before *Sarafina II* was scheduled to open, when Karim – who was in charge of enforcing the play’s educational message – was finally permitted a preview of the play that her department and cabinet were funding, she and her staff found it lacking: ‘They all felt that the HIV-prevention messages were unclear and inconsistent, and that as an educational project the play was seriously flawed.’

The NGO sector working in HIV/AIDS were also critical of the HIV/AIDS message. According to Pierre Brouard, counsellor at the Community AIDS Centre in Hillbrow, ‘there was a lot of unintended stigmatising stuff going on’.

The play was also heavily criticised for its weak plot, for ‘desperately looking for a story to tell’. The content of the educational message that the play did dictate was factually inaccurate. In ‘Sloppy Show Disappoints’ (11 January 1996), Reginald Khumalo of the *Natal Witness*, for example, accused

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125 Lawson, p. 96.
126 Lawson, p. 97.
127 Ngema is cited in Lindfors, p. 185.
the play of suggesting that HIV can only be contracted through promiscuity. The *Cape Times*’ anonymous ‘AIDS Message “Not Effective”’ (11 March 1996) reported equally erroneous information: ‘Once diagnosed as positive, you have to go to church and trust God.’128 In the international press, *The New York Times* relayed that an ‘appalled AIDS activist said the play sent vague and confusing signals about the disease [...] one victim limps and walks doubled-over in the second act, symptoms not generally considered consequences of AIDS.’129

As the reviews above suggest, Ngema failed to define and challenge potentially risky sexual behaviours relating to HIV/AIDS prevalence in *Sarafina II*, thus compromising pedagogy set out in the play’s tender. Despite the relatively early onset of the epidemic in South Africa, and the comparative scarcity of information available about HIV, Ngema ultimately overlooked the implementation of information that had been accrued in the NGO sector, for example, about the variety of ways in which HIV can be contracted and treated, in order to heighten the drama of the play. Portraying images of ‘HIV/AIDS’ victims limping across the stage, relaying messages that link HIV to promiscuity and suggesting that the church is the only place for HIV-infected individuals, as the reviews above note, are not only inaccurate and irresponsible, but accentuate confusion about HIV/AIDS. Against what would later emerge and be broadcast as Mbeki’s ‘AIDS denialism’, the failure to assert some basic scientific facts about HIV at the relative outset of the epidemic can now be seen as especially problematic. The Madam & Eve tableau below, published in October 2000, references the mid-1990s moment

128 Lindfors, p. 184.
129 Daley.
that would prove to be the origin of the fallacy about how HIV/AIDS is contracted:

Illustration 1.\textsuperscript{130}

Brink also declared \textit{Sarafina II} to be a failure. Isolating the large scale of the production alongside its emotionally demonstrative content, his use of the term ‘spectacular’ in the quote below implies both the inappropriate dramaturgy of the production, as well as the commercially exploitative nature of \textit{Sarafina II}:

\textit{Sarafina II} […] has ended in spectacular failure: in theatrical terms, because of its reliance on archetypal showbiz shamelessly borrowed from (the worst of) Broadway; in practical and moral terms because it had very little to do with its stated aim (inculcating AIDS awareness) and everything with self-enrichment and self-aggrandizement at the expense of the poorest and most-deprived sections of the community.\textsuperscript{131}

American academic Lindfors also commented on the didactic nature of the script. In reviewing what became known as the ‘\textit{Sarafina II} scandal’, he emphasises that the audience was lectured at without being provided with any accurate, basic, sound information about AIDS.\textsuperscript{132} This style ultimately alienates audiences from any sense of participation or choice in the considerable problem of HIV/AIDS that \textit{Sarafina II} sought to expose.


\textsuperscript{132} Lindfors, p. 185.
If the Health Minister, in commissioning the play, had intended to influence the transformation of potentially risky sexual behaviours of the audience (and society at large), rather than the play functioning as mere spectacle it would have had to be used "as a vehicle for critical analysis" that Mda emphasises as the hallmark of the theatre for development. Garoian and Gaudelius draw on Roland Barthes to illustrate this point: In order to challenge complacency (in the case of South Africa, a lack of awareness that certain sexual behaviour can increase risk of HIV), responses to images must probe beyond the conformity of the spectacle, into a depth that is embodied and ultimately transformative. This 'depth' was bypassed with Ngema's decision not to provide any nuance to the HIV character that he casts as an immoral victim in the epidemic as well as in the hyperbolised and overly emotionally driven style of the production. Not only is this at odds with the play's educational remit, but it risks further alienating those at risk from HIV from identifying themselves with the syndrome and seeking help.

*Sarafina II* did raise awareness about the HIV/AIDS epidemic in South Africa, though not primarily among the 'hidden' township demographic it initially set out to reach, as the next section addresses.

**The Sarafina II 'Scandal'**

It was not only the concerns raised by HIV/AIDS activists and critics over the suitability of and lack of consultation in *Sarafina II*'s 'content and message to change youths’ sexual behaviour' that led to what became known as the 'Sarafina scandal'. Acting in tandem with the criticisms set out above was

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133 Both quotes are cited in Mda, 'Politics', p. 208.
134 Garoian and Gaudelius, p. 305.
135 'Sarafina II Controversy'.


speculation about the transparency of the new administration and queries about the finances behind *Sarafina II*.

Minister Zuma had set an R5 million ceiling on the play’s budget, and yet her department awarded a contract for R14.27 million to Ngema in August 1995. This made Ngema’s budget twice that of the AIDS budget for KwaZulu-Natal, Ngema’s birthplace and the region with the highest incidence of HIV in South Africa. Consider the following extract from his budget: R370,000 (US$100,000 on the exchange rates of the time) for Ngema’s salary as director, choreographer and composer; R100,000 (USD$27,030) for costumes; R1,200,000 (USD$333,330) for lighting and sound equipment; and R2,245,000 (USD$623,610) for a luxury minibus and trailer. Much criticism was also levied at the cost of the production, and the priorities directed by Ngema’s budget.

Critics were quick to pick up on and protest the cost of the ‘luxury’ minibus in particular, asking questions about why it had cost so much and ‘how a cash-strapped national health department […] paid for it?’ The answer gave birth to a public scandal that ultimately resulted in closing the play early. A public hearing set up by the Health Portfolio Committee and held on 28 February 1996 resulted in opposition parties calling for Minister Zuma’s suspension, as planning and tendering procedures had been the responsibility

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137 *Sarafina II* furthermore represents a sizeable chunk of the AIDS directorate’s R85 million budget (Lawson, p. 98).
138 Lindfors, p. 190.
140 Daley. Elsewhere Ngema is quoted as follows: ‘Yes! It’s about time our artists were transported in dignity. Why must we be transported in luxury buses in the United States, but come to our own country to be put in the back of Kombis? No way! I’m proud of our bus.’ (Gevisser, p. 16).
of her department. The contract with Ngema’s Committed Artist Company was signed on 10 August 1995 without the approval of the State Tender Committee, using state tender forms. The Department defended itself, pointing out that rules had been followed according to the European Union procedures,\textsuperscript{141} one of the main sources of the play’s funding. However, immediately following the portfolio meeting, ‘the European Union issue[d] a statement repudiating the claim that it had donated the money for a play’.\textsuperscript{142}

The ANC initially stood behind Minister Zuma’s decision to commission the play,\textsuperscript{143} with President Nelson Mandela ‘lashing out at the media for “creating such an uproar”’.\textsuperscript{144} However, when Mike Ellis, head of the Democratic Party (DP) at that time, expressed his concern over the fact that the matter remained unresolved given the president’s outward support, the Public Protectorate was called in. By the time the Protectorate issued its statement exonerating the idea as a good one but ultimately unable to justify its mismanagement, the play’s funds had been frozen\textsuperscript{145} and the production was closed down after just two performances.\textsuperscript{146} The protector also criticised Karim and the Department of Health’s lawyer in drawing up Ngema’s contract.

However, ‘only the acting chair of the tender board, and the chief director of

\textsuperscript{141} The tendering procedure states that ‘The contractor shall provide evidence of a restricted invitation to tender involving not less than 3 suppliers from eligible countries in the case of goods valued in excess of ECU10 000 (about R50, 000 at the time)’. (‘The Sarafina II Controversy’).

\textsuperscript{142} Cape Times ‘EU did not know about Sarafina 2’, 1 March 1996 is cited in Lawson, p. 102.

\textsuperscript{143} The ANC issued the following statement: ‘It appears as if those elements within the DP seek to abuse Sarafina II to tarnish the image of Zuma whose role in the fight against AIDS and in the transformation of the health sector has been broadly acknowledged. The ANC rejects the call for the suspension of Zuma as little more than sour grapes from a party which failed to win its position within the portfolio committee.’ (African National Congress, Department of Information and Publicity, Parliamentary Hearing on Sarafina 2, 28 February 1996. Cited in Lawson, p. 101).

\textsuperscript{144} Daley.

\textsuperscript{145} Lawson, p. 102; ‘The Sarafina II Controversy’.

\textsuperscript{146} Leonard. This is in contrast to Sarafina!, which showed over 600 times on Broadway alone. IMDb, ‘Trivia’, ‘Sarafina!’ IMDb.com \textlt;http://www.imdb.com/title/tt0105316/> [accessed 25 May 2013].
departmental support services – both members of the inherited [apartheid] bureaucracy – were found guilty of misconduct.147

It is the politics surrounding the ‘Sarafina II scandal’ that have given birth to the HIV/AIDS epidemic’s most damaging social legacy in South Africa, namely a virtual embargo on any dialogue between the AIDS fraternity – which at the time included the NGO sector and civil society organisations – and the government. Mary Crewe, Director of the Centre for the Study of AIDS in Pretoria, best articulates the world of exclusion that became the ‘AIDS world’ in South Africa following the Sarafina II scandal:

*Sarafina!* introduced the beginnings of AIDS orthodoxy – the government line was the one orthodoxy, and the NGO line the other [...] This division came at the time when a united response could have worked to shift public perception about the disease and about people who were living with HIV. Instead, the general public was largely excluded from the AIDS world – instead of creating a climate of inclusiveness, the AIDS orthodoxy drove people away.148

The division between HIV/AIDS-oriented civil society organisations and the government’s HIV policy that erupted as public scandal over *Sarafina II* would become entrenched in the years following the production’s closing. Future cultural productions addressing HIV/AIDS would emerge in a climate that would come to be dominated by discourses of stigma and silence, and as a result, would produce texts that veered dramatically away from aspects of the genre of the spectacle.

**Conclusion**

What does it say about the supposed death of using culture as a weapon that one of its primary practitioners during the anti-apartheid struggle, Mbongeni

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147 Lawson, p. 102.
148 Lawson, p. 104.
Ngema, was commissioned to theatricalise what was quickly emerging as the post-apartheid era’s gravest human tragedy? Sarafina II ‘has taught us that conventional methods and techniques for preventing and controlling the spread of HIV/AIDS are not sufficient for spreading the message on AIDS’\(^{149}\), reads one of the reports of the Public Protectorate on the subject, thus articulating a lack of faith in the ability of cultural productions to intervene in the epidemic.

It would be some time after the scandal that rocketed Sarafina II from a theatre production to a controversial political issue before HIV-affected characters dramatising positive choices in the face of HIV and symbolising empowerment would begin to appear in the theatre (as Chapter Four addresses).

While the immediate impact of Sarafina II would create a well-known and -documented large-scale public ‘scandal’, it remains noteworthy, almost twenty years after the production was commissioned, that the dearth of material available about the production today has ensured that the Sarafina II spectacle – commissioned to be as ‘visible’ as possible to a new generation affected by HIV – remains largely invisible.\(^{150}\)

This chapter’s concluding remarks focus on the government’s defensive response to the Sarafina II scandal and how this response generated a tense public platform for addressing HIV/AIDS in the cultural sphere, creating a vacuum which, as the next chapter addresses, Mbeki would come to

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\(^{150}\) Publically accessible primary material, including a published play-text or video footage of the performances of Sarafina II does not exist, though the significant academic and critical corpora of works dealing with Sarafina II are referenced throughout this chapter. This is in noted contrast to Sarafina!, which exists as a play-text (in The Best of Mbongeni Ngema: An Anthology, 1995), film (1992), Broadway musical, where it played in New York from January 1988 to July 1989, and soundtrack. The Voices of Sarafina (1988, Dir. Nigel Noble), a documentary about the stage play, provides another addition to this canon of work.
appropriate, perpetuating discourses of silence and stigma that have come to define the experience of HIV/AIDS for many.
Chapter Two

Beyond the Stage: Masculinity, Life-Writing and HIV/AIDS

Some of Thabo Mbeki’s most provocative pronouncements about HIV/AIDS took place in 2000, the year that South Africa hosted the annual International AIDS Conference, and the first time the Conference was put on in Africa.\(^{151}\) Mbeki’s divisive HIV/AIDS rhetoric coincided with debates over what has been called the ‘crisis of masculinity’, brought to bear by the rapid social, economic and political transformations that continue to impact South Africa.\(^{152}\)

In this chapter, these two contexts converge, and I examine two bodies of primary materials in order to determine how the HIV/AIDS epidemic offers different possibilities for the making of the masculine self during a historical period rife with contradictory messages about HIV/AIDS. The questions that I explore in relation to these texts are as follows: Given Thabo Mbeki’s contentious HIV/AIDS discourses, how do men negotiate and contest their masculinities in relation to HIV/AIDS? How is this negotiation expressed and narrated?

South African journalist Aernout Zevenbergen’s reportage comments on the lack of representations of African men in the context of the HIV/AIDS epidemic:

> There is a saying that Africa survives on the strength of its women. They lug the water, cook the meals, till the land and send the children to school. Women give birth, they nurture, they show the way and they

\(^{151}\) See the International AIDS Society webpage for the complete list of previous locations: <http://www.iasociety.org/Default.aspx?pageId=79> [accessed 12 September 2011].

\(^{152}\) Reid and Walker, ‘Differently’, pp. 10–11.
keep families together under the pressures of modern times. Where are the men in all of this?

South African writer Jonny Steinberg’s observation that men ‘confined themselves to watching and talking’ about the epidemic offers one response to Zevenbergen’s question. In analysing the intersections between masculinity, HIV/AIDS and politics, in this chapter I offer another response to Zevenbergen’s question.

The historical context relevant to this chapter is the political succession of Thabo Mbeki (1999–2008) from Nelson Mandela. Mbeki’s public engagement with philosophies of ‘AIDS denialism’ is now widely recognised as being distinct from Mandela’s response to HIV/AIDS. Cultural, critical and political texts emphasise in particular the stigmatising and confusing effects of Mbeki’s early HIV/AIDS discourses. Health Minister Manto Tshabalala-Msimang’s additional failure to make nevirapine widely available, declaring that the drug that was said to reduce transmission of HIV from mother to child during labour would not be instituted until it had been tested in South Africa, contributed further to the proliferation of discourses associating HIV/AIDS with stigma and ARV medication with toxicity.

155 I am here referring to Mandisa Mbali’s usage of the term: ‘Mbeki’s “denialism” is a neologism that has been coined by HIV/AIDS activists in South Africa. To use the more neutral term “scepticism,” would tend to imply that it is a fruitful philosophical endeavor, in the Western philosophical tradition. On the other hand, Mbeki is denying the scientific facts. The reason why I am using the more loaded term denialism is to indicate my own disagreement with him.’ Mandisa Mbali, ‘Mbeki’s Denialism and the Ghosts of Apartheid and Colonialism for Post-Apartheid AIDS Policy-Making’, Public Health Journal Club Seminar, ed. by Centre for Civil Society (Durban: University of Natal, 2002), 1–24 (p. 1).
Drawing from a range of narratives, and moving ‘beyond the stage’ to the literary ‘page’, this chapter argues that the confessional form became the dominant narrative mode for inscribing the first autobiographical literary expressions of HIV/AIDS during what was a particularly fraught period in the epidemic’s history in South Africa. The chapter’s focus on narrative was initially motivated by Stephen Kruger’s comment about the prevalence of the personal narrative form in HIV/AIDS literature that appeared in the West during the 1980s:

Personal and epidemiological narratives complement each other: the personal narrative traces the individual illnesses and deaths that make up the population narrative which itself traces the spread of the agent of disease and death.\textsuperscript{158}

The personal narratives emerging from the primary materials that this chapter considers span several closely related genres, including biography, memoir, \textsuperscript{159}


\textsuperscript{157} Carla Makhlof Obermeyer and Michelle Osborn’s ‘The Utilisation of Testing and Counselling for HIV: A Review of the Social and Behavioural Evidence’ indicates that ‘Stigma against HIV is reported to be pervasive and to be the main reason for the reluctance to be tested, to disclose HIV status, or to take antiretroviral agents. This has been documented in numerous countries, including South Africa, Indonesia, Tanzania, Botswana, Ethiopia, Ghana, India, Uganda, Thailand, and Zimbabwe.’ See \textit{American Journal of Public Health}, 97.10 (2007), 1762–1775 (p. 1768). Online access: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1994175/> [accessed 7 March 2013].


\textsuperscript{159} According to Linda Anderson, debates over slippages between memoir and autobiography are often perceived as slippages between adherences to ‘fact’ (Linda Anderson, \textit{Autobiography} (London: Routledge, 2001), p. 2). These slippages have been theorised as distinctions in methodology, in which autobiography and biography are constructed through archival and documentary footage in order to ‘gestur[e] towards a shared truth’ (p. 4), whereas memoir continues to place emphasis on ‘the possibility of introspection’ (Laura Marcus, \textit{Auto/biographical Discourses: Theory, Criticism, Practice} (Manchester: Manchester University Press, 1994), p. 19). Historians such as Hayden White, however, have noted that an adherence to logic and fact does not necessarily produce a more ‘truthful’ account of historical consciousness (Hayden White, ‘The Question of Narrative in Contemporary Historical Theory’ \textit{History and Theory}, 21.1 (1984), 1–33 (p. 21)).
autobiographical performance160 and the confessional form.161 The following is
Laura Marcus, commenting on the close distinction between these genres:

The question of what constitutes autobiography proper, in opposition to popular “confessional” literature or memoir [...] is that between autobiography as the evocation of a life as a totality, and memoirs, which offer only an anecdotal depiction of people and events.162

The central importance of the ‘self’ ascribed to the confessional form of life-writing in the primary texts considered here blurs the boundaries between the autobiographical and fictional genres. Confessional and memoir genres have seen increasing popularity in South Africa since the demise of apartheid, because of the emphasis they provide on revelation following the paranoia and secrecy of the apartheid era. Rob Nixon, commenting on the popularity of the memoir genre in South Africa since the end of apartheid, writes: ‘The 1990s have witnessed an upsurge of South African memoirs and autobiographies as writers have begun mining the hitherto under-explored past with increasing rigour.’163 While Nixon’s comments relate to the 1990s, this chapter argues that the climate of secrecy and stigma that grew in part out of the ‘Sarafina’ scandal and came to characterise the HIV/AIDS epidemic during the early 2000s provides a fecund literary context for the revelation afforded by the memoir genre.

161 Susan V. Gallagher defines the ‘confessional mode’ as taking ‘many different generic forms [...] Although much autobiography is confessional [...] not all autobiographies are [...] Typically, the confessional mode is a first-person chronological narrative; its characteristic motif is ontological, establishing an identity, as well as revelatory, uncovering the hidden [...] the confessional goes beyond a mere documentary presentation of these facts to perform a call to action [...] The confession is thus both a communicative as well as a performative speech-act.’ (Susan V. Gallagher, Truth and Reconciliation: The Confessional Mode in South African Literature (Portsmouth: Heinemann, 2002), pp. 17–18).
162 Marcus, p. 3.
In grouping these texts according to the ‘confessional mode’, this chapter is able to make use of the close relationship between testimony and fiction, but also between fictional and historical speakers. In so doing, it endorses the idea that as constructed narratives about the experience of HIV/AIDS in someone’s life, biographical writings as well as fiction have the powerful ability to bear witness to the epidemic.

This chapter also engages with Morrell’s research into masculinity insomuch as it provides further evidence, as he contends, of race and class influencing how men understand, narrativise and perform their masculinities. The research presented here also supports Connell’s pioneering theoretical recognition of a multiplicity of masculinities, which Morrell has since adapted to the post-apartheid South African context. I aim to add further nuance to this body of research by considering how race and class influence the construction of a variety of specifically HIV/AIDS-affected masculine identities in South Africa.

Two of Mbeki’s key speeches on HIV/AIDS (his Opening Speech to the First Meeting of Presidential Advisory Panel on AIDS (Pretoria on 6 May 2000) and his Speech at the Opening Session of the 13th International AIDS Conference in Durban, (9 July 2000)) alongside his written Letter to World Leaders (3 April 2000) provide the first corpus of primary material I examine.

A second corpus of primary material includes cultural texts delineating the

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165 Taking into consideration the various anthropological studies that suggest that certain traits are ‘transculturally associated with men’, Connell outlines both hegemonic masculinities, but also three types of non-hegemonic masculinities, including subordinate, complicit and marginalised. (Cited in Morrell, ‘Change’, p. 7). The influence of this idea is also acknowledged by Reid and Walker: ‘As Connell (1995) pointed out as a truism, men can be expected to react to change in a variety of ways, from embracing and supporting new ideas about manhood and masculinity, to violently defending the status quo.’ (p. 2).

The chapter is structured into six sections. The first section illustrates Mbeki’s effort to shape an HIV/AIDS narrative specific to post-apartheid South Africa. Mbeki’s rejection of Western-led epidemiological narratives about HIV/AIDS is shown to be motivated by a desire to defend South Africa against the possibility of neo-colonial influence as dictated by Western science and international pharmaceutical companies. The readings presented in the first section aim to do justice to the complex context in which allegations of Mbeki’s ‘AIDS denial’ first emerged. The second section outlines the activist response to Mbeki’s HIV/AIDS rhetoric, focusing on the work of the Treatment Action Campaign (TAC). In the third section, I position Phaswane Mpe’s novella *Welcome to Our Hillbrow*, Zapiro’s artwork and literary memoirs Adam Levin’s *Aidsafari* and Edwin Cameron’s *Witness to AIDS* alongside a more substantial consideration of Peter Hayes’s play *I am Here*, as specific instances of the ‘soft impact’ of Mbeki’s HIV/AIDS rhetoric. In the fourth and fifth sections I analyse two attempts to chart the ‘black’ experience.
of HIV for the first time in literary production, providing close readings of Liz McGregor’s *Khabzela* and Jonny Steinberg’s *Three Letter Plague* separately, on their own terms, before drawing some general conclusions about the common approaches espoused in both books in the sixth section.

**HIV/AIDS in the Time of Thabo Mbeki**

President Thabo Mbeki’s handling of the HIV/AIDS epidemic has been widely criticised. In particular, his public engagement with a dissident group that ‘denied’ various aspects of the biomedical model for HIV led him to implement HIV/AIDS policies that have had a seriously detrimental and lasting effect on South Africa’s HIV/AIDS epidemic. The readings in this section argue that the post-apartheid context was key in compelling Mbeki to suspect and ultimately reject Western-derived explanations and treatments for HIV/AIDS. Instead he would aspire to find ‘African solutions to African problems’.168 Impetus to source a local solution to South Africa’s HIV ‘problems’ in particular became crucial to the ‘African Renaissance’ that became the ideological backbone of Mbeki’s broader presidential agenda.169 In the following extract, South African journalist Mark Gevisser clearly expresses the broader climate of suspicion in which Mbeki was operating at the time:

> Who were white female journalists and epidemiologists to make sweeping generalizations about the sexual behavior of African men?

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Again and again, in the years after 1990, he would upbraid white leftists, white journalists, and white captains of industry who presumed to talk for the African or, worse yet, to tell him what to do in the cause of liberating his own people.\textsuperscript{170}

In this section, my analysis focuses on the narratological and performative features of Mbeki's HIV/AIDS rhetoric from the year 2000. The readings presented here thus stress that Mbeki's use of language, rhetorical device, structure and delivery illustrate that politics itself is relayed through the 'performance' of HIV/AIDS texts.

Mbeki's Letter to World Leaders (Letter), addressed to Bill Clinton and United Nations (UN) Secretary General Kofi Annan, contains Mbeki's justifications for pursuing an African cure to HIV/AIDS. The letter opens with descriptions of the actions that the South African government had thus far taken in addressing the HIV/AIDS epidemic. Mbeki uses calibrated rhetorical structuring in order to frame his reticence to provide antiretroviral (ARV) medication (specifically nevirapine) to prevent mother-to-child transmission in HIV-positive women giving birth\textsuperscript{171} and his decision to investigate the toxicity of ARV therapy\textsuperscript{172} in an otherwise long list of positive steps that the government had taken to mitigate the spread of the virus until that point. These steps included donation of funds to the Medical Research Council (MRC) towards the development of a vaccine and the establishment of a National AIDS Council.\textsuperscript{173} His repeated use of 'we' in this context introduces the solidarity – both ANC party solidarity ('our government') and national solidarity ('as a government and as a people') – of the new South Africa, but is

\textsuperscript{170} Gevisser, I. 4018.

\textsuperscript{171} Thabo Mbeki, Letter to World Leaders, 3 April 2000. For the full text of the Letter, see 'HIV/AIDS Controversy: What's All This Then?', The Memory Hole <http://tmh.floonet.net/articles/mbeki.shtml> [accessed 12 December 2012].

\textsuperscript{172} Mbeki, Letter.

\textsuperscript{173} Mbeki, Letter.
also distinct from the ‘I’ that he uses to refer to the more controversial steps for which he had born responsibility as the country’s president: ‘I said that I had asked our Minister of Health to look into various controversies taking place among scientists on HIV/AIDS and the toxicity of a particular anti-retroviral drug.’ References to Mbeki’s individuality such as these personalise the ensuing debates that took place around his public figure (and that of his health minister Tshabala-Msimang).

The above rhetoric also provides evidence of the role that the HIV/AIDS epidemic has played in mobilising the inscription of new cartographies of power for post-apartheid South Africa. Alongside language emphasising solidarity, Mbeki makes recurring use of tropes that emphasise otherness. These tropes both signify and mobilise oppositions that divide ‘Africans’ from ‘Westerners’ and, within South Africa, ANC loyalists from those who subscribed to Western medical paradigms. This opposition is also relayed through rhetoric stressing his suspicion over the role of the West in defining narratives and policies relating to HIV/AIDS in South Africa.

In his Letter, for example, Mbeki draws attention to the different demographics affected by HIV/AIDS in order to raise his suspicion over the logic of addressing the pandemic as a coherent global entity: ‘Again as you are aware, whereas in the West HIV-AIDS is said to be largely homosexually transmitted, it is reported that in Africa, including our country, it is transmitted heterosexually.’ He further dramatises this distinction between the ‘West’ and ‘Africa’ as an opposition by employing a confrontational polemic in which

174 Mbeki, Letter.
175 Mbeki, Letter.
he repeats 'contrary to the West' several times. His use of language such as this renders his conclusion against the 'simple superimposition' of the Western experience of HIV on the African experience, with clear disdain. In citing evidence in support of this distinction, however, it is also worth noting that Mbeki makes use of the international agencies (US AIDS, UNAIDS and US Department of Health and Human Services) that he also seeks to undermine.

Mbeki's divisive ideological approach to HIV/AIDS is also outlined in his opening speeches to the Presidential AIDS Advisory Panel (Panel) and Thirteenth International AIDS Conference (Conference), which both express adamancy about refusing to simply import 'white' North American scientific views about HIV/AIDS. A salient feature of Mbeki's public performance of his Conference speech is his deployment of geographical boundaries to metaphorically demarcate his resistance to the imposition of 'outside' systems of knowledge. In this same speech Mbeki is careful to identify that he is addressing the delegation 'as an African'. His possession of knowledge of the African context is therefore central to his declamation of Western ignorance and the assertion of his authority in the context of Africa, as the following excerpt from his Conference speech suggests:

As I visit the areas of this city and country that most of you will not see because of your heavy programme and your time limitations, areas that

176 Mbeki, Letter.
177 Mbeki, Letter.
178 Mbeki, Letter.
181 Mbeki, 'Conference'.


are representative of the conditions of life of the overwhelming majority of the people of our common world.\textsuperscript{182}

Rhetoric such as this stages a clear power reversal, in which a newly liberated country is seen to be publically asserting its independence in front of an international audience.

Another example of Mbeki's divisive approach to HIV/AIDS occurs in his Conference speech, during which he pronounces a notable contradiction against the Western epidemiological narrative of HIV. According to Mbeki: ‘The world’s biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty.’\textsuperscript{183} Having also grounded his pronouncements about HIV/AIDS in relation to class during his Panel speech two months earlier, Mbeki’s Conference speech insisted, once again, on the persistence of apartheid-era divisions between the middle-class, white and homosexual experience of HIV from its heterosexual, African counterpart.\textsuperscript{184}

It is worth briefly noting the historical basis for Mbeki’s comments relating HIV/AIDS to poverty, because the stigmatisation of HIV in South Africa – essential in understanding why cultural texts engaging with HIV/AIDS from this period take the shape they do – is partially rooted in the perpetuation of historical narratives that associate poor living conditions with poor health.\textsuperscript{185} In her examination of how stereotypes stressing black inferiority

\textsuperscript{182} Mbeki, ‘Conference’.
\textsuperscript{183} Mbeki, ‘Conference’.
\textsuperscript{185} The role of poverty in the HIV/AIDS epidemic in South Africa is important to note. The relationship was first explored in the context of HIV/AIDS in Africa in research emerging from 1985–1990. Various impediments to AIDS reporting in Africa are explored in William Check and Fettner, \textit{The Truth About AIDS} (1985). In 1990 Nancy Schmidt provided an overview of
and sexual promiscuity were founded around the tuberculosis and syphilis epidemics in South Africa in the lead up to apartheid, Harriet Deacon's research provides a precedent for exploring the relationship between public stigma, poverty and disease in South Africa.\textsuperscript{186} Reportage decrying the impossibility of taking sex away from a population whose daily fare is tragedy,\textsuperscript{187} research detailing African promiscuity\textsuperscript{188} and international reports declaring that the underlying problem of AIDS is 'promiscuity'\textsuperscript{189} suggest the persistence of such attitudes in contemporary medical discourses detailing the early HIV/AIDS epidemic in South Africa. Historically racist attitudes also re-surfaced in HIV/AIDS-related scientific trials and political policies designed to intervene in society. These include the secret biological warfare programme (Project Coast) that the TRC's Chemical and Biological Warfare Hearings heard in 1998\textsuperscript{190} and evidence of the overwhelming use of placebo-filled

HIV/AIDS coverage in Africa in her conference paper 'African Press Reports on the Social Impact of AIDS on Women and Children in Africa' (presented at 'Impact of AIDS on Maternal-Child Health Care Delivery in Africa', University of Illinois, 4–6 May 1990). Her research concludes that representation of African people as passive recipients of internal and external help is problematic (cited in Treichler, p. 209). While these arguments about poverty are noted, this chapter argues for them to be sustained in tandem with issues relating to gender identity.

\textsuperscript{186} Deacon's research investigates the racist colonial discourses that linked black South Africans with the lifestyles that made them prone to disease. Her interrogation of the historical link (1846–1931) between racism and the perception and treatment of those suffering from leprosy in South Africa is useful in the context of HIV/AIDS. See Harriet Deacon, 'Leprosy and Racism at Robben Island', in Studies in the History of Cape Town, ed. by Elizabeth van Heyningen (Rondebosch: University of Cape Town Press, 1994), pp. 45–83.

\textsuperscript{187} Professor Nathan Clumeck is quoted in Fassin, p. 148.


\textsuperscript{189} The 1990 AIDS Update Report from the United Nations: 'The United Nations Population Fund declared once again that "the problem is promiscuity"'. (Cited in Fassin, p. 149).

\textsuperscript{190} This government initiative involved the sterilisation programme for African men and women. Its director, Walter Basson was proven not guilty on 11 April 2002. Fassin puts forth the argument that this sentence was the result of the bias of the Afrikaner judge. (Fassin, p. 163–65).
needles in research projects trialling the effectiveness of mother-to-child prevention drugs in Africa.\textsuperscript{191}

Mandisa Mbali's HIV/AIDS research attributes the contemporary manifestation of such attitudes to the post-Enlightenment Western desire to push fears and perceived negative qualities onto the 'other'.\textsuperscript{192} In other words, narratives that stigmatise populations affected by HIV/AIDS do so in order to imagine the social containment of the virus. But such narratives also have the potential to interfere more directly with the social impact of the epidemic, as the following quote from Wald's work on the 'outbreak narrative' suggests:

As they disseminate information, they affect survival rates and contagion routes. They promote or mitigate the stigmatizing of individuals, groups, populations, locales (regional and global), behaviours, and lifestyles, and they change economies.\textsuperscript{193}

In the extract above Wald rightfully notes that medical narratives have consequences. Mbeki's own attempts to destabilise Western epidemiological narratives ('science') that have resulted in the stigmatisation of African populations provide evidence of such consequences. One example of this appears in Mbeki's Letter, where he states that he doesn't 'know of any science that gets resolved in that manner with a cut-off year beyond which science does not develop any further. It sounds like a biblical absolute truth and I do not imagine that science consists of biblical absolute truths'.\textsuperscript{194} While Anthony Butler contends that 'natural science offered a non-negotiable conception of

\textsuperscript{192} See Mbali, pp. 12, 15.
\textsuperscript{194} Mbeki, \textit{Letter}. 
reality, evidenced in the theory of causality concerning HIV and AIDS’, 195 Mbeki’s promotion of ‘local’ HIV/AIDS cures and his ‘denial’ of the relationship between HIV and AIDS are potent examples of his attempt to query the ‘truths’ (about HIV but also about African populations) represented by Western biomedical science as absolute, and thus manage the consequences of medical narratives stigmatising African subjects and communities.

In 1996, researchers affiliated with the University of Pretoria claimed to have found, in Virodene, a cure to AIDS. The fact of it being a ‘local’ cure held enormous appeal for Mbeki,196 whose government then invested in Cryo-Preservation Technologies, the company behind the development of the drug. Having publically vocalised their suspicion of the toxicity of Western antiretroviral medicine, Mbeki and his Health Minister would come to accuse the MRC of blocking Virodene because the virus was affecting a predominantly black population. The application to carry out experiments on the population with Virodene, which contained the industrial solvent dimethylformaldehyde, would be banned four times by the MRC.197 The reason? Toxicity. The ‘miracle cure’, according to researchers, was ‘more likely to activate rather than slow down the replication of the HIV virus in the body’.198

The ‘denialist’ agenda, which questioned mainstream Western biomedical models for HIV/AIDS, also resonated with Mbeki’s resistance to importing Western scientific models and narratives into the South African

196 Mbeki was Deputy President at the time.
197 See Fassin, pp. 42–45.
context. The denialist approach included arguments that questioned the link between HIV and AIDS, and suggested that AIDS is not infectious and that ARVs are poisonous.\textsuperscript{199} Channelled through public media sources, Mbeki’s denialism played out in front of a broad public audience both at home and abroad. In its most pithy form, Mbeki publicly questioned the relationship between HIV and AIDS.\textsuperscript{200} Take for example his opening address at the Conference in Durban: ‘As I listened and heard the whole story told about our own country, it seemed to me that we could not blame everything on a single virus.’\textsuperscript{201}

This view was publicised widely, in both esoteric and popular sources. In 2000 he again publically questioned the link between HIV and AIDS in an interview with \textit{Time} magazine:

\begin{quote}
TIME: You’ve been criticized for playing down the link between HIV and AIDS. Where do you now stand on this very controversial issue?

MBEKI: Clearly there is such a thing as acquired immune deficiency.\textsuperscript{202}
\end{quote}

\textsuperscript{199} Lawson, p. 222.
\textsuperscript{200} Scepticism about the unquestioning importation of ‘Western’ views about HIV in the South African context was also being explored elsewhere. South African journalist Rian Malan, for example, asks a similar question in the letter he composed in 2000 in response to a commission for \textit{Rolling Stone} magazine, when he questions whether it was indeed possible to track an epidemic in a context where hospitals are thinly spread, understaffed and without the necessary equipment to confirm new HIV infections? (Rian Malan, ‘The Body Count’, in \textit{Resident Alien} (Johannesburg & Cape Town: Jonathan Ball Publishers, 2009), pp. 113–138 (p. 119).\textsuperscript{201} Mbeki, ‘Conference’. It is important to note that, contrary to many popular beliefs, Mbeki has never contested the existence of HIV/AIDS. In addition, it is worth clarifying that he never said that HIV does not cause AIDS, but rather pointed to the wider context in which AIDS exists, and the number of other factors – such as poverty – that need to be considered in understanding the virus. The philosophy’s importance to this chapter lies in the ideological grounding it provided for Mbeki in developing an HIV/AIDS narrative that directly contradicted the epidemiologically led HIV/AIDS narrative developed in the West.\textsuperscript{202} ‘Mbeki – Africa’s Challenges’, Time.com, World, 11 September 2000 <http://www.time.com/time/world/article/0,8599,2039809,00.html> [accessed 4 January 2013]. The South African government then responded to the \textit{Time} interview, stressing that ‘those who wish to engage with these issues will do so on the basis of what the President actually says in the interview’. See [South African] Government Communications and Information System, ‘Mbeki’s Response to Questions about HIV/AIDS in Interview with Time Magazine’, 10 September 2000 <http://www.gcis.gov.za/content/newsroom/media-releases/media-releases/mbekis-response-questions-about-hivaids-interview-time-magazine> [accessed 4 January, 2013].
To summarise: In tracing the rhetorical influences of Mbeki’s pronouncements on HIV/AIDS in 2000, in which toxicity and otherness form two recurring tropes, it is crucial to understand the particulars of the historical and political climate in which he was operating. While identifying and ostracising the motivations of the West has a central bearing on Mbeki’s desire to shape a distinctly ‘African’ narrative of the epidemic, they also came to have bearing on the policies that he developed in mobilising the country’s response to HIV, as the case of Virodene and his public espousal of ‘denialism’ exemplify. In this context a second political conflict played out in relation to HIV/AIDS policy. Internal to South Africa, civil society campaigns met the government in the law courts and a challenge to the new democratic process was mounted, bringing Mbeki’s ‘denialism’ and the beginning of the body count to the fore.

**Mbeki, HIV/AIDS and Civil Society Activism in South Africa**

The denialist messages about HIV and AIDS that Mbeki espoused proved immediately harmful as they engendered widespread confusion in different public sectors of South African society. Denialist David Rasnik is quoted as saying, for example, that ‘condoms don’t prevent AIDS because AIDS isn’t a sexually transmitted disease’. This contradicted the message championed by HIV/AIDS educationists, problematising advocacy campaigns that promoted the use of condoms. According to William Gumede: ‘AIDS educationists frequently encountered resistance based on the argument that if the president did not believe there was a link between HIV and AIDS, unprotected sex posed no danger of infection.’ The far-reaching effect of the president’s influence coupled with the lack of a clear message about AIDS would ultimately prove to

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204 Gumede, p. 203.
be a fatal combination for the many who lost their lives due to AIDS-related complications during this period of time.\textsuperscript{205}

Criticism of Mbeki's denialist views and ARV policies were adopted by civil society activist organisations such as the TAC, which was initially established to target international drug companies to lower the prices of patented medicines to treat opportunistic infections and antiretrovirals.\textsuperscript{207} TAC confronted the government for establishing policies that ignored various aspects of the biomedical model for HIV/AIDS that had long been agreed upon by a broad majority of the world's scientists and medical specialists, and challenged them to account for the loss of lives that resulted from these policies.\textsuperscript{208} These confrontations relied in the first place on amassing a popular politically active opposition, and in the second place, on legal challenges.

\begin{footnotesize}
\begin{enumerate}
\item[\textsuperscript{205}] In his now well-known study, Pride Chigwedere estimated that 'more than 330,000 lives or approximately 2.2 million person-years were lost because a feasibility and timely ARC treatment program was not implemented in South Africa' between 2000 and 2005. (Pride Chigwedere et al., 'Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa', \textit{Perspectives: Epidemiology and Social Science}, Harvard School of Public Health, 49.4 (2008), 410-415 (p. 410)).
\item[\textsuperscript{206}] It should be noted that TAC is not the only civil society AIDS activist organization operating in South Africa. The National Association of People Living with AIDS (NAPWA) is the other key NGO for people living with AIDS. The organization claims to be a 'non-political, non-discriminatory, non-governmental, not-for-profit membership based organization that does not discriminate based on race, age, creed, sex and sexual orientation' (NAPWA, 'About Us', \texttt{NAPWA South Africa, Napwa.org.za < http://www.napwa.org.za/aboutus.html> [accessed 12 October 2011]}). NAPWA was instrumental in the demand for drugs for HIV-positive pregnant women, which then resulted in the 2001 court case. However, much rivalry exists between TAC and NAPWA, who have adopted a much more conciliatory line in relation to the government (A. Butler, p. 14). Together with the Traditional Healers Association (THA) and South Africa National Civics Association (SANCO), in 2005 NAPWA was responsible for mounting a campaign with the well-known Rath Foundation (responsible for promoting vitamins instead of ARVs in South Africa) against TAC, accusing them of 'forcing the government to spread disease and death [...] and ruin the economy' (See Nawaal Deane, 'Mbeki dismisses Rath', Mail\&Guardian.co.za, 25 March 2005 <http://mg.co.za/article/2005-03-25-mbeki-dismisses-rath> [accessed 5 January 2013]).
\item[\textsuperscript{207}] Stephanie Nolen, \textit{28 Stories of AIDS in Africa} (London: Portobello Books, 2007), p. 183. Mandiba Mbali's \textit{South African AIDS Activism and Global Health Politics} (Basingstoke: Palgrave Macmillan, 2013) was released too late to be addressed in this thesis, though the relevance of her work, especially in the context of AIDS activism, is noted earlier in this chapter.
\item[\textsuperscript{208}] In April 2001 the government, in conjunction with various civil society HIV/AIDS associations, won a legal case against 30 big pharmaceutical companies to impose their drug policies in South Africa. This case momentarily united civil society activist organisations and
The struggle for affordable anti-retroviral medication in South Africa is personalised around the efforts of Zackie Achmat, founder of TAC and an HIV-positive, former anti-apartheid activist. Achmat is now well-known for risking his own life in order to express resistance to the government’s ARV policies, as per his 5 December 1999 declaration that he would not ‘take treatment [is] because the vast majority of people with HIV/AIDS in our country […] cannot afford to be healthy’. He was also subsequently imprisoned for illegally importing 5,000 antifungal pills from Thailand on 19 October 2000 in defiance of international pharmaceutical company Pfizer’s patent. Achmat attracted further attention when Mandela appeared at Achmat’s house in front of the international media to make a personal plea that Achmat resume treatment.

Despite Achmat’s singularly prominent position in mounting opposition against the government’s HIV/AIDS treatment policies, TAC has also notably been successful in mobilising highly visible mass popular support. Two recent documentaries, *Fire in the Blood* (Dir. by Dylan Mohan Gray. India. 2013) and

the government against multinational pharmaceutical companies who sought a profit margin, which would render their patent-protected HAART medication unaffordable to the vast majority of South Africans. This case represented a first victory for the post-apartheid state in reconfiguring historical patterns of exploitation (primarily at the expense of black South Africans) that had too often seen its Western counterparts as the sole beneficiaries. However, it did not represent the hoped-for reconciliation between the state and civil society over issues relating to Mbeki’s HIV/AIDS policies.

209 According to the documentary *Fire in the Blood*, in 2001 the price for one year of patented ARV medication for one person was approximately 15,000 USD. Cipla in India produced a generic version of the drug for less than 1 USD per person per day. See also Avert, ‘AIDS, Drug Prices and Generic Drugs’, Avert.org <http://www.avert.org/generic.htm> [accessed 25 February 2013].


*TAC: Taking HAART* (Dir. by Jack Lewis. South Africa. 2011) focus on the struggle to acquire affordable antiretroviral medication in South Africa (and indeed, the global south). Both documentaries emphasise TAC’s use of anti-apartheid tactics such as large-scale peaceful rallies and civil disobedience campaigns.²¹³ Footage of TAC comrades singing in their ‘HIV-Positive’ t-shirts presented in these films suggests the direct influence of South Africa’s liberation caucus in the development of HIV/AIDS activism, as the following photograph of the 19 July 2009 march to the International Convention Centre in Cape Town displays.

Illustration 2:²¹⁴

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TAC’s iconic ‘HIV-POSITIVE’ t-shirts were developed as a result of the murder of Gugu Dlamini, an AIDS activist in Durban, who was beaten to death by her neighbours after disclosing her HIV-positive status on World AIDS Day in 1998. Worn by HIV-positive and -negative individuals all over the world, they best illustrate the success that the organisation has had in mobilising widespread visible support. Donned by marching masses chanting slogans together in public, the performance of wearing the t-shirts constitutes a crucial component in registering public resistance to the government’s stance on HIV/AIDS. Inspired by the Danish practice of wearing the Star of David during Nazi occupation in order that Jewish people remain indistinguishable from the rest of the population, wearing the HIV-Positive t-shirts takes a subversive and empowering approach to the concealment and stigma that is otherwise associated with being HIV-positive. The repeated use of the HIV-Positive t-shirts in this context has contributed in particular to the symbolic association of the t-shirts with the fight for the acquisition of ARV medication in South Africa and around the world.

The confrontation between TAC and the government also saw TAC make use of the constitutional courts in order to challenge the government’s decision to limit nevirapine to two pilot sites per province.²¹⁵ The court’s 5 July 2002 findings stipulated in particular that the government had failed to uphold its constitutional obligation to provide access to healthcare:

More specifically the finding was that the government had acted unreasonably in (a) refusing to make an antiretroviral drug called nevirapine available in the public health sector where the attending doctor considered it medically indicated and (b) not setting out a

²¹⁵ A. Butler, p. 13.
timeframe for a national programme to prevent mother-to-child transmission of HIV.\textsuperscript{216}

TAC's constitutional victory presented the first successful challenge to a debate over HIV/AIDS policy that was otherwise tightly controlled by the government.\textsuperscript{217} Moreover, the court case further – and ironically, given the emphasis on poverty that Mbeki articulated in his Conference address – suggested the discriminatory practices of the government in its allowance for differential access to treatment between rich and poor. This is invoked in citations ((27)1, (28)1) from the Bill of Rights that stress the rights of ‘everyone’ and ‘children’: ‘At issue here is the right given to everyone to have access to public health care services and the right of children to be afforded special protection.’\textsuperscript{218}

The 1996 constitution overturned South Africa's convention of parliamentary sovereignty, which created a vacuum that saw the birth of legal activism around HIV/AIDS policies. Spearheaded by TAC, the HIV/AIDS politics of South Africa's post-apartheid era thus resulted in the ‘first real challenge to the ANC's dialectical and accommodatory negotiation of the truth,’\textsuperscript{219} proving decisive ground on which the relationship between the government and civil society could be reconfigured for the post-apartheid era. In combination with constitutional challenge, anti-apartheid tactics of civil disobedience and mass public protest united protestors in a frame of reference that was recognisably and distinctly South African, mounting a significant


\textsuperscript{217} Through his ability to 'manage the oversight function of parliament', Mbeki was able to 'enforce a minority position on the treatment aspects of the strategic plan for HIV/AIDS, even if the more significant aspects appeared to have secured a consensus.' (A. Butler, p. 17).

\textsuperscript{218} Health vs TAC, p. 4.

\textsuperscript{219} A. Butler, p. 19.
challenge to Mbeki’s attempts to alienate the influence of the West in his navigation of the HIV/AIDS epidemic in South Africa.

**Gauging the ‘Soft Impact’: The Cultural Response to Mbeki’s HIV/AIDS Rhetoric**

As well as being challenged in civil society organisations such as TAC, the ‘soft impacts’ of Mbeki’s HIV/AIDS policies and rhetoric from 2000 were calibrated in cultural productions that emerged from 2001 onwards. While the Mbeki government discouraged debate around HIV/AIDS policies in public, and furthermore, framed its HIV-positive citizens as latent beneficiaries of the medication that it did provide, among the texts considered here are examples of the first literary productions intervening in an otherwise fraught public climate of debate over HIV/AIDS.

Published just one year after Mbeki’s outspoken polemics against importing biomedical HIV/AIDS models from the West, author and academic Phaswane Mpe’s now well-known 2001 novella *Welcome to Our Hillbrow* (*Hillbrow*) was the first creative dissection of post-apartheid urban life written by a black South African. The novella examines inter-related issues such as xenophobia and HIV/AIDS, which was a preoccupation for much of Mpe’s creative life and a cause for speculation after his early death of an unidentified cause at the age of thirty-four.

*Hillbrow* engages directly with some of Mbeki’s more contentious pronouncements over HIV/AIDS, as the following extract exemplifies:

> The African Potato was said by some to work much better than Virodene (which was then the latest pharmaceutical invention for the

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220 See Leclerc-Madlala: ‘Ongoing discord between government and particular civil society formations would suggest that government sees the preferred role of the citizenry in relation to HIV/AIDS as that of beneficiaries of its pre-determined decisions rather than that of partners in the formulation of policies that affect people’s lives.’ (‘Response’, p. 846).
treatment of AIDS) providing the disease was caught in the initial stages. It was also rumored to be far more powerful than Viagra, for men whose performance in bed was less than sparkling. The African Potato was said to out-perform all other pharmaceutical inventions.  

Though fictional, the passage above reflects the views of Mbeki’s health minister, Manto Tshabalala-Msimang, who publically advocated garlic, lemon and beetroot as African ‘cures’ for AIDS. The allusion to Virodene similarly refers to the government’s backing of the industrial solvent as a ‘local’ cure to AIDS. The inference of ‘rumour’, however, destabalisves the rhetorical structure of the passage and re-contextualises these alleged ‘cures’ as unstable medical opinions. The reference to Viagra – in particular its association with masculine power and sexual dominance – infers the imperative to ‘out-perform’ the West, and suggests the closely affiliated threat of political impotence in the early post-apartheid era debates about HIV/AIDS. The passage thus brings into focus the undertones of patriarchal dominance, sex and hearsay circulating informally around the topic of HIV/AIDS during Mbeki’s early presidency.

South African cartoonist Zapiro offers a more literal depiction of the theme of denialism and the controversy over ARV medication in his ‘True or False’ image of 14 February 2004 published in the Sunday Times. He makes reference to the same beetroot, lemon and garlic as Mpe in the extract above, and extends the abstracted ‘African potato’ into a motif lampooning the South African government’s stance on HIV/AIDS by depicting Manto’s head in the same shape as the vegetables in the image (see below). Composed around a true/false question, this cartoon is designed deliberately to provoke debate about the detrimental effect of the denialist agenda in acquiring ARV treatment:

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Young South African author Eddie Vulani Maluleke’s poem ‘Nobody Ever Said AIDS’, drawn from the first poetry and short story anthology dealing with AIDS in South Africa, *Nobody Ever Said AIDS* (2004), also pursues the theme of denialism. Confronting the effects of stigma in lives that have been affected by HIV/AIDS, Ranka Primorac’s review identifies the poem’s distinctly political objective:

“Nobody Ever Said AIDS” speaks out against one of the most deadly aspects of the AIDS pandemic: the silence that surrounds the disease and erases the stories and experiences of those affected by it [...] “Nobody Ever Said AIDS” points an accusing finger at the evasions, silences and lies of African politicians.\(^{223}\)

The poem in particular tackles the practice of concealing AIDS-related deaths. Within the space of the poem unanswered questions about death (signified by the repeated use of the question mark) ‘Then they died of TB/ in 1996/TB? [...]’

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Healthy men died of/ Pneumonia, Flu, Cancer./ TB?,'224 become statements of fact: 'We all died/Coughed and died/We died of TB/That was us/Whispering it at funerals/Because nobody ever said AIDS.'225 By recognising a multiplicity (indicated by the use of plural nouns throughout) of deaths due to AIDS-related complications, and demonstrating a significant causal engagement between viral infection and death ('coughed and died'), the poem overtly defies the stigma of 'saying' 'AIDS' in public.

Despite the poem's defiant political stance, an ambiguous subject referred to as 'nobody' is repeatedly invoked. This is ironic given that 'nobody' becomes the poem's most prominent presence. The poem thus records absence, both through an acknowledgement of the obfuscation that takes place around AIDS-related deaths and the practice of concealing the HIV-positive self; and yet 'nobody' also marks the absence of the self in narrating specific experiences of HIV, which suggests the lasting effects of stigma.

Poems such as 'Nobody Ever Said AIDS' bear witness to the concealment of the HIV-positive self, driven from public view both in life and in death. In an effort to counter this concealment, NGO and not-for-profit organisations, in combination with the publishing industry, began to provide first-hand access to individual experiences of the virus. The proliferation of life stories in published series such as the not-for-profit organisation Openly Positive's (founded 2007) anthology Whisper Not (2011), as well as in other books chronicling 'positive lives' that appear in their publication series, served

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225 Maluleke, 120–125.
to ‘promote visibility’ and evince the impact of Mbeki’s HIV/AIDS policies as harmful.226

The year 2005 in particular saw the publication of two pioneering memoirs in which the HIV-positive ‘self’ is positioned explicitly. These memoirs describe the experiences of middle-class, white, South African gay men being infected with HIV through sexual transmission, of developing illness, of the positive effects of ARV treatment regimes (that they accessed through private healthcare) and of negotiating the stigma of living an openly HIV-positive life. Written by Adam Levin, Aidsafari (2005) is one such memoir. Taking as its starting point a statement directly linking HIV to AIDS, the first line of the book reads: ‘I have no idea how long I have been HIV-positive, maybe five years, maybe less, maybe more, but I have had Aids for the past two years.’227

Levin’s memoir is borne of the frustration that he associates with practices of concealment conceived by a culture that stigmatises illnesses associated with HIV. ‘Burdened by stigmas and fear’, he writes, ‘Aids had hidden itself’.228 He identifies an absence of books dealing with HIV in the book market as evidence of the invisibility of the epidemic on the ground, and it is this that motivates him to publish his memoir of living with HIV:


228 Levin, p. 145–146.
In its own insidious way, the conspiracy to keep this disease walled in silence had triumphed. If this memoir helps to chip away at a single brick of that immense wall of silence, I will be greatly honoured.229

The subsequent development of a website and proposal to adapt Aidsafari into a film are further steps to crystallise and extend his experience to a broader public. His text was brave to conceive and without precedent in South Africa at the time. Yet comparisons he makes to his black domestic worker Elsie, who dies of HIV-related illnesses while he has access to ARV treatment, make it difficult to ignore that the resources available to him as a white, middle-class man, are responsible for ultimately enabling both his health, and by extension, his ability to conceive and execute projects such as Aidsafari.

In 2006, the judges for the Alan Paton Non-Fiction Award could not decide whether to award Aidsafari or Edwin Cameron’s Witness to AIDS (2005).230 In Witness to AIDS, Cameron describes his own experience of being openly gay and publically HIV-positive in a position of considerable legal influence in South Africa. The focus of Cameron’s text is also ‘stigma – a social brand that marks disgrace, humiliation and rejection’ as the ‘most ineluctable, indefinable, intractable problem of the epidemic’ in Southern Africa.231 While Witness to AIDS does describe Cameron’s personal experience of HIV, his public figure affords him significant agency both in bearing witness and intervening officially in the broader epidemic in South Africa, as was the case with his participation at the International AIDS Conference in

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229 Levin, p. x.


South Africa. In the following extract, for example, he narrates as a judge, addressing political denialism around HIV/AIDS:

When the agony of denialism beset our country, I felt I was called to witness [...] I felt called to state the truth about my survival on the very treatment that was being denied to others because of the denialist debate that was taking place [...] I did not feel I could or should remain silent.232

The Alan Paton prize was eventually awarded jointly to both Levin and Cameron. In doing so, these two quite different memoirs were contextualised according to their contributions to the public debate about HIV/AIDS: ‘Levin and Cameron displayed exceptional integrity and bravery in laying bare the intimate details of their experience, their struggle and the resolution of their personal crises, as public testimony.’233 As this quote suggests, both authors draw extensively from their lived experiences in the space of their memoirs in order to bridge public silence in place as a result of the stigmatisation attached to HIV/AIDS.

Peter Hayes’s play I am Here relays another autobiographical experience of being HIV-positive in South Africa. As with Cameron and Levin’s memoirs, Hayes’s play is constructed using personal narrative and depicts his own experience as an openly HIV-positive, white, middle-class, gay man.234 With I am Here, Hayes’s significant work as an actor, writer and director of plays addressing gender and sexuality in the theatre in South Africa is extended to reach a national and international theatre-going audience.

232 Cameron, p. 155.
234 Hayes’s play develops a structure that is constantly moving between the past and the present and thus utilises memory as a narrative device. Dan Adams defines as ‘personal narrative’ the ‘story that each of us naturally constructs to bring together the different parts of ourselves and our lives into a purposeful and convincing whole’. (Dan P. McAdams, The Stories We Live By: Personal Myths and the Making of the Self (New York: The Guilford Press, 1993), p. 12).
The narrative that Hayes constructs in *I Am Here* unfolds in the early twenty-first century: He describes vividly a steamy sexual encounter in 1998, a first HIV test in 1996, another in 2001. The major physical and metaphorical journey that he describes takes place in 2004 – thus positioning his journey in the same historical period as Levin and Cameron’s. The first time Hayes discloses his HIV-positive status – the ‘first time I tell this new story is the first day of 2005’\(^{235}\) – brings audiences into the following year, while his falling CD4 count is plotted throughout 2006 and 2007, culminating in his first course of antiretroviral drug treatment in 2008. The play premiered in 2010 at the Grahamstown Festival. To a certain extent, then, the timespan of this play, together with its performance history, chart the story of a virus over more than a decade.

So where is the ‘here’ of Hayes’s play? The main prop that Hayes uses during his performance is a large yellow arrow. The set depicts a map of the world. He moves from Spain to South America to South Africa (‘Panama, Mexico, Fiji […] Australia, Cambodia, Thailand’\(^{236}\)) and thus locates his narrative about himself in a global context. It is in this global context that Hayes’s experience of HIV is also given meaning. When asked whether *I am Here* is a South African play, Hayes responded with a definitive ‘no’.\(^{237}\) The writing in *I am Here* supports this. Hayes is careful, for example, to describe his own experience as taking place ‘120 years after HIV first infected

\(^{235}\) Peter Hayes, *I am Here* [n.pub.], 2010, (p. 8). Note that page numbers only are provided for plays that are not structured into acts and scenes.

\(^{236}\) Hayes, p. 4.

\(^{237}\) From my interview with Peter Hayes, 19 September 2011, Cape Town.
humans'. He further situates his infection in terms of total known infections, a statistic he embodies in a tattoo on the inside of his left forearm:

At noon on Wednesday the 15th of December 2004 there are an estimated 60 391 703 HIV infections worldwide.
Do they know about me yet? 60 391 700 and... four.

The statistics that Hayes draws on in the passage above are the same ones that Mbeki draws on, and yet both inscribe belonging to different perspectives. The illusions that they create, however, point to different permutations of connectivity: Hayes’s signals his belonging to a global community, while Mbeki uses statistics in his development of an argument of exclusion.

The moral dilemma that Hayes presents in I am Here is posed as a question about disclosing his HIV status in the context of a sexual relationship with another South African living in England:

I have no intention of having unsafe sex [...] When do I tell? How? [...] Since the 15th of December 2004 this is the debate that looms the largest.

In raising the ‘debate’ about being HIV-positive and sexually active in the extract above, Hayes presents an issue that has been raised by both Levin and Cameron, as well as in American texts such as Randy Shilt’s And the Band Played On, alloying their experiences. These South African narratives thus

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238 Hayes, p. 8.
239 The tattoo reads ‘60 391 700 and… four’. From my interview with Peter Hayes, 19 September 2011, Cape Town.
241 Hayes, pp. 8–9.
242 Hayes, p. 11.
243 Levin, for example, has an entire chapter entitled ‘Whoring’. Cameron has raised the issue in a public lecture, ‘Justice Edwin Cameron in Conversation with Professor Linda Mulcahy’
mark their affiliation with Western homosexual HIV/AIDS narratives that proliferated as a result of that community’s early mobilisation around the epidemic in the United States. Furthermore, the use of a demonstrably high-camp style, male nudity and fantasy throughout *I am Here* reinforces the centrality of Hayes’s body and sexuality in his experience of HIV, and is reminiscent of the early AIDS-themed American theatrical production *Angels in America* (Tony Kushner, 1993).

Hayes’s use of nudity throughout *I am Here* in particular suggests an attempt to re-write the stigma associated with AIDS and the body. His striptease, which ends with him swinging on a trapeze, makes a strong statement about the visible, physical performance of health by an HIV-positive body. This is also evidenced in the circus manoeuvres he performs on the trapeze, as the following extract depicts (stage directions are represented through italics):^244

> The actor jumps up to grab the trapeze bar, and swings himself up. The next line is spoken from on the bar. The actor should do various hooks until he jumps down again. “I am here,” is one of the gifts. One of my gifts of walking the Camino. And there is another. HIV Positive and I have walked 1,000 kilometers, and I have a brand new love and respect for my amazing body: I can put it through hell and tomorrow I can wake up and go at it again. My body will. It is nothing as far fetched as invincible, much more exciting: it is the knowledge that I am ABLE.^245

Scenes such as these do much to disband what have become iconic images of emaciated AIDS patients published in the international press during the early

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^244 From my interview with Peter Hayes, Cape Town, 19 September 2011.

^245 Hayes, p. 18.
The overtly stylised cabaret spoof that Hayes uses to stage his striptease also stands in stark contrast with more commonly circulating images of closed doors or relegated rooms designed to represent the containment of the virus.

Hayes addresses the stigma associated with antiretroviral medication in a similarly overt way. The following stage directions indicate Hayes presenting various ARVs to the audience, and then ingesting them on stage:

*Collecting a file of HIV-related information from the backpack the actor continues [...] This medical information is from the Stocrin and Truvada leaflet inserts.*

*And then: Taking the 2 boxes of pills out of the backpack [...] He takes the Truvada bottle and leaflet out the box and opens up the leaflet to its full size. He then says: ‘It feels... I’m scared. It’s not until I swallow the pills that I find out what side effects I’ll have.’*

Echoing activist techniques employed by Médecins sans Frontiers (MSF) pioneers such as Hermann Reuter, who worked tirelessly to demystify ARV medication by handling the pills in venues across rural and peri-urban South Africa before they became publically available, the scene above suggests the play’s activist potential. Given this potential, it is worth noting how different South African audiences responded to the physical presence of the HIV-positive body and of AIDS medication on stage.

Cape Town’s provincial audiences saw *I am Here* in city venues such as the University of Cape Town’s Orange Campus theatre, located in the City Bowl. As one of the plays headlining Drama for Life’s *Sex Actually* theatre festival in September 2010, the play also showed in Johannesburg, Durban and

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246 See, for example, Treichler, pp. 106–107, which juxtaposes images from *Newsweek* (1986) showing emaciated Ugandans in an AIDS ward.
247 Hayes, p. 15.
248 Hayes, p. 17.
Pietermaritzburg (PMB), where it played at the University of KwaZulu-Natal’s PMB campus. Cape Town’s largely white, middle-class audiences responded to Hayes’s nudity with politesse, remaining largely silent. The very vocal responses, which included a mocking, verbal, running commentary and shocked laughter from the largely black student audiences that saw the play in Kwa-Zulu Natal, by contrast, dominated the play’s reception. The physical presence of Hayes’s naked body – a white body sexualised as gay in front of a black audience – transmitted more powerfully in performance and reception than the narrative the play relayed verbally. This obfuscated Hayes’s intention to de-stigmatise (and indeed celebrate) the HIV-positive body, or the medication that rendered it healthy.

What does Hayes’s autobiographical performance reveal about the impact of HIV/AIDS on how he negotiates his masculine identity? Hayes’s race and class are central to the particular HIV-positive identity that he expresses in I am Here. Access to knowledge about HIV and to treatment regimes positions his experience on a global stage, standing very much outside the culture that Mbeki took great pains to define as South African. Furthermore, several aspects of the physical performance of I am Here, especially the imitative striptease, underline the importance of sexuality to the HIV-positive identity Hayes constructs in I Am Here. This reading supports Judith Butler’s now well-known stipulation that gender is a social construct that is performed as opposed to an essentialist notion of sexuality. However, Hayes’s performance of an HIV-positive, gay South African cannot be read as

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250 From my own account of seeing the play in both Cape Town and PMB, September 10 and 16 2010.
‘imitative’ – to borrow again an idea from Butler\textsuperscript{251} – of hegemonic prescriptions of HIV-positive, heterosexual South African men as dictated by Mbeki.

As this chapter has thus far discussed, autobiographical cultural production engaging with HIV/AIDS was first written from the point of view of white, middle-class, gay men seeking to establish their voices in public debate (to which they had access). However the discourses that denialism gave rise to – of stigma and absence, for example – were also challenged in other cultural products emerging in this period, as the proliferation of tropes expressing absence in Maluleke’s poem makes clear. The recourse to realism and symbolism that separate Hayes’s and Maluleke’s texts signal the significant role that contexts determined by race and class played in shaping the autobiographical HIV/AIDS narratives that followed.

Together, Aidsafari, Witness to AIDS and I am Here offer autobiographical evidence of the early, global ‘gay-related’ context in which the epidemic was first read in both South Africa and the Western world. As texts that attempt to intervene directly in the epidemic by providing evidence of ‘living positively’\textsuperscript{252} with HIV, Aidsafari, Witness to AIDS and I am Here resonate with Susan Gallagher’s notion of the confessional mode as extending ‘beyond a mere documentary presentation of these facts to perform a call to action […] The confession is thus both a communicative as well as a

\textsuperscript{251} See Judith Butler, Gender Trouble: Feminism and the Subversion of Identity (London: Routledge, 1990). Imitation is described as ‘derivative’ and ‘secondary’ (p. 21) while ‘the origin requires its derivations in order to affirm itself as an origin’. (p. 22).

\textsuperscript{252} The call to ‘live positively’ is common to many AIDS activists and health campaigns around the world, and refers to the practice of using appropriate treatment regimes in order to lead a healthy and prolonged life with HIV.
performative speech-act. Yet while they all signal an overt determination to address issues contributing to the stigmatisation of the HIV-positive self, the narrative paradigms relay an affiliation with ‘un-African’ notions of the self that ultimately estrange other audiences, as the reception to Hayes’s play indicates. The landscape that Hayes depicts in *I am Here* alienates him from the economic landscape of HIV/AIDS in South Africa that Mbeki did so much to define through speeches invoking struggle and poverty. These texts may provide evidence, as Liz Walker’s 2005 research contends, of the gay experience never having been so visible in South Africa; however they also provide evidence of the significant roles that race and class, and also sexuality, play in giving them recourse to the activist networks and means of production necessary to publicise their experiences.

It is difficult to calibrate to what extent the drive to perpetuate different points of view has driven the proliferation of narratives about HIV/AIDS in South Africa. Reviewing Cameron’s *Witness to AIDS* the same year that Levin and Cameron won the Alan Paton Non-Fiction Award (for which *Khabzela* was also nominated), white South African writers Liz McGregor and Jonny Steinberg will have been aware of the lack of a ‘black perspective’ in narratives about HIV/AIDS. In an interview with Levin after he was awarded his literary prize, Luiz DeBarros remarked that, ‘it seems a little bizarre that there’s little out there about Aids written from a black perspective’. That

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253 Gallagher, pp. 17–18.
255 DeBarros. Steinberg later noted that ‘white people trying to interpret black people’s experiences of AIDS has become something of a genre in its own right. Liz McGregor’s *Khabzela* and my own book, *Sizwe’s Test*, both bestsellers in South Africa, are really investigative pieces, trying to plumb the depths of AIDS in black experience.’ (Jonny Steinberg, ‘An Eerie Silence: Why is it So Hard for South Africans to Talk about AIDS?’, *ForeignPolicy.com*, May/June 2011)
such a perspective would be captured in literary form by two white writers would go some way to mapping new experiences of HIV/AIDS, albeit at the expense of reiterating the colonial practice of speaking for the ‘other’.

**Liz McGregor: Khabzela**

Having been commissioned by American magazine *Poz* to ‘interview an HIV-positive black celebrity’, journalist Liz McGregor departed for her native South Africa in search of Fana Khaba (henceforth Khabzela), a celebrity DJ at Soweto radio station Yfm, who in May 2003 bravely announced on air that he was HIV-positive. McGregor met Khabzela three times before he died, age thirty-five, on 14 January 2004, so the resulting biography she wrote about his life, *Khabzela*, is largely the result of ‘the eyes of other people, with all the gaps and shadings that that inevitably involves’.

*Khabzela* captures the traditional and post-apartheid, ‘Christian’ and ‘traditional African’ forces at play in Khabzela’s life as he negotiates the presence of HIV/AIDS as a young, male celebrity, son, father and husband. Khabzela’s mother, Lydia Khaba, perhaps best embodies this bifurcation. A devout Jehovah’s Witness, single mother of seven and a nurse by trade, she defines herself in opposition to ‘the other powerful female figures of the time, the shebeen queens with their associations with drunkenness and moral laxity’, markers of the celebrity lifestyle she associates with her son’s illness.

Lydia Khaba’s remarks about her son and his fiancée, Sibongile Radebe, reflect a particular set of expectations associated with gendered

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257 McGregor, p. xi.

258 McGregor, p. 160.

259 McGregor, p. 52.
identity. Lydia, for example, expected her son to ‘replac[e] [his] father’ and adopt the traditional male responsibilities of upkeeping the family home and providing food. She also stresses an image of her son that speaks to the requirement for men to produce children. This is reflected in her criticism of Sibongile: “You can imagine the pain that caused”, Sibongile confides in McGregor, “them saying that now I have to accept [Fana’s other] children because I can’t have children.”

McGregor’s own observations confirm the central importance attributed to children in Khabzela’s life: “His children had been very important to him. Right to the end, he had insisted on including them in his life, despite the difficulties this had caused with Sibongile.”

The Khaba family also articulates, through their criticisms of Sibongile, the traditional expectations that should be met by Khabzela’s wife. Sibingile is a ‘beautiful young woman’, a graduate of the infamous Morris Isaacson High School (epicenter of the Soweto uprisings), where she also acted as a peer counsellor for HIV/AIDS. McGregor observes that Sibongile was dedicated to her partner, commenting that she ‘was with Fana through the most momentous periods of his life’. Yet she is criticised by the Khaba family, who describe her as a bad wife for her inability to cook, mend his clothes, keep house and nurse Khabzela full-time.

As part of the first generation to reach adulthood after apartheid, Khabzela’s professional persona reveals his departures from the traditional expectations represented by his family. After leaving school and working...

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260 McGregor, p. 35.
261 McGregor, p. 154.
262 McGregor, p. 80.
263 McGregor, p. 21.
264 McGregor, p. 169.
265 McGregor, pp. 165–166.
briefly as a taxi driver, he is eventually hired at Soweto Community Radio, which launches his career as the most popular radio DJ at the influential Yfm (an off-shoot of the ANC in-exile’s Radio Freedom station). Here Khabzela helps popularise kwaito, the ‘first new, authentically South African music in decades’, which aimed to redress the perceived lack of media aimed at the young majority of the new democratic dispensation. By taking ‘the street corner – the clubhouse of township male youth – and put[ting] it on air’, Khabzela became known as the ‘DJ of the poor’. As the designer of ‘Positive Youth of Gauteng’, a programme encouraging positive thinking and actions among his listeners, he became a laudable role-model in a changing, post-apartheid community. This role extends notably to HIV/AIDS, as Dr Liz Floyd, head of Gauteng’s HIV unit indicates in the following quote: ‘We were waiting for a male role model to go public […] It [is] had been women who came out, and two were murdered.’

The men central to his life, three friends by the names of Satch, a taxi driver, Doctor, an events manager and Kumza, a policeman, describe Khabzela’s celebrity persona. Together these men enjoyed the lifestyle that resulted from Khabzela’s popularity, at the forefront of which is the hedonism and ‘street partying’ that exposes him to the unprotected sex that puts him – and others – at risk of HIV. The hallmarks of this lifestyle, the ‘anti-social and

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267 McGregor, p. 112.

268 McGregor, pp. 102, 104.

unashamedly sexist’ kwaito lifestyle are ‘beer and dagga’ and sex, which Yfm founder Hartford describes as follows:

If they haven’t been raped, they are having sex in all sorts of hectic ways. There’s a lot of research to prove it. The majority of young girls’ first experience of sex in South Africa isn’t consensual. Most are forced into it. [...] You might be thirteen and giggle and try to get away but if you’re at a gig and my bras are around, there’s not much you can do about it. It’s like being hunted down in a game park [...] But how do you talk about these things?

Khabzela’s ‘girlfriends’ – women who fall outside of the lobola and parenting paradigms invoked to identify his relationships with Sibongile – act as key accessories to Khabzela’s celebrity lifestyle. They seek him out as a result of their infatuation with him, and then ‘brag’ about having slept with him.

Many of the sound-bites in which Khabzela describes himself on air corroborate this aspect of his public character by advertising him as an aggressive womaniser: he refers, for example, to the appetite of his ‘anaconda’, and to his ‘conquests’, or of driving ‘around Soweto and look[ing] at all these women with their HIV-positive children and I think: they’re all mine, mine and God’s.’

This is an AIDS story with a definitive conclusion, in that readers are aware at the outset that Khabzela dies of AIDS-related complications. The consequences of such a death are also charted throughout the book. Many of Khabzela’s ‘conquests’ and partners are, for example, also infected, or at least ‘haunted’ and ‘trapped’ by the thought of their own possible infections. Khabzela’s death additionally deprives the children he has fathered of ‘an

270 McGregor, pp. 86, 85.
271 McGregor, p. 100.
272 McGregor, p. 140.
274 McGregor, p. 135.
important source of income'. To cross-reference Steinberg and Cameron, this is the story about a man "choosing" to die. Given the exposition surrounding his death, the question at the centre of the text is why will Khabzela not take the 'first class conventional treatment' that Yfm offers to provide for him for free? In an article about Khabzela, written for The Guardian, McGregor summarises the puzzle she undertakes to understand in Khabzela:

Highly knowledgeable about the epidemic, Khaba used his radio show to promote awareness about Aids and had access to the best medical care. Yet he died earlier this year at 35, just 10 months after becoming the first young black male celebrity to publicly disclose his HIV status.

The question over Khabzela's rejection of ARV medication notably goes unanswered, as McGregor foreshadows in the following exchange between herself and Khabzela: 'Dirk Hartford [Yfm founder] had told me that he was refusing to take anti-retrovirals. "Why?" I asked Fana. He pretended not to hear the question.'

Many of the book’s key passages, however, suggest that Khabzela’s rejection of ARVs lies in his tangential belief that western HIV/AIDS is in fact a form of bewitchment. The prevalence of metaphors based around images of contaminated blood, of ‘being eaten up from inside by an isidliso in the form of a snake’, and of ‘bewitching’ suggest Khabzela’s suspicion of western medicine. His conclusion that the needles used by doctors to take blood are in fact infected with HIV further confirms this, as does Sibongile’s testimony.

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275 McGregor, p. 82.
276 Steinberg cites Edwin Cameron, p. 1.
277 McGregor, p. 221.
278 McGregor, 'Death'.
279 McGregor, p. 3.
280 McGregor, p. 143.
that "it was in his mind that ARVs would kill him [...] he took them for a week and then he started taking sangoma’s medicine".\textsuperscript{281}

These impressions are not isolated to Khabzela, suggesting a broader climate of post-apartheid transition exemplified by the confusion over traditional, local, systems of knowledge and global, commercial, medicine. Satch, for example, describes that ‘Aids was manufactured by a man named Apollo’:

He injected it into black people or into things they eat, like oranges [...] This Apollo: he wanted to make money out of making people well again but then he died. They have a cure in New York but they want lots of black people to die first.'\textsuperscript{282}

\textit{Khabzela} thus registers, at its core, much of the AIDS denialism that was in circulation at the time of its writing.\textsuperscript{283} The inscription of characters such as Tine van der Maas, sent personally by Health Minister Manto Tshabalala-Msimang to care for Khabzela with ‘Africa’s Solution’, an ANC-branded liquid formula containing African sweet potato extract,\textsuperscript{284} and Dr Irene, whose herb concoction ‘Amazing Grace’ Khabzela believed would cure him,\textsuperscript{285} further signals the commercialisation and profiteering that occurred around AIDS denialism.

McGregor herself registers surprise at the variety of ‘local’ truths about HIV and AIDS that diverge from the epidemiological plot. ‘I had assumed my perception of Aids was a universal one,’ writes McGregor, ‘that HIV is a virus

\textsuperscript{281} McGregor, p. 151.
\textsuperscript{282} McGregor, p. 4.
\textsuperscript{283} McGregor, ‘Death’.
\textsuperscript{284} McGregor, p. 7.
\textsuperscript{285} McGregor, p. 177.
that is passed on mainly through sexual intercourse.\textsuperscript{286} Her own bias in the debate over ARV medication is registered clearly:

Good nutrition is essential for building an immune system that can resist HIV and other viruses. In this respect I am fully behind our President and the Minister of Health. But when one’s CD4 count falls below 200, anti-retrovirals are the only and last resort.\textsuperscript{287}

Elsewhere, McGregor confirms this view, writing of Khabzela that ‘ARVs offered his best chance of life, but he shared the prejudice of the Health Minister’.\textsuperscript{288} Such perceptions demonstrate McGregor’s reliance on the language and structure shaped by twenty-first century epidemiology, in particular, its ability to transform ‘an outbreak of communicable disease into a narrative’.\textsuperscript{289} Her approach is further substantiated by her decision to include the hospital records that detail Khabzela’s physical deterioration from AIDS-related illnesses. With their publication, McGregor strives to demystify many of the HIV/AIDS ‘myths’ iterated throughout by illustrating the effect of HIV on the human body.\textsuperscript{290}

Some of Khabzela’s reviews focus on the contradiction represented by Khabzela’s life: of a celebrity who preached safe sex and positive living, who also failed to follow his own advice.\textsuperscript{291} Sabata-Mpho Mokae focuses on the enduring inspiration of Khabzela’s rise to fame as a DJ, and not his poor judgement in relation to ARV medication. His review states that ‘the story of how Khabzela reached his goal of being a DJ remains inspirational beyond his

\textsuperscript{286} McGregor, p. 4.
\textsuperscript{287} McGregor, p. 162.
\textsuperscript{288} McGregor, ‘Death’.
\textsuperscript{289} Wald, p. 19.
\textsuperscript{290} I am using ‘myth’ to signify the existence of a widely held, organising principle.
brief life’, suggesting one of the book’s possible shortcomings in side-lining this aspect of Khabzela’s legacy. 292

*Khabzela* has been popular among a book-buying South African public and American university students, 293 and has just been re-released as an e-book, extending its availability. A string of comments on educational health website Health24 (South Africa’s ‘premier health information website’294) in relation to the debates raised about ARV medication in *Khabzela* suggest the relevance of the topic among a demographic close to Khabzela’s. The following was posted in 2005:

> It is a very good book and if you have been reading stories about why Manto has been on the trip about the Garlic and Olive oil you will gain insight, laugh and be disgusted as well. This goes for the users of African Solution, read the book bantu and there is a lot to learn. And maybe the next time you start taking some immune booster you will know exactly what you are getting yourself into.295

While McGregor successfully exposes a number of seemingly competing historical, political, cultural and identity-driven currents in seeking to understand Kabzela’s behaviour, as the above quote indicates, Khabzela’s decisions about how to manage HIV/AIDS are united by his campaign for self determination, which is itself a component of the masculine identity he constructs for himself. Khabzela’s decision not to take ARV medication is ultimately expressed as a desire to retain control over his life, as the following extract suggests:

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292 Mokae.

293 ‘It became a best-seller in South Africa’s undemanding terms: selling nearly 5,000 copies [...] I knew Khabzela was being prescribed at US universities.’ Liz McGregor, ‘Writing *Khabzela*’, Sarah Nuttal’s Blog, Wits.ac.uk <http://wiser.wits.ac.za/content/writing-khabzela-10780> [accessed 4 March 2013].


Looking back at where he had come from, one can see why this might have been difficult for him. The man who had fought so hard for power and control over his own life would have had to give it up. Acknowledging how ill he was and submitting to the treatment required to make him well would have required a temporary surrender of his independence, a reversion to an infantile state. 296

At the heart of his self-determination is Khabzela’s drive to protect himself from what McGregor refers to as his ‘emasculating’:

But it is also possible that Fana, emasculated and humiliated by his weakness; in terror at the prospect of losing his job at Yfm, the source of so much of his hard-won self-esteem, was flattered by this new wave of courtiers. 297

Risk paradigms deployed to describe how working men make decisions in harsh working conditions such as the mines, provide germane grounds for comparison with Khabzela’s context. Catherine Campbell’s research into the links between identity formation in black gold miners and HIV transmission, for example, suggests that masculine identities built around notions of men being brave and fearless were constructed by workers as a way of dealing with their working conditions. 298 The risk of working underground, Campbell suggests, dwarfs the risk of HIV in the lives of these men, as one of her informers recommends: ‘The dangers and risks of the job we are doing are such that no one can afford to be motivated with life – so the only thing that motivates us is pleasure.’ 299

Cambell’s research suggests the masculine paradigm in which Khabzela was also operating. From Satch, for example, McGregor gleans the violence and risk that characterise the rites of passage of becoming a man in

296 McGregor, p. 150. In this extract, McGregor is narrating.
297 McGregor, p. 151.
299 Campbell, p. 280.
the townships, and its corresponding value system based on bravery, as the following extract describes:

He left school without matriculating and embarked on a life of petty crime, strongly influenced by the need to prove himself a man: "When you are still young, you are forced to do things that you are not supposed to do, or they will never consider you as a man when you grow up. Like stealing cars; highjacking."

In conjunction with Morrell’s conclusion that ‘In South Africa [...] the dominant ideal of black African manhood emphasises toughness, strength and expression of prodigious sexual success’, Khabzela’s decision not to take ARVs suggests that the risk of relinquishing the self-esteem afforded by public validation of his sexual prowess and rise to fame outweighed the risk of death.

Thokozani Xaba’s study on the confrontation between ‘struggle masculinity’ and ‘post-struggle masculinity’ provides another theoretical framework through which to interrogate Khabzela’s masculine identity. Xaba’s study suggests that the post-apartheid era does not provide a space for former liberation fighters. While boasting one of the most progressive constitutions in the world, the South African constitution makes demands for gender equality that masculine identities built around the values of violence and respect fail to uphold. In Xaba’s estimation, the apartheid era ‘struggle heroes’ have become post-apartheid’s ‘villains and felons’, causing former liberation fighters to turn away from the state and to each other. Is it possible to read Khabzela’s construction of masculinity using this framework?

300 McGregor, p. 121.
While he was not a liberation fighter of the type that Xaba’s research describes, Khabzela’s narrative is one that stresses the hardship of having grown up as a black child in the townships, with an absent father, and his desire for a better life. He is a ‘youth lost to the struggle’ and his masculinity is constructed around the joint influences of the liberation struggle, ‘marginalised, macho’, ‘taxi brotherhood’, ‘township identity’ and the ‘kwaito […] beat to which the post-apartheid black youth moved’. One practice, in particular, that of ‘chowing’ or ‘sharing’, women, suggests how the relationships he shares with Satch, Doctor and Kumza have helped reinforce the sexually aggressive aspect of the masculine ideal to which they jointly strive. One of Fana’s girlfriends, Nonosi, suggests that ‘sleeping with the same women was part of his bonding mechanism with his close friends.’

In Khabzela, the competing forces of the past – represented through the enduring economic legacy of apartheid and the traditional notions of gendered identity adopted from his immediate family context – and the present post-apartheid period – with its dispensation of transition and flux, of emancipatory celebration and the promise of empowerment – coalesce in landscapes beset by the arrival of a threatening and fatal virus. At the forefront of Khabzela’s negotiation of HIV/AIDS is a self-determination that resists western medical paradigms of which he is suspicious, echoing Mbeki’s own suspicion.

Khabzela’s negotiation of this virus reveals much about the meaning of masculinity in the particular context of HIV/AIDS in the townships. While

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303 McGregor, p. 95.
304 McGregor, p. xi.
305 McGregor, p. 60.
307 McGregor, p. xi.
308 McGregor, p. 133.
309 McGregor, p. 135.
advertising his status contributes directly to his public legacy of encouraging young township inhabitants to live ‘positively’, the emasculation Khabzela feels he would suffer in committing to ARV treatment reveals the boundaries of his willingness to compromise what he feels is his enviable adoption of a paradigmatic masculine identity. As such he ekes out a ‘cure’ to his condition, one that will enable him to enjoy the sexual prowess and commercial success that accompany his public figure, and to provide for his family and children, as his more conventional head-of-household role dictates. In resisting the treatment regime of ARVs that would enable him to regain his health, however, Khabzela ultimately appears to be protecting that element he deems most crucial to his identity as a young black man emerging from apartheid: his hard-won right to decide for himself.

**Jonny Steinberg: Three Letter Plague**

In 2005, the year *Khabzela* was published, South African journalist Jonny Steinberg travelled to the Eastern Cape in search of stories about HIV/AIDS. In particular he wanted to find ‘a place where poor villagers lived within walking distance of well-administered drugs, and where nobody need die for lack of medical care.’

In a place Steinberg names Ithanga, in the district of Lusikisiki in the rural Transkei (Pondoland), he encounters a man he calls Sizwe Magadla. Sizwe is almost thirty, almost a father and almost a husband. He is the owner of a small, but thriving, rural spaza-cum-shebeen and is proving to be a successful entrepreneur. In negotiating these elements of his life, he proves himself to be both a traditional and a modern South African man. He is

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310 Steinberg, p. 3.
also negotiating how to be a young black man in rural South Africa amidst an HIV/AIDS epidemic.

In *Three Letter Plague* Jonny Steinberg is interested in particular in the role stigma plays in people’s negotiations of the epidemic in rural South Africa. In her review of *Three Letter Plague*, epidemiologist Elizabeth Pisani comments that ‘stigma has meant different things at different times and at different places in the HIV epidemic’.\(^{311}\) Citing Cameron’s *Witness to AIDS*, specifically Cameron’s interest in the very low percentage of people who opted to take ARVs when they became publically available in Botswana, Steinberg’s book foreshadows the development of a similar situation in South Africa:

> Why did they not go to get the drugs?
> “Stigma,” is Cameron’s answer. “People are too scared – too ashamed – to come forward and claim what their government is now affording them: [...] the right to stay alive.”\(^{312}\)

At the centre of Steinberg’s text is the question of why, given the growing availability of mobile testing units and antiretroviral medication, Sizwe will not test for HIV/AIDS. In reviewing the book for the *Mail & Guardian*, Charlotte Bauer quotes Steinberg’s précis of the book: “‘The book is about why a successful and healthy man refuses to test for his HIV status. It is about how Aids gets to the dark spaces inside us, and what it is doing to us.’”\(^{313}\) This focus is reflected in the American title *Sizwe’s Test*.

Though the central question of Sizwe’s status is never resolved, an abundance of ideas about the origins and operations of HIV and AIDS reflect

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\(^{312}\) Steinberg, p. 1.

the significant influence of the divisive political and economic climate of the post-apartheid era. These include Sizwe’s contention that AIDS was created by the white man at the dawn of democracy in order to cull the black population: ‘They want the blacks to die so that life can be more comfortable again’\(^\text{314}\) and that HIV was hatched in a laboratory to keep black African populations under control until whites become the electoral majority\(^\text{315}\) and ‘‘F.W. de Klerk will be the president again.’’\(^\text{316}\)

Outside of Pondoland, in Lusikisiki, the district’s capital, is Dr Herman Reuter, who has run the local MSF programme in conjunction with the Eastern Cape Department of Health since 2003. Reuter’s presence is important to register: as a doctor, MSF pioneer and AIDS activist, his work is partially responsible for bringing free testing clinics to the area, and with them, the counselling and treatment largely delivered by a battery of local black nurses such as MaMarrandi, one of the stronger characters in the book.\(^\text{317}\) Sizwe’s reception to Reuter’s presence is at first one of suspicion, which is indicated by his subscription to the generally accepted belief that Reuter carried the HI-virus in the needle he used to draw the blood required for an HIV test.\(^\text{318}\) Given the historically persisting unequal relationship between ‘white doctors’ and ‘black bodies’ in South Africa,\(^\text{319}\) this belief also resonates with the suspicion Mbeki raises about importing Western medication and biomedical models.

\(^{314}\) Steinberg, p. 356.
\(^{315}\) Steinberg, pp. 7–8.
\(^{316}\) Steinberg, p. 157.
\(^{317}\) *Three Letter Plague* relays much of Reuter’s activism, which is important to understand in context, given that ARV medication was only available to very few at the time in which the book was being researched. Reuter’s belief that the most effective dissemination campaigns were local networks represented a serious departure from that of the government, which sought to rely on centralised hospitals in their provision of ARV medication at the time.
\(^{318}\) Steinberg, p. 162.
\(^{319}\) Steinberg, p. 178.
Three Letter Plague was well reviewed, especially in America, where it collected critical reviews in the New York Times and Publishers Weekly and in South Africa, where several reviews commented on the book being worthy of award.\textsuperscript{320} A contrast that emerges among the reviews is the American demand for Steinberg to take a more lengthy and involved stance against Mbeki’s denialism.\textsuperscript{321} Such reviews emerged during the same period of time as Steinberg’s editorial, ‘A Suspiciously Speedy Plunge to Ignominy for Thabo Mbeki’, which urged readers to put Mbeki’s AIDS denialism in context, and articulated a well-placed suspicion about the sudden appearance of rapid calls casting Mbeki as a ‘national ogre’.\textsuperscript{322} Steinberg’s complex exposition of the political and economic aspects – which include the reluctant universal ARV roll-out that Mbeki had capitulated to by 2005 – may not be obvious enough to readers unfamiliar with the operation of the epidemic in South Africa.

However the landscape Sizwe is shown to be negotiating in Three Letter Plague is riddled with the various discordant epidemiological, racial and economic issues Mbeki raises in much of his discourse, and to represent Mbeki’s influence simplistically would not do justice to the complex environment at play in the book.


Richard Canning’s review of *Three Letter Plague* compares it to the 2008 works of ‘sceptical epidemiologists’ Helen Epstein and Pisani. In so doing, Canning invokes the broader scepticism over international (particularly UN) HIV/AIDS campaigns that is present in these two works. Canning’s review also mentions Stephanie Nolen’s *28 Stories of AIDS in Africa*, a portrait of the epidemic in Africa presented through 28 individual case studies (one for each of the million people infected on the continent). The analogy to Nolen’s humanising approach is a good one; however, the fact that many other reviews also point to Sizwe as being an ‘everyman’ reveals one of the book’s weaknesses. Is it problematic to approach a study about concealment and HIV by focusing on a subject whose pseudonym invokes ‘the nation’, and thus abstracts him into a literary trope?

That being said, many of the *Three Letter Plague*’s key passages examine how the presence of HIV contests the many different and often competing tenets of the masculine self that are particular to Sizwe. Central to Sizwe’s narrative is the suggestion that the dominant threat HIV poses to him is his ability, as a young man, to provide for his wife and son according to the traditions of his immediate context. This is most apparent in Sizwe’s decision to describe his relationship with the mother of his child, Nwabisa – specifically his struggle to provide lobola (three goats) for Nwabisa and the bearings this has for his progeny – in mimicry of pre-determined traditional courtship tales. This suggests the pressure to conform to traditional notions of masculinity in

323 ‘Two fine studies, both by sceptical epidemiologists – Helen Epstein’s *The Invisible Cure* and Elizabeth Pisani’s *The Wisdom of Whores* – have skewered many of the aims and claims of Western-generated health campaigns, with their emphasis on abstinence, celibacy and monogamy.’ (Canning).

324 Steinberg, p. 8.
garnering the respect and support of his community. ‘I am becoming a 
respected person’, Sizwe tells Steinberg,

I must get married. The one in Nwabisa’s womb will not be my child 
because we are not yet married. It is the next child, the one who is born 
first after we are married who will inherit my homestead and my cattle 
if I have any cattle.\(^\text{325}\)

Sizwe ultimately presents HIV/AIDS as a threat to his ability to build a home 
for his wife and progeny, as the following quote illustrates: “If I die of 
AIDS,” Sizwe says, “Mfanawetu [his son] will not get my money. Some 
other will get it. That is why I will not test. If I test positive, I will no longer 
get up in the morning to work.”\(^\text{326}\) The security of his future, and that of his 
fiancée and son, are threatened by the presence of HIV/AIDS. This threat is 
ultimately responsible for his decision not to test for HIV, as he describes in 
the quote below:

“If I test today, and the result is positive, I will have to call off my 
mixture. I will have to send Nwabisa and the child in her womb back 
to her home. I will not be able to marry because I will soon die. And 
even if I am to live a long time, my children might be born positive. No 
woman could be my wife. I would be like an ox: I would sweat in the 
fields for a while and then get sick and die.”\(^\text{327}\)

Central metaphorical descriptions evoking the invasion of contaminating 
agents through communion also suggest the impact that HIV has on Sizwe’s 
ability to procreate. Foremost among these are metaphors that associate HIV 
with ingesting \textit{muthi} and becoming bewitched\(^\text{328}\), of AIDS being ‘injected […] 
into black people or into the things they eat, like oranges’\(^\text{329}\) and of having been 
sent ‘a demon to have sex with me: a demon with HIV.’\(^\text{330}\)

\(^{325}\) Steinberg, p. 297.  
^{326}\) Steinberg, p. 343.  
^{327}\) Steinberg, p. 266.  
^{328}\) Steinberg, p. 28.  
^{329}\) McGregor, p. 4.  
^{330}\) Steinberg, p. 17.
The type of masculinity that Sizwe constructs for himself, based on his relationship with Nwabisa and his ability to produce and provide for their child, resonates with Zevenbergen’s definition of being ‘a real man’:

A man has three core tasks to fulfill. He procreates so that his name and his genes will continue. He provides his dependents with food, education, clothing and housing. And, finally, he protects them against enemies, dangers and setbacks.331

Yet, the departures that Sizwe’s narrative makes from the tradition that he has tied himself to so closely in defining his masculine identity as ‘traditional’ suggests much about the modern context signalled by HIV/AIDS in South Africa. In the first instance, Sizwe acknowledges the departure from specific traditional sexual practices required by HIV/AIDS. Consider the following exchange he has with Steinberg:

“You are consciously living your life in the opposite way to your dad and granddad”, I said.

“Yes. They needed many women. I need one woman.”

“What makes you different to them?”

“Two things” [...] “The first is AIDS [...] The second is education.”332

In the second instance, Steinberg is able to observe the more ‘modern’ dilemmas that Sizwe tries to conceal about his relationship with Nwabisa. In a conversation with Nwabisa, for example, she relates the couple’s ‘compromise’ in their argument over whether she should continue to work once their baby is born:

“He is paying me.” She paused, took a dishcloth off her shoulder, began to wipe a plate, and turned to look at me. “The salary I was earning, plus 15 percent. Did he not tell you that?”333

331 Zevenbergen, pp. 137–38.
332 Steinberg, p. 294.
333 Steinberg, p. 298.
Of these seemingly competing traditional and modern narrative strands that Sizwe constructs for himself, Steinberg observes that 'the two pillars on which a youth association boy’s future rested – mine work and a peasant homestead – were being eroded'. This, in turn, points to the primacy of the economy in which the HIV/AIDS epidemic is operating in Sizwe’s context, which is worth briefly foregrounding.

Sizwe’s struggle to conform to what Zevenbergen refers to as the ‘myth’ of ‘“real” men’ is partially a product of HIV/AIDS, but also a result of the changing post-apartheid economy which, in 2005, saw 72 per cent of women and 58 per cent of men between the ages of fifteen and twenty-four unemployed. Commenting on the effect of this economic desperation in his study of how black South African masculinities are constructed in ‘everyday interactions’ between black men, Kopano Ratele writes about the emergence of a ‘desperate manhood’ based on the perceived necessity to provide for dependents in post-apartheid South Africa:

When one observes that the meaning of manhood and masculinity has traditionally been largely of men as economic providers, a great many young black males must look to their futures and their own sense of fulfilling their perceived male roles with a sense of desperate manhood.

The expectations of the men that surround Sizwe further substantiate this desperation. The following extract, for example, describes the jealousy of Sizwe’s male counterparts: ‘He fears that he has broken a silent rule’, writes Steinberg of Sizwe, ‘becoming a success in the midst of a generation that is

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334 Steinberg, p. 43.
335 Zevenbergen, p. 137.
336 Hunter asserts that in South Africa, marriage is becoming a middle-class institution. (p. 5).
failing has been disallowed'. The role of jealousy is also reflected in the analogy that Sizwe applies when responding to Steinberg’s question “‘What did testing day mean to you?’”:

“That I must never test for HIV in my own village. If I test positive, I would be destroyed […] It would be the end of my business, the end of my future. It would be the same as if my enemies tied me to a chair in front of my shop, and forced me to watch while they took it apart brick by brick, and carried away my merchandise item by item.”

Recent ethnographic work on HIV/AIDS in South Africa examining the relationship between the regional political economy and the everyday intimacies experienced by the most marginal of society is worth noting here because of its joint consideration of the economic context expressed in the text and the concern over masculine identity that Sizwe expresses. Hunter’s work most notably delineates the embodiment of new patterns of inequality in South Africa during the HIV/AIDS epidemic. Hunter’s analysis is expressed as a series of shifts in the ‘changing political economy and geography of intimacy’.

A key contribution that Hunter makes in relation to the HIV/AIDS epidemic is his distinction between ‘romantic’ and ‘provider’ love, where the latter is defined as sex-money exchanges within the context of an intimate and loving relationship. His central argument is coined around a concept of ‘the materiality of everyday sex’, which is further located at the juncture between ‘production and social reproduction in the current era of chronic unemployment and capital-led globalization’. The implications for gender

338 Steinberg, p. 68.
339 Steinberg, p. 36.
340 Hunter, p. 6.
341 Hunter, p. 4.
relations in South Africa during the time of the HIV/AIDS epidemic thus form a central focus of his ethnography, as the following quote illustrates:

Along with reduced marriage rates, these labor market changes represent a generational shift that can be crudely summarized as follows: from mostly men earning a living and supporting a wife to many men and women making a living in multifarious ways.342

Hunter goes on to suggest that 'provider' love is defined through expressions of love that are enacted through cooperation and mutual assistance.343 This definition is useful for the distinction it evokes in how Sizwe constructs the crises brought on by HIV – and despite its radically urban context, that McGregor chronicles in relation to DJ Fana Khaba in Khabzela – in stark contrast to the 'romantic' love that Hayes and Levin pursue in their autobiographical texts, suggesting once again the perseverance of racial and class separations in the experiences of HIV/AIDS.

**Common Approaches: Witchcraft, Authoring and HIV/AIDS**

Similar agendas motivate the realisation of Khabzela and Three Letter Plague: To chart 'young m[e]n' in their 'journey through a great epidemic', as Steinberg's subtitle helpfully illustrates. Both Steinberg and McGregor begin their journeys in urban middle-class cities and end up in the rural landscapes (Lusikisiki) and townships (Soweto) of South Africa. Steinberg and McGregor must thus diverge from their proverbial maps of familiarity in seeking out their subjects. This is relayed immediately through language describing the new environs they encounter. Steinberg, for example, describes his first impressions of Ithaga, the village where Sizwe lives, as isolated from his world: It is a place where the 'horizon is seldom far', of 'worlds on top of one another, instead of

342 Hunter, p. 5.
343 Hunter, pp. 14–16.
side by side'. Though the townships that McGregor travels to are not described literally as remote, her experiences there are framed by the constant distance she has to travel to access them: initially from a life spent abroad for seventeen years, and then in the closer context described in the book, as someone who is constantly relying on local knowledge of the area and transportation to and from it.

From the outset, the spaces and stories that *Three Letter Plague* and *Khabezela* inhabit are represented as marginal. Steinberg characterises the space *Three Letter Plague* depicts as one populated by the 'the people and places beyond its margins'. The 'margins' represented by these two memoirs thus symbolise both the de-centralised location of power and – given prevalence rates in the townships and rural communities – the very epicentre of the HIV/AIDS epidemic in South Africa. Yet, despite this, both Steinberg and McGregor carry similar preconceived ideas about the HIV narratives they encounter. This is primarily reflected in the structure they seek to impose on the narratives that Sizwe and Fana convey, in questions shaped around 'knowing your status' and subscribing to the benefits of ARV medication. This suggests the different knowledge-based contexts – in which a paradigmatic epidemiologically informed narrative takes precedence – from which their own experiences of HIV have emerged.

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344 Steinberg, p.18.
345 Statistics from the period in which Steinberg's book emerged in particular suggest that these are not marginally inhabited spaces: 'Out of the total population of 18.7 million adults in South Africa, 38% live in townships and 49% in suburbs. The remaining adults live in informal settlements (7%), hostels (2%) and central business districts (5%). Out of the 49% living in suburbs, 38% are white, 36% black, 18% coloured and 8% Indian.' (Fienie Grobler, 'Townships Still Home to Many But Emigration Beckons', Mail&Guardian.co.za, 24 July 2008 <http://mg.co.za/article/2008-07-24-townships-still-home-to-many-but-emigration­beckons> [accessed 11 December 2012]).
346 Steinberg, p. 366.
The precedent for journalistic interventions in the epidemic such as those described by these two texts is important to note. American journalist Randy Shilts’s *And The Band Played On* (1987), an attempt to chronicle the discovery and spread of HIV in the United States, created lasting narrative paradigms that appear in these texts.\(^{347}\) As Wald’s research details, the most prevalent of these paradigms is probably the narrative construction of ‘Patient Zero’, the character Gaetan Dugan (d. 1984, before the book’s publication), a French-Canadian flight attendant who has become, through media reporting of *And The Band Played On*, purportedly responsible for ‘bringing HIV to North America’.\(^{348}\) The humanisation of the early (American) HIV epidemiological index through the creation of one source character is replicated in the texts considered in this chapter through their use of life stories, biography and autobiography. Much like Sizwe and Fana, ‘Patient Zero’ is an attempt to make social sense of a violent and mysterious new virus by representing its embodiment in one character that is knowable.

Criticism that *And The Band Played On* attracted from the academic and scientific community when the book was first published may have resulted in adjustments reflecting more overt adherences to the requirement for objective reporting demanded by journalistic interventions in the epidemic.\(^{349}\) Both McGregor and Steinberg thus attempt to situate their own perspectives and experiences of HIV alongside those of their subjects’. By invoking their

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347 Shilts tested for HIV while writing the book. His (positive) result was released the day he sent the manuscript for his book to the publisher. He died in 1994.

348 This was the result of Dugan being linked to 40 of the first 248 cases of HIV reported in the United States.

349 See for example: ‘A requirement of the journalist, and certainly the historian, however, is to explain human society rather than to point fingers’. (Howard Markel, ‘Journals of the Plague Years: Documenting the History of the AIDS Epidemic in the United States’, *American Journal of Public Health*, 91.7 (2001), 1025–28 (p. 1025)). PDF can be accessed here: [http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.91.7.1025] [accessed 4 March 2013]).
own experiences, and implicating themselves in the biographies that they are writing, both Steinberg and McGregor borrow from the introspective space of the memoir genre, as the following quote from McGregor exemplifies:

I decided I could not use the traditional biographical tool of omniscient narrator. I made myself a peripheral character in the book, trying to be upfront about where I was coming from. For the rest, I used as far as possible verbatim quotes from my interviewees so that they got to tell their stories in their own words. I was simply the conduit.  

The technique that McGregor describes above is designed to bridge the space, or what Steinberg refers to as the ‘channel between us’, between authors and their subjects. But is this what their reflections achieve? If anything, they reiterate the sizeable differences dictated by class and race – and in McGregor’s case, gender – that separate their experience of HIV from their subjects.

As the close readings of both books illustrate, this disparity is most clearly stated in the descriptions that both books record about the HI-virus itself: Whether sickness is embodied in the materialised form of a snake or explained through the diagnosis of a sangoma, the HIV/AIDS narratives that Sizwe and Khabzela subscribe to contributes a challenge against those which McGregor and Steinberg endorse: hegemonic, scientifically led, western-dominated HIV/AIDS discourses which prescribe, for example, that AIDS is caused by HIV and that HIV infection occurs primarily as a result of sexual contact or other forms of contact in which bodily fluids are exchanged. These challenges recall many of Mbeki’s anti-Western approaches and sceptical pronouncements on HIV/AIDS. Their prevalence also suggests much about the

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350 McGregor, ‘Writing Khabzela’.
351 Steinberg, p. 37.
appeal of local cures during a time when denial, and unaffordable ‘treatment’
defined the HIV/AIDS landscape.

Notions of witchcraft are central to the belief systems that both Sizwe
and Khabzela evoke in their personal negotiations of HIV. The myths that they
describe about HIV/AIDS are, moreover, representative of those endorsed by a
majority of South Africans, especially men. Yet witchcraft is a hermeneutical
body of knowledge that has historically been marginalised in studies
deciphering patterns of HIV prevalence. Recent shifts in academia are
beginning to accommodate these modes of interpretation. As the first section of
this chapter illustrates, works around Mbeki’s denialism and associated
research exploring the relationship between stigma and HIV are most well-
known in the context of studies of HIV/AIDS in South Africa that depart from
epidemiological explanations developed in the West. However a more recent
corpus of work focuses on the roles that witchcraft and gender have played in
explaining why the epidemic’s prevalence rates are so high in South Africa.
These studies offer another context in which to read Three Letter Plague and
Khabzela. Studies diverging from a single focus of stigma, for example, have
attempted to look broadly at why medicine and knowledge – and the
interventions and policies they have spawned – have not been effective in
containing the epidemic, as the following UNAIDS study makes clear:

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352 Many South Africans go to a traditional healer before they will see a doctor. Furthermore,
one critical review of Khabzela suggests that, ‘this high-profile case is by no means isolated.
Most men still consider voluntary counselling and testing for HIV/AIDS and accessing ARVs
as a woman’s duty.’ (Kwanele Sosibo, ‘Positive Change’, Human Sciences Research Council,

353 Several hypotheses are advanced to account for this: Beyond well-publicised notions about
promiscuity and hygiene noted in the first part of this chapter, current explanations tackling the
uniquely high prevalence rate in South Africa cite concurrent sexual networks (See Epstein’s
description of the ‘super highway’ (Epstein, p. x) in her account of observing the operation of
‘multiple concurrency’ (p. xv) partnerships during the epidemic over fifteen years. See also
One of the most frustrating dimensions of the current HIV and AIDS crisis is that it is fairly well acknowledged that enough is known about how to prevent the further spread of the virus and yet, globally, 6,800 new infections continue to occur daily (UNAIDS 2007).\footnote{354}

Adam Ashforth's 'witchcraft paradigm' notes the significance of local attempts to answer the question of why the epidemic has been particularly devastating in South Africa, an approach replicated through Sizwe and Khabzela's narratives.\footnote{355}

Clifton Crais's historical study of the problem of evil in the Eastern Cape similarly claims that witchcraft is used to understand 'life and death; jealousy, hatred and selfishness; agriculture and the rains; the persecution of the state; the exploits of the powerful and the exploitation of the powerless'.\footnote{356} The research put forth by Ashforth and Crais substantiates the central position of systems of knowledge associated with witchcraft that appear in \textit{Three Letter Plague} and \textit{Khabzela}. For while McGregor, for example, fails to understand how Satch's physical ailment is the result of a jealousy-induced bewitchment, when she offers an alternative explanation: 'He listened politely and then resumed his story. Quite clearly he thought I didn’t know what the hell I was talking about.'\footnote{357} The joint context of these two texts highlights the

\begin{itemize}
\item Mills et. al who cite a Cape Town study reporting high levels (17\% in married couples) of concurrency in 2008 (Mills et al., p. 3) and a political economy that requires a large migrant male workforce. Hunter's research names another: 'Massive unemployment was the explanation for the pandemic overwhelmingly given to me by residents.' (Hunter, p. 18). Hunter's hypothesis is notable for its attack of the two premises most cited in developing theories about the spread of HIV/AIDS in South Africa: That it is an inevitable outcome of apartheid and/or a product of former President Mbeki's questioning of the link between HIV and AIDS. Aikman et al. work from the premise that extant gender inequalities have fuelled the epidemic and that these behaviours have as yet not changed sufficiently to alter the course of the epidemic. (See \textit{Gender Equality, HIV, and AIDS: A Challenge for the Educational Sector}, ed. by Aikman et al. (Oxford: Oxfam GB and ActionAid, 2008)).
\item Quoted in Aikman et al., p. 12.
\item McGregor, p. 125.
\end{itemize}
isolationism that continues to stratify experiences and knowledge in circulation about HIV.

While the narrative paradigm of ‘Patient Zero’ was effective in humanising the HIV epidemic for Western readers (and audiences) by making the virus decipherable through its clear embodiment in the life of one individual, the application of witchcraft in the narratives contained in Three Letter Plague and Khabzela further suggests that infection can also be understood through narratives relaying human interactions (such as jealousy) produced outside of the individual ‘self’. Though Gallagher’s notion of the confessional mode relies on ‘first person’ narration, Three Letter Plague and Khabzela convey autobiographical experiences of HIV through third-person and indirect narration. The revelatory nature of the confessional mode might be at play in these texts in that they ‘uncover[ing] the hidden’ about HIV/AIDS in the margins of South Africa. However their reliance on metaphor and allusion in so doing suggests that HIV/AIDS remains an otherwise highly stigmatised subject with which to affiliate the self.

Central to the expressions of masculine identity in Three Letter Plague and Khabzela is also the reclamation of the process of authoring, recalling Mbeki’s own design to author an HIV/AIDS epidemic particular to South Africa. In seeking to recoup the narrative space from a disease that casts them as victims, self-determination is expressed in the pivotal presence that choice inhabits in these texts. The clearest examples of this are the central questions that structure Three Letter Plague and Khabzela. It should be noted that this structure is also at play in I am Here. While Hayes asks whether ‘to tell or not

358 Gallagher, pp. 17–18.
to tell? ‘to break love?’, Sizwe and Fana are asked why they won’t test for HIV/AIDS? Why will they not take the medication that will ultimately save their lives?

Fana’s rejection of ARVs is framed as a rejection of a reversion to an infantile and powerless state, which depicts him as a victim. Sizwe’s decision not to test for HIV is similarly a repudiation of the humiliation that HIV affords. The following is Steinberg, commenting on Sizwe’s decision to absent himself from the HIV/AIDS clinic:

He is protesting against a collective humiliation. Black people have gotten sick in droves and line up outside the clinic to get the medicine the white doctor has brought. It is humiliating. Before the gaze of their community they are outed as the bearers of a disgraceful disease; they must sit in support groups run by fiery young women and for the rest of their lives they must swallow ghastly pills that serve only to remind them that they are sick and that each cough or bout of diarrhea could lead to death.359

Hayes also resists being identified as a ‘victim’. The following is Hayes’ voice:

Reflecting on one of my gurus, Caroline Myss. She so eloquently frames HIV and Aids as, “a disease of victims.” The first time I hear this around 2000, it is so easy to accept, believe, repeat the wisdom to others: Intravenous drug users, black women in Africa, the poor, prostitutes, fairies, moffies, queers and fags: the gays.360

Yet much more separates I am Here from Khabzela and Three Letter Plague. One example of this is that in Three Letter Plague and Khabzela an imbalance between subject and author is performed in negotiations around editorial control, which does not appear in I am Here, Hayes being the sole author, performer and producer of his ‘confession’. Khabzela, for example, registers Lydia Khaba’s protest at an article McGregor writes in South Africa’s Sunday Times. In it, Khabzela’s mother rebukes McGregor’s descriptions of Khabzela

359 Steinberg, Plague, p. 258–59.
360 Hayes, p. 7.
wearing nappies, being cared for by a barefoot nurse and consulting *sangomas* as degrading and unfaithful. The issue is eventually resolved when McGregor offers the Khaba family a percentage of the royalties from her book sales in return for their consent to relinquish any editorial input before the book is published.

In a similar protest, Sizwe questions Steinberg over descriptive passages that evoke the incompetence of one of his neighbours:

A long pause. "When you wrote about Mabalane in your book," he says, "why did you say that the fence around his property was knee-high?"

"I don’t remember. Did I say it was knee-high? Is it knee-high?"

"It is about the height of the stomach. You exaggerated. You wanted to show that the man’s place was fucked up. What fool wastes his time and money building a knee-high fence? Anything can get over it, even a small dog."

Both of the quotes above call attention to the perspective of the authors, and to the colonial fantasy of white people telling the stories of black people too impoverished to tell them for themselves. These extracts draw attention to the experiences of black South Africans during apartheid, in which they were stripped of the agency to dictate their own history, and to the more recent emphasis Mbeki placed on South Africans, especially poor South Africans, narrating their own experiences of HIV/AIDS. However, drawing attention to this history also reveals a weakness in both *Khazela* and *Three Letter Plague*. Since Sizwe refers repeatedly to his narrative as a ‘sale’ for future ‘gain’, readers are made to doubt the verity of what it reveals about him and instead are made aware of their own consumption of (Sizwe’s) ‘black people’s

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361 McGregor, p. 72.
362 McGregor, p. 73.
363 Steinberg, p. 258.
364 Steinberg, p. 355.
365 Steinberg, p. 353.
secrets\textsuperscript{366} and of the ‘unequal relationship’\textsuperscript{367} that this consumption fosters. In contradistinction with the reader’s ability to witness Sizwe’s readings of Steinberg’s text, Sizwe’s agreement to sell his secrets must at least partially be predicated on the fact that his confessions will not be ‘read’ by his immediate community, as the following review rightly notes:

Steinberg’s most elusive ‘audience’ for \textit{Three-Letter Plague} will surely be the subjects of his on-site reportage for 18-months – the people of ‘Ithanga’. “The community doesn’t read books or even newspapers. The book’s contents will filter through to them largely by word-of-mouth.”\textsuperscript{368}

While in \textit{Three Letter Plague} Steinberg registers what was then an under-represented point of view and experience of the epidemic in South Africa, it remains to be understood how the contents of Sizwe’s ‘confession’ will sound once they have been ‘filtered’ through ‘word-of-mouth’ in the very community whose context determined so much of Sizwe’s experience.

\textbf{Conclusion}

The autobiographical content in the texts considered in this chapter reveal contested states of being – of negotiating HIV-positive identities in a political climate that contributed to their stigmatisation. The close readings of these texts reveal that traditional notions of masculinity, borne out from the past but also from the more recent post-apartheid period have been destabilised by the HIV/AIDS epidemic. Certainly, HIV/AIDS proves to thrive in the traditional rural and modern urban contexts of South Africa, and in the young men that increasingly embody the transgressions between the two. That being said, different men have responded differently to the presence of HIV/AIDS in their

\textsuperscript{366} Steinberg, p. 351.
\textsuperscript{367} Steinberg, p. 352.
\textsuperscript{368} Bauer.
lives. Ultimately the expressions of masculinity contained in this chapter are what Walker refers to as ‘embryonic’ – they are unsure and unstable and characterised by the forces of tradition and modernity that have been galvanised by the HIV/AIDS epidemic.

Autobiographical texts authored by middle-class, white, HIV-positive gay men provide first instances of evidence drawn from lived experience of the causal relationship between HIV and AIDS and of the positive effects of ARV medication. In Adam Levin’s Aidsafari and Edwin Cameron’s Witness to AIDS otherwise concealed lives resist marginalisation and stigmatisation in order to become speaking subjects. Peter Hayes’s autobiographical performance in I am Here especially brings this to bear, in that he adopts centre stage in a live theatre performance designed to register the visibility of his HIV-positive body. Together their texts evince public pronouncements against many of Mbeki’s claims, suggesting the interventionist capacities of the confessions that their texts carry, but also provide evidence of the lasting and divisive roles of race and class in dictating experiences of HIV/AIDS and of the ability to narrativise those experiences for public consumption.

The narratives that Khabzela and Sizwe dictate underline their desire to exercise the socio-polical agency afforded to them by the post-apartheid period. In doing so, they ultimately risk ‘condemning’ themselves ‘to death’ waiting for an effective African cure to AIDS (to paraphrase Mbeki), despite the hard-won battles staged by TAC. Their narratives relay the significant determination to define their lives in the face of HIV/AIDS according to African notions of masculinity dictated by their respective township and rural

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contexts. While this relays a certain amount of autonomy, the adoption of the confessional mode – in which white authors write on behalf of black subjects – is problematic given the post-apartheid context in which these books were produced. Together *Khabzela* and *Three Letter Plague* exemplify poignant examples of how the HIV/AIDS epidemic has mobilised debates about who has the right – and privilege afforded by race and class – to speak about HIV/AIDS in South Africa, and how.
Chapter Three

Beyond the Page: Women, AIDS Orphans and Silence

This chapter’s primary materials reveal attempts to ‘speak out’ about the intersections between sexual violence and HIV/AIDS in the lives of children and women during Thabo Mbeki’s presidency. Of particular interest is how the cultural texts considered here are unified in their engagement with discourses of ‘silence’ that dominated responses to Mbeki’s HIV/AIDS campaign from 2002. In this chapter I am concerned with how, in adopting a rhetoric directed at ‘breaking the silence’, these cultural texts are able to effectively intervenne in public debates that were increasingly exploring the link between sexual violence and HIV/AIDS prevalence. Each of the primary works discussed in this chapter are analysed to determine the extent to which ‘silence’ around HIV/AIDS and sexual violence is effectively ‘broken’. This criterion gives rise to the questions that guide my enquiry: Which silenced constituency does each work give voice to? Which public audience does each work address?

The emphasis on silence in Mbeki’s HIV/AIDS discourses introduces a marked departure from the confrontational polemics of denialism espoused in his earlier speeches, as the previous chapter outlines. Apart from political

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370 The children who have lost parents to HIV/AIDS suffer from the stigmatisation of the disease as well as from the rise in sexual violence committed against children during the epidemic. Statistics relevant to the period that this chapter considers include: 13% of children under 15 having lost one or both parents (Human Science Research Control); 1 million motherless children under 18 and 2 million fatherless children (Centre for Actuarial Research at UCT). (Statistics are for 2003 and cited in Fassin, p. 247).

371 Mbeki’s term as President ran from 14 June 1999–24 September 2008). By 2003, young women were becoming infected with HIV at an unprecedented rate, rising from 4% among 15 and 16 year-olds to 31% among 21 year-olds. (Statistics cited in Hunter, p. 205).

372 The year 2002 is, moreover, notable for marking the point at which ‘there were more people living with HIV in South Africa than in any other country in the world’. (Julia C. Kim, Lorna J. Martin and Lynete Denny, ‘Rape and HIV Post-Exposure Prophylaxis: Addressing the Dual Epidemics in South Africa’, Reproductive Health Matters, 11: 22 (2003), 101–112 (p. 101)).
silence, the theme of silence has come to dominate two inter-related fields of research of interest to this chapter: The first relates to HIV/AIDS research in South (and indeed, southern) Africa and the second relates to gender-based violence in South Africa. Scholarship exploring silence during the HIV/AIDS epidemic includes studies examining disclosure,373 gossip374 and secrecy.375 In literary studies, the heavy use of non-literal, metaphorical language to refer to HIV/AIDS has come to be read as signifying the continued operation of the ‘AIDS denial’ that silences communities across South Africa.376 Research chronicling efforts to ‘break the silence’ – as a political tactic, and in community activism,377 care economy support378 and artistic intervention379 – provide evidence of efforts to intervene in the epidemic by overturning ‘silence’. A second chorus of voices sounding the call to ‘break the silence’


registers the imperative to address the high prevalence of sexual assault and rape visited on children and women.\textsuperscript{380} Emanating from the increasingly prominent position rape occupied in the media by the end of 2001, Deborah Posel identifies ‘waves of popular anger’ to ‘‘break the silence’ and bring the “dark unspoken secrets” of sexual violence into the open.\textsuperscript{381} In this chapter I therefore explore the inter-relatedness of ‘the anti-AIDS initiative’ with the ‘newly liberated spaces for sex talk enabled by the constitutional changes’ of the post-apartheid era.\textsuperscript{382}

I explore the interconnectedness of these modalities in three bodies of cultural texts from the post-2000 period. The first corpus includes works of performance, including photography, theatre and film. Works included in this first corpus are Lara Foot Newton’s play \textit{Tshepang: The Third Testament} (2005) and feature films \textit{Life, Above All} (Dir. by Oliver Schmitz. South Africa/Germany. 2010) and \textit{Themba: A Boy Called Hope} (Dir. by Stefanie Sycholt. Germany/South Africa. 2010), all of which are united by the emphasis that they place on capturing evidence and creating a mise-en-scène for the role of children during the epidemic. The second literary corpus introduces two South African ‘chick lit’ novels, \textit{The Writing Circle} (Rozena Maart, 2007) and \textit{Beauty’s Gift} (Sindiwe Magona, 2008). These novels provide the first instances of sustained fictional engagements with the epidemic written by and for women. The third, visual, corpus emerges from the initiatives of community, art-based interventions into the epidemic often led by the NGO sector,

\textsuperscript{382} Posel, ‘Baby Rape’, p. 49.
including the Sinomlando Memory Box Programme, the University of Cape Town’s Memory Box Project in Khayelitsha and the Bambanani Group’s Bodymap Project. Seen in the broader trajectory of the thesis as a whole, this chapter therefore expands the primary material presented in chapters one and two – ‘beyond the stage’ and ‘beyond the page’ – by introducing grassroots memory work such as bodymaps and memory books, alongside visual artworks, stage plays, films, documentaries and literary novels. Given the range of primary materials considered here, this chapter draws from a number of literary, sociological and visual art theories.

The chapter is divided into ten sections: The first three sections introduce the relevant socio-political context. In presenting the context, I emphasise in particular Mbeki’s post-2000 silence on HIV/AIDS (his ‘silent turn’), the ‘baby rape’ scandal of 2001, the 2002 policy that resulted in the provision of post-exposure prophylaxis (PEP) for women infected with HIV as a result of rape, the government’s 2003 decision to roll-out its plan to make antiretroviral medication publically available and Jacob Zuma’s rape trial. The fourth section analyses *Life, Above All* and *Themba* in order to ascertain the influence of the documentary genre in charting different instances of increased vulnerability visited on children during the epidemic. Lynn Festa’s literary theory of sentimentality informs my subsequent analysis of child-rape in *Life, Above All* and *Tshepang* in section five. In section six I provide a close reading of Maart’s *The Writing Circle* and in section seven I provide a close reading of Magona’s *Beauty’s Gift*. These two novels explore the overwhelming presence of sexual violence in the lives of South African women.

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383 I visited the Sinomlando offices from 15–16 September 2010, in PMB, KwaZulu-Natal, South Africa.
during the time of the HIV/AIDS epidemic. In section seven I explore the extent to which these two literary novels rely on ‘It Girl’ characters and didactic messaging in the challenges that they mount against silence around sexual violence during the HIV/AIDS epidemic.

In section eight, the ‘empowerment narratives’ contained in grassroots HIV projects such as memory books, memory boxes and body maps are analysed in order to assess their ability to intervene in the epidemic at the community level. Section nine explores the body mapping methodology in detail in order to assess its suitability in ‘breaking silence’ at the community level. Dispatching David Tolfree’s ‘trauma approach’, the final section of the chapter discusses the three corpora in tandem in order to make suggestions about the limitations and strengths of each body of work in their attempts to ‘break silence’.

**Context: HIV/AIDS, Politics and Sexual Violence**

In late 2000, after the furore of the International AIDS Conference and Durban Panel, Mbeki’s approach and involvement in the HIV/AIDS debate began to change, as the following excerpt taken from a 2000 *Independent Online* article entitled ‘SA Goes Back to Basics with AIDS Ads’ suggests:

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President Thabo Mbeki’s government sought to draw a line under the damaging controversy surrounding its handling of HIV and Aids by going back to basics on Monday, delivering a simple message on safe sex and promising to treat HIV. The government took out adverts in newspapers urging its citizens to prevent the spread of HIV and Aids by following the ABC of safer sex – ‘Abstain from sex, Be faithful to your sexual partner, Condomise!’

Mbeki’s ‘silent turn’ would see his government cease to deny the link between HIV and AIDS, and give rise to the policy changes that would eventually start making antiretroviral medication available in South Africa. The year 2002 marks the point at which the South African government’s AIDS policy began to shift more definitively. Though an examination of the reasons for this policy shift are beyond the remit of this thesis, of relevance here are the public challenges to Mbeki’s otherwise dominant political HIV/AIDS agenda.

The March and April 2003 civil disobedience campaign mounted by TAC was the first large-scale public performance of protest against the democratic state. Appropriating a well-known liberation movement tactic, South Africa’s first post-apartheid civil disobedience campaign publically demanded HIV/AIDS treatment for all South Africans, and further crystallised TAC as an influential post-apartheid social movement. The 17 April 2002 mandate to extend post-exposure prophylaxis to rape survivors and the November 2003 ‘instruction’ to the Department of Health to ‘proceed with the

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386 This includes domestic and international pressure, as expressed, for example, in the World Health Organisation’s ‘3X5’ plan, in which it aimed to have 3 million people on ARVs by 2005. For more information, see Samantha Willan, ‘Briefing: Recent Changes in the South African Government’s HIV/AIDS Policy and Its Implementation’, African Affairs, 103 (2004), 109–117.
387 Willan, p. 114.
implementation of the [HIV/AIDS Operational] plan' provide evidence of the increased intervention of the courts in matters relating to HIV/AIDS policy.  

Pressure such as this, from civil and legal bodies, changed Mbeki's public engagement with AIDS 'dissidence', which began appearing in different forums. In 2002, the Caravans, Cats Geese, Foot & Mouth and Statistics: HIV/AIDS and the Struggle for the Humanisation of the African was posted on the ANC website. Also known by the title Hlongwane, the 114-page document reiterates the denialist position and suspicions over the toxicity of Western drugs that were prevalent in Mbeki's earlier speeches. Despite being posted by ANC party member Peter Mokaba, the document's author remains unknown; though Mbeki is widely thought to have been the author. The sheer number of quoted extracts from scientific journals serves to obfuscate the authorship of the document. Posel has suggested that the now well-known violent interruption on page 88, in which the author states 'Yes, we are crazy! Yes, we are diseased! Yes, we spread the deadly HI virus [...] Yes, we, the men, abuse women and girl children with gay abandon!', is evidence of Mbeki's inability to connect sex to HIV/AIDS because the 'consequence would be intolerable'. Drawing on Freud's hypothesis of unconscious denial, Fassin similarly postulates that because African sexuality has so often been the subject of racist interpretation, the post-apartheid government is unwilling to

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388 A. Butler, p. 17. This plan, the HIV/AIDS Operational Plan, identified 500,000 people in need of ARVs and would aim to provide ARVs to 53,000 people by 2005. However, by 2005 only 23,000 people were on ARVs (Leclerc-Madlala, 'Responses', p. 850). Willan documents the initiative of a civil society submission that aimed to get 200,000 people on ARVs by 2005 (Willan, p. 116). See also Kim et al., p. 104.

389 Castro Hlongwane was an African boy who had been excluded from a caravan park because he was black. (Deborah Posel, 'Sex, Death and the Fate of the Nation: Reflections on the Politicization of Sexuality in Post-Apartheid South Africa', Africa: Journal of the International African Institute, 75.2 (2005), 125-153 (p. 143)).


391 Posel, 'Sex', p. 144.
acknowledge the role of sex in the transmission of an epidemic that is
decimating the nation.\footnote{Fassin, p. 119.} This reticence to engage publically with the issue of
sexuality bore consequences not only for the HIV/AIDS campaign, but also in
shaping discourses of rape in South Africa, as this section will discuss.\footnote{A good example of this is ‘Mbeki’s public denial of sexual violence as a serious social
problem in South Africa’ (Graham, p. 3) that followed the publication of white journalist
Charlene Smith’s account of rape in the \textit{Mail and Guardian} in April 1999. The debates that have
arisen over Smith’s publication highlight the central role of racial politics in public narratives
describing rape in South Africa. Smith’s account, ‘Every 26 Seconds a Woman Gets Raped, It
was My Turn Last Thursday Night’ was reposted on the \textit{Mail and Guardian} site on 24
November 2009 and can be accessed here: <http://www.thoughtleader.co.za/charlenesmith/2009/11/24/every-26-seconds-in-sa-a-woman-gets-raped-it-was-my-turn-last-thursday-night/> [accessed 8 January 2013]. The account is
notable for the relationship it highlights between the (lack of) provision of post-exposure
prophylaxis ARVs and the high incidence of rape in South Africa during Mbeki’s presidency.}

Despite publically manifest changes in political HIV/AIDS rhetoric, in
2003 retired Constitutional Court Judge Cameron commented in the \textit{Mail and
Guardian} that a dualism between government statement and action still existed
\footnote{See \textit{Mail and Guardian}, 17–24 April 2003 (cited in Willan, p. 112).}
(the basis of this schism is discussed in Chapter One of this thesis).\footnote{The Department of Health’s \textit{Statement of Cabinet on HIV/AIDS} (17 April 2002) is cited in
Willan, p. 110.}

Cameron’s comment refers in particular to an Mbeki statement that would
increasingly become known for the ambivalence it expresses. The statement, in
which the government acknowledged that HIV/AIDS policies would be based
on the assumption that HIV causes AIDS, can also be read as a failure to
retract the denialist discourses that the government had enshrined until that
point.\footnote{\textit{The Department of Health’s Statement of Cabinet on HIV/AIDS} (17 April 2002) is cited in
Willan, p. 110.} As is indicated by comments such as those recorded in an interview
with the \textit{Washington Post} in 2003, in which Mbeki famously declared that he
did not ‘personally […] know anyone who has died of AIDS’, Mbeki’s ‘silent
turn’ was increasingly received as an uncertainty that threatened to generate
confusion in the wider population.\textsuperscript{396} HIV/AIDS Health Economist Samantha Willan comments that "this presidential ambivalence has left many South Africans both confused and scared. They are experiencing doubt sown by confusion and a lack of political leadership to fight the epidemic."\textsuperscript{397} By reading his 'ambivalence' as 'silence', Mbeki's denialist stance would be reiterated in media chronicling the epidemic in South Africa and abroad, as well as in research detailing the minutiae of the progress of the epidemic.

By 2002, Mbeki's micro-management of HIV/AIDS policies and debates in South Africa had changed so dramatically that he later was also accused of removing his own voice from the debate that he had so heavily mediated: "What could Africa's most reputable leader possibly be thinking?", Nolen has asked, only to later conclude that '[i]t was a mystery then, and it remains one today. Mbeki refuses to do media interviews on the subject. As the years have passed, he has largely refused to address the issue at all."\textsuperscript{398} 'After the policy shift', writes Epstein, 'Mbeki seldom spoke publicly about AIDS.'\textsuperscript{399} Leclerc-Madlala reiterates this view, commenting in 2005 that Mbeki's silence

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\textsuperscript{397} Willan, p. 112.

\textsuperscript{398} Nolen, p. 187.

\textsuperscript{399} Epstein, p. 125.
about HIV/AIDS has ensured that ambiguity and AIDS denialism have remained pervasive.  

**Sexual Violence in the Post-Apartheid Era**

The call to ‘break the silence’ surrounding HIV/AIDS became intimately entwined with discourses of rights and sexual violence in South Africa following the furore caused by the exposé over baby rape in 2001 and the entrenchment of the 2002 Bill of Rights. Commenting on the relationship between these two discourses, Posel writes that ‘if the discourse on rights and the removal of sexual censorship gave [the] society the space and reason to expose sexual violence, the anti-AIDS discourse gave social and psychological urgency to it.’

South Africa has a long history of sexual violence. The failure of the protocols of the TRC to integrate testimonies chronicling this particular type of abuse suggests an immediate historical example of state negligence on the topic. Since the TRC only considered cases of ‘gross’ human rights abuses, many of the experiences of sexual violence that women endured were normalised, perpetuating cycles of domestic sexual violence rooted in the abusive behaviours and hierarchically stratified societies of South Africa’s past. In support of this claim, Outwater et al. write that ‘in South Africa, violence has become normative and, to a large extent, accepted rather than challenged.’ Additionally, Moffet refers to the ‘unacknowledged gender civil

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401 Posel, ‘Baby Rape’, p. 49.
402 Outwater et al., p. 139.
war related to the policing of apartheid-era patriarchal structures in the post-apartheid era, as the following quote suggests:

This is the same script that was used during five decades of apartheid rule to justify everyday white-on-black violence as a socially approved and necessary means of "showing the 'darkies' their place".

Scholarship attributes various reasons to the high prevalence of gender-based assault in South Africa. Several sources ascribe gender-based violence to one of the few ways that men in the townships have to assert their masculinity.

Other theories representing sexual violence perpetuated by men as normative have also been widely circulated in mainstream and international channels.

Theories arguing that state sponsored violence during apartheid suggested to people that conflict is resolved through violence have also been prevalent.

However, these hypotheses do not account for the lack of significant violent protest among post-apartheid women and, perhaps more obviously, fail to recognise the history of non-violent protest in South Africa. As Moffett stipulates, none of these theories explain the aetiology of rape, and they continue to fail to recognise the issue of gender in patriarchal social systems.

Revisions to the post-apartheid constitution did attempt to address the issue of sexual violence. The right to freedom from violence and inequality is

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405 Outwater et al., 139.
406 See the 1990s survey conducted in KwaZulu-Natal by Abdool-Karim (published in 2001), in which the authors record that 49% of women did not believe they had a right to refuse sex and 51% of women believe that their partners would get angry if asked to wear a condom. See, too, Abrahams's 2002 report, in which 42% of working men in Cape Town reported the use of violence against women and 16% reported the use of sexual violence (both cited in Outwater et al., p. 142, 138).
407 Leclerc-Madlala (1997) is cited in Outwater et al., p. 139.
408 Moffett, 'Sexual Violence', p. 165.
enshrined in the South African Constitution in two statutory processes: The 1993 Family Violence Act was amended and updated in 1999 and became the Domestic Violence Act 116. This Act recognises the unacceptable levels of domestic violence in South Africa and provides for legal protection in any domestic relationship. It also – crucially – expands the definition of domestic violence to include a range of types of abuse.\textsuperscript{409} This Act was later accompanied by the Bill of Sexual Offences, which was amended to define rape more broadly and became ‘one of the most progressive laws concerning violence against women in the world (South African Law Commission, 2002)’.\textsuperscript{410} Of importance, therefore, is that the legislation cited above crucially changed the definition of ‘rape’ to include consideration of homosexual rape and sexual violence that takes place within marriages. With this legislation, the home became a site of regulation and the idea that ‘rape could only occur outside the home’ was overturned.\textsuperscript{411} While it is important to acknowledge these policies and laws, they remain theoretical until implemented in lived situations. When it comes to the perpetuation of sexual violence against women, the disparity between what is deemed socially acceptable and what is legally endorsed remains acute, both in South Africa and, one could argue, globally.

Drawing on the title of a report on domestic violence in South Africa, ‘I Do Not Believe in Democracy in the Home’, Moffett locates the majority of post-apartheid condemnation of sexual violence as occurring in the media and


\textsuperscript{411} Posel, ‘Baby Rape’, p. 25.
official discourses of the State. Its practice, however, remains uninterrupted inside of the home.412 Domestic violence only emerges from the home when it is reported through official channels and tried through public channels. The conviction rate for rape in South Africa remains low, however, at 7%, and notably, most of these cases involve children.413 This rape statistic is therefore misleading in that it does not account for the number of rapes that go unreported, or whose ‘dockets’ are ‘lost’ or ‘negotiated’ directly with rapists, obfuscating the actual number of men, women, teenagers and children who have suffered sexual abuse.414 These rapes overwhelmingly affect women and teenagers415 and are often treated with indifference, or if committed by a boyfriend or husband, are often not considered a crime at all.416

The perpetuation of high levels of sexual violence in post-apartheid South Africa has a direct bearing on the successful implementation of HIV/AIDS prevention and support efforts. The failure to register accurate rape statistics, for example, is one of the reasons for the delay in the extensive roll-out of an effective PEP programme to victims of rape. One reason for this is the serious under-reporting of rapes that continues to take place within families, marriages or intimate relationships, a fact complicated by the reality that this most common form of sexual assault is the most under-reported. Thus the demographic most at risk of HIV in South Africa is also most at risk – at least statistically – of sexual assault.417 However, despite often knowing their perpetrators, many young women who do report rapes do not know the HIV

412 Moffett, ‘Rape as Narrative’, p. 142.
413 Epstein, p. 231.
414 This describes the deal that is struck between alleged perpetrators and the police, in which money (3 USD) is exchanged for the ‘loss’ of the rape docket. (See ‘Megan Power, ‘Why Men Rape – The Shocking Truth’, Saturday Star, 8 February 2003. Cited in Epstein, p. 231).
415 One in three women will be raped in her lifetime. See Moffett, ‘Rape as Narrative’, p. 129.
416 Epstein, p. 230.
417 Kim et al., p. 103.
status of their rapists and are therefore unable to provide data corroborating the spread of HIV with sexual assault. An additional complication is that gang rapes, which feature prominently in South Africa, suggest the potential to become exposed to HIV from one of several people whose statuses the victim may or may not know.418

**Sexual Violence and HIV/AIDS**

Three post-2000 events conjoining HIV/AIDS and sexual violence are of particular interest to my readings of the cultural texts discussed in this chapter. The first is the controversial incidence of baby rape in South Africa. According to Posel, by 2000,

The problem of worsening sexual violence, and particularly the sexual victimisation of children, was clearly on the agenda of the press, and increasingly a subject of political engagement [...] But it was in October 2001 that an unprecedented storm broke, and the issue of sexual violence first achieved saturation coverage, provoking nothing less than a moral panic.419

The first newspaper reports of the rape of Tshepang (by a man later found to be 23 year-old David Poste) followed on 30 October 2001, and by 1 November, ‘the press had suddenly uncovered two more cases of the rape of the very young’. By 5 November 2001, ‘The Star announced that “child rape had rocketed to a national crisis”, with 58 child rape cases a day.’420 President Mbeki in particular was singled out for his initially conspicuous silence on the matter, and failure to provide “moral leadership” at a time of perceived crisis.”421

Posel identifies the issue of the virgin cleansing myth that came to the fore in South Africa in 2001 as the ‘first public insight into the close

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418 Kim et al., p. 103.
419 Posel, ‘Baby Rape’, p. 34.
421 Posel, ‘Baby Rape’, p. 35.
connections which have developed between sexual violence and AIDS'. While
the first case of an HIV-positive man raping a child in order to 'cleanse'
himself of HIV was reported in 1999,\textsuperscript{422} it was the events that occurred around
the rape of 'baby Tshepang' in 2001, addressed later in this chapter, that
profoundly impacted how people came to understand rape in South Africa.

Secondly, debates over the government's 2002 decision to provide PEP
to rape survivors also helped animate the link between sexual violence and
HIV in the public forum.\textsuperscript{423} 'Sexual violence is now spoken [...] where it was
once silenced',\textsuperscript{424} writes Posel, which resulted in the proliferation of more
nuanced research into women's experiences of HIV on the African continent,
from their role as care-givers during the epidemic,\textsuperscript{425} to the relationship
between divorce rates and HIV\textsuperscript{426} and the centrality of reproductive health.\textsuperscript{427}

A third hugely influential public event advertising the link between
sexual violence and HIV prevalence in the post-apartheid era was the
accusation of rape against Jacob Zuma that was launched on 2 November
2005.\textsuperscript{428} During Mbeki's second term as president, Zuma was accused of raping

\begin{footnotes}
\item[422] Posel, 'Baby Rape', p. 33.
\item[423] That being said, leniency with the implementation of an effective PEP programme in South
Africa (such as the lack of a national training programme for doctors and nurses in the health
system to manage and support rape survivors) has been far less exposed and advertised than
with the ARV therapy rollout. This was true a year after the implementation of the PEP
programme in 2002. (Kim et al., p. 104).
\item[424] Posel, 'Baby Rape', p. 46.
\item[425] See Rebecca L. Upton, "Women Have No Tribe": Connecting Carework, Gender and
\item[426] See Enid Schatz, "'Take Your Mat and Go!': Rural Malawian Women's Strategies in the
\item[427] See Outwater et al., p. 2005.
\item[428] The complainant, 'Ms. K' was a publically known AIDS activist (Renee Moodie, 'Aids is a
terrible pandemic – Zuma judge', IOL.co.za. 8 May 2006 <http://www.iol.co.za/news/south-
africa/aids-is-a-terrible-pandemic-zuma-judge-1.276878#.U0V6gLsS6AY> [accessed 3
January 2013]). She alleged that Zuma, then 64, had raped her at his house in Forest Town,
Johannesburg. Both sides agreed that sexual intercourse had taken place. What was in dispute
was whether the complainant had provided her consent. The case was tried at the
Witwatersrand Local Division of the High Court of South Africa in April 2006 and ended with
the acquittal of Zuma in May 2006.
\end{footnotes}
a 31 year-old family friend. Zuma claimed that the woman (‘Ms K.’) – openly HIV-positive and a lesbian – insisted on having sex with him. The Zuma rape trial gave rise to a proliferation of public opinions around women’s sexual health and HIV/AIDS. These were heard inside and outside the court, and widely publicised the continued struggle between gender rights and tradition in the post-apartheid era.

The kernel of Zuma’s defence rested on the careful construction of an opposition between the South African law and Zulu custom. The following excerpt from the trial reports substantiate this line of argument:

Indeed, he said, he was actually obligated to have sex. His accuser was aroused, he said, and “in the Zulu culture, you cannot just leave a woman if she is ready.” To deny her sex, he said, would have been tantamount to rape.

In steeping his defence in African mores, Hunter argues that Zuma was able to garner support for himself with a female demographic who understood his offer to pay ilobolo (bridewealth) after the rape charge as a mark of respect. His justification, by contrast, for having unprotected sex with a woman he knew was HIV-positive, had the potential to cause confusion about HIV

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Jacob Zuma became Deputy President of South Africa and Vice President of the ANC in 1999. He was relieved of his duties as Deputy President of the country in June 2005 after corruption charges were laid against him. He had also stepped down from all political offices during his rape trial, but was re-appointed as Vice President days after being acquitted of rape. (Michael Wines, ‘South African Regains Role in Ruling Party After Acquittal’, Africa, NewYorkTimes.com, 16 May 2006 <http://www.nytimes.com/2006/05/16/world/africa/16zuma.html?fta=y&r=0> [accessed 3 January 2013]).


430 Wines.

431 Hunter, p. 2.
transmission among his supporters. The court heard in April 2006, for example, that Zuma said that ‘he does not think he placed his rape accuser at risk of HIV/AIDS or any other sexually transmitted disease by not using a condom and indirectly states that he is HIV-negative’. On 5 April the court further heard that ‘his reason for taking a shower after they had sex was to minimize his chances of contracting HIV from the woman.’

On 10 April 2006 The Star reported that:

Hope Mhlongo, the counseling manager of the National Aids Helpline, said that since Zuma's statement, the number of callers querying the validity of taking a shower to prevent HIV infection has increased. “It has caused a huge problem. People seem to be very confused now”.

It is the confusion around HIV transmission noted in the extract above that also characterises South African cartoonist Zapiro’s delineation of the Zuma rape trial. Consider the following cartoon, published in the Independent on 5 September 2006. Juxtaposing the inscription ‘AIDS Message’ with a depiction of Zuma with a shower above his head, Zapiro’s image points to the continued percolation of confusing ideas that first circulated during Mbeki’s public engagement with the denialists.

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432 'Timeline'.
Ideas about rape embedded in the Zuma rape trial were therefore 'overtly present in the "text" and "performance" of the trial'. The trial's text also points to notable omissions, including observations by Zulu diviners that 'Zuma's behaviour constituted a form of social incest taboo in the culture he vigorously appropriated to support his behaviour' and in his lack of remorse or provision of evidence to substantiate his claim that he was HIV-negative.

Given that in December 2007 Zuma was elected as President of the ANC, it would appear that Zuma’s rape trial did not impinge on his rise to power. The fallout of the trial did, however, result in rape hotlines being inundated with calls from individuals re-traumatised by the case.

To summarise: The politicisation of women's sexuality as a result of the 'interface between gender-based violence and HIV/AIDS' became

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437 Kim et al., p. 109.
evidenced in the government’s technical HIV/AIDS response after 2002, which included the rollout of the PEP programme. However, the success of the PEP programme has largely relied on statistics, which in turn rest on the ability of women who have suffered sexual violence to come forward and record their experience of that trauma through national institutions responsible for recording and shaping policy in these areas. The Zuma rape trial, while offering evidence of one instance of a public testimony and rape trial, provides more recent specific evidence of the unresolved struggle between gender rights and tradition in the shifting political-economic era of HIV/AIDS in South Africa. The consequences of these particular failures have continued to have both an indirect and direct effect on the HIV-prevalence rate, despite changes that were made to try to improve the health sector in relation to HIV/AIDS in South Africa, including the 2003 roll-out of publically available anti-retroviral medication,\textsuperscript{438} a new 2006 Strategic HIV/AIDS Plan and the appointment of a new Health Minister (Barbara Hogan replaced Manto) in 2008.

The cultural texts that this chapter will now discuss all engage with the conjoined topics of HIV/AIDS and sexual assault in an attempt to intervene further in the public debates that had hitherto been occupied by academic, media and legal scrutiny responsible for ‘breaking silence’ on the topic.

**Documenting the ‘Virgin Cure’: Silence and AIDS Orphans**

The media furore that followed the rape of ‘Baby Tshepang’ in the Northern Cape in October 2001 built on South Africa’s history of sexual violence and

\textsuperscript{438} In 2003 the government committed to providing 53,000 individuals with free treatment by the following year. The target date was later delayed to 2005. (‘South Africa: NGO Launches Countrywide Monitoring of ARV Rollout’, IrinNews.org, 23 December 2004 <http://www.irinnews.org/printreport.aspx?reportid=38055> [accessed 1 July 2013]).
helped to earn it the moniker of ‘rape capital of the world’.\textsuperscript{439} It also propelled the concept of the ‘virgin cure’ – a phenomenon in which men rape young virgins in an attempt to rid themselves of the HI-virus – into mainstream mythology. Also known as the ‘virgin cleansing myth’, Leclerc-Madlala describes this as the belief that ‘a man can “cleanse” his blood of HIV/AIDS through intercourse with a virgin’. Further to this, she states that ‘sexual intercourse with a virgin is thought to provide inoculation against future HIV infection’ and that ‘the girl herself would not be infected in the process’.\textsuperscript{440}

Several researchers have argued that very little evidence exists to substantiate a correlation between the rise of baby and child rape and reports registering the practice that appeared in the international press from 2002 onwards.\textsuperscript{441} Epstein, for example, cites the following Johannesburg study of child-rape cases: ‘[I]nfection rates among the victims were far lower than would be expected if the children had been targeted by HIV-positive men. Very few South African men know their HIV status in any case.’\textsuperscript{442} However, American and European media reports on the subject (initially based on a BBC journalist’s speculation that the Baby Tshepang incident was a typical example of a ‘virgin-rape myth’) helped to perpetuate the legitimacy of a child-centred

\textsuperscript{439} Moffett notes that ‘South Africa has the worst known figures for gender-based violence for a country not at war’, and that these levels are ‘epidemic’ (Moffett, ‘Rape as Narrative’, p. 129). In 2012, SABC broadcasted Interpol evidence that this remains true, noting that South African women are more likely to be raped than educated. (SABC, ‘South Africa: World’s rape capital’, SABC.co.za, 19 April 2012 <http://www.sabc.co.za/news/a/a424c0804af19b5e9583fd7db529e2d0/SouthAfrica,-worlds-rape-capital:-Interpol-20121904> [accessed 1 January 2013]).


\textsuperscript{441} Epstein, p. 229; Fassin, p. 96.

\textsuperscript{442} Epstein, p. 229.
HIV/AIDS crisis in South Africa abroad. The appearance of several cultural texts added further interlocution to this crisis.

Lara Foot Newton’s play *Tshepang: The Third Testament* (premiered on stage in South Africa in 2003, published as a play-text in 2005) is perhaps the most well-known cultural text engaging with the virgin cure. Based on ‘twenty thousand true stories’, *Tshepang* has come to be read as an ‘AIDS play’ whose plot describes the violent rape of a nine-month old baby whose violator sought to ‘cure’ himself of HIV. The play suggests the idea that the baby was raped by a gang of six men (remaining consistent with media reports at the time), and later reveals that the rape was the result of a drunken act of revenge directed at Tshepang’s mother by her former boyfriend. The play features two characters, Ruth (Tshepang’s mother) and Simon (the narrator). Simon narrates the entire play from a fictionalised Louisevale, which he describes with dramatic irony as a place where ‘nothing much happens’ and ‘nobody ever goes anywhere’. Ruth is depicted as ‘silent’ with the exception of one spoken word, ‘Tshepang’, which she utters as the last line of the play. The minimalist set features two important props, a broom and a nativity scene. The tiny baby’s name, notably, means ‘have hope’.


444 As the play’s dedication emphasises. This is a reference to ‘about 21,000 cases of child rape [...] reported to police in South Africa’ in 2001. (See ‘Life for South Africa’s baby rapist’).


446 Foot Newton, p. 11.

447 Foot Newton, p. 56

448 In order to protect her identity, the baby who was raped became known as baby ‘Tshepang’.
The ‘virgin cure’ narrative has also increasingly appeared in general release feature films presenting South African child protagonists portraying AIDS orphans.\textsuperscript{449} Given the wide distribution of feature films, their stories relay the experiences of virgin cleansing to a mainstream audience inside and outside South Africa. Both Chandra, of the 2010 feature film \textit{Life, Above All} and Themba, the protagonist of the film adaptation of \textit{Themba: A Boy Called Hope} are either directly or indirectly exposed to HIV/AIDS through sexual violence. Chandra’s best friend Esther, an AIDS orphan who sells sex to support herself, is infected with HIV during a gang rape. Themba is infected with HIV after having been raped by his stepfather (presumably acting on the virgin cure belief), who is also responsible for having infected his mother.\textsuperscript{450}

\textit{Tshepang} has won a number of international distribution partners (in Amsterdam, London, Brisbane, Stockholm, Germany, Switzerland and Canada) and media prizes (including the Fleur du Cap award in 2003).\textsuperscript{451} \textit{Life, Above All} has also collected a number of awards (shortlisted for best foreign language film at the eighty-third Academy Awards, winner of the Francois Chalais Cannes Prize dedicated to journalism and life affirmation).\textsuperscript{452} This

\textsuperscript{449} A lesser-known South African film that inscribes the virgin cleansing myth is Zulu-language feature film \textit{!zulu Lami (My Secret Sky, 2009, South Africa)}. In this film, eight-year-old Khwezi and his ten-year-old sister Thembi move from their rural homes to Durban after their mother’s death. The film dramatises the struggle and narrow escape of the young sister, who has been sold by her brother to an older man who intends to rape her in order to cure himself of HIV. The film won the DIKALO Best Feature Film prize and Pan African Film Festival, Cannes 2009.


\textsuperscript{452} Mike Flemming, ‘Cannes Festival Film \textit{Life, Above All} acquired by Sony Pictures Classics’, IMDb.com, 28 June 2010 \textcolor{blue}{{\url{http://uk.imdb.com/news/nm3066540/}}} [accessed 7 January 2013].
raises questions about the international demand and consumption of particularly ‘realistic’ narratives of grotesque violence committed against South African children brought to the fore by the context of the HIV epidemic since 2000.

In evaluating the extent to which the cultural texts discussed in this section ‘break silence’ around the intersection of the HIV/AIDS epidemic in the lives of children, the role of genre in giving voice to the concerns of constituencies of children and in addressing different audiences requires consideration. The influence of the documentary genre and the charity sector, in particular, is evident in cultural texts attempting to intervene in the crises that they describe.

Fictionalised works of performance that represent the virgin cleansing myth, including films *Life, Above All, Themba* and *Tshepang*, have been designed in some respects to closely resemble their non-fiction counterparts. This reveals a significant impetus to map the real problem of sexual assault visited on children as a result of the HIV/AIDS epidemic, and thereby intervene in the crisis by ‘breaking silence’ and exposing some of the real problems visited on AIDS orphans. While I will not provide a close reading of *Tshepang* in this section, it is worth noting here that Foot Newton sets her play in the same location as the rape of baby Tshepang, draws on the name widely used to identify the baby in her title, and relates the play to ‘twenty thousand true stories’. Film adaptations of the source-texts for *Themba* (Lutz van Dijk’s 2008 novella *Themba: A Boy Called Hope*) and *Life, Above All* (Allan Stratton’s 2004 novel *Chandra’s Secret*) are notable in their attempts to ground

See also, Stuart Kemp, ‘*Life, Above All*, is South Africa’s Oscar Bid’, IMDb.com, 10 September 2010 <http://uk.imdb.com/news/nm4254867/> [accessed 7 January 2013].
the fictional incidents that they describe in a distinctly realistic South African context. *Life, Above All*, in particular, portrays what is supposed to be the ‘fictional country, which is not intended to represent the unique complexities of any existing country, nor to encompass in a distinctly South African landscape and language the wide range of differences, histories, and experiences to be found within the sub-Saharan region’ of *Chandra’s Secrets* as distinctly South Africa in both language and landscape.\(^{453}\) Such representations resonate with the broader ‘politics of expose’ that Posel identifies as having developed as a result of the moral outcry over the reports of baby rape in South Africa that surfaced from 2001.\(^{454}\)

The movement towards capturing representations of HIV/AIDS on film in South Africa participates in a wider historical tradition of using video to document resistance to the AIDS crisis (i.e. to encourage social transformation), which emerged in Europe and the United States during the 1980s.\(^{455}\) In her study of HIV/AIDS documentaries in South Africa, Rebecca Hodes stresses that the social dimension captured in Rotha et al.’s definition of ‘documentary’ as ‘the use of the film medium to interpret creatively and in social terms the life of the people as it exists in reality’,\(^{456}\) is of particular relevance to the context of HIV/AIDS in South Africa. The use of the documentary genre\(^{457}\) to map the violence of the apartheid regime is already

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\(^{453}\) From the ‘Author’s Note’ that prefaces the novel: Allan Stratton, *Chandra’s Secrets* (Toronto, New York, Vancouver: Annick Press, 2004).

\(^{454}\) Posel, ‘Baby Rape’, p. 46.


\(^{456}\) See P. Rotha, S. Road and S. Griffin, *Documentary Film: The Use of the Film Medium to Interpret Creatively and in Social Terms the Life of the People as it Exists in Reality* (London: Faber & Faber, 1962). Cited in Hodes, p. 154.

\(^{457}\) I here draw on John Grierson’s 1926 definition of documentary as ‘the creative treatment of actuality’ (J. Grierson, as quoted in M. MacDonald and M. Cousins, *Imagining Reality*
The well-known STEPS FOR THE FUTURE (2001, various), a documentary series exploring the presence of HIV/AIDS in the lives of Southern Africans, was screened in various locations in order to raise awareness and discussion in a variety of affected communities. It offers just one example of the operation of the documentary field in intervening in the HIV/AIDS epidemic in southern Africa by encouraging social transformation through filmed examples of behavioural change.

Where feature films Themba and Life, Above All diverge from a strict documentary context is in their attempts to imagine how otherwise vulnerable AIDS orphans with little agency might break their own 'silence'. This occurs on the level of characterisation and in the denouements of both films. Firstly, the AIDS orphans that Chandra (Life, Above All) and Themba (Themba) portray are literally imbued with the agency afforded to them through the medium of voice conveyed by film. As such, the films literally 'break silence' by giving the children visited by these situations the means to verbal expression. Situating these films in a trajectory with Zulu-language feature film Yesterday (2004, Dir. by Darrell Roodt) reveals a telling contrast. Yesterday depicts a young mother infected with HIV by her miner husband. The mother is preoccupied with the fate of her young daughter – Yesterday – before she determines to entrust her to a neighbour, who is also a teacher at the local school, after she dies. Having found a way to realise her goal to see Yesterday educated, the film's final frames, which delineate Yesterday in uniform on her

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first day of school, relay the mother’s sense of closure: it is now safe for her to
die. Whereas in Yesterday the film’s eponymous character is a silent child
class, in Chandra we have a first-person speaking role, a protagonist
emerging from behind the proverbial silent curtain, giving voice to what she
already knows about HIV/AIDS and thus intervening in her own crisis, as the
following extract from the source novel’s outset attests:

‘I do know what she’s talking about. New cemeteries overflow as fast
as they open. Officially it’s because of pneumonia, TB, and cancer. But
that’s a lie, and everyone knows it.

The real reason the dead are piling up is because of something else. A
disease too scary to name out loud. If people say you have it, you can
lose your job. Your family can kick you out. You can die on the street
alone. So you live in silence, hiding behind the
curtain’.459

Secondly, the denouements of Themba and Life, Above All rely on dramatic
scenes in which the child protagonists are celebrated for literally breaking their
silence by speaking out against their communities on the topic of HIV/AIDS,
and in this respect the films most powerfully diverge from realistic
interpretations. Van Dijk stages Themba’s climactic disclosure of his HIV
status, which he has until then concealed, as a dramatic and sensational
announcement at a packed media event following a Bafana Bafana football
match in which he has played a starring role.460 After confronting the
community that is seeking to exile her and her HIV-afflicted family, Chandra is
similarly celebrated in a redemptive scene at the end of the film, in which the
chorus-community celebrate her bravery through song.

Scenes such as these depict HIV-affected child-protagonists as vocal
educators and moral champions in their respective communities. With endings

459 Stratton, p. 35.
460 Lutz van Dijk, Themba: A Boy Called Hope, 2nd edn (Kwa-Zulu Natal: Shuter & Shooter
such as these, the films become aspirational, and introduce strong sentimental, emotion-based, currents. This may reveal more about the greater need for redemption following what Posel refers to as the 'moral malaise' that saturated the media after the rape of Tshepang in 2001\textsuperscript{461} than to any social transformation in potentially harmful attitudes about the concealment of sexual abuse inflicted on children during the AIDS epidemic that the documentary genre seeks to expose.

**Charity, Sentimentality and HIV/AIDS Orphans**

Lynn Festa's work on sentimental figures of empire in literature provides a germane context in which to demonstrate the operation of sentimentality in 'breaking silence' about HIV/AIDS in relation to *Life, Above All* and *Tshepang*.\textsuperscript{462} The performative capacity of sentimental discourses, in which 'sentimentality cannot be reduced to ideas that can be paraphrased or summarized; it is appraised, not for its truth value, its logical validity, or its descriptive accuracy, but for its performative efficacy - its ability to affect readers'\textsuperscript{463} is of particular interest in evaluating to what extent these works diverge from reality-based treatments in order to intervene in the problem of child rape in the context of HIV/AIDS by developing emotion-based relationships with audiences.

\textsuperscript{461} Posel, 'Baby Rape', p. 44.

\textsuperscript{462} I subscribe to Festa's definition of sentimentality 'as a rhetorical practice that monitors and seeks to master the sympathetic movement of emotion between individuals and groups of people'. Its practice in the context of colonial expansion 'upholds a common identity, not by forging bonds directly between seemingly like individuals, but by creating a shared relationship to a common but excluded object about which the community has feelings.' (Lynn Festa, 'Introduction: The Great World Without', in *Sentimental Figures of Empire in Eighteenth-Century Britain and France* (Baltimore: The John Hopkins University Press, 2006), pp. 1–13 (pp. 3, 4)).

\textsuperscript{463} Festa, p. 15.
In *Life, Above All*, viewers are encouraged to develop a ‘shared relationship’ with the AIDS orphan characters (Chandra and Esther). These characters are those with whom our ‘sympathetic movement of emotion’ follows, if only because their first-hand narration intimately draws audiences into their dramatic contexts. This ultimately humanises these characters, evoking the sympathy of viewers. This evocation of feeling for the characters acts as a ‘social adhesive’, connecting individual audience members in theatres in London, for example, with fictional characters – AIDS orphans from a far away South Africa – breaking down the barrier between the ‘self’ and ‘other’. The effect of Chandra’s heroism and Esther’s bravery furthermore encourages audience members to ‘bridge the gap between who one “is” and who one desires to be.’

Festa’s research is based on literary readings of eighteenth-century empire. Her logic, with its emphasis on estranged human communities (as the following quote illustrates), is applicable in the post-empire context depicted in *Life, Above All*, especially given the film’s portrayal of the persistence of socially constructed divisions within the community due to the presence of HIV: ‘If the ability to inspire feeling demarcates the human community, the reverse is also true. It is difficult to feel for peoples whose customs and manners are alien to our own.’ Where my reading diverges from Festa’s, however, is in the operation of one of the effects of literary sentimentality in the eighteenth-century novel, namely that which moved ‘readers not only to

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464 Festa, p. 4.
465 Festa, p. 3.
466 Festa, p. 5.
467 Festa, p. 17.
468 Festa, p. 4.
tears but also to right action'. In evaluating this claim, the audiences for this film need to be further defined.

One particular screening of *Life, Above All* elucidates the increasingly prominent role of the international charitable sector in propelling viewers into ‘action’. *Life, Above All* was screened at South African House in London on World AIDS Day (December 1) in 2011. The event, sponsored by Starfish Greathearts Foundation, a charity that aims to derive ‘sustainable solutions for improving the lives of orphaned and vulnerable children [...] in all provinces of South Africa’, hosted a small reception that displayed a selection of South African children’s testimonies outside the cinema. The testimonies, written and drawn by a sample of the children that the charity supports, communicated the positive effects of the charity’s work in their lives.

The combination of a charity-sponsored event and a film whose resolution depends on the elicitation of sympathy for AIDS orphans facilitated by the narrative structure of sentimentalism, introduces the possibility for audience members to play an active role in protecting AIDS orphans and thus intervene in the epidemic. But is this the ‘right action’? Without condoning the brutal child rape that the villainous characters enact, the ultimate ‘othering’ of Esther’s rapists, and by the same token, of Themba’s rapist step-father, compromises the possible evocation of a more complex and broad social

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469 Festa, p. 17.
470 The development of an NGO sector operating in the context of HIV/AIDS in South Africa was one of the responses to what was perceived to be state negligence in responding to the epidemic. The sector continues to be influential in matters relating to HIV/AIDS.
understanding of the underlying causes that lead to virgin cleansing in the first place.

Given the spartan description of Esther's rapists as characters who are devoid of any humanising tropes, viewers are encouraged to exclude the rapists from the shared notion of humanity that allies them with Chandra and Esther, ultimately othering them. The men who rape Esther are characterised as anonymous. What we are told about them remains cloaked in a one-dimensional, but instantly recognisable mystery: they were numerous, they were aggressive and they drove an expensive dark car. As such they remain unknown and feared. They are off-screen characters whose presence is embodied most viscerally through Esther's bruises, gashes, open wounds and broken body.

By contrast, Alfred Sorrows, the aptly named rapist-perpetrator in *Tshepang*, is humanised. We are told that as a child, Alfred's stepmother beat him mercilessly with a broomstick. The prop that Simon uses to re-enact Tshepang's rape, the 'broomstick and a loaf of bread', is the same broomstick that is employed to depict the violence inflicted on Alfred as a child. Equally, the figurine that represents baby Tshepang's 'hope' of survival is that which Simon earlier uses in an attempt to demonstrate how he revived Alfred after his beating. Alfred's own victimisation is therefore intimately entrenched in the circular context of a much broader and more complex historical violence, represented by the multiple uses of these two props. The immediacy and human-centred context of the theatre allows audience members to relate to Alfred on a human scale, despite the violation he commits.

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472 Foot Newton, p. 51.
473 Foot Newton, p. 30.
Graham suggests that the depiction of Alfred’s character ‘breaks with stereotypes of the dark-skinned rapist’ that are otherwise associated with ‘black peril’ narratives. Foot Newton challenges the idea that rape is an act committed by outsiders, and encourages South Africans to look at the internal schisms and violence housed from within, updating the rape paradigm for the post-apartheid era and alluding to a broader context of structural violence that needs to be identified and challenged in the attempt to achieve meaningful transformation in the perpetuation of a virgin cleansing assault. As such, Foot Newton draws on Christian imagery and discourses of redemption and forgiveness in order to – while perhaps not ‘break silence’ – attempt to understand the horrific reality of virgin cleansing and baby rape in its context.

As the issue that provoked the first public insight into ‘the close connections that have developed between sexual violence and AIDS’, the cultural texts examined in this chapter so far were developed in the wake of reports about the rape of Tshepang. These texts engage with discourses that aimed to ‘break silence’ about the increased vulnerability of HIV-affected children by striving to document issues such as child rape. While raising awareness about how the epidemic is visited on some of its least resilient subjects, the emotionally driven treatments of texts such as Life, Above All offer limited, often financially driven intervention into the epidemic by appealing to an international movie-going public. Texts such as Tshepang, by contrast, challenge South African audiences to consider the potential of their

474 These historical rape narratives, which describe the rape of white women by black men, served to unite white people against a common black enemy (Graham, pp. 4, 183.) These narratives are commonly attributed to the ‘period of social hysteria prevalent in South Africa from 1890 to 1914’. Graham dates the first ‘black peril’ scare to the English settler colony of Natal in 1870 (Graham, p. 13).
own interventions. While the impact of such an approach remains difficult to calibrate, its potential is perhaps most powerfully evinced by anecdotal evidence provided in post-production conversation with Mncedisi Shebangu (the actor who played Simon), who noted during the Montreal production in 2009 (Theatre La Chapelle) incidences in which South African men (in South Africa) approached him to thank him for bringing this story to light and proceeded to confide their own sexually abusive violations.476

The next two sections will provide separate close readings of South African fictional novels Maart's *The Writing Circle* (2007) and Magona's *Beauty's Gift* (2008). Though written by South African women who have spent significant time in the diaspora, both novels are intimately rooted in a South African landscape and character. They address themselves to a predominantly South African audience both in South Africa and abroad. At the forefront of these novels are the HIV-affected female body, the sexually abused female body, the female body cast aside as a result of infidelity. Responding to the post-apartheid expanded definition of rape discussed earlier in this chapter, *The Writing Circle* and *Beauty's Gift* co-opt the notion of speaking out against HIV brought to the fore by the epidemic, in order to challenge long-standing notions of domestic and familial silences relating to rape.

**Rozena Maart: The Writing Circle**

Rozena Maart's *The Writing Circle* is dedicated to Anne Mayne, the woman who started Cape Town's Rape Crisis Centre in 1976. This signals from the outset Maart's intention to position sexual violation at the forefront of her

476 From my notes of the performance, 24 February 2011, Montreal.
477 Nominated for the Commonwealth Writer's Prize in 2009.
novel. The novel’s opening, in which one of the protagonists is raped in front of the house where the other members of her ‘writing circle’ have gathered for their weekly session, confirms this intention.\(^{478}\) Loosely based on a Cixouian notion of \textit{écriture feminine}, the feminist theory of writing through the body that Hélène Cixous developed in her ‘Laugh of the Medusa’ (1975),\(^{479}\) in \textit{The Writing Circle} Maart assembles a cast of South African female characters who together meet to ‘share their experience of writing memory, writing the body’, by writing rape.\(^{480}\)

Each of the women protagonists in this novel has direct experience of sexual violence. Maart’s previous work, both in the Emergency Unit and Gynaecology in Cape Town’s Groote Schuur Hospital, where she was exposed to the effects of rape daily, and as one of the founding members of the Women Against Repression (WAR, the first black feminist organisation in Cape Town), presumably informs much of the writing here.\(^{481}\) As many of the reviews of the novel have noted, this is a work of fiction based very much on ‘fact’.\(^{482}\) Jacob Zuma’s rape trial is, for example, mentioned several times during Isabel’s rape, serving to reinforce the immediate context of sexual violence in South Africa. Maart’s self-declared position as a politicised author further positions the novel as an attempt to intervene in the debates about

\(^{480}\) Maart, p. 1.
\(^{482}\) \textit{The Sowetan}, for example, states that ‘This book is a novel, but it is not based on fiction, but fact, as South Africa is one of the nations with the highest number of reported rape.’ See Lindi Obose, ‘A Look Into the Scourge of Rape’, \textit{The Sowetan}, 3 March 2009. Review accessed through Rozena Maart, ‘Fiction’, \textit{The Writing Circle} <http://rozenamaart.wordpress.com/2009/04/15/the-sowetan-the-writing-circle-review/> [accessed 25 March 2013].
sexual assault in South Africa that were increasingly rife in the years leading up to the book’s publication.\footnote{In her interview with Rozena Maart for The Ontarian, Bronwyn Roe notes the following: ‘It soon becomes apparent that for Maart, her writing is irrevocably intertwined with the social and political issues that concern her, and so it is impossible to discuss The Writing Circle without discussing Maart’s hometown of Cape Town, South Africa, issues of colonialism, issues of gender, and violence against women.’ See Bronwyn Roe, ‘Writing the Experiences of Women’ The Ontarian, TsarBooks.om [undated] <http://www.tsarbooks.com/WritingCircleReviews.htm> [accessed 25 March 2013].}

The novel’s five protagonists are notable for their racial diversity, their professional lifestyles, their sexual and financial independence and their fashion sense: Isabel is a social worker who works with victims of sexual abuse, Jazz a Sikh neurosurgeon, Beauty a Xhosa sculptor, Carmen an English psychotherapist and Amina a Muslim textile designer. References to international fashion houses and designers signal the characters’ affiliation with contemporary fashion images of Western women: Amina wears ‘Fendi’ silk scarves and carries brown leather ‘Gucci’ bags, Beauty only dresses in black, Carmen in colour.\footnote{Maart, p. 14.} Such allusions to ‘high’ fashion are mirrored in South African references that relay a distinctly middle-class lifestyle inflected by the global market. All of the women shop at Woolworths and Cape Town’s lucrative Waterfront, and share a taste for imported ‘Italian espresso’, for example.\footnote{Maart, pp. 6, 87.}

The rape of Isabel in her car, and her subsequent murder of her attacker, opens the novel and initiates the central plot. While the novel is framed loosely around the unravelling mystery of the rapist’s identity, descriptions of the immediate aftermath of Isabel’s rape are the events that dominate the first half of the novel. Details of the psychological responses of each of the women in the writing circle are incorporated into the second half of the novel. The
exposition of one rape is therefore relayed through shifting narrative voices, which registers the consequences of one rape for many lives – including those of the rapist’s family.

The rape that opens the novel is narrated as an ‘out of body’ experience, in which the self abandons the body as it undergoes physical trauma. The use of transferred epithets identifies the corporeal confusion caused by the physical trauma, in which breath competes with eyes, and hearts thunder in toes. A spectral shift of embodiment takes place in this rape scene, in which the physical space is vacated and yet the body’s shell remains. This shift is described as a shift of perspective, in which the first person narration becomes a third person narration:

I recognized her because she looked right at me. In a drawn-out almost dreamlike moment I recognized myself as though I were staring at a mirror, except the reflection in the mirror was not the same as the one on the other side of it. I was looking on, while this man had entered me, and there I was, lying, still […] as my body was being ravaged by an intruder.

While being located in the body, Isabel’s rape is also the site of psychological trauma, both for her and the other members of the writing circle. A revision of the relationships with the men – villains and heroes – in the immediate lives of the protagonists following Isabel’s rape showcases the psychological effects of sexual violence. Through these accounts, readers are introduced to the observations and experiences of a host of characters: Jazz revisits her divorce with Harminder; Beauty mourns the loss of her brother to AIDS-related complications and her husband to the Liberation Movement; Carmen comes to terms with the pending death of her ex-husband to AIDS-related complications,
and dissolves her relationship with Manjit, Jazz’s brother; Amina discovers desire for the first time for her sister’s husband and works hard to conceal her romantic relationship with her dead husband’s father.

It is through these expositions that readers are introduced to the interrelated concern of HIV/AIDS in the lives of the female characters. In an explosive scene in which Beauty argues with her brother’s ex-boyfriend Tom, she introduces the language of ‘breaking the silence’ in relation to HIV/AIDS: “‘It’s really not the time for silence […] not any more […] Being honest is almost the only thing we South Africans have going for us, so why stop now […] You had a sexual relationship with my brother, knowing full well he was HIV positive. You are HIV positive’.”488

The theme of ‘breaking silence’ is also inscribed as each of the protagonists confronts and subsequently seeks to interrupt the cycle of rape in their own lives. This is mostly relayed in flashback scenes that link physical and psychological trauma through the body and memory – the motifs of the writing circle. One such scene describes Beauty when she was much younger, presenting her early artwork in an entrance interview at the University of Cape Town (UCT). The artwork, paintings and sculptures that she presents depict sexually and physically abused female figures, ‘women at different stages of sexual and physical abuse’. The figures are intricately bound up with the abuse Beauty witnessed being inflicted on her mother: ‘the kind [of sexual and physical abuse] my mother was accustomed to and the kind I had witnessed at the hands of her boyfriends’.”489 The flashback event that directly precedes Beauty’s interview, in which the trusted man responsible for accompanying her

488 Maart, p. 65.
489 Maart, p. 57.
to UCT rapes her, gives the figurines a renewed personal significance in the present.

Whereas the act of rape described above is presented in a historical continuum from mother to daughter – signified by the presence of the sculptures – the act of 'breaking silence' is situated as generationally distinct. Beauty presents sexual abuse as something that her mother's generation was 'accustomed to', but that her generation is confronting. By reversing the silence that concealed acts of sexual violence visited on her mother, Beauty’s own rape is constructed as a confessional that becomes cathartic to speak out. Posel describes this practice in relation to rape: 'And for the victim, the catharsis of speaking out becomes a way of dealing with the psychic trauma of violation.' In their retelling, such stories become 'multi-storied', unveiling the potential for 'victims' to begin identifying instead as 'survivors'. Michael White’s notion of 'thick stories' clearly expresses this process:

In telling and retelling, people begin to see what looked at first like a passive account of a traumatic event in which they were the victim, is in fact an account of how they used certain strategies for survival. Over time, the story becomes multi-storied and is an account of survival as well as trauma.

More broadly conceived, this scene suggests what much of the novel alludes to in relation to both HIV/AIDS and sexual assault, namely that the social function of literature and art becomes therapeutic, the medium in which traumatic experience is inscribed, psychologised and communicated. It

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490 Posel, 'Baby Rape', p. 45.
491 Michael White is cited in Glynis Clacherty, The Suitcase Stories: Refugee Children Reclaim their Identities (Cape Town: Double Storey Books, 2006), p.167. The Suitcase Stories is a book compiled by researcher Glynis Clacherty and art therapist Diane Welvering that chronicles the project that they piloted in South Africa in which child refugees were encouraged to express their stories through selecting and decorating suitcases.
furthermore emphasises the transformational potential of surviving trauma, as well as the significant empowerment attached to it.

This chapter will now introduce Sindiwe Magona’s *Beauty’s Gift*, a novel with several parallels to *The Writing Circle*, before returning to examine the interventionist potential of the narrative devices employed by both authors in order to ‘break silence’ around HIV/AIDS and sexual violence committed against South African women.

**Sindiwe Magona: *Beauty’s Gift***

At the heart of *Beauty’s Gift* is Magona’s desire to make public the acts of sexual violence that occur within the family home during a time when the threat of HIV/AIDS is pervasive. Narrated primarily through dialogue, the plot of Magona’s novel *Beauty’s Gift* arises from a question that one of the five primary characters asks to herself:

> Both Mamkwayi and Hamilton are keeping mum on exactly what Beauty’s illness is, never mind the details about medication […] Even though Beauty has asked her to tell them her secret, she can’t. She doesn’t understand why, but she just can’t […] Then was she, Amanda, ashamed that her closest friend had had Aids?492

Set in Gugulethu and Cape Town, the novel opens with Beauty’s funeral following her death from AIDS-related complications. The novel’s ensuing action depicts the pact made by a group of friends – Amanda, Edith, Cordelia and Doris – to ensure that they protect themselves from Beauty’s fate: They will no longer have sex with their partners without an HIV test. All are united in their vehement hatred of Beauty’s cheating husband Hamilton, and moreover, bound in their support for one another. Together they are the ‘FFF –

the Five Firm Friends', the fictional ‘family’ within which Magona urges her female readers to follow suit.\textsuperscript{493}

In order to do so, Magona creates characters that are designed to appeal to a wide cross-section of black South African women. They are ‘sassy career women’ – characters that depict a social worker, doctor, sculptor, psychodrama therapist and fashion designer – in their ‘early to mid-thirties’, and they are determined to break the cycle of AIDS-related deaths prevalent in the township communities from which they derive.\textsuperscript{494} As such, the eponymous ‘gift’ of the novel sees Beauty reclaim the helpless state of being sick into a site of agency, as she urges her friends to survive her own fate:

"Don’t die a stupid death, like I am doing! Live!” she says. “Live till every hair on your head turns grey. Earn your wrinkles and, damn you, enjoy them! Enjoy every wrinkle and every grey hair on your head. Tell yourself you have survived! Survived!”\textsuperscript{495}

By providing a mixed cast of women from different backgrounds, ages and experiences, Magona is also able to provide a constellation of opinions and views. The repercussions of the pact, for example, give rise to a multitude of conflicts in the women’s personal lives: Doris’s fiancée Selby is unveiled as unfaithful; Amanda’s husband Zakes has had two children outside of their marriage; Cordelia questions her husband Vuyo’s open infidelity; Edith questions the control her husband Luvo has over her and steps outside in trousers for the first time.

Though she herself has noted that her approach will ‘piss a lot of African men off’ and has been publically provocative, advocating that black

\textsuperscript{493} Magona, pp. 12, 25.  
\textsuperscript{494} Magona, pp. 1, 23.  
\textsuperscript{495} Magona, p. 74.
South African women replace their men with vibrators, Magona also provides sympathetic and complex portraits of male characters. Such portraits recall the 'womanism' that Siphokazi Koyana invokes in her reading of Magona’s earlier work, in which the well-being of men who are victims of world power structures is incorporated sympathetically into their characterisations. Magona does evoke the trust and love that thrives in the same social units that threaten her female protagonists, thus obfuscating the often superficial distinction between faceless attacker and friend, patriarch and husband. In Beauty’s Gift, the character of Edith perhaps best expresses this in her endorsement of ‘Africanism’: ‘These men are our sons, our fathers, our brothers, our husbands […] We can’t just give up on them.’

Magona explicitly maps the context of the novel’s geography, naming chapters by their specific place-names. The protagonists navigate from their family township homes (‘Gugulethu’), to their meeting spaces (‘Claremont’), to their married city homes (‘Muizenberg’), marking the space of the novel as distinctly Capetonian. They also move from the customs that their domestic-worker mothers taught them to the lifestyles marked by their ‘right’ to ‘set the record straight’ with a fluidity that belies the opportunities afforded to them by class and generation, suggesting the wider context of post-apartheid South Africa. A distinct climate of change and transformation thus infuses the context

497 The theory of womanism was first popularised by Chikwenya Okonjo Ogunyemi and Alice Walker and acknowledges the roles of black men in helping to transform colonised national subjects into political citizens (Narayan, 1997:1, is cited in Siphokazi Koyana, ‘Womanism and Nation-Building in Sindiwe Magona’s Autobiographies’, Agenda, 50 (2001), 64–70 (p. 65).
498 Koyana, p. 65.
499 Magona, p. 134.
of the novel. In *Beauty’s Gift*, the character of Amanda, for example, makes the following observation about her mother:

> In her mother’s eyes, women simply endured the vagaries of married life – and did so with their mouths shut and smiles painted on their faces. Men were men and would do what men had always done, since the beginning of time. Mama was beyond changing.  

Amanda, however, is not only not ‘beyond changing’, but acts as the instigator of such change. This is clearly dramatised in a scene in which Amanda breaks tradition at the family *indaba* gathering, demonstrating that she is no longer willing to continue to perform certain aspects of being a Xhosa wife that she identifies as patriarchal:

> All Zakes’ s sisters were there, and that was something – usually these *indabas* were male-only affairs. The women were dressed in traditional heavy cotton orange skirts with black braiding above the hem and matching doeks, as if to remind Amanda she was a Xhosa woman – *ubhinqile* – and married to a Xhosa man – *wendile*. As if to remind her that there was something called tradition […] “I am starting a new tradition,” Amanda said, head bowed. “I believe I deserve better. You, our fathers and mothers, should have left us a better tradition.”

The ‘traditional’ Xhosa setting is signalled by the use of Xhosa words and descriptions of the clothing associated with *indabas* (indicating Magona’s Xhosa-speaking audience). The scene described above furthermore suggests that tolerance for ‘male grazing’ – in which men conceive children outside of their marriages – is ‘traditional’ among Xhosa wives like Amanda, and therefore expected. Amanda’s unwillingness to forgive her husband for fathering two children outside of their marriage, and thus increase her chance of HIV infection, is therefore also significant for the break with Xhosa ‘tradition’ that it represents.

500 Magona, p. 125.
501 Magona, pp. 149, 155.
502 Descriptions relating to African ‘tradition’ in this novel resonate with the proliferation of ‘traditional’ African rituals designed to retain the purity of African women that were valorised under Zuma’s presidency.
It is notable that the women of *Beauty's Gift* are not women wearing the Xhosa 'heavy cotton orange skirts' noted in the extract above. They are primarily characterised as 'attractive women'\(^5^n\), 'dressed to the nines'\(^5^n\) as the following extract suggests:

Doris is, characteristically, in high chops, but they go very well with her slightly flared high-waisted pants and leather jacket. Not much of a dresser, Cordelia is in jeans, but she's jazzed them up with a bright yellow top with red flowers.\(^5^n\)

While their fashion sense superficially links the characters to one another, it also draws on tropes made popular by the female characters in popular American 'chick lit' programmes such as *Sex and the City*, signalling the adoption of a modern and distinctly global female identity in South African fiction. However, the attention drawn to clothing is also connected to the attention that it draws to the body, and goes some way to reclaim the body from a site of sexual abuse and HIV infection.

A brief appraisal of the reception of *Beauty's Gift* suggests South African reviews praised Magona for breaking the silence and 'not keeping quiet':

This is Sindiwe Magona at her very best – writing about social issues, and not keeping quiet. Speak up, she says to women in Africa. Stand up, and take control of your own lives.\(^6^n\)

Other reviews were more critical, scrutinising Magona's approach to the social issues raised in *Beauty's Gift*. In the following extract, for example, Percy Zvomuya rightly notes the didacticism of Magona's HIV/AIDS message:

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504 Magona, p. 23.
505 Magona, p. 23.
These and other instances of dialogue reminded me of what one critic says is wrong with most novels: sometimes one feels that the novelist is a dictator, that the characters are merely extensions of the author.  

This didacticism is most clearly exemplified in the novel during a scene in which Mrs Mazwi, a community leader, is speaking at Lungile Sonti’s AIDS funeral in Guguletu. Note the use of imperative exclamations, urging listeners to test and take ARVs:

“Let us fight back! Don’t let the busy-tongued gossip stop you from testing! Don’t let him stop you from getting the medicine you need! There is no stigma to fighting to stay alive [...] Let me remind you, maAfrika, this is something we as a people used to do”.  

While the novel clearly exposes the correlation between sexual violence and HIV/AIDS through an exposition of the theme of trust, and is laudable for being the first HIV/AIDS novel written by a black woman for a black, South African audience, how effective is this didactic messaging in actually breaking silence around HIV/AIDS in South Africa? Building on the close readings presented above, this chapter will now assess the extent to which the HIV/AIDS messaging in *The Writing Circle* and *Beauty’s Gift* is effective in ‘breaking silence’ by ascertaining the impacts of the chick lit branding, survivor narratives and ABC messaging on the audiences to which the novels appeal.

**Chick Lit, ‘It Girls’ and HIV/AIDS in South Africa**

Central to the characterisation of the female protagonists across both of these novels are their professions. Going to great ends to provide a multi-racial cast of characters, both Magona and Maart describe incidents of rape in middle class communities of women. The double-linking of race and gender in *The
Writing Circle in particular suggests a detailed, and indeed intimate, knowledge of the double othering that takes place in the South African rape narrative, distinguishing it from those ‘western feminist discourses of the 1970s and 1980s’. It also responds to the call by feminists such as Moffett to ‘acknowledge that there are men in every stratum of South African society who enact sexual violence’, and for the framing of new paradigms. Moffett and Maart carefully stage their novels to convey that women from all strata are raped, and that different types of men rape; the attacker who bore ‘no evidence of Cape Town’ in The Writing Circle turns out to be the son of a prominent political Cape family close to the writing circle members.

Such representations signal the role of class alongside that of gender and race in the discussion of female identities in post-apartheid South Africa, recalling Hunter’s definition of the ‘It Girl’ in his discussion of shifting femininities in post-apartheid South Africa. The term used in South Africa, demonstrates how transnational media links help to construct femininities today [...]. First, South African women’s sense of themselves is formed in relation to the rising wealth of the middle class, which has now become multi-racial. Second, the It girls’ modern, assertive, and individualistic femininity is precisely the model that is favoured by some “gender and AIDS” narratives that circulate in international and national organizations.

In Beauty’s Gift and The Writing Circle, the ‘bold, sexy and powerful’ women such as those depicted in the American television programme Sex in the City (HBO, 1998–2004) have been given a South African ‘It Girl’ makeover. Commercial treatments such as this may be the result of a new demand from South African women and invariably reflects South Africa’s

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509 Moffett, ‘Rape as Narrative’, p.131.
510 Moffett, ‘Rape as Narrative’, p. 137.
511 Maart, p. 4.
512 Hunter, p. 132.
513 Hunter p.132.
affiliation to global networks of exchange that are ‘saturated with sex’. They certainly reflect the significant periods of time that both Magona and Maart have spent in the diaspora in North America – in New York and Ontario, respectively. To quote Kwela Book’s new women’s romance imprint, Sapphire Press, black South African women now want to read about ‘strong, independent women […] ready to take on the world’. These women are further characterised on the Sapphire Press website as follows:

The main characters of contemporary romances are always strong, independent women, women that are ready to take on the world. Sapphire Press romances capture such women’s stories – they are financially sussed, ready for love, and not prepared to compromise!

The characters in Beauty's Gift and The Writing Circle certainly conform to the description cited above. Beauty’s Gift, in particular, is about a pact that results from four women ‘not prepared to compromise’ in relation to HIV/AIDS. Is the presence of HIV/AIDS another characteristic of an otherwise ‘progressive’ genre of ‘modern’ South African women’s chick lit? HIV/AIDS certainly becomes another indicator of the context that has witnessed the emergence of such women – middle-class, powerful and sexy global citizens. Moreover, the strong anti-AIDS messaging participates in a ‘contemporary’ rhetoric of female empowerment, with each woman’s struggle not to compromise framed as a ‘fight’, as the following extract from Beauty’s Gift exemplifies: “'Beauty wouldn’t want us to be sad, she would want us to fight to live, to fight for our lives,” Amanda said. “And I think that together, supporting each other, we can make it.”

514 Posel, ‘Baby Rape’, p. 47.
516 Magona, p. 78.
Both novels emerged in print at a time when post-Mbeki questions about a ‘new era for South African AIDS fight?’ were hitting BBC headlines following the appointment of a new Health Minister, Barbara Hogan, in 2008.\textsuperscript{517} Programmes designed to ‘empower women’ and teach them their rights through education, media campaigns and community workshops\textsuperscript{518} were also proliferating during this time.\textsuperscript{519} \textit{Beauty's Gift} and \textit{The Writing Circle} also co-opt the discourses of empowerment that were circulating in relation to HIV/AIDS. Such discourses are designed to encourage women to break the silence around issues of subordination and gender-based violence with the aim of curtailing HIV prevalence.

Dialogue features prominently in ‘breaking the silence’ in both novels. This is a powerful tool in the domain of fiction, especially when fictional protagonists such as Beauty narrate first-person imperatives to ‘fight’. In \textit{Beauty's Gift}, issues affecting HIV prevalence are vocalised on more than one occasion, including ‘male grazing’ and the insistence on condom use.

Similarly, the call to test for HIV is strongly directive. Messaging such as this recalls the pre-packaged American-mediated\textsuperscript{520} suggestion to ‘ABC’: Abstain, Be faithful and Condomise, signalling once again the Western influence of these fictional novels. Several researchers have written about the ABC lobby in the context of HIV/AIDS campaigns designed to mitigate infection rates. Of interest to this chapter, however, is research illustrating that ABC campaigns

\textsuperscript{518} Epstein, p. 234.
\textsuperscript{519} The \textit{Steps for the Future} documentary series, for example, stands for ‘Social Transformation and Empowerment Project’ (my emphasis). For more information see <http://www.stepsforthefuture.co.za/index.php> [accessed 31 March 2012].
\textsuperscript{520} Leclerc-Madlala states that the ABC campaign was initially American. See Leclerc-Madlala, ‘Responses’, p. 852.
are particularly ineffective for women seeking to protect themselves from HIV because they take for granted a level of financial independence, autonomy and agency that is not always possible for women reliant on men and marriage for income and food, as is the case for many women in South Africa. While both Magona and Maart characterise their female characters as financially and sexually independent, in mooting the call to 'break the silence' by invoking campaigns sensitive to power discrepancies inside the home, their novels risk reinforcing public HIV/AIDS campaigns that most South African women would find redundant, revealing significant flaws in the interventionist capacities of both texts.

The ABC campaign presents evidence of a particular discursive construction of HIV/AIDS that is routinised. In America, this campaign is increasingly being associated with an epidemic that is located historically, largely thanks to the arrival of the antiretroviral medication that has significantly displaced the physical markers of the disease on the body, as sociologist Claire Laurier Decoteau argues:

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522 Anecdotal evidence I gathered from the 'Making science or making sense: What we can learn from HIV/AIDS fiction in South Africa' (UCT, 15 September 2011) research seminar supports this. The seminar featured a panel that joined author Sindiwe Magona, who spoke about *Beauty's Gift*, and Bambanani Group member Nondumiso Hwele, who spoke about her experience of bodymapping. After the panel discussion, I asked Hwele if she had read *Beauty's Gift*. She laughed in response and pointed out that novels such as *Beauty's Gift* were written for audiences like me and not her. Her reaction raises important considerations about the extent to which cultural texts circulate among affected populations and, indeed, the extent that those contexts speak to each other (from my fieldwork notes 15 September 2011, UCT, Cape Town).
Since the medical community has purportedly "solved" the mystery of the HI-virus, and especially since it has introduced anti-retroviral medication (and made it largely available in the United States), the "crisis" is now believed to be over.523

In her article looking at testimonial activism in the 'aftermath' of the HIV/AIDS epidemic in the United States, Decoteau notes the disjunction between 'dominant discourses [...] [which] claim that the disease is now "manageable", normalised and under control'524 and increasing prevalence rates. Based on analysis and interviews with HIV-positive AIDS activists in educational settings in America in 2001–2002, Decoteau's work is notable for identifying the narrative structure of 'survivorhood' in the HIV/AIDS testimonies that she observed. This narrative strategy promotes prevention and combats stigma by relaying a message of survival that ultimately buttresses the dominant 'aftermath discourses'525 circulating in the public sphere.526

In sharing a common goal to impact behaviour change, the three constituents of a survivor narrative that Decoteau identifies – identification, normalisation and catharsis527 – are useful in analysing the narrative strategies deployed in Beauty's Gift and The Writing Circle to talk about HIV/AIDS, especially given the post-ARV roll-out that both novels take as their South African context. In the first of these three stages – 'identification' – a westernised, savvy, female audience able or aspiring to relate to the middle-class, professional, sexually assertive characters are identified as the primary audiences for these novels.

524 Decoteau, p. 230.
525 Decoteau, p. 232.
526 Decoteau, p. 257.
527 Decoteau, p. 242.
‘Normalisation’, the second stage, is achieved through representations in which HIV/AIDS is presented as something that is spoken openly about: Openly between the FFF and the locals in Gugulethu, or in comments such as, “ [...] being South African and having no qualms in talking about the matter in public”, in The Writing Circle. This approach co-opts the open and public nature of discourses about sex and sexual violence that were increasingly in circulation in the post-apartheid, post-Tshepang South Africa.

Finally, the third stage, ‘catharsis’, occurs when the audience is provided with assurance of the successful survival of the fictional heroines with which they have identified throughout. The most blatant example of this is when the FFF decide, in an imitation of a ‘girl’s weekend away’, to go away on a ‘trip’ together in Beauty’s Gift. The trip is not about permanently changing their lives, but about displaying solidarity and escapism. The Brechtian effect, in which catharsis is denied to the audience, forging an environment in which critical thinking can take place, is here compromised: the female characters have each other and do not need you (the audience and other members of society). While this attitude remains consistent with the exclusivity and independence that characterise the fictional chick lit personages throughout, the cathartic closure provided by these novels seems at odds with the ongoing experience of trauma and alienation that continues to haunt HIV-positive women who cannot claim financial freedom, sexual independence and global citizenship in South Africa. Moreover, in deploying narrative paradigms and tropes designed to promote identification with a Western, middle-class lifestyle

528 See for example Magona, p. 69.
529 In this quotation, the character of Beauty is speaking. (Maart, p. 160).
530 Brecht (1964) is cited in Decoteau, p. 245.
and audience, where the HIV/AIDS 'mystery has been solved', these novels risk re-stigmatising 'Africa' as the 'uncivilised' site of an ongoing HIV/AIDS epidemic.

In combination with its use of discursive constructions such as those outlined above (ABC campaigning and survivor narrative strategies) and the material location of the epidemic in *Beauty's Gift* and *The Writing Circle*, the signifiers of HIV/AIDS in these novels seem to be incongruous with the overwhelming operation of the virus in the deprived socio-economic environments of South Africa. The next section of this chapter turns to primary materials that are similarly rooted in the impetus of 'breaking the silence' around women's experience of HIV/AIDS, and are also rooted in the broad context of the family. Moving away from discourses of rape, but retaining a dialogue with embodied trauma, this section considers community-led efforts to sound the experiences of HIV-positive women situated outside of the metropole. The memory projects that these women produce are unique from the works considered thus far in producing a methodological approach designed to intervene in mitigating the vulnerable conditions that remain a common feature of living with HIV/AIDS in South Africa.

**Empowering Memory from the Ground Up: Visual HIV/AIDS Memory Projects**

In their research into the medical anthropology of HIV/AIDS in South Africa, authors Kate Wood and Helen Lambert chronicle several types of 'breaking the silence', including the disclosure of HIV-status as a political tactic (see Chapter Two for more on Zachie Achmat, who employed this tactic), discreet disclosure of the political elite (as was practiced by Nelson Mandela in his

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Decoteau, p. 238.
public revelation of his late son, Makgatho L. Mandela’s, death from AIDS-related complications\(^{532}\) and community-based interventions such as memory boxes and living wills, which encourage disclosure within the family unit.\(^{533}\)

This chapter will now examine a variety of such community-based interventions and argues how, free of the mandate to bolster a preconceived notion about HIV/AIDS ABC-prevention, these ‘artists’ use the space otherwise occupied by silence to express a message of empowerment that is highly personal.

The work of the Sinomlando Memory Box Programme, the University of Cape Town’s Memory Box Project in Khayelitsha and its associated bodymap project provide evidence of the attempt to record life testimonies – to ‘make memory’ – at the grassroots, community level. This selection of memory projects is based on creating scrapbook family histories, generating visual testimonies for experiences of HIV/AIDS and decorating boxes of memorabilia that children can then use as memory aides in navigating their grief. Projects such as these support an individual’s ability to form their own narrative in a context where agency is otherwise threatened by a closed public

\(^{532}\) His announcement was widely reported in the press. In particular the following quote: “That is why I have announced that my son has died of AIDS,” he said. “Let us give publicity to HIV/AIDS and not hide it, because the only way to make it appear like a normal illness like TB, like cancer, is always to come out and say somebody has died because of HIV/AIDS, and people will stop regarding it as something extraordinary for which people go to hell and not to heaven.” (Michael Wines, ‘Breaking Taboo, Mandela Reveals Son Died of AIDS’, TheNewYorkTimes.com, 6 January 2005 [http://www.nytimes.com/2005/01/06/intemationallafrical06cnd-mand.html?_r=0> [accessed 12 January 2013].) As Guardian writer Tom Happold points out, ‘His comments contrast starkly with those of his successor, Thabo Mbeki, who has denied knowing anyone who has died of the disease and has questioned the link between HIV and Aids.’ (Tom Happold, ‘Mandela’s eldest son dies of Aids’, Guardian.co.uk, 6 January 2005 [http://www.guardian.co.uk/world/2005/jan/06/southafrica.aids> [accessed 12 January 2013].) See also ‘Mandela admits son died of Aids’, Mail&Guardian.co.za, 6 January 2015 [http://mg.co.za/article/2005-01-06-mandela-admits-son-died-of-aids> [accessed 12 January 2013].

narrative, and crucially ‘break the silence’ of that narrative, providing children orphaned by HIV/AIDS with access to their family histories, binding the two demographics – women and children – considered in this chapter.

In his book *Never Too Small to Remember*, Philippe Denis chronicles the Memory Boxes methodology that the Sinomlando Memory Box Programme has helped pilot in South Africa.534 This methodology involves a ‘memory facilitator’535 working with HIV/AIDS orphans and their carers (often grandparents) to create and fill boxes and notebooks (including interviews that are then transcribed) with memorabilia with which to remember their parents.

The basis for the memory box methodology is the understanding that:

Children who have a positive recollection of their parents’ illness or death, are better able to cope with the hardships of their condition: they are able to develop what psychologists call resilience.536

The interdisciplinary methodology (which draws on oral history, life story work, narrative therapy and child psychology) is clearly delineated in the case study of the family of Siphamandla Hadebe and Nokuthula Nkosi. Their story begins two years after Siphamandla’s death from AIDS-related complications, when project workers visited the family and invited the mother, herself HIV-positive and ill, to tell her story to her children. Following this event, Nokuthula is encouraged to disclose her own HIV-positive status to her younger children. The children, wanting to show their support, respond by writing letters to their mother, who died shortly afterwards.

With Nokuthula’s consent, the memory facilitators had recorded the conversations, transcribed the stories that were told and generated a booklet,

535 Denis, p. vii.
536 Denis, p. 5.
complete with photographs, which they then left with the children’s grandmother. The impact of the memory book in helping the children to navigate grief following the death of their mother is described below:

The grandmother who now looks after the children knows the importance of the memory box. She put it in a safe place. From time to time the children ask to see it. It is their treasure. They still feel the loss of their parents, but with their memory box their pain is easier to bear.337

The roots of Memory Box work lie in Britain during the early 1990s, when a group of HIV-positive parents in collaboration with the children’s organisation Bernardos developed a way to communicate their status with their children through the writing of memory books. The methodology was then adapted in Uganda in the late 1990s to better fit the requirements of the African context.338 Its presence in the Sinomlando methodology is evidence that it has since spread. I Die, But the Memory Lives On,339 for example, describes Swedish author Henning Mankell’s personal encounters with thirteen-year-old Aida and the memory book that her mother, suffering from AIDS-related complications, has compiled for her to have once she dies and in turn becomes mother to her siblings.340

Like the memory book that Mankell encounters, the Sinomlando project is based on the premise that if children know the truth about their parents’ history – as opposed to the ‘half-truths’ that parents often tell their children in accordance with Zulu taboos against mentioning sexuality or

537 Denis, p. 4.
540 Mankell, p. 11.
death\textsuperscript{541} – they are ‘better able to overcome the suffering caused by their illness or death.’\textsuperscript{542} The children implicated in the related ‘memory box’ methodology acquire access to knowledge through varied records of memory. In the methodology that Sinomlando, and projects like it, espouse, artefacts and visual stimuli as well as language act as agents in the retrieval of memory, which in turn contribute to their ability to build resilience. Two examples of Memory Boxes designed by children, taken from the Sinomlando office in KwaZulu-Natal (Pietermaritzburg), follow:

Illustration 5:\textsuperscript{543}

\textit{Long Life} (2003) is an illustrated book that focuses on the memory books, boxes and bodymaps of a group of twelve women – the ‘Bambanani Women’ – living in Khayelitsha, an area of high-density housing in the Cape Flats. Much like the booklets that Denis makes reference to in the Sinomlando Memory Box Project, the memory books, boxes and bodymaps that are illustrated in \textit{Long Life} represent the desire to externalise – to render into narrative – a personal and often traumatic experience of HIV/AIDS. The twelve case studies that occupy the book’s main text contain transcribed interviews from each

\textsuperscript{542} Denis, p. 13.
\textsuperscript{543} Author’s own photographs, taken from the Sinomlando ‘sample’ collection in PMB, 16 September 2010. Many thanks to Lois Moyo for allowing me to visit the offices.
woman’s memory books, as well as reproductions of their body maps, hand-drawn illustrations and a selection of photographs taken by each woman, which provide a visual context for their lives. In combination, their narratives offer disclosure about their HIV status, as well as vivid portraits of their emotional, psychological and physical journeys with HIV.

Nondumiso Hlwele, whom I met in Cape Town in 2011 uses the space of her memory book to record her frustration with Mbeki’s ARV policies:

That’s why I say President Mbeki is not right. He doesn’t want us to use ARVs. I think that if he dies and goes to heaven, God is going to ask him,

‘WHAT DID YOU DO ON EARTH? WHAT WAS YOUR JOB?’
Thabo Mbeki will say, ‘I was there to rule the country, but my people are dying.’

God will say, ‘DIDN’T YOU HEAR ANYTHING ABOUT ARVs?’
Thabo Mbeki will say, ‘Yes God I did.’
And God will say, ‘YOU’RE STUPID, GO BACK TO HELL.’

The bodymap that she created to accompany her work appears as such:

In the words of Jonathan Morgan, founder of the University of Cape Town’s Memory Box Project in Khayelitsha, from which *Long Life* is derived,546 ‘Memory Box work, as it is understood in the context of HIV and AIDS, is about preparing for death, and about preparing legacies for children who are soon to become orphans.’547 However, as Nondumiso’s testimony attests, the sense of justice that is derived from inhabiting a space in which to stage her sense of injustice is a crucial component of forging a route forward in *living* with her disease. Richard Vokes’ work on memorial photography albums in the context of the HIV/AIDS epidemic in East Africa is worth noting here. Vokes situates his discussion of Ugandan memorial albums in the evolution of

545 Morgan and Thomas, p. 36 (Nondumiso’s bodymap).
546 The University of Cape Town’s Memory Box Programme began by giving workshops in Khayelitsha in 2002.
547 Morgan and Thomas, p. 8.
'subaltern photography', which he identifies as a counterpoint to 'official', 'colonial' photography. This approach has application in the context of the bodmaps, as Nondumiso's artwork and text also express 'a gaze quite different from that of the dominant, state-sponsored visual regime' relating to HIV/AIDS in the post-apartheid era,548 as well as giving 'evidence of AIDS' and documenting the 'realities of living with the disease',549 all of which Vokes attributes to the extended development of a village photography aesthetic in relation to HIV/AIDS in Uganda. In her previously quoted extract, for example, Nondumiso pointedly uses the space of her memory book to challenge the oft repeated preconception that 'AIDS is a death sentence', or that ARVs are toxic. This is also clearly delineated in the body map that accompanies her memory book, in which the comparatively small space occupied by the virus (represented in blue specs) is being engulfed by ARVs (represented in red) within her blood (represented in white).550

Symbols of sun, rainbow and hearts near Nondumiso's mouth, together with written messages such as 'I am happy, I am free, I feel like I've won the battle',551 are clear projections of an empowered, strong body. The placement of the symbols - Nondumiso has literally placed the words in her own mouth - further serve to reinforce a symbolic control over the narrative she is constructing for herself, recalling Annwen Bates's distinction between 'positive' images of the African body (that appear in the literary delineations of fashionably dressed, sexually-assertive female characters introduced in the

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549 Vokes, pp. 357–358.
550 Morgan and Thomas, p. 36.
551 Morgan and Thomas, p. 41.
previous section) and ‘empowered’ images that are ‘constructed on Africa’s [Nondumiso’s] own terms’. ⁵⁵²

Common to many of the bodymaps surveyed for this project is an emphasis on life and on positive living. This emphasis captures the question central to the bodymapping approach – why is HIV/AIDS the most important component in framing the identities of people living with HIV? ⁵⁵³ – and is important in marking the shift and relationship between preparing for death and living a ‘positive’ life. This shift is most literally represented by bodymaps that portray pregnancy. Representations of pregnancy occupy a central location in the women’s bodies, and are portrayed through strong colour contrast (the dark red child overlays the pale colour of its mother’s body) or defined features (the multiple colourful circles that encircle the child in its mother’s womb, for example) that make them stand out. Incubating a symbolic positive change for the future, these delineations also breach the artistic boundaries used to signal the presence of disease (often signified by red spheres) and health (often signified as red spheres being encircled by a thin white coating). Moreover, the use of the same strong lines and colours are used to represent healthy vital organs and babies. In the examples from the Bambanani Women’s group below, the space of pregnancy is thus protected and exposed and indelibly positive, with babies positioned ready to be born (left) and smiling (right), indicating the sturdy trajectory towards the future:

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⁵⁵² Bates, p. 71.
⁵⁵³ From my interview with Jane Solomon, 10 December 2009, Cape Town.
As the examples above demonstrate, the body retains its central position in visual HIV/AIDS iconography. Like the memory boxes and books discussed above, the bodymapping methodology is also one that supports the development of personal understandings about the operation of the virus both for the individual and the family unit. The next section addresses the bodymapping methodology explicitly, focusing on its ability to encourage community involvement in generating narratives about HIV/AIDS.556

‘Wrapping’ HIV/AIDS Communities: The Bodymapping Methodology

The body mapping initiative emerged as a result of the 2002 collaboration between Jonathan Morgan, the director of the Long Life project, and Jane Solomon, a South African artist. With the addition of specialist psychological

554 Morgan and Thomas, p. 16 (Nomawethu’s bodymap).
555 Morgan and Thomas, p. 144 (Ncedeka’s bodymap).
556 See Bates’s discussion on the effect of positive images around HIV/AIDS, p. 72.
The bodymapping methodology has now emerged as an important vessel for expressing the otherwise concealed experience of HIV, especially among less privileged sectors of society.

Central to the methodology is that participants work in pairs in a community space, working together to develop individual visual expressions of personal experiences of HIV. These include descriptions of physical, psychological and emotional journeys, calibrations of the impact of HIV on families and records of personal hopes and fears about the future. The first step to ‘mapping’ these experiences visually is to outline the participant’s partner’s body. The body of the participant is then outlined on top of the partner’s outline to create an overlapping effect. Using a number of different artistic media, the outline of the participant becomes the primary canvas onto which the experience is then scripted. The outline of the partner’s body is integrated into the participant’s overall bodemap, while also being distinguished from the outline of the participant’s body.

In her work detailing the use of arts and crafts (and also murals) to raise awareness around HIV/AIDS in South Africa, Sabine Marschall emphasises that education and support are at the core of community projects such as these. Given the methodological emphasis on twinning participants during

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558 From my interview with Jane Solomon, 10 December 2009, Cape Town.
560 For positive analyses of the effectiveness of the bodymapping methodology, see also the work of Annie E. Coombes, ‘Witnessing History/Embodying Testimony: Gender and Memory in Post-Apartheid South Africa’, Journal of the Royal Anthropological Institute, Special Issue (2011), 91–112. Coombes argues that ‘representations of history and memory in memory boxes and body maps do provide conditions for the non-participant viewers to “look and listen ethically” (Spivak 1996)’ (p. 107), and Wienand, who argues in her study that bodymapping increases biomedical understanding of AIDS and ‘to some extent health-enhancing behavior’ (p. 1).
both the memory box and the bodymapping procedure, the following description provides a context for understanding the implications of such a strategy:

The primary target audience of the HIV/AIDS awareness message are not the final buyers of the products, but their makers, the craftswomen, as well as their families and neighbours. Before creating their works, all participants are informed about the disease and briefed on the project in the preliminary workshops, which, according to Kate Wells [2001], for many of these rural women represent the first ever opportunity to talk openly about the disease and get reliable information.  

Marschall adopts a post-structuralist approach in her analysis of the semiotics of the HIV/AIDS community art projects that her work surveys. She develops this approach in order to criticise the multiple unfixed meanings of any one (visual, in this case) signifier, suggesting that artists cannot control how an individual viewer will decode any one message. Hendry and Watson's (2001) notion of 'wrapping', by contrast, suggests that the many interpretations that an image produces have the potential to present a form of 'indirect' communication that is present in the ways that communities communicate about stigmatised subjects such as illness or sexuality.

Eschewing the more obvious American pop-feminist messaging of Sex and the City replicated in Beauty's Gift, the multiple interpretations of meaning in the painted abstract images, outlines of autonomous people and occasional words that populate a bodymap appropriate a more 'indirect form' of communication present in 'everyday life'. In opposition to readings that suggest abstract language as signifying the continued operation of AIDS denial in South Africa, Hendry and Watson rightly suggest that bodymaps adopt local

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idioms in their formation of a visual testimony around an otherwise stigmatised subject:

The communication of thoughts not directly, straightforwardly or unambiguously, but in a manner that to some degree or another obscures, hides or "wraps the message" (Hendry and Watson 2001:2). Indirection, allusion, obfuscation, and a variety of "non-verbal semantic possibilities" (Hendry and Watson 2001:9), of which silence is one important example, are an inherent part of everyday life, and have particular relevance to socially sensitive topics.562

Despite its negative associations with death, the concept of 'haunting' in the context of the theory of 'wrapping' introduced above produces a useful theoretical framework to evaluate how effective the use of multiple-figured bodmaps are in 'breaking silence' around HIV/AIDS. The associated theories of spectrality and ghostliness have the potential to produce contextually sensitive readings of both the physical and social impact of living with HIV in South Africa. While Decoteau develops her theory of 'hauntology' based on Derrida's work on spectrality and Freud's research into the uncanny,563 the application of theories of 'hauntology' or 'spectrality' prevalent in particular in interrogations of cultural denialism and 'silence' surrounding the HIV/AIDS epidemic by scholars working in the context of Africa are perhaps more relevant here. Performance studies scholar Ola Johansson,564 for example, draws on Steven Hanson's research in Tanzania and Zambia565 and Aldin K.
Mutembei’s (2011) research on AIDS as a ‘ghost disease’ is based in Tanzania and Kenya.\(^{566}\)

Discourses that suggest the ghoulish nature of the epidemic reflect the challenge that HIV poses to the ability to read the infected body as diseased: With symptoms remaining incubated for years, an HIV-positive body – a ‘sick’ body – can appear healthy. Theories of ‘spectrality’ in turn represent the social phenomenon of ‘othering’ that has accompanied experiences of HIV/AIDS.\(^{567}\)

The Merriam Webster dictionary provides a definition of ‘spectre’ as ‘a visible or disembodied spirit’\(^{568}\). These distinctions are useful in reading the methodology of the bodymapping projects. By locating individuality within a broader cultural and social context, the background presence of the partner’s ‘other’ body in the bodymapping images subverts the otherwise marginal position of the HIV/AIDS body rendered as a ‘socially other’ being.\(^{569}\)

The HIV/AIDS body is positioned centrally, while the narrative that accompanies the participant’s map – coded through art and words – has replaced a focus on the physical symptoms that render the presence of HIV visible. The bodymaps thus render visible a narrative where illness cannot otherwise be reliably read from symptoms appearing on the body.

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\(^{566}\) Mutembei’s research is discussed in greater detail in Chapter Four of this thesis.


\(^{568}\) Definition provided by Merriam Webster Online. See <http://www.merriam-webster.com/dictionary/specter?show=O&t=1332247172> [accessed 13 January 2013].

\(^{569}\) This effect is what Fiona Ross refers to as ‘experience entwined in wide sets of social relations’ in her study critiquing the content and delivery of women’s personal testimonies during the TRC hearings. Given Ross’ gendered reading, it is interesting to note that the overwhelming appeal of the bodymapping methodology to women. The Bambanani Group has, for example, attracted and retained an almost entirely female participatory base. (See Fiona Ross, ‘Speech and Silence: Women’s Testimony in the First Five Weeks of Public Hearings of the South African Truth and Reconciliation Commission’, in *Remaking a World: Violence, Social Suffering and Recovery*, ed. by Veena Das, et al. (Berkeley: University of California Press, 2001), pp. 250–279 (p. 259).) Fiona Ross’ work is noted further in Chapter Five of this thesis.
This chapter will now contrast isolated representations of the HIV-positive subject and body from a selection drawn from the three corpora of texts discussed thus far in order to distinguish the different limitations and strengths according to the remit of each to ‘break the silence’.

Breaking the Silence?

Representations of the HIV figure as lone and isolated appear in the character of Beauty (who dies forcibly secluded from her friends in Beauty’s Gift), Esther (who lives in a shack having been shunned by her aunt and uncle and isolated from her community) and Chandra (whose community initially ostracises her by refusing to cross the fence that marks the perimeter of her house in Life, Above All). An emphasis on depicting characters who have been alienated by HIV is mirrored in the individual acts of defiance and heroism at the core of the ‘silence breaking’ solutions that these texts suggest.

Is an emphasis on individualism appropriate given the integrated networks through which HIV thrives in the Southern African context? In his criticism of the ‘trauma approach’ in the Post Traumatic Stress Disorder Paradigm, David Tolfree comments on the influence of Western research in deploying trauma scenarios that stress the central importance of individualism and ‘the need for victims of trauma to talk about their past experiences and express their feelings about it’. In particular, his argument that individualism ‘does not take into account people’s present belief systems and cultures [...] [and] also tends to see the person [...] as a victim’ is worth considering in evaluating the interventionist capacities of the cultural texts discussed throughout this chapter.

570 Cited in Suitcase, p. 170.
Tolfree's proposal is that 'no attempt is made to “solve” problems or to suggest action which they can take. Rather the aim is to provide a special forum of interaction and the “tools” with which people themselves can discover and build their own and each other’s personal resources.' This is reflected in the emphasis that Tshepang places on understanding the context for historical violence, for example. It is also reflected in the bodymapping methodology, which takes as its starting point the outline of not one, but two figures, ‘wrapped’ together. The effect of the double-layering of bodies in the finished artwork suggests that the health of any one individual body is also tied to the lasting health of the community.

Whilst underlining the interconnectivity of communities affected by HIV/AIDS, the bodymaps and memory boxes further reinforce the agency of individuals without undermining the roles these women are playing in creating histories of their own experience by soliciting sentimental audience responses.

Both sexual violence and HIV/AIDS share the space of the body. Appropriately, all of these texts explore the violence associated with their embodiment. In The Writing Circle, for example, attempts to adorn the body with modern and fashionable femininity appear superficial alongside the inscription of narratives mapping the psychological complexity of trauma and the harrowing descriptions of rape. If the women’s exterior physical worlds are decorated, then the post-cleansing rape rituals involving vomiting, crying,

571 Cited in Suitcase p. 172.
572 Other bodymapping projects use only the single outline of the participant’s body. See for example the Trust for Indigenous Culture and Health’s (TICAH) ‘Our Positive Bodies’ project, which was exhibited at SOAS, University of London from 17 April–21 June 2008 or the accompanying catalogue, TICAH, Our Positive Bodies: Mapping Treatment, Sharing our Choices (Nairobi: TICAH) [n.d].
washing, screaming – and indeed exteriorising through testimony – delineate the need to expunge and to abandon the traumatised physical self.\textsuperscript{573}

Narratives that describe the reclamation or re-embodiment of the traumatised body, by contrast, appear in the bodymapping projects. Investing the HIV-positive body with the agency to speak, these projects redefine representations of the traumatised female body as negative spaces. The incorporation of hope in the form of pregnant, HIV-positive bodies also challenges representations of the disease as negative capacity and represents an empowerment that does more to challenge the image of the female body as a historical and present-day site of pollution than any of the survivor narratives presented for discussion in this chapter.

The bodymapping methodology is, however, not without complications. 'Haunting' viewers with the distinctly autonomous figure of the partner's body in the bodymap artworks is a powerful reminder that they may, one day, inhabit this role. While the presence of the partner's outline has the potential to serve public viewers with a reminder of their own implication in the HIV/AIDS epidemic, the possible presence of a public audience raises questions about the context in which materials such as these – not intended for the public realm – are exposed to public audiences. In her article exploring memory boxes and bodymaps, Annie E. Coombes examines the ethics of viewing texts such as bodymaps and memory boxes outside of the context in which they were created. She concludes that because these objects do not reconstruct events or sensations, 'outside' audiences are not seduced into a shared experience, and distance is not suspended: 'the testimony explicitly

\textsuperscript{573} See, for example, Maart, p. 31.
requires secondary witnessing – a reminder of the women’s agency. And yet Coombes also alludes to the pathos implicit in viewing memory boxes and bodysmaps when she makes reference to the ‘poignancy’ of texts which ‘stand in for a testimony, a voice that might forever be lost to the listener (her child, her partner, her family and friends).’

Given the time-depth of this study, it is difficult to assess how children will continue to interact with their memory boxes and books, both as individuals and within the larger family units to which the projects signal. While they may offer some immediate relief – a talisman – in negotiating the loss that accompanies the death of a parent from a potentially stigmatising disease, understanding how these artefacts will be used in future remains to be seen. Will they become objects with the potential to re-traumatise? Will they be discarded as sites of loss, retained, passed down? The very personal nature of these objects complicates this line of enquiry further. Yet, funding for the projects that support the production of these objects relies to a certain extent on qualitative data that proves their efficacy in promoting resilience and behaviour change.

**Conclusion**

From 2002, many strategies have been used in cultural productions aiming to create awareness and break silence around HIV/AIDS and sexual violence. The potential and limitations of each of the cultural texts discussed in this chapter are different, as are their primary audiences and their associated means of communication. Some convey explicit messages, communicated through

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576 From my interview with Lois Moyo, 16 September 2010, Sinomlando office, University of KwaZulu-Natal, PMB.
internationally recognised tropes (such as the ABC campaign) and channels (such as international NGOs working in the field of HIV/AIDS) while others work in abstract idioms, using symbols and iconography directly relating to the personal experience of the artist.

Public discourses around HIV/AIDS and rape first circulated following the public outcry over baby rape in South Africa. As part of this outcry, feature films such as Life, Above All and Themba sought to document and expose a particular child-centred HIV/AIDS crisis in South Africa through the cultural milieu. The mobilisation of emotionally driven, child-centred stories by the charity sector has encouraged limited, financial, intervention channelled from the international humanitarian community. Tshepang, by contrast, offers a more nuanced, thought-provoking understanding of the broader South African context in which children experience the epidemic. These texts 'break silence' by challenging their viewers to question and understand on their own terms, both in South Africa and abroad.

Using the space of fiction in order to imagine what might be required for women to 'survive' the dual epidemics of sexual violence and HIV/AIDS, The Writing Circle and Beauty’s Gift offer fictive interventions into the epidemic. Despite situating the survivor narrative as evidence of a positive correlation between political transformation on gender-based violence and HIV/AIDS policy, the strong, female characters across these two novels also maintain that gender violence is still partially thriving 'in the dark' of

577 In ‘Rape as Narrative’, Moffett notes that 'while it is generally recognized that during times of war, civic unrest and open political turmoil, there is a rise in rates of sexual violence, little data have been collected on the correlation between incidences of sexual violence and more benign forms of political transformation'. (p. 131).
578 Moffett, INSTRAW UN, Partners in Change, p. 60. (Cited in Moffett, ‘Rape as Narrative’, p. 135).
patriarchal dominance in the post-apartheid home. Responding to the change in public policy in South Africa since 2002, these novels attempt to 'break a silence' by suggesting that, with newly available life-long medication available to both rape survivors and HIV-positive citizens, one can lead a 'normal' life with HIV in South Africa, as is the case in the Western world, from which both novels draw many of their sympathies. In so doing, however, these texts risk alienating the experience of HIV/AIDS as one that remains traumatic and fatal for the majority of its South African sufferers, and thus limit their interventionist capacities.

The visual archive of community-based memory-oriented projects designed to create personal narratives around the experience of HIV 'embody' a counter-survival narrative whose message of empowerment is instead based on the use of an autobiographical, and highly personal, narrative technique formulated to stress an individual's ability to form their own narrative in what is often the traumatic context of HIV/AIDS. With the grassroots methodology, intensely personal objects associated with the sustenance of the self can help to safeguard against the loss of memory and personhood that so often contributes to the characterisation of the experiences of families and communities affected by HIV/AIDS as silent.

In their research on loss, David Eng and David Kazanjian emphasise the potential for 'new perspectives' represented by objects which encourage an 'open relation to the past'. Extrapolating from Freud's distinction between 'mourning' - a productive emotion - and 'melancholia' - which is deemed unproductive because of its 'continued and open relation to the past' - Eng and

Kazanjian challenge preconceived ideas about the potential productivity of melancholia in understanding the historical value of interventions that engage with such loss: ‘By engaging in “countless separate struggles” with loss, melancholia might be said to constitute, as Benjamin would describe it, an ongoing and open relationship with the past – bringing its ghosts and specters, its flaring and fleeting images, into the present.’\(^{580}\) Eng and Kazanjian’s notion of melancholia might be one concept through which the practice of loss represented by historical objects such as memory boxes and books may one day be evaluated.

Though it is still difficult to calibrate and indeed quantify their value, memory boxes and books have important, more immediate, implications for the development of resilience in those who inherit them. Given that in 2009 there were 1,900,000 children who had lost their parents to AIDS alive in South Africa,\(^{581}\) this methodology is significant for a growing number of young South Africans, some of whom have adopted adult responsibilities at a very young age, as films such as *Chandra’s Secret* portray. However, though the memory box project was initially developed to support an emerging generation of children who have lost their parents to AIDS-related complications, this methodology and its affiliated bodemap initiative have the potential to recreate and preserve the experience of HIV/AIDS that applies to a much larger sector of the South African population who otherwise do not have access to ways to ‘break the silence’ of their stories.

\(^{580}\) Eng and Kazanjian, p. 4.
Chapter Five

The Virus Goes Viral: Archiving South Africa's HIV/AIDS Epidemic

'The Virus Goes Viral' shifts 'beyond the stage and page' to focus on memorialising HIV/AIDS in the context of the post-apartheid museum. I undertake the analysis of two initiatives in particular, the Not Alone art exhibition\(^{761}\) that showed in South Africa during 2009–2010 and the 2012 initiative to establish a Museum of AIDS in Africa (MAA).\(^{762}\) The final chapter of this thesis thus aims to establish the 'past' of the apartheid era in the contemporary moment of the present HIV/AIDS epidemic by focusing on the initiative to institutionalise remembrance of the HIV/AIDS epidemic.

A necessary preliminary to the discussion of the Not Alone exhibition and the MAA project will be an analysis of how the Truth and Reconciliation Commission has provided a particular template for memorialising painful national memories, which applies both to South Africa's apartheid past and to its present HIV/AIDS pandemic. While the TRC was born of political compromise in the negotiated settlement for a democratic South Africa, it – allegedly – succeeded in opening public discourse on an unprecedented scale, giving victims a historical place for their stories. In the immediate wake of the TRC, cultural productions such as the play The Story I am About to Tell (1997) continued to help society to confront the depravity that underpinned white minority rule by expressing different aspects of these stories through a variety of embodied media. This chapter asks: To what extent does this culture

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\(^{761}\) I attended the Not Alone exhibition on 26 January 2010, Castle and Slave Lodge, Cape Town, South Africa.
perpetuate itself by giving HIV/AIDS-affected subjects a place to store their stories for future generations, a cultural space in which the depravity of the HIV/AIDS epidemic is also confronted? How are plans being developed through the mechanisms of the archive and the repertoire to make those opened public discourses available to both current and future generations of South Africans living in what will one day surely emerge as the post-AIDS era?

I undertake to examine the HIV/AIDS 'archive' according to the distinction Stoler draws between 'archiving as a process rather than [to] archives as things'. In particular, this chapter considers to what extent systems of exclusion have been perpetuated in the post-TRC, HIV/AIDS era in South Africa. Does the initiative to preserve a corpus of HIV/AIDS narratives in South Africa resonate with Stoler's notion of an 'archive' as 'a strong metaphor for any corpus of selective forgettings and collections'?

The chapter is divided into seven sections. The first section undertakes to provide the necessary historical context of the TRC as an archival intervention in redressing South Africa's apartheid past. In the second section, an exposition of the TRC provides the necessary historical background. In keeping with the performance focus of the thesis, the third section covers performative iterations of the TRC. Providing a close reading of one performance in particular - of the TRC-play *The Story I am About to Tell* - the fourth section then establishes the imperative to exercise different modes of remembering in the post-apartheid era. This play is examined in order to establish a precedent for the expression of personal memories of apartheid.

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763 Stoler, p. 83.
764 Stoler, p. 87.
located outside of the public institution legislated with remembering the past and rewriting the official historical record.

The remaining sections ask to what extent the post-apartheid imperative to produce and preserve a diversification of personal narratives relating to the experience of trauma in South Africa is currently being met by the initiative to create an HIV/AIDS archive. Section five analyses the international Not Alone art exhibition, which features artworks relating to HIV/AIDS from around the world. Section six introduces the Museum of AIDS in Africa project, an initiative that combines physical and online components. Applying cultural geographer Cheryl McEwan’s notion of the ‘postcolonial archive’ and drawing from Diana Taylor’s theoretical distinction between the archive of objects and the embodied repertoire, the seventh section discusses how the introduction of viral spaces through the MAA initiative challenges such theoretical binaries. In a thesis discussing the different strengths and limitations of cultural productions inscribing and performing HIV/AIDS through the ‘page’ and ‘stage’, the chapter concludes by suggesting some of the implications of housing such a ‘museum’ online.

**Making Memory: The TRC as Archival Intervention**

‘Archive’ derives from the Greek, *arkhe*, which means ‘a place where records are kept’ as well as ‘a beginning, the first place, the government’. Archival memory, on the other hand, is conventionally embodied in enduring object such as ‘documents, maps, literary texts, letters, archaeological remains, bones, videos, films, CDs, all those items supposedly resistant to change’.

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765 Taylor, p. 19.
766 Taylor, p. 19.
considering the written archive as one of the foundations of epistemology\textsuperscript{767} it is worth recalling another distinction, namely the relationship between archive creators, \textit{archons},\textsuperscript{768} and power. According to Derrida, who extended his Freudian study of the archive to the South African context in his ‘Archive Fever in South Africa’, the archivist plays a central role in selecting ‘traces of memory’\textsuperscript{769} (from the ‘enduring’ archive) for preservation.

Research focusing on the exploitation of power exercised by apartheid state archivists features prominently in scholarship attempting to ‘refigure’ – to borrow from the title of one such anthology of work – the South African archive for the post-apartheid era.\textsuperscript{770} In his work detailing the role of censorship and record destruction during apartheid, Verne Harris, for example, suggests that the role of the archivist in particular was appropriated as a method of exercising power by the apartheid government. His research argues that during apartheid, censorship took place in ‘memory institutions’ such as libraries, museums and archives in an attempt to perpetuate the apartheid agenda of white supremacy. ‘Memory erasure’ involved the elimination of oppositional voices through media censorship, banning, detention and assassination,\textsuperscript{771} serving to reinforce the unequivocal power of the apartheid state.

\textsuperscript{767} Hamilton et al., p. 15.
\textsuperscript{769} Van Zyl, p. 44.
\textsuperscript{770} See for example, \textit{Refiguring the Archive}, ed. by Carolyn Hamilton, Verne Harris, June Taylor, Michele Pickover, Graeme Reid, Raizia Saleh (Cape Town: David Philip Publishers, 2002). However, see also Shane Moran’s criticism of this anthology, in which he questions whether ‘despite the heralding of “a post-apartheid critique”, this metonymic functioning of the archive is perhaps not radically different from the frigidity of the bad “positivist assumptions of the apartheid era” (Hamilton et al 2002: 10).’ (Shane Moran, ‘Archive Fever’, \textit{Alternation} 11.1 (2004), 283–298 (p. 291)).
In their study ‘The Traumatic Past of South Africa’, Kay Schaffer and Sidonie Smith also investigate the role of censorship during apartheid:

Censorship was an integral part of the apartheid regime, a way for the state, its leader, and its bureaucrats to control the information that became ‘public,’ a way to render invisible critiques of the regime, to render invisible to history the discontent and resistance of the black majority population and the extent of state sponsored violence required to ‘secure’ the apartheid system.\footnote{Kay Shaffer and Sidonie Smith, ‘The Traumatic Past of South Africa’, in Human Rights and Narrated Lives: The Ethics of Recognition (Basingstoke: Palgrave Macmillan, 2004), p. 58.}

Prior to the 1994 election, censorship gave way to record destruction, with the security police ‘confiscating’ records belonging to individuals and institutions opposed to the apartheid regime.\footnote{Harris, p. 138.} In her research examining the representation of the 1976 Soweto uprising in South Africa’s national state archive, Helena Pohlandt-McCormick confirms that the South African government engaged in systematic destruction of state documents.\footnote{Helena Pohlandt-McCormick, ‘In Good Hands: Researching the 1976 Soweto Uprising in the State Archives of South Africa’, in Archive Stories: Facts, Fictions, and the Writing of History, ed. by Antionette Burton (London: Duke University Press, 2005), pp. 299–324 (p. 299). In support of this claim, Harris quotes from the TRC report (1.8, p. 219), which states that the National Intelligence Service destroyed approximately 44 tons of paper-based and microfilm records during 1993.}

Such research needs to be read in juxtaposition with the widely accepted claim that the apartheid state was far less efficient than they claimed in controlling people’s movements and environments (ultimately failing in their endeavour), as Keith Breckenridge confirms in his research examining the failure of the Reference Book, or ‘Dompas’, issued to all African adults during the 1950s and 60s in South Africa.\footnote{Keith Breckenridge, ‘Verwoerd’s Bureau of Proof: Total Information in the Making of Apartheid’, History Workshop Journal, 59 (2005), pp. 83–108.} However, these practices did inevitably alter the shape of its national archive. The State Archive Service (SAS), for example, selected public documents for preservation based on their perceived usage for researchers, which meant that the archive’s distorted shape poorly

reflected the experiences of 'apartheid's marginalized and oppressed communities'. The legacy that this created was one of 'skew[ed] [of] social memory',\textsuperscript{776} of 'silence and lies',\textsuperscript{777} in that it failed to reflect the experiences of the majority of the South African population.

Several of South Africa's historians have, furthermore, identified the prejudices of the colonial and apartheid archives, and produced works that have been read 'against the grain'. A significant radical tradition of left-wing history writing, for example, took place through various archives in South Africa during the 1970s and 80s, including work by historians such as Charles van Onselen\textsuperscript{778} and Martin Legassick.\textsuperscript{779}

Out of this historical context the Truth and Reconciliation Commission (TRC) was born. Antoinette Burton stipulates that the TRC used 'notions of truth' to interrogate factual and forensic knowledge about the past and history, thus pitting 'conventional forms of knowledge [...] against the claims of groups who have typically been disenfranchised by dominant regimes of truth.\textsuperscript{780} Viewed as an 'archival intervention', the TRC can therefore be seen to have added new historical records to those already in archival custody.\textsuperscript{781}

With the TRC, South Africa extended a new way of remembering the injustices of past. To what extent is this extension present in the initiatives to

\textsuperscript{776} Harris, pp. 140, 141. 
\textsuperscript{777} Harris, p. 300. 
\textsuperscript{778} van Onselen published Small Matter of a Horse: The life of 'Nongoloza' Mathebula, 1867–1948 (1984), for example. 
\textsuperscript{781} Harris, p. 136.
establish a ‘HIV/AIDS archive’ in South Africa in 2012? In order to appreciate the form of the 2012 AIDS museum initiative, it is necessary to take full account of how the TRC attempted to fundamentally re-configure national attitudes to the past, and in particular, of how the sufferings of the excluded and marginalised have been recovered and remembered within national memory as well as within the significant academic industry that the TRC precipitated.

**Historical Context:**
**The Truth and Reconciliation Commission in South Africa**

Succeeding half a century of institutionalised racial discrimination and violence in South Africa, the TRC’s broad remit was to consider acts that caused physical and mental harm or death committed during the course of political conflicts during apartheid. Born of intense negotiations between the outgoing National Party and incoming African National Party during the interim period between Nelson Mandela’s iconic release from prison (1990) and the 1994 elections, the TRC was the newly-elected democratic government’s attempt to account for South Africa’s past in order to become accountable to its future.

The TRC was not a court of law, but was nonetheless a statutory commission of inquiry required to make defensible findings according to legal principles. The seventeen commissioners appointed by President Mandela

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divided themselves amongst the three committees: Human Rights, Amnesty and Repatriation, and Rehabilitation. Anglican bishop Desmond Tutu was appointed as chairman of the Commission and Dr Alex Borraine was appointed as his deputy. The Commission considered the personal narratives of apartheid victims (total victim statements received: 21,300, recording 38,000 instances of gross bodily harm) alongside the applications for amnesty of its perpetrators (total applications: 7,127). Lasting three years (1995–98), it produced an Interim Report (presented to President Mandela in October 1998) and Final Report, which was presented to President Thabo Mbeki in 2003. The number of amnesty applications meant that the Amnesty Committee continued its hearings beyond the TRC deadline.

In many ways the TRC was lauded as a model of success for a society in transition. In her work on the South Africa Truth Commission, Catherine Cole, for example, cites Priscilla Hayner’s comparative study of twenty-one truth commissions and her associated conclusion that South Africa’s TRC was one of the most ‘successful’. Historian Rosemary Nagy argues that the process of vocalising the truth of apartheid violence has overturned the dehumanising effect of apartheid – its racial hierarchy and the criminalisation of dissent that meant that victims were seen as ‘less than human’.

786 Jeffrey, pp. 8, 9.
787 This Committee has attracted criticism from scholars, including Lyn Graybill, who notes that few of those who applied for amnesty were the top leaders of the apartheid system and close to half of the applicants were from the ANC, ‘who in moral terms had less to be sorry about’. (Lyn Graybill, ‘Pardon, Punishment, and Amnesia: Three African Post-Conflict Methods, Third World Quarterly, 25 (2004), 1117–1130 (p. 1119)).
strengths of the TRC process, namely its emphasis on personal storytelling, its inclusiveness, its mandate to reclaim and document traumatic and marginalised histories, and the therapeutic vindication offered through catharsis would inculcate a mode of remembering the past that is present both in the play that the next section considers, as well as in the more contemporary efforts to memorialise the HIV/AIDS epidemic considered later in this chapter.

However the TRC was not without its detractors, including those who stressed that it allowed no economic redress for victims and no punitive action for perpetrators.790 This is evidenced most famously by the fierce opposition mounted by the Biko family to the decision to conduct a TRC hearing into Stephen Biko’s death.791 Mahmood Mamdani criticises the TRC’s individualisation of the victims of apartheid and collective allocation of impunity to most perpetrators of apartheid.792 The work of R.W. Johnson registers the Commission’s ANC bias. The TRC was supposed to be impartial; however Johnson cites seventeen ‘pro ANC’ commissioners, ‘with just two

790 Ronit Fainman-Frenkel provides a concise overview of the main criticisms lodged about the TRC in South Africa in ‘Ordinary Secrets and the Bounds of Memory: Traversing the Truth and Reconciliation Commission in Farida Karodia’s Other Secrets and Beverley Naidoo’s Out of Bounds’, Research in African Literatures, 35.3 (2004), 52–65 (p. 53)). Other critics include Patrick Bond (Elite Transition: From Apartheid to Neoliberalism in South Africa (London: Pluto Press, 2000) and Hein Marais (South Africa: Limits to Change: The Political Economy of Transformation (London: Zed Books; Cape Town: UCT Press, 1998), who have come to interpret the TRC as one of the many failures and betrayals of the post-apartheid regime. See also Richard Wilson, The Politics of Truth and Reconciliation in South Africa: Legitimising the Post Apartheid State (New York: Cambridge University Press, 2001), whose book argues that the TRC had little effect on popular notions of justice.

791 The Biko family wanted to try the five policemen (Harold Snyman, Daniel Siebert, Rubin Marx, Johan Beneke and Gideon Nieuwoudt) responsible for Biko’s death in a court of law. In 1996 they appealed to the Constitutional Court of South Africa, declaring that the amnesty granted to the policemen during the TRC hearing was unconstitutional. The court upheld the TRC’s decision, citing the need for national reconciliation. See Robert Block, ‘Justice Before Forgiveness, Say Families of Apartheid Victims’, Independent.co.uk, 31 March 1996 <http://www.independent.co.uk/news/world/justice-before-forgiveness-say-families-of-apartheid-victims-1344975.html> [accessed 2 April 2013].

old-order representatives and none representing either the IFP or the PFP'.

His work on the TRC, cited in *South Africa's Brave New World* (2009), draws heavily on Anthea Jeffery's criticisms. Jeffery's findings about the report, recorded in *The Truth About the Truth Commission* (1999), note a lack of fact checking and bias. These claims, Jeffrey concludes, mar the credibility of the Final Report.

With respect to the TRC's mandate to give voice to victims, some of its most relevant detractors, however, are those victims who testified. In her careful research of the TRC proceedings, Cole examines the priorities and outcomes of one testifier, Cynthia Ngewu, mother of one of the Guguletu Seven. In her testimony, Ngewu states that

> I personally feel what the Commission can do for me is that these people should be brought to justice. The whole nation must see these people and they must say why they shot our children. They must account for the death of our children. Why would they drag my son? Was he a dog? Were their hands better than mine? Better than my son's? Were their hands so clean that they couldn't even touch my son? Why did they have to drag him? Barnard would come in and out of my house and he would be telling me that "Your dog, Christopher, is dead".

Given the clear articulation of Ngewu's priorities, namely 'justice, national and public exposure of the perpetrators, retribution [...] economic reparations, and healing for herself and her family' it becomes clear that while the TRC was

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793 R.W. Johnson, *South Africa's Brave New World: The Beloved Country Since the End of Apartheid*, 2nd edn (London: Penguin Books, 2010), p. 275. Johnson dismisses De Klerk's attendance at the TRC (Johnson, p. 295) in order to highlight the TRC's moral standpoint: That moral equality between those fighting against apartheid and those fighting to preserve it was not possible (Johnson, p. 278–79). Johnson also questions the theory on which the TRC operated, namely the assumption that reconciliation could only be achieved by telling and facing the complete truth (Johnson, p. 274).

794 See Jeffrey, pp. 8–11.

795 Jeffrey records this bias in 'The need for comprehensive findings', 'The need for objective operation' and 'The need for violations to be contextualised'. (pp. 11–13).

796 Jeffrey further concludes that 'what the commission has done is to focus on only half the story – and to tell that half in a selective and distorted way.' (p. 21).

797 The Guguletu Seven refers to seven Umkhonto we Sizwe activists killed by South Africa's forces on 3 March 1986 in Guguletu, a township outside of Cape Town.

798 Cynthia Ngewu is cited in Cole, p. 86.
designed to address the exposure of perpetrators and economic reparations (however minimal), it was not equipped to address Ngewu’s first priority of criminal justice or her desire for retribution. Equally, the Commission was limited in its interest in the gross acts of bodily harm visited on Ngewe’s son and not in the ways that this affected Ngewu herself, an observation raised by Ross: ‘The Commission tended to seek for experiences that were both literally and visibly embodied… this has important implications for the ways in which women’s testimonies can be heard.’

Of significant interest to this chapter is the fact that limited circulation and high production costs meant that the TRC Final Report (written by the TRC’s research department) – the document representing South Africa’s interrogation of the state archive under apartheid – remains largely unread by South Africans. Most South Africans therefore have little knowledge of the Commission’s findings through access to the Final Report itself. If the TRC is an ‘archival intervention’, then this becomes problematic, especially given the requirement of ‘telling’ and ‘facing’ the truth.

These criticisms of the TRC process – its lack of sanction for perpetrators, its emphasis on individualisation, its political bias, the lack of accountability for what Ngewu referred to as ‘the death[s] of our children,’ as well as the limited circulation of the TRC report – are important to register.

799 Professor Charles Villa-Vicencio, who served as the South African Truth Commission’s Director of Research, identified five different types of transitional justice, among which is ‘justice as the affirmation of human dignity’. It is this form of justice, ‘restorative rather than punitive justice, that the TRC prioritised in its rhetoric. (Kadar Asmal, ‘Truth, Reconciliation and Justice: The South African Experience and Perspective’, The Modern Law Review, 63.1 (2000), 1–24 (pp. 12, 15)).

800 Cole, p. 87.

801 Ross, p. 252.

802 The research department was also responsible for determining which cases it wanted to cover in the hearings. R.W. Johnon argues that victims were therefore ‘deliberately sought out in terms of researchers’ own perceptions’. (p. 276).

803 Cole, p. 123.
here because of later decisions made to address these limitations in the establishment of the two ‘HIV/AIDS archives’ that this chapter considers. In the more immediate context of the TRC, however, cultural productions that dealt with the TRC addressed many of these shortcomings.

**Repertoires of Remembrance: Performing the Truth Commission**

As a document registering the enactment of disclosure, the TRC Final Report needed to be performed in order to take effect in the reshaping of society.\(^{804}\)

The transparency of the TRC, that aspect which in particular was designed to restore public confidence in all sectors of society, relied especially on the performative aspects of ‘telling’ and ‘facing’ that the public hearings facilitated. Taylor’s distinction between the ‘archive’ of ‘enduring objects’ and the performance ‘repertoire’ is useful in probing the performative iterations of the TRC that apply to the formation of an HIV/AIDS ‘archive’ in South Africa. In the following extract, Taylor underlines the need to consider the embodied as well as archival dimension as systems of information transmission:

> The archive and the repertoire have always been important sources of information, both exceeding the limitations of the other, in literate and semiliterate societies. They usually work in tandem and they work alongside other systems of transmission – the digital and the visual, to name two. Innumerable practices in the most literate societies require both an archival and an embodied dimension: weddings need both the performative utterance of “I do” and the signed contract.\(^{805}\)

TRC scholarship mostly fails to consider the ways that embodiment (eye contact, gesture, intonation) affected the readings of testimonies staged during the hearings. Cole’s work is one exception, as is the work of Ross.\(^{806}\)

\(^{804}\) This is not a unique historical process – the same can be said of many scenarios, including the passbooks of the apartheid era and the constitution that marked South Africa’s new democratic era.

\(^{805}\) Taylor, p. 21.

Performing South Africa's Truth Commission (2010) examines the role of the media in the TRC and the theatrical and performative aspects of the TRC. The TRC relied heavily on several theatrical modes, including the 'emotional expressiveness and volatility; communication through the dense registers of embodiment; and moments of direct conflict and confrontations between perpetrator and victim'. Structurally the TRC's human rights hearings were performed live on stages, in front of audiences. They physically toured the country, staged in public locations that had formerly been inaccessible to black South Africans.

South Africa's TRC hearings eventually took on many incarnations, bringing those voices that testified to a much wider audience than were present at the hearings. In a dramatic break with the past, the media was granted full license to broadcast without censorship, making 'mass atrocity, mass media'. It was television and radio through which the majority of – especially poor – South Africans experienced the TRC. The South African Broadcasting Corporation (SABC), once the mouthpiece of apartheid, became largely responsible for bringing the TRC proceedings into South African living rooms. Journalist Max du Preez's TRC Special Report is one example of the role television played in the TRC process. The Special Report aired once a


808 Cole, p. 65.
809 Cole, p. 139.
810 Cole, p. 110.
week from 21 April 1996 until 29 March 1998 and produced 87 episodes which, much like the TRC, took statements, made findings, elicited apologies, and aired testimonies — including material not addressed at the TRC itself.\textsuperscript{811} Author Antjie Krog reported from the TRC hearings for the SABC radio. Her memoir \textit{Country of My Skull} (1998) was published before the release of the TRC Final Report to huge commercial and critical response and is memorable for emphasising the psychological trauma of the journalists covering the TRC hearings as well as those who had lived through the testimonies that they described.

Media involvement in the TRC arguably acted as a surrogate for the Commission itself: creating an audience, shaping narratives and crafting and sustaining the interest of its audience.\textsuperscript{812} Criticism levied at the media included allegations of creating a ‘trauma spectacle’ that favoured ‘emotional, character-driven, and uncomplicated messages’.\textsuperscript{813} However, in its ability to authenticate the presence of a real person through the conveyance of facial expressions, cadence, and intonation — of ‘registers of signification present in the body’\textsuperscript{814} — the media also underscored one of the TRC’s framing humanist philosophies, \textit{ubuntu}, which describes the quality of mutual responsibility and brotherhood evoked in the proverb Mandela often quoted: ‘\textit{Umuntu ngumuntu ngabantu}’: ‘A person is a person because of other people.’\textsuperscript{815} Thus, the TRC’s public

\textsuperscript{811} Both Cole (pp. 100–01) and Verdoolaege (Annelies Verdoolaege, ‘Media Representations of the South African Truth and Reconciliation Commission and Their Commitment to Reconciliation’, \textit{Journal of African Cultural Studies}, 17.2 (2005), 181–199 (p. 191)) argue that the \textit{TRC Special Report} provided more background to testimonies than the TRC did.

\textsuperscript{812} Cole, p. 93.

\textsuperscript{813} See Cole, p. 115, but also see Chapter One of this thesis for discussion about the history of the spectacle in South Africa.

\textsuperscript{814} Cole, p. 119.

manifestation was two-fold, being both a live theatrical event and live media event.

To what extent does this affect the TRC’s realisation of an ‘archival intervention’? Taylor’s research stresses that the live performance and media event are distinct, and thus come to occupy different archival spaces: ‘A video of a performance is not a performance, though it often comes to replace the performance as a thing in itself (the video is part of the archive; what it represents is part of the repertoires).’\(^{816}\) Taylor further defines the ‘repertoire’ as follows:

The repertoire, on the other hand, enacts embodied memory: performances, gestures, orality, movement, dance, singing – in short, all those acts usually thought of as ephemeral, nonreproducible knowledge [...] The repertoire requires presence: people participate in the production and reproduction of knowledge by “being there,” being a part of the transmission.\(^{817}\)

The next section describes how the South African theatre production *The Story I Am About to Tell* (*Indaba Engizoyixoxa*, Dir. Robert Colman, premiered Market Theatre Laboratory, July 1997) engaged with the TRC’s project of remembering history through embodied, live performance designed to prioritise the type of participation that Taylor signals, and reinstates the ‘actual meeting of performers and public[s]’ that were at risk of being replaced by the media’s involvement. The section asks to what extent *The Story I am About to Tell* forms part of the TRC’s repertoire of remembrance.

*The Story I Am About To Tell*

In the post-TRC era, theatrical productions and literary publications have in particular been tasked with the continued perpetuation of reflections about

\(^{816}\) Taylor, p. 20.
\(^{817}\) Taylor, p. 20.
South Africa’s traumatic past. Mapping the tension between the structures and semblances of the courts of law that were employed at the amnesty hearings of the TRC and the temporalities of remembering and performing memory that the human rights hearings in particular evoked, this discussion suggests how post-TRC forums of cultural production provided the space for the public and personal, documented and embodied to intersect. In so doing it asks to what extent consideration of such productions expands the ‘repertoire’ of social knowledge produced by the TRC, and to what extent this has influenced memorialisation initiatives such as the Not Alone exhibition.

The product of collaboration between a support group for survivors who had given testimony at the TRC and producers (human rights activist Bobby Rodwell, and poet Lesego Rampolokeng, who helped write the script), The Story I Am About to Tell (Story) was initially workshopped at the Market Theatre Laboratory. It played for five years (1997–2001) in South Africa (including the 1999 Standard Bank National Arts Festival and the 2001 International Conference Against Racism on Robben Island) and abroad in London (alongside Ubu and the Truth Commission and The Dead Wait) in London in 1999 and later at London’s Tricycle Theatre, Stockholm and Munich. The play is designed to reach an extensive and diverse range of

819 Information derived from the Standard Bank National Arts Festival Catalogue, 1999, p. 73.
communities in order to raise awareness and debate about the TRC and its related issues (indeed, the presence of two special advisors on the project, Thloki Mofokeng from the Centre for the Study of Violence and Reconciliation and Maggie Friedman from the Khulumani Support Group, attest to this822).

Little scholarship exists about the play, but the reviews cited below all remark on the play’s powerful impact.

*Story* is based on the real testimonies of three victims and survivors of apartheid state violence, who performed the testimonies that they had given at the HRV Hearings. Each testimony describes a site of trauma, beginning with Catherine Mlangeni, who recounted the detonation of a police-sent bomb set in her son’s Walkman in 1990. Her testimony (first delivered in May 1996) describes the room after the explosion of her son’s body and head. The second testimony was given by Duma Kumalo, who waited for three years to be hanged for a crime he did not commit as part of the Sharpeville Six. The performance of this second testimony is noteworthy in particular for the memory lapse that Kumalo endured on stage one night, which I will return to. The third testimony, given by Thandi Shezi, recounts her interrogation, torture and rape by the security police after she had been arrested during the 1980s.

Playing on the TRC’s slogan ‘Truth: The Road to Reconciliation’,823 the play is set in a taxi making its way to the TRC hearings. The play’s minimalist setting comprised six folding chairs, a simple approach that, in keeping with the vision of the director,824 enabled the play to travel easily. The three

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822 Dodd.
823 See the logo on the Truth and Reconciliation Commission website: <http://www.justice.gov.za/trc/> [accessed 12 February 2013]. Dodd also notes the significance of the metaphor of the taxi through the slogan ‘Journey to Peace’.
824 Dodd.
performers, members of the Khulumani Support Group, were joined on-stage by three professional actors (Ramolao Makhene, Mncedisi Kenneth Nkosi and Dan Robbertse). When the testimonies were being delivered, the professional actors left the stage and the three performers turned to face the audience. This effort to re-create the setting of the TRC hearings illustrates the shared staging of both theatrical and TRC hearings. In pursuing its mandate to 'capture a period in this country's history which needs to be remembered and debated', performances were followed by question and answer sessions with the audience.

The play is based on the premise of catharsis, the process that attempts to reconfigure trauma in order to forget through remembering. As such, the play is designed to be transformative for the performers. It does so by providing a space for the performers to 'testify' free of cross-examination, reclaiming their personal versions of history in public, in much the same way that the TRC public hearings envisaged. The play also relies on the audience forging an empathetic connection with the 'characters' on stage and then in post-production discussion. These interactions are designed to suggest the possibility and potential for reconciliation both in the context of the theatre and in society at large, and thus bear out the TRC's message of reconciliation. Two reviews from the Mail & Guardian note the play's initial reception as transformative: in his tribute to Duma Kumalo, Rodwell writes that the play

825 The Khulumani group, together with Jubilee South Africa, lodged a lawsuit in New York on behalf of victims of apartheid against European, Asian and American corporations that collaborated with the apartheid government (Zakes Mda, 'The Fiction of Reconciliation: Creating Dialogue through Verbal and Performance Arts in South Africa', Journal of Human Rights, 8 (2009), 121-132 (p. 127)).
827 Standard Bank 1999, p. 73.
was ‘life altering for everyone who participated in it’\textsuperscript{828}; while reviewing the play in 1999, Alex Dodd notes the cathartic response from audience members who were compelled to share their own stories of apartheid and the Holocaust.\textsuperscript{829}

In the context of the theatre, such responses are prized; however, the cathartic vindication offered during the public hearings of the TRC was more complex. Susannah Radstone states that while ‘in the arts recognition follows from empathy, in history and the law recognition follows from the proof that what is remembered is remembered truthfully’\textsuperscript{830}. Recalling Jeffrey’s criticisms of the TRC, namely the lack of proof to substantiate the TRC’s findings, bears out Radstone’s claim. Prioritising the historical rhetoric of truth in a concerted attempt to create a linear chronology is evidenced in the TRC transcripts themselves, which are annotated with prompts from commissioners – ‘interventions’ – during moments when testifiers ‘forgot’ the narratives described in their original statements. This attempt to keep new, predetermined versions of the ‘truth’ on track is apparent, for example in the interventions of Mr Smith\textsuperscript{831} in the transcripts of Nomonde Calata’s testimony of 16 April 1996, in East London.\textsuperscript{832} While the dignity of those who testified was preserved in providing a safe space – free of cross-examination – for victims to lodge their

\textsuperscript{828} Rodwell.
\textsuperscript{829} Dodd.
\textsuperscript{832} In addition to direct interruptions, a later intervention sees Mr Smith insist that Calata’s testimony follow its linear chronology: ‘Allow me please, there is an incident that happened after the funeral, when the police actually came to your house, I want you to tell the Commission what happened.’ (See Calata, p. 16 of 49).
accounts of the past in the official record during the TRC, the TRC was also therefore concerned with 'setting the record straight', which sometimes produced conflicting results. Johnson, for example, cites the following case:

One woman insisted that after she had seen police open fire on protestors she had counted 175 graves when a judicial commission gave the figure of two deaths. The TRC itself gave the figure of two, or sometimes (inexplicably) three, deaths in this encounter.

Interventions such as these support Radstone's assertion that 'history is commonly understood as the unfolding of events in broadly linear fashion, and historiography has been shaped by the linearity and the cause-and-effect structure of realist narrative'. Yet one particular performance of Story – in which the second testifier, Duma Kumalo, inadvertently 'forgot the lines' of his own testimony during a performance – provides one example of how memory's temporalities, its non-linearity, poses one problem to the writing of histories which demand conformity to the Aristotelian perception of disaster. Of this performance, South African artist William Kentridge, who was in attendance the night in question, commented: 'At some point one of the performers forgot his own words. It was his own experience he was talking

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834 In support of this claim, Ross also suggests that testimonies that present a clear chronology and 'detailed understanding of state structure' imbued the testifier with credibility (Ross, 'Witnessing', p. 259).
835 Johnson, p. 276.
836 Radstone, p. 138.
837 The fallible nature of memory is an important consideration in configuring the past, especially if that past is first and foremost characterised by trauma. In their joint project on bearing witness, Dori Laub and Shoshana Felman theorise trauma as an experience that eludes representation and thus cannot be captured in a narrative. (Shoshana Felman and Dori Laub, Testimony: Crises of Witnessing in Literature, Psychoanalysis and History (New York: Routledge, 1992)). The idea is first introduced on pages xvii–xviii). This theory, which shows considerable debt to Theodor W. Adorno, and was conceived in relation to the Holocaust, nevertheless supports Kentridge's view that the South African performance cited above gave a truer representation of the experience of trauma by producing silence at the point at which the prescribed narrative eluded the traumatised testifier.
838 Aristotelian perceptions of disaster demand narratives with a coherent plot with a beginning, middle and end. See Katherine Isabel Baxter, 'Memory and Photography: Rethinking postcolonial trauma studies', Journal of Postcolonial Writing, 47 (2011), 18–29 (p. 21).
about, but he forgot his words. It was when he looked like an amateur that you got closest to truth.\textsuperscript{839} This incident ultimately raises questions about the static nature of the historical record that the TRC sought to produce. It also demonstrates that the theatrical structure is effective in ‘question[ing] not absolute truth so much as the capacity of memory to faithfully record that truth’,\textsuperscript{840} and thus places an emphasis on the value of personal memories that has been carried into post-apartheid HIV/AIDS-era initiatives around memorialisation (some of which, such as the memory books, boxes and bodymapping initiatives, this thesis has already addressed).

The survivors’ presence on stage further enables subjects to narrate their own stories, which is historically significant. Yet this agency is simultaneously undermined, not only by the content of those narratives but also by the act of ‘freezing’ apartheid’s future ‘narratives into memorized formulas’,\textsuperscript{841} as the example of the testifier who couldn’t remember his own narrative demonstrates. Further evidence of this is the degree to which the same stories that emerged from the TRC hearings continue to be dramatised.

The play \textit{Truth in Translation} (Dir. Michael Lessac, premiered 2006) for example, is a TRC play that has more recently been produced. Based on interviews with TRC interpreters and translators, the production used theatre, film and music to dramatise the experiences of the demographics responsible for repeating testimonies in each of South Africa’s eleven languages (thus, ‘telling both sides of the story using the first person pronoun’\textsuperscript{842}). Much like


\textsuperscript{840} S. Graham, p. 9.

\textsuperscript{841} S. Graham, p. 4.

\textsuperscript{842} Mda, ‘Reconciliation’, p. 127.
Story, since its premier, Truth in Translation has drawn on post-performance discussions that took place with its audiences and collaboration with different writers in order to re-work its script. As a result, the stage production of Truth in Translation has become a catalyst for generating ‘dialogue around the idea of forgiveness and reconciliation’ in post-conflict contexts around the world. Since it began touring, the Truth in Translation Project has been performed for 55,250 people, facilitated workshops for 10,545 participants and played in twenty-six cities in eleven countries (including Rwanda, Northern Ireland, Zimbabwe, West Balkans, South Africa and the United States) on three continents, bringing the discourse of the TRC into the post-conflict global context.

Another South African production, Philip Miller’s cantata ReWind (2006), layers audio testimonies presented at the TRC with musical interpretation and a projected visual showcase to create a distinctly multi-media production. The multi-media approach to performing the TRC in Truth in Translation and ReWind does provide the immediacy of the voices of those who testified in a variety of mediums. It also provides the effect of a TRC ‘industry’ with global accessibility and relevance.

The three productions mentioned above all draw from ‘real’ testimonies of the TRC. However, in doing so, they repeat the same testimonies in the process of dialogic borrowing and referencing. Many scholars point to witness Nomonde Calata’s public cry during her testimony, and the fact that such borrowing has transformed her cry into something that was instead

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‘emblematic in public memory’\textsuperscript{845} of the testimonies of all those who appeared before the commission. ‘It caught up in a single howl all the darkness and horror of the apartheid years,’ recalls TRC Deputy Chairperson Alex Boraine.\textsuperscript{846}

In the process of relating individual testimonies to the pursuit of a collective history that includes and reflects the experiences of a greater cross-section of South Africans, what does the transformation of that cry into a metaphor reveal about cultural productions seeking to promulgate the TRC’s larger history-making project? The multiple perspectives and genres cited above do not necessarily provide a more complete view of the experience of apartheid. Moreover, in reiterating discussions about the process in which history is constructed, they unwittingly fail to ‘tell’ the ‘stories’ that remain concealed. It is, ironically, this ‘canonisation’ of TRC testimonies – Calata’s cry, one of the most referenced testimonies of the TRC, appears in \textit{Re Wind}, for example, while Mlangeni’s testimony from \textit{Story} ‘has been frequently quoted and excerpted in writings and documents on the TRC’\textsuperscript{847} – that undermines the ability of cultural productions about the TRC to rewrite history and formulate new social consciousnesses drawn from a variety of voices in the production of a more ‘complete’ version of the past.

The three post-TRC performances cited above do, however, relate the possibilities for the performed and documented TRC archives to co-exist. Their combination provides an expanded social access to understanding and memorialising the traumatic pasts in circulation in the post-apartheid era. This is evidenced in their ability to reach an expanded audience through multi-

\textsuperscript{845} Cole, p. 11.
\textsuperscript{846} Cited in Cole, p. 79.
\textsuperscript{847} S. Graham, pp. 13–14.
media performances, and indeed, to engage that audience directly through post-production discussion. Consideration of these TRC performances also stresses the importance of reifying memory – as opposed to the pursuit of ‘truth’ – in the post-TRC era. While the TRC stories in circulation are not necessarily greatly diversified, what the embodied repertoire transmits should not be underestimated in broadcasting the circulation of new social knowledge about the apartheid past. According to Taylor, only through performed testimonies is it possible to access this particular capacity of memory: ‘Embodied memory, because it is live, exceeds the archive’s ability to capture it.’848 The ‘repertoire’, therefore, ‘transmits live, embodied actions. As such, traditions are stored in the body, through various mnemonic methods, and transmitted “live” in the here and now to a live audience.’849

The performances of those personal histories ignored by the apartheid government and captured through cultural practices such as the live performances discussed above forge a connection between ‘saying something and doing something for words to construct reality’850 in a wider public consciousness, and thus begin to ‘perform’ the Final Report of the TRC. How have embodiment, personal memory, diversification and audience interaction been implicated in the attempt to create a second – HIV/AIDS – post-apartheid archive, equally driven by the imperative ‘to account for its past in order to become accountable to its future’? Have the ways of remembering extended by the TRC and promulgated and interrogated by cultural productions such as Story impacted the creation of an ‘HIV/AIDS archive’ in South Africa? This chapter will now examine to what extent the priorities that have driven the

848 Taylor, p. 20.
850 Cole, p. xi.
institutionalisation of memory by national bodies in South Africa outlined in the first part of this chapter – that the voiceless be heard, that the suffering experienced by the most vulnerable of society not be repeated, that the afflictions of the past not be forgotten and that marginal histories be reclaimed – been honoured in two initiatives to generate ‘HIV/AIDS archives’ that memorialise in public spaces the epidemic responsible for so much personal suffering in the post-apartheid era.

My analysis of the Not Alone and MAA initiatives is guided by two priorities that the projects share: the prominence of reclaimed public spaces and the use of participatory approaches. I further note how both projects also emphasise personal memory and showcase different forms of embodiment in relation to HIV/AIDS. These priorities – the appearance of personal and communal histories relating to HIV/AIDS in exhibitions staged in reclaimed public sites – raise parallels with the national project of remembrance that this chapter takes as its historical premise. In generating interactive archives, the projects are furthermore designed to encourage the elicitation, contestation and representation of different experiences of the epidemic. This suggests the active avoidance of a potentially static record on HIV/AIDS, offering possible evidence of both borrowing and learning from the expanded legacy of memorialisation tendered by the TRC.

**Not Alone: Exhibiting HIV/AIDS in South Africa**

The genesis for the Not Alone: An International Project to Make Art/Stop AIDS (Not Alone) exhibition was a project entitled ‘Make Art/Stop Aids’, which began in India in 2004 through a partnership between UCLA Art (University of California, Los Angeles) and the global Health Centre. Initiated under UCLA
professor David Gere, the project’s mission ‘to unleash the transformative power of the arts to advance global health’ makes huge claims for the agency of the arts. The project relies on a network of scholars, activists and artists dedicated to ‘ending the global AIDS epidemic’.

Described by the *Mail & Guardian* as a ‘high profile, globe-trotting gallery exhibition’, *Not Alone* develops a ‘flexible’ HIV/AIDS-focused art show. The project is designed specifically to allow host countries to adapt the exhibition to areas of national concern, while offering ‘international solidarity’. Opening in Los Angeles (UCLA, 2008), the art show initially included work by artists from the United States, Brazil, India and South Africa. The exhibition toured South Africa in 2010 (Durban, Johannesburg and Cape Town, where it was open to the public from 9 November 2009–31 January 2010). Jointly curated in South Africa by Carol Brown and David Gere, the exhibition was designed to emphasise a variety of artworks relating to the global HIV/AIDS epidemic, with an emphasis on the South African epidemic. It is important to note the potential for different lines of power to operate in developing the content of each exhibition, especially given the significant American sponsorship for the project (including the US consulate in South Africa, Pepfar, the US Embassy in Pretoria and the Ford Foundation).

The two locations of the *Not Alone* exhibition in Cape Town are influential in guiding viewers through the experience of the artworks. In

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854 ‘Iziko Art Exhibition Puts Focus on Aids’. 
particular, the choice of the Cape Town Slave Lodge and Cape Town Castle to house these works of art evokes the particular history of transformation and state challenge that these sites have come to signify in the post-apartheid era. Many of these artworks engage an activist tone, referencing historical civil campaigns and political protest around the acquisition of ARVs for example, or directly addressing the stigmas and silences that have contributed to the particularly devastating effect of the epidemic in South Africa. The history of the Castle and Slave Lodge are therefore significant in conveying the political potential of the artworks that comprise South Africa’s Not Alone exhibition, as is the post-apartheid initiative to ‘reclaim’ public monuments as part of a larger effort to re-position historical sites of oppression as monuments that celebrate the success of political liberation.

In the Houses of Parliament in Cape Town today, the project of redressing the apartheid past is now carefully exhibited in material artworks bearing the messages of the TRC. These artworks include but are not limited to the following: the Create South Africa (CAS) Memory Cloths initiative, textile art pieces responding to the question ‘What democracy means to me?’ created by women around South Africa; 855 portraits of South Africa’s great women figures hanging on the upper floors of the building; and the Keiskamma tapestry, a 126-metre woven history of South Africa created by over 100 women in Hamburg, Eastern Cape. 856 The Green Room in the Houses of Parliament in Cape Town today, the project of redressing the apartheid past is now carefully exhibited in material artworks bearing the messages of the TRC. These artworks include but are not limited to the following: the Create South Africa (CAS) Memory Cloths initiative, textile art pieces responding to the question ‘What democracy means to me?’ created by women around South Africa; 855 portraits of South Africa’s great women figures hanging on the upper floors of the building; and the Keiskamma tapestry, a 126-metre woven history of South Africa created by over 100 women in Hamburg, Eastern Cape. 856 The Green Room in the Houses of Parliament.

855 From my own fieldwork notes, Houses of Parliament, Cape Town, 3 December 2009. I am grateful to Rayda Baker for guiding me through the art collection at the Houses of Parliament. The initial CAS initiative then combined with the Parliamentary Millennium Programme to expand the initiative across the country. The resulting project, Amazwi Abesifazane (Voices of Women) is reviewed in two volumes published in 2009. (Amazwi Abesifazane: Voices of Women, 2 vols (Cape Town: Parliamentary Millenium Programme, 2009).

856 I saw the Keiskamma Tapestry on 26 January 2010 at the slave lodge in Cape Town as part of the Not Alone exhibition. These artworks, notably, combine the influences of European artistic conventions such as portraiture. The tapestry, for example, is based on a Bayeux
Parliament, which saw the birth of legislation that supported and promoted apartheid’s white patriarchy, is thus now flanked with reminders of the simultaneous and consequential histories that were developing alongside it. Visual artworks such as these, along with monuments, museums and public spaces were seen as integral to the very construction of new national histories in the post-apartheid era. 857

Policy surrounding museums and public monuments was debated during the transition of power in the lead-up to the 1994 democratic elections in South Africa. The 1987 policy that arose out of the Pietermaritzburg Conference ‘Museums in a Changing and Divided South Africa’ committed the South African Museum’s Associations (SAMA) to transforming South Africa’s museums in line with democratic changes that were taking place. At the forefront of these transformations was the intention to address ‘discriminatory museum practices that reinforced apartheid legislation’. 858 The 1993 creation of the Commission for Reconstruction and Transformation of the Arts and Culture (CREATE) and the document that it produced – ‘The Museum for South Africa Intersectoral Investigation for National Policy’ (MUSA) – provided the infrastructure for debate about the future use and reconstruction of heritage sites in the post-apartheid era. Seeking to revisit, and thus reanimate, historical museums, public institutions and monuments provides another

example of the ANC's national project of re-writing the past. It also
demonstrates the belief that such monuments would help to foster a sense of
South African identity in the 'new' post-1994 era. Two sites in particular are
now well-known 'reclaimed' historical sites, Robben Island and the District
Six Museum.

Coombes distinguishes between the transformation of an original text
through an act of translation as defined by Walter Benjamin, and Gayatri
Spivak's notion of the 'reader as translator', which describes an active reader
who produces a reading 'against the grain', in her analysis of post-apartheid
visual culture in South Africa. Coombes makes an argument for the
applicability of the translation framework – the conventional domain of word
and text – to iconographic sites such as the Vortrekker Monument, whose
interiors also evoke 'performative reading[s]' . That Robben Island would
become a site that epitomises liberation over struggle as opposed to a colonial
site of detention and isolation is an example of the translation of meaning
attributed to the site in the post-apartheid era, for example. The ANC's
involvement in this translation also enshrines the agency of the post-apartheid
state in re-writing historical sites.

The framework Coombes advances is applicable to the histories of the
two sites of interest to this chapter, both of which rely on viewers to translate
post-apartheid histories in their delivery of HIV/AIDS histories. Cape Town's
Castle is the oldest colonial building in South Africa. Built by the Dutch East
India Company to replace the Castle of Good Hope that Jan van Riebeck built

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859 See Walter Benjamin, 'The Task of the Translator' in Illuminations (New York: Schocken
Books, 1969) and Gayatri Chakravorty Spivak, 'The Politics of Translation', in Outside in the
860 Coombes, History, p. 25.
when he first arrived at the Cape of Good Hope, it was transformed into a ‘fortress’ that would ostensibly serve to protect the Dutch from the English in the seventeenth century. During the Second Boer War (1899–1902) it would serve as a prison, before being declared as a National Monument in 1937. It currently acts as a military museum as well as housing part of the iziko permanent collection, striving to ‘preserve and protect its cultural and military heritage’.861 The Slave Lodge has served as a slave lodge, government offices, and the Supreme Court, and is now the South African Cultural History Museum. Its current incarnation (since 1998) is the result of the initiative to translate it as a site of ‘human wrongs to [one of] human rights’, as its website description attests.862

The stated focus of the South African Not Alone exhibition was ‘issues surrounding [HIV/AIDS] treatment’.863 All of the artworks exhibited at the Castle location of the Not Alone exhibition are loosely framed around concepts exploring the communication of personal testimony. The decision to include highly personal works of art suggests an effort to broadcast previously excluded personal narratives of HIV/AIDS in what is otherwise a travelling national exhibition with an international scope. Inherent to the viewer’s experience of these artworks is therefore a combination that engages the historical legacies of silence and repression addressed initially by the TRC and represented by the ‘museum’ sites, with the social climate of stigma and social othering brought on by the politics surrounding the struggle to make

861 See the Cape Town Castle of Good Hope website, which provides details of the site’s history: Castle of Good Hope, ‘Steeped in History’, CastleOfGoodHope.co.za <http://www.castleofgoodhope.co.za> [accessed 13 January 2013].
863 ‘Iziko Art Exhibition Puts Focus on Aids’.
antiretroviral medication available to all South Africans. Experiencing these artworks in the Castle furthermore treats the issue of HIV/AIDS with the same national significance as the issues of slavery and colonialism represented by the exhibition venue. Housing an exhibition in the context of a ‘national monument’ also provides an opportunity for the ANC to advertise a significant change of direction adopted by the state in matters relating to HIV/AIDS.

The Castle exhibition features Memory Books from South African artist Damien Schumann’s ‘Face It – the Stigma Exhibition’, which explore the ‘secrets and fears of people who you pass on the streets, socialize and work with’. Like the memory works produced by the Bambanani Group discussed in Chapter Three of this thesis, the memory books exhibited here were originally produced for private consumption. These are on display along with interactive computer and video installation ‘Offerings’, which play the video clip of an ‘AIDS comrade’ while projecting the illumination of a candle when the viewer presses the corresponding button. The interactive element of ‘Offerings’, in particular, makes effective use of the performative dimension in implicating viewers directly into the immediate space of HIV represented by the artwork.

Photographic portraits taken by South African photographer Zanele Muholi, who documents the threat of HIV/AIDS among township lesbians in her image ‘Aftermath’, issues a direct, if more militant, call to arms. This direct approach is also adopted in Langa Magwa’s ‘Uphondo’ (‘The Voice of

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the Affected and Infected')\textsuperscript{867}, a sculpture of a cow horn and microphone. These artworks crucially ask viewers ‘What role will you create for yourself in the crisis?’\textsuperscript{868} by celebrating individual acts of struggle in a collaborative space. In exploring themes relating to communication, these artworks all convey the central importance of personal acts that disclose, disseminate and promulgate HIV/AIDS awareness, and yet, unlike the novels that aim to break a similar silence discussed in Chapter Three, also challenge viewers to use their own voices. These artworks embody personal voice through a multitude of media: text, audio, photograph and installation, many of which invite ‘viewers’ to actively participate in their spaces, drawing attention to the role that viewers play in actively participating in the transmission of knowledge about HIV/AIDS. The multi-genre approach that the exhibition offers envisages a multiplicity of individual perspectives that speak directly to the viewer, as well as to one another.

Unlike many of the artworks exhibited at the Castle, which associated the struggle for antiretroviral medication with a distinctly South African ‘struggle past’, the Keiskamma Altarpiece exhibited in the foyer of the Slave Lodge\textsuperscript{869} is based on a European model. The altarpiece is modelled on the Isenheim Altarpiece (1512–1516) from Isenheim, Germany, created by

\textsuperscript{867} Langa Magwa (South Africa, b. 1970). \textit{Uphondo (The Voice of the Affected and Infected)}. 2007. Steel and cow hide, 210 x 190 x 100 cm. (See \textit{Not Alone} exhibition catalogue, p. 19).

\textsuperscript{868} See \textit{Not Alone} exhibition catalogue, p. 38.

\textsuperscript{869} In the post-apartheid era, the slave lodge has hosted several exhibitions that have a strong educational or outreach emphasis, including mobile museums which travel to rural areas and educational programmes designed to foster inclusivity as well as to ‘encourage participation, promote awareness, enhance knowledge and understanding, foster respect of human rights, contribute to social cohesion and human dignity’. (See Iziko Museums of South Africa, ‘Outreach’, Iziko.org.za <http://www.iziko.org.za/static/page/outreach> [accessed 13 January 2013]).
painters Mathias Grünewald and Niclaus of Haguenau, and depicts the ‘fear and terror of Christ’s crucifixion for hospice patients in Germany suffering from ergot poisoning, which at the time, like AIDS today, was incurable.’

The Keiskamma Altarpiece, a three-panelled tapestry made in Hamburg, in the Eastern Cape Province by over 120 people (mostly women, both HIV-positive and negative), was created under the direction of Dr Carol Hofmeyer.

Like the Isenheim Altarpiece, the Keiskamma Altarpiece has three layers. In the centrepiece of the crucifixion panel is a representation of a widow. Orphan children surround the widow’s feet. Two grandmother figures are depicted on the left and right flank. The predella provides narrative support for the images portrayed in all three layers by depicting the ritual of death. The funerals and women are modelled on real individuals and events from the Eastern Cape.

Illustration 9:

The second, embroidered, layer of the installation is intended to portray ‘resurrection’. Populated by birds and fish, the pastoral scenes represented in

870 The Altarpiece is in the Musée d’Unterlinden in Colmar, Alsace and was commissioned for the high altar of the church of the Monastery of St Anthony in Isenheim. (See Brenda Schmahmann, ‘A Framework for Recuperation: HIV/AIDS and the Keiskamma Altarpiece’, African Arts, 43.3 (2010), 34–51 (p. 40).
blue and green symbolise integrated, self-sustaining communities. The significance of the embroidery on this layer reinforces the hand-crafted quality of the community’s resurrection – as something that is achieved stitch by stitch, with the involvement of many individuals – and according to Brenda Schmahmann, links the imagery to ‘the norms and values of makers operating in an African context’. The prophet of the community, a figure modelled on a man from Hamburg who runs on the dunes after it rains and creates beautiful patterns with his feet, is depicted in the centre. He represents the prevalence of beauty and regeneration in his community’s life.

Illustration 10:

The third layer uses two entirely different mediums: photography and beadwork to represent ‘reality’. Three photographs dominate. The centrepiece depicts Eunice Mangwane (aged 58), the first woman on the project (and community) to come forward and disclose that HIV had affected her family. She is depicted with Akona, Lithemba and Thabo, her grandchildren. The woman on the left flank – Susan Paliso (83), the widow from the first layer – appears with her grandson, Lihle (8), an AIDS orphan. On the right flank is Caroline Nyongo (47), with her youngest grandchild, eight month-old

872 Schmahmann, p. 35.
Nomaxabiso. The photographs are larger than life and the top of the triptych is heavily beaded. References to the four Apostles that appear in the original Isenheim piece are represented in the beadwork. Most of the beadwork is in green, evoking fertility and promise of the future.

Illustration 11:

The fact that the Keiskamma altarpiece – designed to relay a distinctly South African experience of HIV – is based on a European model is potentially problematic, despite the attempt to emphasise distinctly South African people, rituals and handmade artwork. It does, however, provide a different perspective on the global HIV/AIDS epidemic by contextualising it in terms of a much broader and deeper human history of ‘plagues’. The particulars of this relationship, however, need to be carefully considered. The imagery of the Isenheim Altarpiece emphasises affliction, and Schmahmann notes that its imagery ‘seems to have conveyed a message to sufferers of ergotism that enduring pain and misery brings one closer to God.’ Projecting this message, which allies morality (through religious reference) to illness (through ergotism), is problematic given the earlier destructive impact of cultural
productions such as *Sarafina II*, whose educational remit was seriously compromised by moralising HIV/AIDS.⁸⁷³

The curators of these public exhibitions have attempted to ‘transform original’ HIV spaces of solitude and stigma into social spaces that reinforce that the HIV-positive subject is ‘not alone’ in their battle. Far from being quarantined (on an island, perhaps) or silenced through stigma, the artworks are symbolically vested with the opportunity to speak and are specifically housed in public sites that acknowledge histories of forcible silence. As such, the spaces that these artworks inhabit, along with the stories that they tell, resonate with the history of exclusion that TRC sought to address, and act as agents of change in the individual lives and communities vested with their creation.

During my viewing of the Keiskamma Altarpiece, one of the film-makers (Zukiswa Pakama) responsible for producing the film that tracks the artwork’s development (*Keiskamma, A Story of Love*, 2007, Xhosa/English, Plexus Films) spent an hour explaining the artwork panel-by-panel. When a group of young school children entered the hall in which the altarpiece stood, Pakama quickly closed the panels so that the children wouldn’t be exposed to the images. ‘They’re too young’, she said, ‘it’s not appropriate.’ Regardless of the actual content of the artwork, which is not immediately traumatic, this exchange suggested to me that the tapestry had come to represent the present-day anguish of HIV/AIDS. The traumas of the past, rendered institutional through the TRC and policy such as MUSA, and popular through the liberation movement remain infinitely more palatable than the sufferings of the present.

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⁸⁷³ Schmahmann, p. 42.
If social change through cultural discourses is predicated, as Boal and Brecht would suggest, on the ability to make viewers and audiences question themselves, then public sites must also be willing to open spaces through which those questions can be asked to its most affected and most vulnerable citizens. 874

This chapter will now discuss the initiative to create an ‘AIDS Museum’, an institutionalised collection of testimonies relating the experience of being affected or infected with HIV. This initiative is the first of its kind in the world – no other museum to an illness has yet been conceived – as the mission on its website attests:

To be the world’s premiere public institution to collect, preserve, remember, interpret, share and exhibit the history of the origins, spread, and impact of HIV/AIDS in Africa as well as the past and present experiences of AIDS in Africa. 875

Like the Not Alone exhibition, the Museum of AIDS in Africa (MAA) project is significant both for its emphasis on personal memory as well as its association with public South African spaces. The discussion that follows emphasises that the participatory approach espoused by the project is designed primarily to circumvent systems of exclusion and asks how this impacts the notion of the MAA as an ‘archival intervention’.

874 From my fieldwork notes 26 January 2010, Iziko Slave Lodge, Cape Town.
The Museum of AIDS in Africa

The South African government’s recent interest in the Museum of AIDS in Africa marks a departure from the role it has historically played in relation to the HIV/AIDS epidemic. Early decisions taken by the political actors that populate the governing halls of South Africa have reflected a reticence to adopt roles that publically declare the prominence of the HI-virus among the populace over which they govern, as much of this thesis discusses. Justice Cameron remains, at the point of writing, the sole public figure holding a senior title to have adopted within his public identity his HIV-positive status. However, Nelson Mandela, in late recognition of the opportunity he missed to address the epidemic more fully during his time as president, has now publically acknowledged his own personal experience of the HIV epidemic – as a father who has lost a son to HIV – a politically influential contribution. In a marked departure from the AIDS politics of his predecessor Thabo Mbeki, Jacob Zuma is widely reported to have taken a ‘public’ HIV test on World AIDS Day in 2009. More recently, Deputy President Kgalema Montlanthe has been straightforward with expressing his desire to coordinate a more permanent institutionalisation for remembering HIV/AIDS in South Africa, through his support of the MAA.

The following is a quote from The Museum of AIDS in Africa entered on their twitter feed on July 23 from their booth at the 2012 International AIDS Conference in the USA:

876 From my notes in attendance of ‘Justice Edwin Cameron in conversation with Professor Linda Mulcahy’.
The government’s stated desire to affiliate itself with the MAA provides it with an opportunity to evince a sustained interest in preserving marginalised histories and, as with its interest in Not Alone, of ‘turning the tide’ of HIV/AIDS. In a departure from government-affiliated, HIV/AIDS-related performance productions such as Sarafina II, The Museum of AIDS in Africa project is currently an online initiative to commemorate and memorialise those who have been affected by HIV/AIDS in Africa. Before addressing some of the consequences of this shift from performance to museology, a brief summary of the MAA project is necessary.879

With funding from the Open Society in 2007, the MAA initiative was born in March 2012 from the imperative to collect and archive the material aspects of the epidemic, as co-founders Stephanie Nolen and Ngaire Blankenberg describe:

We realized there was an urgent need to collect and preserve the material history of the epidemic — objects with a critical role in the story — and that what had been preserved to date, like so much else of importance from Africa, had been taken away from the continent.880

The MAA delivers programmes centred around three concepts. The first, ‘collection and preservation’, includes a physical collection of documents, specimens, audio-visual material and artworks that aim to illustrate the genesis

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879 For an overview of the MAA initiative, including information on its inception, holdings and current and future projects, see Appendix A.
and impact of the epidemic. The second, 'public education and dialogue' initiative, aims to provide scientific knowledge about the origins of the epidemic alongside information about prevention and treatment. The scientific aspects of this particular programme are exhibited through interdisciplinary measures, including political history, art, multi-media and personal stories. The final programme is dedicated to 'memorialisation', and comprises a virtual and physical 'memory bank' dedicated to keeping 'mementos and photographs in permanent trust, saved for families left behind'.

The MAA's plan (endorsed by Montlanthe, as per the tweet quoted above) is to create a permanent 3,500 m² 'home' for the museum in a 'central inner-city neighbourhood' in South Africa (either Durban or Johannesburg) in 2016 in which to permanently house the Museum's holdings. The museum's aim to repatriate an assembly of African-origin items, documents and specimens relating to the HIV/AIDS epidemic in Africa in order to establish its 'permanent collection' speaks to redressing the colonial-era pillaging of goods from their subject countries. Symbolically, it also attempts to hold and shape the African experience of the epidemic in an African space, though whether or not such ambitions extend to providing any social critique of the epidemic remains to be seen. Will Mbeki's denialism be critically reviewed alongside the artefact of Nkosi Johnson's suit jacket? Will any attempt be made to replicate the role that theatre has played? Are such omissions the result of the

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883 MAA, p. 18.
884 This colonial practice has resulted in extensive collections of artefacts and artworks from around the world being held in key Western institutions.
‘Sarafina scandal’ in combination with the government’s endorsement of the MAA?

The physical museum will also include space for a memorial garden as well as a space to ‘hold gatherings and other events’. Grouping the space with ‘other cultural attractions’ and ‘HIV/AIDS treatment facilities’ signifies the museum’s clustered approach. The museum project thus envisages bringing together the embodied subjects, archived objects and performed cultural practices associated with HIV/AIDS. This combination seems the most effective in realising the MAA’s vision to ‘transform the individual and social response to the African AIDS epidemic’ in the opportunity it creates to forge a ‘repertoire’ in which (remembering Taylor’s definition) people can participate in the production of knowledge alongside an archive of enduring materials.

While accessibility is an important consideration in seeking to appeal to ‘diverse audiences and multiple income groups’ in South Africa, Nolen has stressed that a ‘huge part of our mandate is to be a Pan-African institution’. In much the same way as the TRC hearings, the ‘mobile’ aspect of the museum will travel to different locations. Delivering exhibitions, public programmes and ‘memory booths’ continent-wide, the notion of a shared experience of HIV/AIDS aims to bridge diverse community identities. Given the regional diversities in which the epidemic is couched and its equally diverse manifestations, the attempt to consolidate pan-African identity around the HIV epidemic seems idealistic. It is equally problematic given the xenophobic

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887 Stone.
attacks in South Africa (2008–2009), as it operates on the premise that ‘Africans’ will be happy to subscribe to a universal ‘African’ identity and experience.

Until the physical museum is created, the Virtual Memorial remains the project’s active component. This aspect of the MAA aims to provide support for those coping with grief by inviting users to post personal testimonies of their experience of living with HIV/AIDS and/or losing someone to AIDS-related complications, replicating the TRC’s emphasis on ‘personal storytelling’ in overcoming trauma.

While the ability for the site’s users to post a ‘reply’ reinforces the transparency of the narrative transaction – free of the interferences that appear in the TRC transcripts – the format is perhaps most powerful in the control it vests in the subjects whose stories it wishes to convey. The one-way dialogue most commonly associated with colonial and apartheid-era narrative control is here abolished, even if some of the Museum’s mandates provide a more clearly articulated Western-influenced agenda. For example, the initiative to provide scientific education and access to treatment should be juxtaposed by the fact that herbal, ‘indigenous’ remedies are represented as static components of the permanent collection. These are presented as artefacts to be ‘viewed’, and therefore disinvested of the dynamic space that they occupy in many experiences of HIV/AIDS in South Africa (as Chapter Two of this thesis discusses).

889 Attacks against foreign nationals have occurred since the demise of apartheid. However the period 2008–2009 saw an escalation in these attacks. In May 2008, the number of violent incidences spread from Alexandra township, Johannesburg to informal settlements in Cape Town, where 42 people were killed, over half of whom were Mozambicans. Competition over employment and economic desperation are commonly cited as one of the causes for these attacks. (See Irin, ‘South Africa: Xenophobic Attacks Spreading’, IrinNews.org, 23 May 2008 <http://www.irinnews.org/report/78386/south-africa-xenophobic-attacks-spreading> [accessed 10 June 2013].
The online medium of the museum has important theoretical consequences, for example, in dissolving the binary between the ‘archive of enduring objects’ and the ‘performed, embodied archive’. Taylor questions to what extent ‘digital technologies will further ask us to reformulate our understanding of “presence,” site (now the unlocalisable online “site”), the ephemeral, and embodiment’. This binary may become a triumvirate as digital spaces increasingly dominate in preserving memory and processing performance through video, audio and literacy capabilities, of which *Truth in Translation* and *ReWind* provide early evidence. Yet the overlap between all three archival, embodied, and digital spaces of intelligibility provides an increased accessibility in preserving personal and political, domestic and public knowledge.

Apart from the theoretical consequences of the MAA, it remains important to ask: To what extent are the limitations of the stage and page in intervening in the epidemic (discussed throughout this thesis) met by the introduction of the online medium? While theatre productions such as *Story* try to address and change consciousness, does the museum succeed in this? The physical museum is designed to encourage and juxtapose the performance of different HIV/AIDS-related behaviours in its interactive spaces, providing a ‘stage’ for human-centred encounters around HIV/AIDS, whether through cultural gatherings, testing units or ‘hands on’ therapeutic and educational forums. But until itexists and is used, it is difficult to say whether it will succeed. As it stands, it provides an opportunity for political manoeuvring – for politicians to appear to be addressing the epidemic, as they once did with

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^890^ Taylor, p. 4–5.
Sarafina II. The online museum as it stands remains a passive monument to loss. It does succeed in making visible that loss, and preserving it in a different medium, but remains lacking in its ability to change consciousness in the way that so many have deemed necessary in realising the social behaviour change required to curb HIV/AIDS prevalence.

The Postcolonial Archive

McEwan proposes a theoretical framework that bears implications in the theoretical formulation of ‘HIV/AIDS archives’ proposed in both the Not Alone and MAA projects. In her work theorising the Memory Cloths project, McEwan offers the term ‘postcolonial archive’ to refer to an archive whose objects are both varied and accessible. In their ‘Postcolonialism’s Archive Fever’, Sandhya Shetty and Elizabeth Jane Bellamy similarly demonstrate ‘just how crucial the concept of an “archive” – perhaps even a “postcolonial archive” – is for a more sympathetic understanding of Spivak’s now notorious “silencing” [of the subaltern woman].’

The notion of the ‘postcolonial archive’ grew out of McEwan’s criticism of South Africa’s attempt to re-write its past, and therefore returns us to the context of the TRC. In particular, McEwan’s work suggests that local projects should be considered as playing a role in the truth and reconciliation project. These include ‘radical oral history projects, autobiographical accounts by women and life histories of communities lost or destroyed under the apartheid ‘removals, and radical art projects.’ As has been noted, Ross’s work also adopts a similar approach in developing an analysis of the

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892 McEwan, p. 746.
testimonies provided by women during the TRC. Ross explores the testimonies made by women before the Commission, exploring on whose behalf they speak and how they speak. Ross draws one important similarity between the varied testimonials when she points out that women largely spoke about human rights violations that happened to others in their testimonials (only 5% spoke about themselves in the period of time she considers). From this she draws the conclusion that ‘taken as a whole, their testimonies illustrated the gaps in women’s public speech: absences and silences that, for the most part, had to do with representation of their own physical experiences of violation.’

Compiled in relation to the CAS memory cloths initiative cited earlier in this chapter, like Ross’s work, McEwan’s research was conceived in response to one of the shortcomings of the TRC, namely its consideration of the trauma, suffering and loss experienced by women (particularly black women). McEwan’s work notably precludes consideration of projects such as the Wits History Workshop, founded in the aftermath of the Soweto riots in order to:

Promote research into the lives, experiences and social worlds of the vast and anonymous mass of black and white South Africans who had to that point mostly escaped scholarly attention, and to make the product of this research accessible to those same South Africans in different kinds of media.

895 McEwan alleges that if black women are ‘denied a presence and agency in stories of national liberation, black women’s belonging and citizenship in South Africa is compromised in the process of nation building’. (McEwan, p. 740). For transcripts of the TRC’s Special Hearing on Women, see Truth and Reconciliation Commission, ‘Special Hearing on Women’, in Truth and Reconciliation Commission of South African Report, 1998.
Projects such as these indicate that such initiatives are not unique to the post-apartheid effort in South Africa. This extended context, however, suggests the possible application of such projects in a range of contexts, including HIV/AIDS.

The memory cloths that McEwan studies are cited as countering the effects of erasure of women’s historical agency caused by the devastation of apartheid. McEwan makes the following conclusions about the ability of memory cloths to ‘conserve memory’:

Creating postcolonial archives plays an important role in constructing individual and collective identity given the inability to conserve memory within the distressed communities that often results in the erosion of indigenous knowledge.\(^{897}\)

Extending McEwan’s research to the context of HIV/AIDS suggests that the memory works represented in the two HIV/AIDS projects discussed in this chapter play an important function in both acknowledging the agency of ordinary people affected and infected with HIV and in integrating and conserving their personal stories in the wider context of South African – and indeed world – history. Is the potential of a ‘postcolonial archive’ – able to work against ‘more sanitized representations of contemporary South Africa and towards the requirements for social justice […] not met by, the TRC and broader nation building processes’\(^{898}\) – also met by the ability of these HIV/AIDS memorialisation projects to challenge sites of contested HIV/AIDS history? Both exhibitions offer some positive evidence of the operation of the postcolonial archive in staging interventions into the HIV/AIDS epidemic. Communication-themed projects designed to be interactive celebrate the

\(^{897}\) McEwan, p. 754.

\(^{898}\) McEwan, p. 739.
mundane and heroic personal acts responsible for charting the course of ARVs in South Africa, for example, while the online museum, additionally offers an unmediated space for memorialisation around the epidemic to continuously take place.

While the theory of an expanded postcolonial archive that provides a variety of multi-focal narratives that more of the population can relate to circumvents the crystallisation of a reduced ‘canon’ of testimonies that resulted in many cultural productions arising out of the TRC, accessibility remains a problem. The results of the CAS initiative hang in the Houses of Parliament, as has been noted, sequestered in their symbolism away from possible audiences. The Not Alone exhibition, while designed to tour internationally, consolidates its community around participant scholars and artists and reaches a distinctly museum-going public. The MAA cyber museum does rely, at this stage, on literacy as well as access to a computer and internet connection; however, its non-physical yet centralised location does improve accessibility. Plans to extend the service of the Museum through the use of mobile phones have the potential to yield results in relation to the number of users, though, as has been noted, the interventionist capacity of an extended passive memorialisation may compromise the project’s ability to change and challenge risky social behaviour associated with HIV prevalence.

McEwan’s approach is flawed in its assumption that local communities are not equipped to preserve their own archives. Similarly, despite the fact that the memory practices associated with the MAA project combine documents and objects with embodied specimens, online testimonies, and cultural

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performances taking place on the museum grounds, the emphasis on institutionalising such memory ‘on behalf’ of affected families remains problematic. The question remains, therefore, whether or not South Africa is quite ready for the archivists of its epidemic to rest in the hands and homes of its youngest and most vulnerable citizens.

Conclusion

This chapter has taken as its primary concern the preservation and performance of testimonies in the context of the public TRC hearings and their immediate aftermath, in order to ask later questions about the preservation and performances that those hearings inspired in relation to HIV/AIDS. In so doing, initiatives to solicit and archive testimonies relating to the experience of HIV in public and online forums is situated both as an extension and realisation of the culture endorsed by the TRC, as the genealogies of performance that the TRC spawned.

Performative iterations of testimonies that are considered in the first part of this chapter – including media and theatre – reveal this chapter’s approach to the TRC: As the institution that was designed to contain the atrocities of the past, the desire to make these atrocities manageable has perpetuated the requirement of performance and its human-centred encounters. Yet focusing on the TRC project of rewriting history has resulted in an equally distorted canon of testimonies, as is evidenced by the overwhelming popularity of a minority of stories at the expense of the proliferation that South African history, perhaps, required.

At their time of creation, cultural productions affiliated with the TRC such as The Story I am About to Tell provided alternative sites outside of
history-making forums for the constitution of contemporary South African history. Media reportage of the TRC hearings, too, embodied a call to the community to ‘respond, to acknowledge the dignity and humanity of the other’. Post-TRC productions such as *ReWind* and *Truth in Translation* prove an enduring ‘notion of history beyond the writings of the academy and recognize that there are many producers, at various sites, who utilize different historical methodologies to process a range of pasts.’ Certain performance contexts that grew out of the TRC, moreover, require audiences to become complicit in cultural productions as consumer, listener, and witness, participating directly in the excavation of dialogues and demands that have yet to be dramatised.

The chapter also evaluated the extent to which the TRC’s framework of ‘personal storytelling’ has provided a space, through the *Not Alone* exhibition and the Museum of AIDS in Africa, for the relationship between ‘individual and collective remembering’ to develop between personal memory and reclaimed public spaces. The MAA has sought to record and preserve personal testimonies in commemoration of those who have been affected by HIV/AIDS in order to express grief, but also in order that future generations are able to access this very particular history. This initiative has been adopted in conjunction with the creation of an HIV/AIDS ‘archive’ of materials – objects and specimens tasked with memorialising the epidemic for a ‘post-AIDS’ world. The digital spaces in which these caches of memory are

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900 Schaffer and Smith, p. 72.
901 Cole, p. 163.
902 Schaffer and Smith, p. 65.
903 Schaffer and Smith, p. 65.
stored combine different archival approaches in order to improve accessibility for the project’s different users.

This material also raises the question of whether it is, indeed, possible to memorialise injustices that belong to the very recent past, or indeed the present. The discrepancy between museum remembering and performative remembering remains crucial in answering this question. At present the translated national spaces and state endorsements that accompany projects such as *Not Alone* and the MAA provide more opportunity for political manoeuvring than the circulation of AIDS orphans in those spaces allegedly created to forge their better futures, reiterating a power discrepancy that far predates the epidemic.

The theoretical discussion about the ‘postcolonial archive’ that concludes this chapter makes suggestions that are relevant to the combined corpus of cultural and critical discourses considered throughout the thesis. The online medium of the Museum of AIDS in Africa, additionally, raises questions about the possible limitations of the ‘stage’ and ‘page’ raised in the earlier chapters of this thesis, which the Conclusion will now briefly address.
Chapter Five

The Virus Goes Viral: Archiving South Africa’s HIV/AIDS Epidemic

‘The Virus Goes Viral’ shifts ‘beyond the stage and page’ to focus on memorialising HIV/AIDS in the context of the post-apartheid museum. I undertake the analysis of two initiatives in particular, the Not Alone art exhibition that showed in South Africa during 2009–2010 and the 2012 initiative to establish a Museum of AIDS in Africa (MAA). The final chapter of this thesis thus aims to establish the ‘past’ of the apartheid era in the contemporary moment of the present HIV/AIDS epidemic by focusing on the initiative to institutionalise remembrance of the HIV/AIDS epidemic.

A necessary preliminary to the discussion of the Not Alone exhibition and the MAA project will be an analysis of how the Truth and Reconciliation Commission has provided a particular template for memorialising painful national memories, which applies both to South Africa’s apartheid past and to its present HIV/AIDS pandemic. While the TRC was born of political compromise in the negotiated settlement for a democratic South Africa, it – allegedly – succeeded in opening public discourse on an unprecedented scale, giving victims a historical place for their stories. In the immediate wake of the TRC, cultural productions such as the play The Story I am About to Tell (1997) continued to help society to confront the depravity that underpinned white minority rule by expressing different aspects of these stories through a variety of embodied media. This chapter asks: To what extent does this culture

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761 I attended the Not Alone exhibition on 26 January 2010, Castle and Slave Lodge, Cape Town, South Africa.
perpetuate itself by giving HIV/AIDS-affected subjects a place to store their stories for future generations, a cultural space in which the depravity of the HIV/AIDS epidemic is also confronted? How are plans being developed through the mechanisms of the archive and the repertoire to make those opened public discourses available to both current and future generations of South Africans living in what will one day surely emerge as the post-AIDS era?

I undertake to examine the HIV/AIDS 'archive' according to the distinction Stoler draws between 'archiving as a process rather than [to] archives as things' . In particular, this chapter considers to what extent systems of exclusion have been perpetuated in the post-TRC, HIV/AIDS era in South Africa. Does the initiative to preserve a corpus of HIV/AIDS narratives in South Africa resonate with Stoler's notion of an 'archive' as 'a strong metaphor for any corpus of selective forgettings and collections'?

The chapter is divided into seven sections. The first section undertakes to provide the necessary historical context of the TRC as an archival intervention in redressing South Africa's apartheid past. In the second section, an exposition of the TRC provides the necessary historical background. In keeping with the performance focus of the thesis, the third section covers performative iterations of the TRC. Providing a close reading of one performance in particular – of the TRC-play The Story I am About to Tell – the fourth section then establishes the imperative to exercise different modes of remembering in the post-apartheid era. This play is examined in order to establish a precedent for the expression of personal memories of apartheid

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763 Stoler, p. 83.
764 Stoler, p. 87.
located outside of the public institution legislated with remembering the past and rewriting the official historical record.

The remaining sections ask to what extent the post-apartheid imperative to produce and preserve a diversification of personal narratives relating to the experience of trauma in South Africa is currently being met by the initiative to create an HIV/AIDS archive. Section five analyses the international *Not Alone* art exhibition, which features artworks relating to HIV/AIDS from around the world. Section six introduces the Museum of AIDS in Africa project, an initiative that combines physical and online components. Applying cultural geographer Cheryl McEwan’s notion of the ‘postcolonial archive’ and drawing from Diana Taylor’s theoretical distinction between the archive of objects and the embodied repertoire, the seventh section discusses how the introduction of viral spaces through the MAA initiative challenges such theoretical binaries. In a thesis discussing the different strengths and limitations of cultural productions inscribing and performing HIV/AIDS through the ‘page’ and ‘stage’, the chapter concludes by suggesting some of the implications of housing such a ‘museum’ online.

**Making Memory: The TRC as Archival Intervention**

‘Archive’ derives from the Greek, *arkhe*, which means ‘a place where records are kept’ as well as ‘a beginning, the first place, the government’.

Archival *memory*, on the other hand, is conventionally embodied in enduring object such as ‘documents, maps, literary texts, letters, archaeological remains, bones, videos, films, CDs, all those items supposedly resistant to change’. In

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765 Taylor, p. 19.
766 Taylor, p. 19.
considering the written archive as one of the foundations of epistemology\textsuperscript{767} it
is worth recalling another distinction, namely the relationship between archive
creators, \textit{archons},\textsuperscript{768} and power. According to Derrida, who extended his
Freudian study of the archive to the South African context in his ‘Archive
Fever in South Africa’, the archivist plays a central role in selecting ‘traces of
memory’\textsuperscript{769} (from the ‘enduring’ archive) for preservation.

Research focusing on the exploitation of power exercised by apartheid
state archivists features prominently in scholarship attempting to ‘refigure’ – to
borrow from the title of one such anthology of work – the South African
archive for the post-apartheid era.\textsuperscript{770} In his work detailing the role of censorship
and record destruction during apartheid, Verne Harris, for example, suggests
that the role of the archivist in particular was appropriated as a method of
exercising power by the apartheid government. His research argues that during
apartheid, censorship took place in ‘memory institutions’ such as libraries,
museums and archives in an attempt to perpetuate the apartheid agenda of
white supremacy. ‘Memory erasure’ involved the elimination of oppositional
voices through media censorship, banning, detention and assassination,\textsuperscript{771}
serving to reinforce the unequivocal power of the apartheid state.

\textsuperscript{767} Hamilton et al., p. 15.
\textsuperscript{769} Van Zyl, p. 44.
\textsuperscript{770} See for example, \textit{Refiguring the Archive}, ed. by Carolyn Hamilton, Verne Harris, June Taylor, Michele Pickover, Graeme Reid, Raizia Saleh (Cape Town: David Philip Publishers, 2002). However, see also Shane Moran’s criticism of this anthology, in which he questions whether ‘despite the heralding of “a post-apartheid critique”, this metonymic functioning of the archive is perhaps not radically different from the frigidity of the bad “positivist assumptions of the apartheid era”’ (Hamilton \textit{et al} 2002: 10).’ (Shane Moran, ‘Archive Fever’, \textit{Alternation} 11.1 (2004), 283–298 (p. 291)).
In their study ‘The Traumatic Past of South Africa’, Kay Schaffer and Sidonie Smith also investigate the role of censorship during apartheid:

Censorship was an integral part of the apartheid regime, a way for the state, its leader, and its bureaucrats to control the information that became ‘public,’ a way to render invisible critiques of the regime, to render invisible to history the discontent and resistance of the black majority population and the extent of state sponsored violence required to ‘secure’ the apartheid system. 772

Prior to the 1994 election, censorship gave way to record destruction, with the security police ‘confiscating’ records belonging to individuals and institutions opposed to the apartheid regime. 773 In her research examining the representation of the 1976 Soweto uprising in South Africa’s national state archive, Helena Pohlandt-McCormick confirms that the South African government engaged in systematic destruction of state documents. 774

Such research needs to be read in juxtaposition with the widely accepted claim that the apartheid state was far less efficient than they claimed in controlling people’s movements and environments (ultimately failing in their endeavour), as Keith Breckenridge confirms in his research examining the failure of the Reference Book, or ‘Dompas’, issued to all African adults during the 1950s and 60s in South Africa. 775 However, these practices did inevitably alter the shape of its national archive. The State Archive Service (SAS), for example, selected public documents for preservation based on their perceived usage for researchers, which meant that the archive’s distorted shape poorly

773 Harris, p. 138.
reflected the experiences of ‘apartheid’s marginalized and oppressed communities’. The legacy that this created was one of ‘skewed [of] social memory’,\textsuperscript{776} of ‘silence and lies’,\textsuperscript{777} in that it failed to reflect the experiences of the majority of the South African population.

Several of South Africa’s historians have, furthermore, identified the prejudices of the colonial and apartheid archives, and produced works that have been read ‘against the grain’. A significant radical tradition of left-wing history writing, for example, took place through various archives in South Africa during the 1970s and 80s, including work by historians such as Charles van Onselen\textsuperscript{778} and Martin Legassick.\textsuperscript{779}

Out of this historical context the Truth and Reconciliation Commission (TRC) was born. Antoinette Burton stipulates that the TRC used ‘notions of truth’ to interrogate factual and forensic knowledge about the past and history, thus pitting ‘conventional forms of knowledge […] against the claims of groups who have typically been disenfranchised by dominant regimes of truth.’\textsuperscript{780} Viewed as an ‘archival intervention’, the TRC can therefore be seen to have added new historical records to those already in archival custody.\textsuperscript{781}

With the TRC, South Africa extended a new way of remembering the injustices of past. To what extent is this extension present in the initiatives to

\textsuperscript{776} Harris, pp. 140, 141.
\textsuperscript{777} Harris, p. 300.
\textsuperscript{779} Martin Legassick, Class and Nationalism in South African Protest: The South African Communist Party and the ‘Native Republic’ 1928–34, Intro. by Julian Friedman (New York: Syracuse University, 1973). See also Martin Legasick and David Hemson, Foreign Investment and the Reproduction of Racial Capitalism in South Africa (London: Anti-Apartheid Movement, 1976). This paper was published by the Anti-Apartheid Movement as the second in a series of papers contributing to the debate on the role of foreign investment in apartheid South Africa.
\textsuperscript{781} Harris, p. 136.
establish a ‘HIV/AIDS archive’ in South Africa in 2012? In order to appreciate the form of the 2012 AIDS museum initiative, it is necessary to take full account of how the TRC attempted to fundamentally re-configure national attitudes to the past, and in particular, of how the sufferings of the excluded and marginalised have been recovered and remembered within national memory as well as within the significant academic industry that the TRC precipitated.

Historical Context:
The Truth and Reconciliation Commission in South Africa

Succeeding half a century of institutionalised racial discrimination and violence in South Africa, the TRC’s broad remit was to consider acts that caused physical and mental harm or death committed during the course of political conflicts during apartheid. Born of intense negotiations between the outgoing National Party and incoming African National Party during the interim period between Nelson Mandela’s iconic release from prison (1990) and the 1994 elections, the TRC was the newly-elected democratic government’s attempt to account for South Africa’s past in order to become accountable to its future.

The TRC was not a court of law, but was nonetheless a statutory commission of inquiry required to make defensible findings according to legal principles. The seventeen commissioners appointed by President Mandela.

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divided themselves amongst the three committees: Human Rights, Amnesty and Repatriation, and Rehabilitation. Anglican bishop Desmond Tutu was appointed as chairman of the Commission and Dr Alex Borraine was appointed as his deputy. The Commission considered the personal narratives of apartheid victims (total victim statements received: 21,300, recording 38,000 instances of gross bodily harm) alongside the applications for amnesty of its perpetrators (total applications: 7,127). Lasting three years (1995–98), it produced an Interim Report (presented to President Mandela in October 1998) and Final Report, which was presented to President Thabo Mbeki in 2003. The number of amnesty applications meant that the Amnesty Committee continued its hearings beyond the TRC deadline.

In many ways the TRC was lauded as a model of success for a society in transition. In her work on the South Africa Truth Commission, Catherine Cole, for example, cites Priscilla Hayner’s comparative study of twenty-one truth commissions and her associated conclusion that South Africa’s TRC was one of the most ‘successful’. Historian Rosemary Nagy argues that the process of vocalising the truth of apartheid violence has overturned the dehumanising effect of apartheid – its racial hierarchy and the criminalisation of dissent that meant that victims were seen as ‘less than human’.

786 Jeffrey, pp. 8, 9.
787 This Committee has attracted criticism from scholars, including Lyn Graybill, who notes that few of those who applied for amnesty were the top leaders of the apartheid system and close to half of the applicants were from the ANC, ‘who in moral terms had less to be sorry about’. (Lyn Graybill, ‘Pardon, Punishment, and Amnesia: Three African Post-Conflict Methods, Third World Quarterly, 25 (2004), 1117–1130 (p. 1119)).
strengths of the TRC process, namely its emphasis on personal storytelling, its inclusiveness, its mandate to reclaim and document traumatic and marginalised histories, and the therapeutic vindication offered through catharsis would inculcate a mode of remembering the past that is present both in the play that the next section considers, as well as in the more contemporary efforts to memorialise the HIV/AIDS epidemic considered later in this chapter.

However the TRC was not without its detractors, including those who stressed that it allowed no economic redress for victims and no punitive action for perpetrators. This is evidenced most famously by the fierce opposition mounted by the Biko family to the decision to conduct a TRC hearing into Stephen Biko’s death. Mahmood Mamdani criticises the TRC’s individualisation of the victims of apartheid and collective allocation of impunity to most perpetrators of apartheid. The work of R.W. Johnson registers the Commission’s ANC bias. The TRC was supposed to be impartial; however Johnson cites seventeen ‘pro ANC’ commissioners, ‘with just two

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791 The Biko family wanted to try the five policemen (Harold Snyman, Daniel Siebert, Rubin Marx, Johan Beneke and Gideon Nieuwoudt) responsible for Biko’s death in a court of law. In 1996 they appealed to the Constitutional Court of South Africa, declaring that the amnesty granted to the policemen during the TRC hearing was unconstitutional. The court upheld the TRC’s decision, citing the need for national reconciliation. See Robert Block, ‘Justice Before Forgiveness, Say Families of Apartheid Victims’, Independent.co.uk, 31 March 1996 <http://www.independent.co.uk/news/world/justice-before-forgiveness-say-families-of- apartheid-victims-1344975.html> [accessed 2 April 2013].

His work on the TRC, cited in *South Africa’s Brave New World* (2009), draws heavily on Anthea Jeffery’s criticisms. Jeffery’s findings about the report, recorded in *The Truth About the Truth Commission* (1999), note a lack of fact checking and bias. These claims, Jeffery concludes, mar the credibility of the Final Report.

With respect to the TRC’s mandate to give voice to victims, some of its most relevant detractors, however, are those victims who testified. In her careful research of the TRC proceedings, Cole examines the priorities and outcomes of one testifier, Cynthia Ngewu, mother of one of the Guguletu Seven. In her testimony, Ngewu states that

> I personally feel what the Commission can do for me is that these people should be brought to justice. The whole nation must see these people and they must say why they shot our children. They must account for the death of our children. Why would they drag my son? Was he a dog? Were their hands better than mine? Better than my son’s? Were their hands so clean that they couldn’t even touch my son? Why did they have to drag him? Barnard would come in and out of my house and he would be telling me that “Your dog, Christopher, is dead”.

Given the clear articulation of Ngewu’s priorities, namely ‘justice, national and public exposure of the perpetrators, retribution [...] economic reparations, and healing for herself and her family’ it becomes clear that while the TRC was

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793 R.W. Johnson, *South Africa’s Brave New World: The Beloved Country Since the End of Apartheid*, 2nd edn (London: Penguin Books, 2010), p. 275. Johnson dismisses De Klerk’s attendance at the TRC (Johnson, p. 295) in order to highlight the TRC’s moral standpoint: That moral equality between those fighting against apartheid and those fighting to preserve it was not possible (Johnson, p. 278–79). Johnson also questions the theory on which the TRC operated, namely the assumption that reconciliation could only be achieved by telling and facing the complete truth (Johnson, p. 274).

794 Jeffrey records this bias in ‘The need for comprehensive findings’, ‘The need for objective operation’ and ‘The need for violations to be contextualised’. (pp. 11–13).

795 Jeffrey further concludes that ‘what the commission has done is to focus on only half the story – and to tell that half in a selective and distorted way.’ (p. 21).

796 The Guguletu Seven refers to seven Umkhonto we Sizwe activists killed by South Africa’s forces on 3 March 1986 in Guguletu, a township outside of Cape Town.

797 Cynthia Ngewu is cited in Cole, p. 86.
designed to address the exposure of perpetrators and economic reparations (however minimal), it was not equipped to address Ngewu’s first priority of criminal justice or her desire for retribution. Equally, the Commission was limited in its interest in the gross acts of bodily harm visited on Ngewe’s son and not in the ways that this affected Ngewu herself, an observation raised by Ross: ‘The Commission tended to seek for experiences that were both literally and visibly embodied… this has important implications for the ways in which women’s testimonies can be heard.’

Of significant interest to this chapter is the fact that limited circulation and high production costs meant that the TRC Final Report (written by the TRC’s research department) – the document representing South Africa’s interrogation of the state archive under apartheid – remains largely unread by South Africans. Most South Africans therefore have little knowledge of the Commission’s findings through access to the Final Report itself. If the TRC is an ‘archival intervention’, then this becomes problematic, especially given the requirement of ‘telling’ and ‘facing’ the truth.

These criticisms of the TRC process – its lack of sanction for perpetrators, its emphasis on individualisation, its political bias, the lack of accountability for what Ngewu referred to as ‘the death[s] of our children,’ as well as the limited circulation of the TRC report – are important to register

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799 Professor Charles Villa-Vicencio, who served as the South African Truth Commission’s Director of Research, identified five different types of transitional justice, among which is ‘justice as the affirmation of human dignity’. It is this form of justice, ‘restorative rather than punitive justice, that the TRC prioritised in its rhetoric. (Kadar Asmal, ‘Truth, Reconciliation and Justice: The South African Experience and Perspective’, The Modern Law Review, 63.1 (2000), 1–24 (pp. 12, 15)).

800 Cole, p. 87.

801 Ross, p. 252.

802 The research department was also responsible for determining which cases it wanted to cover in the hearings. R.W. Johnson argues that victims were therefore ‘deliberately sought out in terms of researchers’ own perceptions’. (p. 276).

803 Cole, p. 123.
here because of later decisions made to address these limitations in the establishment of the two ‘HIV/AIDS archives’ that this chapter considers. In the more immediate context of the TRC, however, cultural productions that dealt with the TRC addressed many of these shortcomings.

**Repertoires of Remembrance: Performing the Truth Commission**

As a document registering the enactment of disclosure, the TRC Final Report needed to be performed in order to take effect in the reshaping of society. The transparency of the TRC, that aspect which in particular was designed to restore public confidence in all sectors of society, relied especially on the performative aspects of ‘telling’ and ‘facing’ that the public hearings facilitated. Taylor’s distinction between the ‘archive’ of ‘enduring objects’ and the performance ‘repertoire’ is useful in probing the performative iterations of the TRC that apply to the formation of an HIV/AIDS ‘archive’ in South Africa. In the following extract, Taylor underlines the need to consider the embodied as well as archival dimension as systems of information transmission:

> The archive and the repertoire have always been important sources of information, both exceeding the limitations of the other, in literate and semiliterate societies. They usually work in tandem and they work alongside other systems of transmission – the digital and the visual, to name two. Innumerable practices in the most literate societies require both an archival and an embodied dimension: weddings need both the performative utterance of “I do” and the signed contract.

TRC scholarship mostly fails to consider the ways that embodiment (eye contact, gesture, intonation) affected the readings of testimonies staged during the hearings. Cole’s work is one exception, as is the work of Ross. Cole’s

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804 This is not a unique historical process – the same can be said of many scenarios, including the passbooks of the apartheid era and the constitution that marked South Africa’s new democratic era.

805 Taylor, p. 21.

Performing South Africa's Truth Commission (2010) examines the role of the media in the TRC and the theatrical and performative aspects of the TRC. The TRC relied heavily on several theatrical modes, including the 'emotional expressiveness and volatility; communication through the dense registers of embodiment; and moments of direct conflict and confrontations between perpetrator and victim'. Structurally the TRC’s human rights hearings were performed live on stages, in front of audiences. They physically toured the country, staged in public locations that had formerly been inaccessible to black South Africans.

South Africa’s TRC hearings eventually took on many incarnations, bringing those voices that testified to a much wider audience than were present at the hearings. In a dramatic break with the past, the media was granted full license to broadcast without censorship, making ‘mass atrocity, mass media’. It was television and radio through which the majority of – especially poor – South Africans experienced the TRC. The South African Broadcasting Corporation (SABC), once the mouthpiece of apartheid, became largely responsible for bringing the TRC proceedings into South African living rooms. Journalist Max du Preez’s TRC Special Report is one example of the role television played in the TRC process. The Special Report aired once a


808 Cole, p. 65.
809 Cole, p. 139.
810 Cole, p. 110.
week from 21 April 1996 until 29 March 1998 and produced 87 episodes which, much like the TRC, took statements, made findings, elicited apologies, and aired testimonies – including material not addressed at the TRC itself.\textsuperscript{111} Author Antjie Krog reported from the TRC hearings for the SABC radio. Her memoir \textit{Country of My Skull} (1998) was published before the release of the TRC Final Report to huge commercial and critical response and is memorable for emphasising the psychological trauma of the journalists covering the TRC hearings as well as those who had lived through the testimonies that they described.

Media involvement in the TRC arguably acted as a surrogate for the Commission itself: creating an audience, shaping narratives and crafting and sustaining the interest of its audience.\textsuperscript{112} Criticism levied at the media included allegations of creating a ‘trauma spectacle’ that favoured ‘emotional, character-driven, and uncomplicated messages’.\textsuperscript{113} However, in its ability to authenticate the presence of a real person through the conveyance of facial expressions, cadence, and intonation – of ‘registers of signification present in the body’\textsuperscript{114} – the media also underscored one of the TRC’s framing humanist philosophies, \textit{ubuntu}, which describes the quality of mutual responsibility and brotherhood evoked in the proverb Mandela often quoted: ‘\textit{Umuntu ngumuntu ngabantu}’: ‘A person is a person because of other people.’\textsuperscript{115} Thus, the TRC’s public

\textsuperscript{111} Both Cole (pp. 100–01) and Verdoolaege (Annelies Verdoolaege, ‘Media Representations of the South African Truth and Reconciliation Commission and Their Commitment to Reconciliation’, \textit{Journal of African Cultural Studies}, 17.2 (2005), 181–199 (p. 191)) argue that the TRC Special Report provided more background to testimonies than the TRC did.

\textsuperscript{112} Cole, p. 93.

\textsuperscript{113} See Cole, p. 115, but also see Chapter One of this thesis for discussion about the history of the spectacle in South Africa.

\textsuperscript{114} Cole, p. 119.

manifestation was two-fold, being both a live theatrical event and live media event.

To what extent does this affect the TRC’s realisation of an ‘archival intervention’? Taylor’s research stresses that the live performance and media event are distinct, and thus come to occupy different archival spaces: ‘A video of a performance is not a performance, though it often comes to replace the performance as a thing in itself (the video is part of the archive; what it represents is part of the repertoires).’ Taylor further defines the ‘repertoire’ as follows:

The repertoire, on the other hand, enacts embodied memory: performances, gestures, orality, movement, dance, singing – in short, all those acts usually thought of as ephemeral, nonreproducible knowledge [...] The repertoire requires presence: people participate in the production and reproduction of knowledge by “being there,” being a part of the transmission. The next section describes how the South African theatre production *The Story I Am About to Tell* (*Indaba Engizoyixoxa*, Dir. Robert Colman, premiered Market Theatre Laboratory, July 1997) engaged with the TRC’s project of remembering history through embodied, live performance designed to prioritise the type of participation that Taylor signals, and reinstates the ‘actual meeting of performers and public[s]’ that were at risk of being replaced by the media’s involvement. The section asks to what extent *The Story I am About to Tell* forms part of the TRC’s repertoire of remembrance.

**The Story I Am About To Tell**

In the post-TRC era, theatrical productions and literary publications have in particular been tasked with the continued perpetuation of reflections about

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816 Taylor, p. 20.
817 Taylor, p. 20.
South Africa’s traumatic past. Mapping the tension between the structures and semblances of the courts of law that were employed at the amnesty hearings of the TRC and the temporalities of remembering and performing memory that the human rights hearings in particular evoked, this discussion suggests how post-TRC forums of cultural production provided the space for the public and personal, documented and embodied to intersect. In so doing it asks to what extent consideration of such productions expands the ‘repertoire’ of social knowledge produced by the TRC, and to what extent this has influenced memorialisation initiatives such as the Not Alone exhibition.

The product of collaboration between a support group for survivors who had given testimony at the TRC and producers (human rights activist Bobby Rodwell, and poet Lesego Rampolokeng, who helped write the script), The Story I Am About to Tell (Story) was initially workshopped at the Market Theatre Laboratory. It played for five years (1997–2001) in South Africa (including the 1999 Standard Bank National Arts Festival and the 2001 International Conference Against Racism on Robben Island) and abroad in London (alongside Ubu and the Truth Commission and The Dead Wait in London in 1999 and later at London’s Tricycle Theatre), Stockholm and Munich. The play is designed to reach an extensive and diverse range of

819 Information derived from the Standard Bank National Arts Festival Catalogue, 1999, p. 73.
communities in order to raise awareness and debate about the TRC and its related issues (indeed, the presence of two special advisors on the project, Thloki Mofokeng from the Centre for the Study of Violence and Reconciliation and Maggie Friedman from the Khulumani Support Group, attest to this\textsuperscript{822}). Little scholarship exists about the play, but the reviews cited below all remark on the play’s powerful impact.

*Story* is based on the real testimonies of three victims and survivors of apartheid state violence, who performed the testimonies that they had given at the HRV Hearings. Each testimony describes a site of trauma, beginning with Catherine Mlangeni, who recounted the detonation of a police-sent bomb set in her son’s Walkman in 1990. Her testimony (first delivered in May 1996) describes the room after the explosion of her son’s body and head. The second testimony was given by Duma Kumalo, who waited for three years to be hanged for a crime he did not commit as part of the Sharpeville Six. The performance of this second testimony is noteworthy in particular for the memory lapse that Kumalo endured on stage one night, which I will return to. The third testimony, given by Thandi Shezi, recounts her interrogation, torture and rape by the security police after she had been arrested during the 1980s.

Playing on the TRC’s slogan ‘Truth: The Road to Reconciliation’,\textsuperscript{823} the play is set in a taxi making its way to the TRC hearings. The play’s minimalist setting comprised six folding chairs, a simple approach that, in keeping with the vision of the director,\textsuperscript{824} enabled the play to travel easily. The three

\textsuperscript{822} Dodd.


\textsuperscript{824} Dodd.
performers, members of the Khulumani Support Group,\(^{825}\) were joined on-stage by three professional actors (Ramolao Makhene, Mncedisi Kenneth Nkosi and Dan Robbertse). When the testimonies were being delivered, the professional actors left the stage and the three performers turned to face the audience. This effort to re-create the setting of the TRC hearings illustrates the shared staging of both theatrical and TRC hearings.\(^{826}\) In pursuing its mandate to ‘capture a period in this country’s history which needs to be remembered and debated’, performances were followed by question and answer sessions with the audience.\(^{827}\)

The play is based on the premise of catharsis, the process that attempts to reconfigure trauma in order to forget through remembering. As such, the play is designed to be transformative for the performers. It does so by providing a space for the performers to ‘testify’ free of cross-examination, reclaiming their personal versions of history in public, in much the same way that the TRC public hearings envisaged. The play also relies on the audience forging an empathetic connection with the ‘characters’ on stage and then in post-production discussion. These interactions are designed to suggest the possibility and potential for reconciliation both in the context of the theatre and in society at large, and thus bear out the TRC’s message of reconciliation. Two reviews from the *Mail & Guardian* note the play’s initial reception as transformative: in his tribute to Duma Kumalo, Rodwell writes that the play


\(^{827}\) Standard Bank 1999, p. 73.
was ‘life altering for everyone who participated in it’; while reviewing the play in 1999, Alex Dodd notes the cathartic response from audience members who were compelled to share their own stories of apartheid and the Holocaust.

In the context of the theatre, such responses are prized; however, the cathartic vindication offered during the public hearings of the TRC was more complex. Susannah Radstone states that while ‘in the arts recognition follows from empathy, in history and the law recognition follows from the proof that what is remembered is remembered truthfully’. Recalling Jeffrey’s criticisms of the TRC, namely the lack of proof to substantiate the TRC’s findings, bears out Radstone’s claim. Prioritising the historical rhetoric of truth in a concerted attempt to create a linear chronology is evidenced in the TRC transcripts themselves, which are annotated with prompts from commissioners – ‘interventions’ – during moments when testifiers ‘forgot’ the narratives described in their original statements. This attempt to keep new, predetermined versions of the ‘truth’ on track is apparent, for example in the interventions of Mr Smith in the transcripts of Nomonde Calata’s testimony of 16 April 1996, in East London. While the dignity of those who testified was preserved in providing a safe space – free of cross-examination – for victims to lodge their

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828 Rodwell.
829 Dodd.
832 In addition to direct interruptions, a later intervention sees Mr Smith insist that Calata’s testimony follow its linear chronology: ‘Allow me please, there is an incident that happened after the funeral, when the police actually came to your house, I want you to tell the Commission what happened.’ (See Calata, p. 16 of 49).
accounts of the past in the official record during the TRC, the TRC was also therefore concerned with ‘setting the record straight’, which sometimes produced conflicting results. Johnson, for example, cites the following case:

One woman insisted that after she had seen police open fire on protestors she had counted 175 graves when a judicial commission gave the figure of two deaths. The TRC itself gave the figure of two, or sometimes (inexplicably) three, deaths in this encounter.

Interventions such as these support Radstone’s assertion that ‘history is commonly understood as the unfolding of events in broadly linear fashion, and historiography has been shaped by the linearity and the cause-and-effect structure of realist narrative’. Yet one particular performance of Story – in which the second testifier, Duma Kumalo, inadvertently ‘forgot the lines’ of his own testimony during a performance – provides one example of how memory’s temporalities, its non-linearity, poses one problem to the writing of histories which demand conformity to the Aristotelian perception of disaster. Of this performance, South African artist William Kentridge, who was in attendance the night in question, commented: ‘At some point one of the performers forgot his own words. It was his own experience he was talking

834 In support of this claim, Ross also suggests that testimonies that present a clear chronology and ‘detailed understanding of state structure’ imbued the testifier with credibility (Ross, ‘Witnessing’, p. 259).
835 Johnson, p. 276.
836 Radstone, p. 138.
837 The fallible nature of memory is an important consideration in configuring the past, especially if that past is first and foremost characterised by trauma. In their joint project on bearing witness, Dori Laub and Shoshana Felman theorise trauma as an experience that eludes representation and thus cannot be captured in a narrative. (Shoshana Felman and Dori Laub, Testimony: Crises of Witnessing in Literature, Psychoanalysis and History (New York: Routledge, 1992)). The idea is first introduced on pages xvii–xviii). This theory, which shows considerable debt to Theodor W. Adorno, and was conceived in relation to the Holocaust, nevertheless supports Kentridge’s view that the South African performance cited above gave a truer representation of the experience of trauma by producing silence at the point at which the prescribed narrative eluded the traumatised testifier.
about, but he forgot his words. It was when he looked like an amateur that you got closest to truth.\textsuperscript{839} This incident ultimately raises questions about the static nature of the historical record that the TRC sought to produce. It also demonstrates that the theatrical structure is effective in ‘question[ing] not absolute truth so much as the capacity of memory to faithfully record that truth’,\textsuperscript{840} and thus places an emphasis on the value of personal memories that has been carried into post-apartheid HIV/AIDS-era initiatives around memorialisation (some of which, such as the memory books, boxes and bodymapping initiatives, this thesis has already addressed).

The survivors’ presence on stage further enables subjects to narrate their own stories, which is historically significant. Yet this agency is simultaneously undermined, not only by the content of those narratives but also by the act of ‘freezing’ apartheid’s future ‘narratives into memorized formulas’,\textsuperscript{841} as the example of the testifier who couldn’t remember his own narrative demonstrates. Further evidence of this is the degree to which the same stories that emerged from the TRC hearings continue to be dramatised.

The play \textit{Truth in Translation} (Dir. Michael Lessac, premiered 2006) for example, is a TRC play that has more recently been produced. Based on interviews with TRC interpreters and translators, the production used theatre, film and music to dramatise the experiences of the demographics responsible for repeating testimonies in each of South Africa’s eleven languages (thus, ‘telling both sides of the story using the first person pronoun’\textsuperscript{842}). Much like

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\textsuperscript{840} S. Graham, p. 9.
\textsuperscript{841} S. Graham, p. 4.
\textsuperscript{842} Mda, ‘Reconciliation’, p. 127.
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Story, since its premier, *Truth in Translation* has drawn on post-performance discussions that took place with its audiences and collaboration with different writers in order to re-work its script. As a result, the stage production of *Truth in Translation* has become a catalyst for generating 'dialogue around the idea of forgiveness and reconciliation'\(^{843}\) in post-conflict contexts around the world. Since it began touring, the *Truth in Translation Project* has been performed for 55,250 people, facilitated workshops for 10,545 participants and played in twenty-six cities in eleven countries (including Rwanda, Northern Ireland, Zimbabwe, West Balkans, South Africa and the United States) on three continents, bringing the discourse of the TRC into the post-conflict global context.

Another South African production, Philip Miller's cantata *ReWind* (2006),\(^{844}\) layers audio testimonies presented at the TRC with musical interpretation and a projected visual showcase to create a distinctly multi-media production. The multi-media approach to performing the TRC in *Truth in Translation* and *ReWind* does provide the immediacy of the voices of those who testified in a variety of mediums. It also provides the effect of a TRC 'industry' with global accessibility and relevance.

The three productions mentioned above all draw from 'real' testimonies of the TRC. However, in doing so, they repeat the same testimonies in the process of dialogic borrowing and referencing. Many scholars point to witness Nomonde Calata's public cry during her testimony, and the fact that such borrowing has transformed her cry into something that was instead


emblematic in public memory of the testimonies of all those who appeared before the commission. 'It caught up in a single howl all the darkness and horror of the apartheid years,' recalls TRC Deputy Chairperson Alex Boraine.

In the process of relating individual testimonies to the pursuit of a collective history that includes and reflects the experiences of a greater cross-section of South Africans, what does the transformation of that cry into a metaphor reveal about cultural productions seeking to promulgate the TRC's larger history-making project? The multiple perspectives and genres cited above do not necessarily provide a more complete view of the experience of apartheid. Moreover, in reiterating discussions about the process in which history is constructed, they unwittingly fail to 'tell' the 'stories' that remain concealed. It is, ironically, this 'canonisation' of TRC testimonies – Calata's cry, one of the most referenced testimonies of the TRC, appears in ReWind, for example, while Mlangeni's testimony from Story 'has been frequently quoted and excerpted in writings and documents on the TRC' – that undermines the ability of cultural productions about the TRC to rewrite history and formulate new social consciousnesses drawn from a variety of voices in the production of a more 'complete' version of the past.

The three post-TRC performances cited above do, however, relate the possibilities for the performed and documented TRC archives to co-exist. Their combination provides an expanded social access to understanding and memorialising the traumatic pasts in circulation in the post-apartheid era. This is evidenced in their ability to reach an expanded audience through multi-

845 Cole, p. 11.
846 Cited in Cole, p. 79.
media performances, and indeed, to engage that audience directly through post-production discussion. Consideration of these TRC performances also stresses the importance of reifying memory – as opposed to the pursuit of ‘truth’ – in the post-TRC era. While the TRC stories in circulation are not necessarily greatly diversified, what the embodied repertoire transmits should not be underestimated in broadcasting the circulation of new social knowledge about the apartheid past. According to Taylor, only through performed testimonies is it possible to access this particular capacity of memory: ‘Embodied memory, because it is live, exceeds the archive’s ability to capture it.’848 The ‘repertoire’, therefore, ‘transmits live, embodied actions. As such, traditions are stored in the body, through various mnemonic methods, and transmitted “live” in the here and now to a live audience.’849

The performances of those personal histories ignored by the apartheid government and captured through cultural practices such as the live performances discussed above forge a connection between ‘saying something and doing something for words to construct reality’850 in a wider public consciousness, and thus begin to ‘perform’ the Final Report of the TRC. How have embodiment, personal memory, diversification and audience interaction been implicated in the attempt to create a second – HIV/AIDS – post-apartheid archive, equally driven by the imperative ‘to account for its past in order to become accountable to its future’? Have the ways of remembering extended by the TRC and promulgated and interrogated by cultural productions such as Story impacted the creation of an ‘HIV/AIDS archive’ in South Africa? This chapter will now examine to what extent the priorities that have driven the

848 Taylor, p. 20.
850 Cole, p. xi.
institutionalisation of memory by national bodies in South Africa outlined in the first part of this chapter – that the voiceless be heard, that the suffering experienced by the most vulnerable of society not be repeated, that the afflictions of the past not be forgotten and that marginal histories be reclaimed – been honoured in two initiatives to generate ‘HIV/AIDS archives’ that memorialise in public spaces the epidemic responsible for so much personal suffering in the post-apartheid era.

My analysis of the Not Alone and MAA initiatives is guided by two priorities that the projects share: the prominence of reclaimed public spaces and the use of participatory approaches. I further note how both projects also emphasise personal memory and showcase different forms of embodiment in relation to HIV/AIDS. These priorities – the appearance of personal and communal histories relating to HIV/AIDS in exhibitions staged in reclaimed public sites – raise parallels with the national project of remembrance that this chapter takes as its historical premise. In generating interactive archives, the projects are furthermore designed to encourage the elicitation, contestation and representation of different experiences of the epidemic. This suggests the active avoidance of a potentially static record on HIV/AIDS, offering possible evidence of both borrowing and learning from the expanded legacy of memorialisation tendered by the TRC.

Not Alone: Exhibiting HIV/AIDS in South Africa

The genesis for the Not Alone: An International Project to Make Art/Stop Aids (Not Alone) exhibition was a project entitled ‘Make Art/Stop Aids’, which began in India in 2004 through a partnership between UCLA Art (University of California, Los Angeles) and the global Health Centre. Initiated under UCLA
professor David Gere, the project’s mission ‘to unleash the transformative power of the arts to advance global health’ makes huge claims for the agency of the arts. The project relies on a network of scholars, activists and artists dedicated to ‘ending the global AIDS epidemic’.

Described by the Mail & Guardian as a ‘high profile, globe-trotting gallery exhibition’, Not Alone develops a ‘flexible’ HIV/AIDS-focused art show. The project is designed specifically to allow host countries to adapt the exhibition to areas of national concern, while offering ‘international solidarity’. Opening in Los Angeles (UCLA, 2008), the art show initially included work by artists from the United States, Brazil, India and South Africa. The exhibition toured South Africa in 2010 (Durban, Johannesburg and Cape Town, where it was open to the public from 9 November 2009–31 January 2010). Jointly curated in South Africa by Carol Brown and David Gere, the exhibition was designed to emphasise a variety of artworks relating to the global HIV/AIDS epidemic, with an emphasis on the South African epidemic. It is important to note the potential for different lines of power to operate in developing the content of each exhibition, especially given the significant American sponsorship for the project (including the US consulate in South Africa, Pepfar, the US Embassy in Pretoria and the Ford Foundation).

The two locations of the Not Alone exhibition in Cape Town are influential in guiding viewers through the experience of the artworks.

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854 ‘Iziko Art Exhibition Puts Focus on Aids’.
particular, the choice of the Cape Town Slave Lodge and Cape Town Castle to house these works of art evokes the particular history of transformation and state challenge that these sites have come to signify in the post-apartheid era. Many of these artworks engage an activist tone, referencing historical civil campaigns and political protest around the acquisition of ARVs for example, or directly addressing the stigmas and silences that have contributed to the particularly devastating effect of the epidemic in South Africa. The history of the Castle and Slave Lodge are therefore significant in conveying the political potential of the artworks that comprise South Africa’s Not Alone exhibition, as is the post-apartheid initiative to ‘reclaim’ public monuments as part of a larger effort to re-position historical sites of oppression as monuments that celebrate the success of political liberation.

In the Houses of Parliament in Cape Town today, the project of redressing the apartheid past is now carefully exhibited in material artworks bearing the messages of the TRC. These artworks include but are not limited to the following: the Create South Africa (CAS) Memory Cloths initiative, textile art pieces responding to the question ‘What democracy means to me?’ created by women around South Africa; portraits of South Africa’s great women figures hanging on the upper floors of the building; and the Keiskamma tapestry, a 126-metre woven history of South Africa created by over 100 women in Hamburg, Eastern Cape. The Green Room in the Houses of

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855 From my own fieldwork notes, Houses of Parliament, Cape Town, 3 December 2009. I am grateful to Rayda Baker for guiding me through the art collection at the Houses of Parliament. The initial CAS initiative then combined with the Parliamentary Millennium Programme to expand the initiative across the country. The resulting project, Amazwi Abesifazane (Voices of Women) is reviewed in two volumes published in 2009. (Amazwi Abesifazane: Voices of Women, 2 vols (Cape Town: Parliamentary Millenium Programme, 2009).

856 I saw the Keiskamma Tapestry on 26 January 2010 at the slave lodge in Cape Town as part of the Not Alone exhibition. These artworks, notably, combine the influences of European artistic conventions such as portraiture. The tapestry, for example, is based on a Bayeux
Parliament, which saw the birth of legislation that supported and promoted apartheid’s white patriarchy, is thus now flanked with reminders of the simultaneous and consequential histories that were developing alongside it. Visual artworks such as these, along with monuments, museums and public spaces were seen as integral to the very construction of new national histories in the post-apartheid era.857

Policy surrounding museums and public monuments was debated during the transition of power in the lead-up to the 1994 democratic elections in South Africa. The 1987 policy that arose out of the Pietermaritzburg Conference ‘Museums in a Changing and Divided South Africa’ committed the South African Museum’s Associations (SAMA) to transforming South Africa’s museums in line with democratic changes that were taking place. At the forefront of these transformations was the intention to address ‘discriminatory museum practices that reinforced apartheid legislation’.858 The 1993 creation of the Commission for Reconstruction and Transformation of the Arts and Culture (CREATE) and the document that it produced – ‘The Museum for South Africa Intersectoral Investigation for National Policy’ (MUSA) – provided the infrastructure for debate about the future use and reconstruction of heritage sites in the post-apartheid era. Seeking to revisit, and thus reanimate, historical museums, public institutions and monuments provides another

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857 Tapestry that hangs in Northern France and yet combines African beading and stitching techniques and oral histories of knowledge with written historical records in order to recount South African history. From my own fieldwork notes, Iziko Slave Lodge, Cape Town, 26 January 2010. See also The Keiskamma Art Project (Cape Town: Hetherington Media, 2008).

858 Research by Carolyn Hamilton, Leslie Witz and Ciraj Rassool forms an important corpus for understanding post-apartheid museum and visual culture. Leslie Witz, Ciraj Rassool and Paul Faber, South African Family Stories: Reflections on an Experiment in Exhibition Making (Amsterdam: KIT Publishers, 2007), touches on many facets of South African museology in the post-apartheid era, including issues relating to community, memories, immaterial heritage, interpretation of objects and images and ownership of objects.

example of the ANC’s national project of re-writing the past. It also demonstrates the belief that such monuments would help to foster a sense of South African identity in the ‘new’ post-1994 era. Two sites in particular are now well-known ‘reclaimed’ historical sites, Robben Island and the District Six Museum.

Coombes distinguishes between the transformation of an original text through an act of translation as defined by Walter Benjamin, and Gayatri Spivak’s notion of the ‘reader as translator’, which describes an active reader who produces a reading ‘against the grain’, in her analysis of post-apartheid visual culture in South Africa. Coombes makes an argument for the applicability of the translation framework – the conventional domain of word and text – to iconographic sites such as the Vortrekker Monument, whose interiors also evoke ‘performative reading[s]’. That Robben Island would become a site that epitomises liberation over struggle as opposed to a colonial site of detention and isolation is an example of the translation of meaning attributed to the site in the post-apartheid era, for example. The ANC’s involvement in this translation also enshrines the agency of the post-apartheid state in re-writing historical sites.

The framework Coombes advances is applicable to the histories of the two sites of interest to this chapter, both of which rely on viewers to translate post-apartheid histories in their delivery of HIV/AIDS histories. Cape Town’s Castle is the oldest colonial building in South Africa. Built by the Dutch East India Company to replace the Castle of Good Hope that Jan van Riebeek built

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860 Coombes, History, p. 25.
when he first arrived at the Cape of Good Hope, it was transformed into a ‘fortress’ that would ostensibly serve to protect the Dutch from the English in the seventeenth century. During the Second Boer War (1899–1902) it would serve as a prison, before being declared as a National Monument in 1937. It currently acts as a military museum as well as housing part of the iziko permanent collection, striving to ‘preserve and protect its cultural and military heritage’.

The Slave Lodge has served as a slave lodge, government offices, and the Supreme Court, and is now the South African Cultural History Museum. Its current incarnation (since 1998) is the result of the initiative to translate it as a site of ‘human wrongs to [one of] human rights’, as its website description attests.

The stated focus of the South African *Not Alone* exhibition was ‘issues surrounding [HIV/AIDS] treatment’. All of the artworks exhibited at the Castle location of the *Not Alone* exhibition are loosely framed around concepts exploring the communication of personal testimony. The decision to include highly personal works of art suggests an effort to broadcast previously excluded personal narratives of HIV/AIDS in what is otherwise a travelling national exhibition with an international scope. Inherent to the viewer’s experience of these artworks is therefore a combination that engages the historical legacies of silence and repression addressed initially by the TRC and represented by the ‘museum’ sites, with the social climate of stigma and social othering brought on by the politics surrounding the struggle to make

861 See the Cape Town Castle of Good Hope website, which provides details of the site’s history: Castle of Good Hope, ‘Steeped in History’, CastleOfGoodHope.co.za [http://www.castleofgoodhope.co.za] [accessed 13 January 2013].


863 ‘Iziko Art Exhibition Puts Focus on Aids’.
antiretroviral medication available to all South Africans. Experiencing these artworks in the Castle furthermore treats the issue of HIV/AIDS with the same national significance as the issues of slavery and colonialism represented by the exhibition venue. Housing an exhibition in the context of a ‘national monument’ also provides an opportunity for the ANC to advertise a significant change of direction adopted by the state in matters relating to HIV/AIDS.

The Castle exhibition features Memory Books from South African artist Damien Schumann’s ‘Face It – the Stigma Exhibition’, which explore the ‘secrets and fears of people who you pass on the streets, socialize and work with’. Like the memory works produced by the Bambanani Group discussed in Chapter Three of this thesis, the memory books exhibited here were originally produced for private consumption. These are on display along with interactive computer and video installation ‘Offerings’, which play the video clip of an ‘AIDS comrade’ while projecting the illumination of a candle when the viewer presses the corresponding button. The interactive element of ‘Offerings’, in particular, makes effective use of the performative dimension in implicating viewers directly into the immediate space of HIV represented by the artwork.

Photographic portraits taken by South African photographer Zanele Muholi, who documents the threat of HIV/AIDS among township lesbians in her image ‘Aftermath’, issues a direct, if more militant, call to arms. This direct approach is also adopted in Langa Magwa’s ‘Uphondo’ (‘The Voice of

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the Affected and Infected’)867, a sculpture of a cow horn and microphone. These artworks crucially ask viewers ‘What role will you create for yourself in the crisis?’868 by celebrating individual acts of struggle in a collaborative space. In exploring themes relating to communication, these artworks all convey the central importance of personal acts that disclose, disseminate and promulgate HIV/AIDS awareness, and yet, unlike the novels that aim to break a similar silence discussed in Chapter Three, also challenge viewers to use their own voices. These artworks embody personal voice through a multitude of media: text, audio, photograph and installation, many of which invite ‘viewers’ to actively participate in their spaces, drawing attention to the role that viewers play in actively participating in the transmission of knowledge about HIV/AIDS. The multi-genre approach that the exhibition offers envisages a multiplicity of individual perspectives that speak directly to the viewer, as well as to one another.

Unlike many of the artworks exhibited at the Castle, which associated the struggle for antiretroviral medication with a distinctly South African ‘struggle past’, the Keiskamma Altarpiece exhibited in the foyer of the Slave Lodge869 is based on a European model. The altarpiece is modelled on the Isenheim Altarpiece (1512–1516) from Isenheim, Germany, created by

868 See Not Alone exhibition catalogue, p. 38.
869 In the post-apartheid era, the slave lodge has hosted several exhibitions that have a strong educational or outreach emphasis, including mobile museums which travel to rural areas and educational programmes designed to foster inclusivity as well as to ‘encourage participation, promote awareness, enhance knowledge and understanding, foster respect of human rights, contribute to social cohesion and human dignity’. (See Iziko Museums of South Africa, ‘Outreach’, Iziko.org.za <http://www.iziko.org.za/static/page/outreach> [accessed 13 January 2013]).
painters Mathias Grunewald and Niclaus of Haguenau, and depicts the ‘fear and terror of Christ’s crucifixion for hospice patients in Germany suffering from ergot poisoning, which at the time, like AIDS today, was incurable.’

The Keiskamma Altarpiece, a three-panelled tapestry made in Hamburg, in the Eastern Cape Province by over 120 people (mostly women, both HIV-positive and negative), was created under the direction of Dr Carol Hofmeyer.

Like the Isenheim Altarpiece, the Keiskamma Altarpiece has three layers. In the centrepiece of the crucifixion panel is a representation of a widow. Orphan children surround the widow’s feet. Two grandmother figures are depicted on the left and right flank. The predella provides narrative support for the images portrayed in all three layers by depicting the ritual of death. The funerals and women are modelled on real individuals and events from the Eastern Cape.

Illustration 9:

The second, embroidered, layer of the installation is intended to portray ‘resurrection’. Populated by birds and fish, the pastoral scenes represented in

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870 The Altarpiece is in the Musée d’Unterlinden in Colmar, Alsace and was commissioned for the high altar of the church of the Monastery of St Anthony in Isenheim. (See Brenda Schmahmann, ‘A Framework for Recuperation: HIV/AIDS and the Keiskamma Altarpiece’, African Arts, 43.3 (2010), 34–51 (p. 40).

blue and green symbolise integrated, self-sustaining communities. The significance of the embroidery on this layer reinforces the hand-crafted quality of the community’s resurrection – as something that is achieved stitch by stitch, with the involvement of many individuals – and according to Brenda Schmahmann, links the imagery to ‘the norms and values of makers operating in an African context’. The prophet of the community, a figure modelled on a man from Hamburg who runs on the dunes after it rains and creates beautiful patterns with his feet, is depicted in the centre. He represents the prevalence of beauty and regeneration in his community’s life.

Illustration 10:

The third layer uses two entirely different mediums: photography and beadwork to represent ‘reality’. Three photographs dominate. The centrepiece depicts Eunice Mangwane (aged 58), the first woman on the project (and community) to come forward and disclose that HIV had affected her family. She is depicted with Akona, Lithemba and Thabo, her grandchildren. The woman on the left flank – Susan Paliso (83), the widow from the first layer – appears with her grandson, Lihle (8), an AIDS orphan. On the right flank is Caroline Nyongo (47), with her youngest grandchild, eight month-old

872 Schmahmann, p. 35.
Nomaxabiso. The photographs are larger than life and the top of the triptych is heavily beaded. References to the four Apostles that appear in the original Isenheim piece are represented in the beadwork. Most of the beadwork is in green, evoking fertility and promise of the future.

Illustration 11:

The fact that the Keiskamma altarpiece – designed to relay a distinctly South African experience of HIV – is based on a European model is potentially problematic, despite the attempt to emphasise distinctly South African people, rituals and handmade artwork. It does, however, provide a different perspective on the global HIV/AIDS epidemic by contextualising it in terms of a much broader and deeper human history of ‘plagues’. The particulars of this relationship, however, need to be carefully considered. The imagery of the Isenheim Altarpiece emphasises affliction, and Schmahmann notes that its imagery ‘seems to have conveyed a message to sufferers of ergotism that enduring pain and misery brings one closer to God.’ Projecting this message, which allies morality (through religious reference) to illness (through ergotism), is problematic given the earlier destructive impact of cultural
productions such as *Sarafina II*, whose educational remit was seriously compromised by moralising HIV/AIDS. 873

The curators of these public exhibitions have attempted to ‘transform original’ HIV spaces of solitude and stigma into social spaces that reinforce that the HIV-positive subject is ‘not alone’ in their battle. Far from being quarantined (on an island, perhaps) or silenced through stigma, the artworks are symbolically vested with the opportunity to speak and are specifically housed in public sites that acknowledge histories of forcible silence. As such, the spaces that these artworks inhabit, along with the stories that they tell, resonate with the history of exclusion that TRC sought to address, and act as agents of change in the individual lives and communities vested with their creation.

During my viewing of the Keiskamma Altarpiece, one of the film-makers (Zukiswa Pakama) responsible for producing the film that tracks the artwork’s development (*Keiskamma, A Story of Love*, 2007, Xhosa/English, Plexus Films) spent an hour explaining the artwork panel-by-panel. When a group of young school children entered the hall in which the altarpiece stood, Pakama quickly closed the panels so that the children wouldn’t be exposed to the images. ‘They’re too young’, she said, ‘it’s not appropriate.’ Regardless of the actual content of the artwork, which is not immediately traumatic, this exchange suggested to me that the tapestry had come to represent the present-day anguish of HIV/AIDS. The traumas of the past, rendered institutional through the TRC and policy such as MUSA, and popular through the liberation movement remain infinitely more palatable than the sufferings of the present.

873 Schmahmann, p. 42.
If social change through cultural discourses is predicated, as Boal and Brecht would suggest, on the ability to make viewers and audiences question themselves, then public sites must also be willing to open spaces through which those questions can be asked to its most affected and most vulnerable citizens.

This chapter will now discuss the initiative to create an ‘AIDS Museum’, an institutionalised collection of testimonies relating the experience of being affected or infected with HIV. This initiative is the first of its kind in the world – no other museum to an illness has yet been conceived – as the mission on its website attests:

To be the world’s premiere public institution to collect, preserve, remember, interpret, share and exhibit the history of the origins, spread, and impact of HIV/AIDS in Africa as well as the past and present experiences of AIDS in Africa.

Like the Not Alone exhibition, the Museum of AIDS in Africa (MAA) project is significant both for its emphasis on personal memory as well as its association with public South African spaces. The discussion that follows emphasises that the participatory approach espoused by the project is designed primarily to circumvent systems of exclusion and asks how this impacts the notion of the MAA as an ‘archival intervention’.

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874 From my fieldwork notes 26 January 2010, Iziko Slave Lodge, Cape Town.
The Museum of AIDS in Africa

The South African government's recent interest in the Museum of AIDS in Africa marks a departure from the role it has historically played in relation to the HIV/AIDS epidemic. Early decisions taken by the political actors that populate the governing halls of South Africa have reflected a reticence to adopt roles that publically declare the prominence of the HI-virus among the populace over which they govern, as much of this thesis discusses. Justice Cameron remains, at the point of writing, the sole public figure holding a senior title to have adopted within his public identity his HIV-positive status. However, Nelson Mandela, in late recognition of the opportunity he missed to address the epidemic more fully during his time as president, has now publically acknowledged his own personal experience of the HIV epidemic – as a father who has lost a son to HIV – a politically influential contribution. In a marked departure from the AIDS politics of his predecessor Thabo Mbeki, Jacob Zuma is widely reported to have taken a 'public' HIV test on World AIDS Day in 2009. More recently, Deputy President Kgalema Montlanthe has been straightforward with expressing his desire to coordinate a more permanent institutionalisation for remembering HIV/AIDS in South Africa, through his support of the MAA.

The following is a quote from The Museum of AIDS in Africa entered on their twitter feed on July 23 from their booth at the 2012 International AIDS Conference in the USA:

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876 From my notes in attendance of 'Justice Edwin Cameron in conversation with Professor Linda Mulcahy'.
Africa AIDS Museum @MofAA:

#SouthAfrican viceprez #Kgalema #Montlanthe here at #AIDS2012 - came to visit our booth, says he wants to see the Museum open in SA!
12:51 PM - 23 Jul 12

The government’s stated desire to affiliate itself with the MAA provides it with an opportunity to evince a sustained interest in preserving marginalised histories and, as with its interest in Not Alone, of ‘turning the tide’ of HIV/AIDS. In a departure from government-affiliated, HIV/AIDS-related performance productions such as Sarafina II, The Museum of AIDS in Africa project is currently an online initiative to commemorate and memorialise those who have been affected by HIV/AIDS in Africa. Before addressing some of the consequences of this shift from performance to museology, a brief summary of the MAA project is necessary.

With funding from the Open Society in 2007, the MAA initiative was born in March 2012 from the imperative to collect and archive the material aspects of the epidemic, as co-founders Stephanie Nolen and Ngaire Blankenberg describe:

> We realized there was an urgent need to collect and preserve the material history of the epidemic — objects with a critical role in the story — and that what had been preserved to date, like so much else of importance from Africa, had been taken away from the continent.

The MAA delivers programmes centred around three concepts. The first, ‘collection and preservation’, includes a physical collection of documents, specimens, audio-visual material and artworks that aim to illustrate the genesis

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879 For an overview of the MAA initiative, including information on its inception, holdings and current and future projects, see Appendix A.
and impact of the epidemic. The second, ‘public education and dialogue’ initiative, aims to provide scientific knowledge about the origins of the epidemic alongside information about prevention and treatment. The scientific aspects of this particular programme are exhibited through interdisciplinary measures, including political history, art, multi-media and personal stories. The final programme is dedicated to ‘memorialisation’, and comprises a virtual and physical ‘memory bank’ dedicated to keeping ‘mementos and photographs in permanent trust, saved for families left behind.”

The MAA’s plan (endorsed by Montlanthe, as per the tweet quoted above) is to create a permanent 3,500 m² ‘home’ for the museum in a ‘central inner-city neighbourhood’ in South Africa (either Durban or Johannesburg) in 2016 in which to permanently house the Museum’s holdings. The museum’s aim to repatriate an assembly of African-origin items, documents and specimens relating to the HIV/AIDS epidemic in Africa in order to establish its ‘permanent collection’ speaks to redressing the colonial-era pillaging of goods from their subject countries. Symbolically, it also attempts to hold and shape the African experience of the epidemic in an African space, though whether or not such ambitions extend to providing any social critique of the epidemic remains to be seen. Will Mbeki’s denialism be critically reviewed alongside the artefact of Nkosi Johnson’s suit jacket? Will any attempt be made to replicate the role that theatre has played? Are such omissions the result of the

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883 MAA, p. 18.
884 This colonial practice has resulted in extensive collections of artefacts and artworks from around the world being held in key Western institutions.
‘Sarafina scandal’ in combination with the government’s endorsement of the MAA?

The physical museum will also include space for a memorial garden as well as a space to ‘hold gatherings and other events’. Grouping the space with ‘other cultural attractions’ and ‘HIV/AIDS treatment facilities’ signifies the museum’s clustered approach.885 The museum project thus envisages bringing together the embodied subjects, archived objects and performed cultural practices associated with HIV/AIDS. This combination seems the most effective in realising the MAA’s vision to ‘transform the individual and social response to the African AIDS epidemic’ in the opportunity it creates to forge a ‘repertoire’ in which (remembering Taylor’s definition) people can participate in the production of knowledge alongside an archive of enduring materials.

While accessibility is an important consideration in seeking to appeal to ‘diverse audiences and multiple income groups’886 in South Africa, Nolen has stressed that a ‘huge part of our mandate is to be a Pan-African institution’.887 In much the same way as the TRC hearings, the ‘mobile’ aspect of the museum will travel to different locations. Delivering exhibitions, public programmes and ‘memory booths’ continent-wide, the notion of a shared experience of HIV/AIDS aims to bridge diverse community identities.888 Given the regional diversities in which the epidemic is couched and its equally diverse manifestations, the attempt to consolidate pan-African identity around the HIV epidemic seems idealistic. It is equally problematic given the xenophobic

887 Stone.
attacks in South Africa (2008–2009), as it operates on the premise that ‘Africans’ will be happy to subscribe to a universal ‘African’ identity and experience.

Until the physical museum is created, the Virtual Memorial remains the project’s active component. This aspect of the MAA aims to provide support for those coping with grief by inviting users to post personal testimonies of their experience of living with HIV/AIDS and/or losing someone to AIDS-related complications, replicating the TRC’s emphasis on ‘personal storytelling’ in overcoming trauma.

While the ability for the site’s users to post a ‘reply’ reinforces the transparency of the narrative transaction – free of the interferences that appear in the TRC transcripts – the format is perhaps most powerful in the control it vests in the subjects whose stories it wishes to convey. The one-way dialogue most commonly associated with colonial and apartheid-era narrative control is here abolished, even if some of the Museum’s mandates provide a more clearly articulated Western-influenced agenda. For example, the initiative to provide scientific education and access to treatment should be juxtaposed by the fact that herbal, ‘indigenous’ remedies are represented as static components of the permanent collection. These are presented as artefacts to be ‘viewed’, and therefore disinvested of the dynamic space that they occupy in many experiences of HIV/AIDS in South Africa (as Chapter Two of this thesis discusses).

889 Attacks against foreign nationals have occurred since the demise of apartheid. However the period 2008–2009 saw an escalation in these attacks. In May 2008, the number of violent incidences spread from Alexandra township, Johannesburg to informal settlements in Cape Town, where 42 people were killed, over half of whom were Mozambicans. Competition over employment and economic desperation are commonly cited as one of the causes for these attacks. (See Irin, ‘South Africa: Xenophobic Attacks Spreading’, IrinNews.org, 23 May 2008 <http://www.irinnews.org/report/78386/south-africa-xenophobic-attacks-spreading> [accessed 10 June 2013].)
The online medium of the museum has important theoretical consequences, for example, in dissolving the binary between the 'archive of enduring objects' and the 'performed, embodied archive'. Taylor questions to what extent 'digital technologies will further ask us to reformulate our understanding of “presence,” site (now the unlocalisable online “site”), the ephemeral, and embodiment'. This binary may become a triumvirate as digital spaces increasingly dominate in preserving memory and processing performance through video, audio and literacy capabilities, of which *Truth in Translation* and *ReWind* provide early evidence. Yet the overlap between all three archival, embodied, and digital spaces of intelligibility provides an increased accessibility in preserving personal and political, domestic and public knowledge.

Apart from the theoretical consequences of the MAA, it remains important to ask: To what extent are the limitations of the stage and page in intervening in the epidemic (discussed throughout this thesis) met by the introduction of the online medium? While theatre productions such as *Story* try to address and change consciousness, does the museum succeed in this? The physical museum is designed to encourage and juxtapose the performance of different HIV/AIDS-related behaviours in its interactive spaces, providing a 'stage' for human-centred encounters around HIV/AIDS, whether through cultural gatherings, testing units or 'hands on' therapeutic and educational forums. But until it exists and is used, it is difficult to say whether it will succeed. As it stands, it provides an opportunity for political manoeuvring – for politicians to appear to be addressing the epidemic, as they once did with

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890 Taylor, p. 4–5.
Sarafina II. The online museum as it stands remains a passive monument to loss. It does succeed in making visible that loss, and preserving it in a different medium, but remains lacking in its ability to change consciousness in the way that so many have deemed necessary in realising the social behaviour change required to curb HIV/AIDS prevalence.

The Postcolonial Archive

McEwan proposes a theoretical framework that bears implications in the theoretical formulation of ‘HIV/AIDS archives’ proposed in both the Not Alone and MAA projects. In her work theorising the Memory Cloths project, McEwan offers the term ‘postcolonial archive’ to refer to an archive whose objects are both varied and accessible. In their ‘Postcolonialism’s Archive Fever’, Sandhya Shetty and Elizabeth Jane Bellamy similarly demonstrate ‘just how crucial the concept of an “archive” – perhaps even a “postcolonial archive”– is for a more sympathetic understanding of Spivak’s now notorious “silencing” [of the subaltern woman].’

The notion of the ‘postcolonial archive’ grew out of McEwan’s criticism of South Africa’s attempt to re-write its past, and therefore returns us to the context of the TRC. In particular, McEwan’s work suggests that local projects should be considered as playing a role in the truth and reconciliation project. These include ‘radical oral history projects, autobiographical accounts by women and life histories of communities lost or destroyed under the apartheid ‘removals, and radical art projects.’ As has been noted, Ross’s work also adopts a similar approach in developing an analysis of the


892 McEwan, p. 746.
testimonies provided by women during the TRC. Ross explores the testimonies made by women before the Commission, exploring on whose behalf they speak and how they speak. Ross draws one important similarity between the varied testimonials when she points out that women largely spoke about human rights violations that happened to others in their testimonials (only 5% spoke about themselves in the period of time she considers). From this she draws the conclusion that 'taken as a whole, their testimonies illustrated the gaps in women's public speech: absences and silences that, for the most part, had to do with representation of their own physical experiences of violation.'

Conducted in relation to the CAS memory cloths initiative cited earlier in this chapter, like Ross's work, McEwan's research was conceived in response to one of the shortcomings of the TRC, namely its consideration of the trauma, suffering and loss experienced by women (particularly black women). McEwan's work notably precludes consideration of projects such as the Wits History Workshop, founded in the aftermath of the Soweto riots in order to:

Promote research into the lives, experiences and social worlds of the vast and anonymous mass of black and white South Africans who had to that point mostly escaped scholarly attention, and to make the product of this research accessible to those same South Africans in different kinds of media.

893 Ross, 'Witnessing', p. 254.
895 McEwan alleges that if black women are 'denied a presence and agency in stories of national liberation, black women's belonging and citizenship in South Africa is compromised in the process of nation building'. (McEwan, p. 740). For transcripts of the TRC's Special Hearing on Women, see Truth and Reconciliation Commission, 'Special Hearing on Women', in Truth and Reconciliation Commission of South African Report, 1998.
896 University of Witwatersrand, 'The History Workshop', Wits.ac.za <http://www.wits.ac.za/academic/humanities/socialsciences/8324/historyworkshop.html> [accessed 2 April 2013].
Projects such as these indicate that such initiatives are not unique to the post-apartheid effort in South Africa. This extended context, however, suggests the possible application of such projects in a range of contexts, including HIV/AIDS.

The memory cloths that McEwan studies are cited as countering the effects of erasure of women's historical agency caused by the devastation of apartheid. McEwan makes the following conclusions about the ability of memory cloths to 'conserve memory':

Creating postcolonial archives plays an important role in constructing individual and collective identity given the inability to conserve memory within the distressed communities that often results in the erosion of indigenous knowledge. 897

Extending McEwan's research to the context of HIV/AIDS suggests that the memory works represented in the two HIV/AIDS projects discussed in this chapter play an important function in both acknowledging the agency of ordinary people affected and infected with HIV and in integrating and conserving their personal stories in the wider context of South African – and indeed world – history. Is the potential of a 'postcolonial archive' – able to work against 'more sanitized representations of contemporary South Africa and towards the requirements for social justice [...] not met by, the TRC and broader nation building processes' 898 – also met by the ability of these HIV/AIDS memorialisation projects to challenge sites of contested HIV/AIDS history? Both exhibitions offer some positive evidence of the operation of the postcolonial archive in staging interventions into the HIV/AIDS epidemic.

Communication-themed projects designed to be interactive celebrate the

897 McEwan, p. 754.
898 McEwan, p. 739.
mundane and heroic personal acts responsible for charting the course of ARVs in South Africa, for example, while the online museum, additionally offers an unmediated space for memorialisation around the epidemic to continuously take place.

While the theory of an expanded postcolonial archive that provides a variety of multi-focal narratives that more of the population can relate to circumvents the crystallisation of a reduced 'canon' of testimonies that resulted in many cultural productions arising out of the TRC, accessibility remains a problem. The results of the CAS initiative hang in the Houses of Parliament, as has been noted, sequestered in their symbolism away from possible audiences. The Not Alone exhibition, while designed to tour internationally, consolidates its community around participant scholars and artists and reaches a distinctly museum-going public. The MAA cyber museum does rely, at this stage, on literacy as well as access to a computer and internet connection; however, its non-physical yet centralised location does improve accessibility. Plans to extend the service of the Museum through the use of mobile phones have the potential to yield results in relation to the number of users, though, as has been noted, the interventionist capacity of an extended passive memorialisation may compromise the project's ability to change and challenge risky social behaviour associated with HIV prevalence.

McEwan's approach is flawed in its assumption that local communities are not equipped to preserve their own archives. Similarly, despite the fact that the memory practices associated with the MAA project combine documents and objects with embodied specimens, online testimonies, and cultural

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performances taking place on the museum grounds, the emphasis on institutionalising such memory 'on behalf' of affected families remains problematic. The question remains, therefore, whether or not South Africa is quite ready for the archivists of its epidemic to rest in the hands and homes of its youngest and most vulnerable citizens.

Conclusion

This chapter has taken as its primary concern the preservation and performance of testimonies in the context of the public TRC hearings and their immediate aftermath, in order to ask later questions about the preservation and performances that those hearings inspired in relation to HIV/AIDS. In so doing, initiatives to solicit and archive testimonies relating to the experience of HIV in public and online forums is situated both as an extension and realisation of the culture endorsed by the TRC, as the genealogies of performance that the TRC spawned.

Performative iterations of testimonies that are considered in the first part of this chapter – including media and theatre – reveal this chapter's approach to the TRC: As the institution that was designed to contain the atrocities of the past, the desire to make these atrocities manageable has perpetuated the requirement of performance and its human-centred encounters. Yet focusing on the TRC project of rewriting history has resulted in an equally distorted canon of testimonies, as is evidenced by the overwhelming popularity of a minority of stories at the expense of the proliferation that South African history, perhaps, required.

At their time of creation, cultural productions affiliated with the TRC such as *The Story I am About to Tell* provided alternative sites outside of
history-making forums for the constitution of contemporary South African history. Media reportage of the TRC hearings, too, embodied a call to the community to ‘respond, to acknowledge the dignity and humanity of the other’.\textsuperscript{900} Post-TRC productions such as \textit{ReWind} and \textit{Truth in Translation} prove an enduring ‘notion of history beyond the writings of the academy and recognize that there are many producers, at various sites, who utilize different historical methodologies to process a range of pasts.’\textsuperscript{901} Certain performance contexts that grew out of the TRC, moreover, require audiences to become complicit in cultural productions as consumer, listener, and witness, participating directly in the excavation of dialogues and demands that have yet to be dramatised.

The chapter also evaluated the extent to which the TRC’s framework of ‘personal storytelling’\textsuperscript{902} has provided a space, through the \textit{Not Alone} exhibition and the Museum of AIDS in Africa, for the relationship between ‘individual and collective remembering’\textsuperscript{903} to develop between personal memory and reclaimed public spaces. The MAA has sought to record and preserve personal testimonies in commemoration of those who have been affected by HIV/AIDS in order to express grief, but also in order that future generations are able to access this very particular history. This initiative has been adopted in conjunction with the creation of an HIV/AIDS ‘archive’ of materials – objects and specimens tasked with memorialising the epidemic for a ‘post-AIDS’ world. The digital spaces in which these caches of memory are

\textsuperscript{900} Schaffer and Smith, p. 72.
\textsuperscript{901} Cole, p. 163.
\textsuperscript{902} Schaffer and Smith, p. 65.
\textsuperscript{903} Schaffer and Smith, p. 65.
stored combine different archival approaches in order to improve accessibility for the project's different users.

This material also raises the question of whether it is, indeed, possible to memorialise injustices that belong to the very recent past, or indeed the present. The discrepancy between museum remembering and performative remembering remains crucial in answering this question. At present the translated national spaces and state endorsements that accompany projects such as *Not Alone* and the MAA provide more opportunity for political manoeuvring than the circulation of AIDS orphans in those spaces allegedly created to forge their better futures, reiterating a power discrepancy that far predates the epidemic.

The theoretical discussion about the 'postcolonial archive' that concludes this chapter makes suggestions that are relevant to the combined corpus of cultural and critical discourses considered throughout the thesis. The online medium of the Museum of AIDS in Africa, additionally, raises questions about the possible limitations of the 'stage' and 'page' raised in the earlier chapters of this thesis, which the Conclusion will now briefly address.
Conclusion

HIV/AIDS in 2012: All the World’s a Stage

Why undertake the analysis of HIV/AIDS from a literary perspective? There are perhaps as many answers to these questions as there are communities affected by HIV/AIDS in South Africa. HIV/AIDS has as many manifestations as peoples have ways of living, and almost twenty years after the end of formal apartheid, South Africa is still a country with considerable disparities in standards of living.

In South Africa, the main drivers of the epidemic are social and economic. Social research into HIV/AIDS must thus attempt to keep pace with biomedical research in order to ensure that increasingly effective implementation accompany advances in biotechnology that attempt to contain and treat HIV/AIDS. The research presented here shows that in South Africa, despite innovations in biomedicine that have reduced being HIV-positive from a death sentence to a lifelong condition, and despite significant changes in the state health care system, the schisms between different social realities and the application of biomedical advances remains as large as ever.

Considerable resource has been allocated to both social and medical interventions into HIV/AIDS. This epidemic has spawned a unique industry comprised of academics, celebrities, NGO workers and industry professionals that dwarfs efforts to address related contemporary pandemics, including malaria and tuberculosis (TB). Though the Global Fund, for example, claims to support efforts to address HIV/AIDS, malaria and TB, the majority of that funding is allocated to HIV/AIDS in developing countries (See Global Fund, ‘Funding and Spending, 2002–2012’ <http://www.theglobalfund.org/en/about/fundingspending/> [accessed 19 January 2014].

It bears noting that in some contexts in which HIV/AIDS operates, the epidemic is simply another expression of poverty and geographic isolation. In Haubi, a rural village in Dodoma, Tanzania, for example, several informants questioned the focus of my research project on HIV/AIDS, asking why a family would divert a significant portion of the household income to provide ARV medication for an individual affected by HIV, when the same amount of money could provide food for the family; when the same family member may well be claimed, if not by an AIDS-related illness, than by malaria? (From my fieldwork notes 18 December 2010, Haubi, Tanzania).
In the context of HIV/AIDS, the focus on cultural practices and texts espoused in this thesis responds to a requirement to understand science-based narratives through literary frameworks:

For whatever else a science may be, it is also a practice which must be as critical about the way it describes its objects of study as it is about the way it explains their structures and processes.\(^\text{905}\)

By engaging with epidemiological HIV/AIDS narratives in literary, performance-based and visual frameworks, the research presented here also begins to fulfil the need for non science-based approaches to HIV in particular that have been expressed by HIV/AIDS researchers such as Jean Baxen and Anders Breidlid:

Claiming that research in HIV/AIDS is predominantly based on the disciplines of economics, medicine and epidemiology, Baxen and Breidlid call for research that takes account of the cultural and social context in which meanings and interpretations of HIV/AIDS are rooted, produced and reproduced. This, they argue, would allow for a more nuanced reading of the articulation between knowledge and practice.\(^\text{906}\)

In the face of sheer human devastation, theorising HIV/AIDS can seem a contrived activity. However, to borrow from Treichler, the 'complex relation between language and reality, between meaning and definitions [...] help us understand AIDS and develop interventions that are more culturally informed and socially responsible'.\(^\text{907}\) It is a relationship that has the potential to elucidate those behavioural aspects of the epidemic that remain little understood by science. It is also a relationship that challenges us to develop better understandings of what falls between and beyond the questions about ARVs in understanding the operation of HIV/AIDS in South Africa. The focus

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\(^{905}\) White, 'Question of Narrative', p. 1.


\(^{907}\) Treichler, p. 4.
on performance throughout this thesis moreover reveals the experience of HIV/AIDS through the register of voice, gesture and embodiment. In the context of an HIV/AIDS industry that has become increasingly dependent on statistics and quantitative data, this approach returns a human emphasis to the epidemic.

This thesis has explored a variety of cultural genres and media ranging from mainstream theatre stages, literary memoirs and novels and those visual and cyber spaces that exist ‘beyond the stage and page’. Each offers different strengths and limitations. Some are designed to serve state power (as with Sarafina II) while others aim to provoke political change (Iago’s Last Dance); some bear didactic messages that aim to instruct (isicathamiya), while others challenge audiences to examine their own behaviour (Not Alone); some guide us on emotion-based journeys through the epidemic (Life, Above All), others ask us to play active roles in navigating such experiences (bodymapping); some ask us to consider the individual (Coming Home), others ask us to consider the collective (Memory Boxes); some seek to resolve (Beauty’s Gift), while others seek to understand (Three Letter Plague).

As they strive to create narratives that help make sense of the HIV/AIDS epidemic, South African cultural practitioners have also straddled both global and local contexts of the epidemic, reinforcing the globalised era in which the HIV/AIDS pandemic has emerged, as well as mapping the local and global networks to which South Africa belongs in the post-apartheid. Those such as Peter Hayes, who draws on tropes that reflect a close affiliation with Western HIV/AIDS cultural discourses, indicate South Africa’s participation in
what is a global epidemic. Others, such as Khabzela, record discourses steeped in South Africa’s distinct and recent apartheid histories.

In seeking to develop an argument for the interventionist capacities of these cultural texts, the findings of this thesis determine that those texts that offer the experiences and knowledge of the most vulnerable to have been affected by HIV, are closest to realising potentially fruitful interventions into the epidemic in South Africa. Such texts relay the empowerment of those who have otherwise had little agency in dictating their own circumstances and histories of the epidemic. They offer insight into the varied manifestations and interpretations of the epidemic, and proffer new understandings of social behaviour associated with its prevalence. Such texts crucially transform questions about why one would undertake the analysis of HIV/AIDS from a literary perspective into questions about why one would limit the analysis of what is a socio-economic crisis to a medical perspective? Without the mandate to consider the final performance of an HIV/AIDS-related cultural text in relation to an outside audience or fiscal model, attention on the individual’s mediation of their own experience of HIV in the context of AIDS that is unique to them is therefore retained.

My opinion is that those texts that emphasise process rather than product are the most valuable in combatting HIV/AIDS in South Africa.

Wienand supports this claim, drawing on Cornwall & Jewkes (1995) to conclude that ‘what remains pertinent in the context of body mapping is the way methodologies that enhance participation in health issues provide individuals with not only new ways of learning but also new ways in which to express indigenous knowledge and explore social and cultural aspects relating to health and illness’ (p. 15).

That being said, the future of interventions such as these remains unstable so long as funding bodies are unable to prove that such interventions are effective. Whether or not an evidence-based approach to culturally based interventions can reliably be developed and implemented remains to be seen.
Among the most effective processes represented in the cultural texts discussed throughout this thesis include the memory boxes, which disrupt the cycle of loss to a child by providing meaningful objects through which parents can be mourned, the bodymapping process, which visually maps HIV as one component of a wider life in a psychologically supportive and knowledgeable environment; and those that offer an opportunity to engage young economically disadvantaged people in performing pieces about HIV/AIDS through the Magnet Theatre model, or financial remuneration, such as that received by the women who wove the Keiskamma tapestry.910 Retaining a focus on process, as with the theatre productions such as *Hush!*, which invites audience members to adapt its HIV-related content, furthermore supports a level of flexibility and adaptability that means that social expressions of the epidemic remain relevant to the particular historical and biomedical parameters of local pandemics.

The agency of any cultural text in affecting the politics and social behaviours that have shaped (and continue to shape) the HIV/AIDS epidemic in South Africa continues to be difficult to calibrate. It remains important to assess carefully the claims of artists aiming to intervene in the epidemic. In the texts considered here, ‘intervention’ has taken on many guises, including raising awareness, providing and gathering information, documenting, mourning/losing, breaking silence, supporting and provoking change. While it is difficult to evaluate the claims made by the arts in intervening in public

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910 As Wienand notes, Bambanani women were also paid a stipend in exchange for their participation and training, which led to them becoming facilitators. This enabled them to develop self-sustaining groups as well as a source of income. (Wienand, p. 4). Schmahmann also notes that Carol Hofmeyr conceived the Keiskamma project as a way of generating income for local communities. In 2010 the Keiskamma project was paying 12 employees on a regular basis and others among the 130 affiliated members received payments when they were working on a project. (Schmahmann, pp. 36–37).
debate, what is possible is an evaluation of the design of their affiliated artefacts. Theatre such as Iago’s Last Dance or Tshepang often aim to change consciousness and affect social behaviour, for example, where the Museum of AIDS in Africa aims to capture a consciousness grounded in a particular moment in time. This remains an important distinction in evaluating the contribution of these texts.

While the consideration of grassroots and local cultural practices and texts alongside mainstream and published cultural text considered in this thesis is effective in drawing out what Johannson refers to as the ‘backstage discourses and practices in critical and participatory ways’, it is not yet possible to assess the efficaciousness of many grassroots methodologies in preventing HIV. This is partially because of the time-depth of the epidemic and the circulation and practice of its associated cultural texts in South Africa. It may be that Marianne Hirsh’s notion of postmemory, which she developed for the context of Holocaust studies as the theory that investigates the ‘relationship of the second generation to powerful, often traumatic, experiences that preceded their births but that were nevertheless transmitted to them so deeply as to seem to constitute memories in their own right’, may be adapted in order to evaluate works such as memory books one day. But a young generation of AIDS orphans must navigate the process of building their own homes before this sort of research can take place. Until then, if scientists are the proprietors of biomedical knowledge and politicians the proprietors of power, the experiences, confessions and reflections offered up by the cultural

practitioners considered throughout this thesis are the proprietors of memory – otherwise absent in the ever-changing biomedical status quo.

At the time of writing this conclusion, 2013, the world’s attention has recently been directed towards two notable stages: The London Olympics and the International AIDS Conference taking place in Washington D.C. Both present recent important forums for the performance of knowledge about HIV/AIDS.

Jane Solomon’s bodymapping methodology has now traversed South Africa to Ethiopia, Tanzania (Dar es Salaam, 2006), Zambia (Lusaka, April 2007) and Canada (Toronto, September 2007), proving adaptable across a variety of socio-political and economic parameters. The methodology is not alone in travelling. The bodymaps themselves – originally intended for private consumption – have now been exhibited widely, both at the medical school in Observatory, Cape Town and at the Constitutional Court in Johannesburg. They have also been exhibited in a number of different international spaces, including the 2010 exhibition Assembling Bodies at the Museum of Archaeology and Anthropology in Cambridge. The 2010 exhibition proved germane, and would later lead to a collaboration with UK artist Rachel Gadsen which was exhibited in 2012 at London’s Southbank Centre as part of the London Olympiad Unlimited Global Alchemy project. Platforms such as

913 From my interview with Jane Solomon, 10 December 2009, Cape Town.
these bring visual HIV narratives to a wide global audience, conjoining visual grassroots experiences and international stages, though Coombes’ comments about the possibilities for ‘ethical viewing’ these texts in this context should be recalled.

Commenting on the 19th International AIDS Conference held in Washington D.C. in 2012, former president of the International AIDS Society Dr Julio Montaner spoke of the possibility that we may be at ‘the beginning of the end of AIDS’. With the case of the ‘Berlin patient’, Timothy Brown, said to have been ‘cured’ of HIV, talk of a ‘cure’ is additionally more widespread, despite the ardent cautioning of the scientific community. Until then, as AIDS research enters its fourth decade, it may be time to look increasingly to Africa, as some have started to suggest. What might such a study look like? And how will the texts configured here one day be written into a post-AIDS world? Writing in her obituary to Phaswane Mpe, Liz McGregor notes that in traditional African medicine, ‘Cure means constructing a narrative of the patient’s life to pinpoint the problem.’ Until a medical cure has arrived, the stories recorded in this thesis offer multiple examples of ‘African cures’ to HIV/AIDS.


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APPENDIX A

The Museum of AIDS in Africa: Overview

This Appendix provides an overview of the Museum of AIDS in Africa (MAA), outlining its vision, providing details of its holdings and planned educational/outreach projects and discussing its use of digital space. The information in this Appendix provides additional contextual detail to the discussion of the MAA contained in Chapter Five of this thesis.

While it is important to register the history of exhibitions focusing on disease, including those curated at the Wellcome Collection (London),919 as well as online memorial initiatives, including those based in Africa,920 the MAA is, at the time of writing, the first online museum dedicated entirely to exhibiting and memorialising HIV/AIDS.

The MAA was incorporated as an NGO in March 2012 and describes its ‘Vision’ as follows:

To transform the individual and social response to the African AIDS epidemic by honouring those who have lost their lives, empowering those infected and affected, building knowledge and understanding about the history, science and response to the pandemic, to support the ultimate goal of an Africa free from AIDS.921

The Mission Statement of the MAA emphasises its role as an archival intervention:

To be the world’s premiere public institution to collect, preserve, remember, interpret, share and exhibit the history of the origins, spread, and impact of

921 MAA, ‘About’.
HIV/AIDS in Africa as well as the past and present experiences of AIDS in Africa.\footnote{MAA, 'About'.}

With funding from the Open Society, in 2007 Nolen, together with co-Founder Ngaire Blankenberg, assembled a ‘pan-African’ Board of Directors from Johannesburg, Toronto, Lagos, New York, Nairobi, Ghana/UK.\footnote{Stone.}

Current MAA programmes include Healing Through Memory, the Museum’s public Therapy Pilot programme which will be based on the MAA’s permanent grounds in South Africa. This programme draws from the Museum’s ‘teaching collection’ and the expertise of grief counsellors, and aims to work with both individuals and communities in South Africa.\footnote{MAA, 'The Museum', MuseumOfAidsInAfrica.org <http://museumofaidsinafrica.org/themuseum> [accessed 26 October 2012].}

The Museum additionally has a detailed list of items that it wishes to hold in its physical archive, many of which appear in motif form in the artworks that appear in the \textit{Not Alone} exhibition discussed in Chapter Five of this thesis. Some of the items listed online as part of their collection include the following:

- The First known sample of HIV from Leopoldville, Congo, 1953.
- A preserved Central Chimpanzee, monkey, one species from which HIV is believed to have jumped from animals to humans and in the process become lethal.
- Letters from doctors in mission hospitals in rural Uganda written in the early 1970s seeking information about a frightening new disease turning up in their wards.
- Herbal remedies sold in various countries as a cure for AIDS, both before and after the advent of ARV treatment.
- The suit jacket and tie worn by HIV-positive activist Nkosi Johnson, age 12, when he addressed the audience in Durban at the International AIDS Conference in 2000, challenging his government’s AIDS denialism.
- Original advertisement placed by former Mozambican first lady Graça Machel and family in Noticias newspaper in Maputo announcing that their brother-in-

\footnote{922 MAA, 'About'.}
law had died of AIDS in 1991 – the first such move by the family of an African leader.

The “HIV-positive” t-shirt donned by former South African president Nelson Mandela in 2002, in one of that country’s most historic moments in the fight against AIDS.

The bottle of pills from which treatment activist Zackie Achmat took his first anti-retrovirals in September 2003, ending his historic ‘drug strike’ campaign for treatment.

Audio file of South African DJ Khabzela’s on-air announcement that he had AIDS and was dying in November 2003. 925

The extant commemorative Winstone Zulu Memorial Collection preserves items relating to the Zambian AIDS activist’s life. 926

Further plans for the MAA’s physical spaces include reclaiming the empty spaces of African museums throughout the continent in order to create relevant, educational and accessible information publically available. In interview, Nolen remarks that these disused museum spaces will be used to house the MAA’s ‘travelling exhibitions’:

Traveling exhibit [that] could go to all those empty museums and “pop up” and explain the origin of HIV in an accessible, innovative way – use that neglected museum space, and tell a story that made AIDS less mystifying and less scary. 927

While the physical aspect of the museum focuses on displaying artefacts and providing education and therapy, the MAA’s online component aims to deliver a proliferation of diverse narratives relating to personal experiences of the epidemic. The ‘Virtual Memorial’ is an online space for people to post testimonies that remember people that they have lost, as the following extracts, pulled from the virtual space, ‘How We Cope’ and ‘The Virtual Memorial’ attest:

925 MAA, ‘The Museum’.
926 Zulu was also a founding board member of the MAA project.
927 Stone.
Talking about the people I have lost and also writing to the imaginary letters. Sometimes it is very painful but helps me to start the healing process. “Loss and grief experiences will always come in life.” (Michael Kumuhu, Kenya)\textsuperscript{928}

You will always be number one in my life and our son will grow and be just like you. (Esther Sherham, Namibia, speaking of her dead husband)\textsuperscript{929}

The user-friendly template for posting a testimony to ‘Remember Someone’ (museumofaids.org/remember) or ‘Share Your Experience With Grief’ (museumofaidsinafrica.org/shareadvice) removes the requirement for an intermediary between narrator and audience and retains a strong focus on the expression of personal memory. The juxtaposition of these proliferating testimonies on the site’s ‘Memory Map’ gives the impression of the ‘AIDS quilt’ to match the impressive now-digitised AIDS memorial quilt begun in 1987 in San Francisco. And yet each of these individual testimonies locates the act of speech with one individual who has been affected by the epidemic. This is well-conceived given early feedback from communities stressing the value that they place in the memorialising aspect of the Museum.\textsuperscript{930} However, the focus on commemoration precludes the more challenging exchanges and debates made possible by human eye contact, gesture and intonation associated with live performance.

The online aspect of the museum project also has important consequences in challenging unidirectional dialogue about HIV/AIDS. As Johansson notes:


\textsuperscript{930} From my correspondence with Nolen by email, 30 October 2012.
When it comes to comparisons with alternative prevention schemes, it is by now clear, as mentioned earlier, that one-way communicative modes of information such as TV and other audiovisual media have a limited influence on young people in both regions since so few have access to such outlets.\textsuperscript{931}

The online component of the MAA thus democratises the accessibility of the exchanges that take place in the Museum's space. Comments between users all occupy the same interface and are equally accessible, for example, levelling the demands of politicians increasingly wishing to be associated with the project with the opinions of others. Discussion of the extent to which the internet provides a forum for exchanges to take place in a relatively unchecked space is beyond the remit of this particular thesis; however, the extent to which the internet as a medium – its spaces and languages – is being appropriated as a cache in which to store memories of sensitive experiences across geography and time is an important consideration in the discussion of the HIV/AIDS archive.

\textsuperscript{931}Johansson, \textit{Community}, p. 26