

## **CCAC interview with Noloyiso Balintu and Victoria Ndyaluvana on 2023/02/22 at Victoria's home in Khayelitsha - transcript (English)**

*Last updated: 2024/02/15*

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**Project Name:** Noloyiso Balintu and Victoria Ndyaluvana

**Date of interview:** 2023/02/22

**Location of interview:** Victoria Ndyaluvana's home in Khayelitsha, Cape Town

**Language/s of interview:** Zulu, Xhosa and English

**Length of interview:** 01:06:54

**Interviewer name (and acronym):** Thina Miya (NTM)

**Interviewee name (and acronym):** Noloyiso Balintu (NB) and Victoria Ndyaluvana (VN)

**Name of translator, if applicable:** Buntu Makhedama

**Name of transcriber:** Buntu Makhedama

**Notes on access and use, if applicable:** The English translation of each answer is written in bold under the vernacular version of the answer. If the phrase was said in English, the text is incorporated into the original vernacular text with 'in English' in brackets.

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**Number of recordings:** 1

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**List of acronyms:** NTM (Thina Miya), NB (Noloyiso Balintu), VN (Victoria Ndyaluvana), HIV (human immunodeficiency virus), AIDS (acquired immunodeficiency syndrome), TB (Tuberculosis)

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**[START OF AUDIO RECORDING: 00:01:40]**

**NTM:** So how did you become a body mapping artist

**NB:** Okay I started body mapping, since 2001 or 2002; we met each other at the support group. And then there was a guy that is Jonathan who came with this plan of doing body maps. So that's when we, it's when I started to do the body map, yeah.

**[TIME OF AUDIO RECORDING: 0:02:55]**

**VN:** Yeah 2001. As she said, in 2001 we started to do the body maps in our support group in Khayelitsha. Then we met Jonathan Morgan. And he told us about the artwork which is this body map. And then he told us about Jane who is going to continue doing body maps with us. So we did enjoy doing these body maps because we talked about ourselves and we talked about what is inside and we talked about what's going on about us and also about the other people also because we don't just include us only, we were talking about everybody who was living with the virus.

**NTM:** Can you tell us more? If you feel it may be easier to use certain Xhosa phrases, please feel free to do so. Can you tell us more about how, when and why your artwork was made? You've already touched on this. But why was it made?

**VN:** In the way it was explained, it is similar to self-counselling because you have no one to talk to. You tell yourself that you are strong and you will still live. So I was very happy during the time we were doing the body maps.

**NB:** As Vicky stated it is part of self-healing, and that time, it was difficult. Each and every time you would think that you could die at any given time. So truthfully, the support group assisted us because we learned a great deal. As we started working on the Body Maps with Jane, she would say 'okay, now we will do this part' and she would ask you to think about what is going on with you then decide to place a specific part on the body map. And then on each and every part

she would say that 'okay on this part that we are on, you can insert this or that...' like she would even ask you a personal question such as how do you feel? Or she would ask you questions that are external, perhaps a question about what happened to you on this specific part or what are you thinking about currently for you to start writing. For instance, I gave birth to my child through surgery. So there were instances where you would have an open cut and she would ask you to tell us what happened. So I saw this as something good. We also realised that it is good because we were treating ourselves through the drawings. Initially we took this casually but as we became aware of it we realised that we are becoming healthier. As you would go home you realised that your mental state is in the right place.

*(NTM pauses recorder while silencing people outside the gate)*

**[TIME OF AUDIO RECORDING: 00:07:41]**

**NTM:** Resuming, so how does this artwork speak to the HIV and AIDS epidemic that started in the early 1990s reached its height in the early 2000s. And it's continuing today. So, if maybe I could simplify the question, how does your work relate to the ongoing conversations from the early 1990s, 2000s and now?

**NB:** As I have stated, at that time it was difficult. And even when I started taking the treatment we were fearful that the medication might kill me more than the HIV would have. For instance, when I started taking my treatment my CD4 count was at 2. Well my viral load had a different number and I do not recall what it was. Then I took the treatment while there were rumours that no one is certain how things will turn out. However, the doctor that was treating us was approachable. You could ask anything from him. When I received my treatment in 2001, November and I asked my doctor what if the treatment makes me ill than I am? And I started with the treatment on a Friday. Saturday and Sunday there are no clinics that are open, you see. So my question was what will I do on Saturdays and Sundays should I become ill? The doctor made it easy for me and he said that 'look here are my phone numbers, my cell number and my landline.' I said okay doc but what will I do with that? He said that 'when you do not feel fine, pick up your phone and call me. I am available anytime. I will come to your house and help you' I

told him okay as I was satisfied because I had received a sense of hope that something can be done. So this is why I say it was difficult at that time. But now the treatment, well, there were a lot of pill tablets that we had to take. For me, I had to take pills for TB as well, so it was a mixture of everything like samp and beans. But we are here now. To compare now, hey man HIV is now child's play. I mean to say, no one is frightful of it anymore and you have a single pill to take as treatment. So if I would hear that a person is HIV positive in this era and they do not want to take their treatment, I would say that they are intending to kill themselves because things have changed from how they were before. For instance I started taking my treatment from 2001 and I have never defaulted ever since that day. So, everything depends on you and your willingness to be healthy.

**[TIME OF AUDIO RECORDING: 00:11:52]**

**VN:** I found out in 2000 when I was pregnant. Then during the 90s I would hear about it and see people talk that so and so have the virus, and once people say you have the virus you would see as well that this person who has the virus has given up. In fact, people in the 90s would convince themselves that they will die with the virus and that they will not take any treatment that they do not know where it comes from. A person will be convinced that 'oh I am sick' and the people in the house that they live with will cast them out, you know. When you are cast out you've got that feeling that 'I'm going to die and no one is next to me. Each and every body distances themselves to me.' Like for example, me, when my aunty and my family knew I was coming to visit them, you will notice that they have a designated tea cup for you separately.

**VN:** They would say 'that cup is right for you' and you will know internally why they have reserved this cup for you. So I ended up telling myself that I have my own house, I must stay in my house and I must align myself with the people that I attend the support group with as these are the people that will develop me if ever my family distances themselves to me. Those were the 2000s. But after I told myself that I am only living for the sole purpose of my child, I told myself that I do not care about other people and I should concentrate on the people that are on the same journey as I am. Furthermore, I am focussed on my child's health. I was glad when they tested my child and found out that my child was negative. I told myself that I was now free

more than the time I learned to accept my situation. And the day I was told at the clinic I came home, sat down and I said okay I am pregnant and I am seven months and I am positive. So I am not ill. There is nothing making me ill so I will continue to live my life the same way that I have been living.

**VN:** The support group helped us a lot from 2000 upwards. It helped us indeed because you would feel boredom and realise that you must get done with everything that you had to do for the day and later go to the clinic to attend the support group. Thereafter you will be happy around the people that are going through the same struggle as I am. You see now, when a person tells me that they are positive I inform them that they are referring to a high blood pressure because it is the one thing that could kill you. HIV will not kill you because there is free treatment. And I started to take my treatment at a later stage around 2009 when they issued a single pill. Even now as I am telling you the truth, I would go for a week without taking my medication. I would just leave them there.

**[TIME OF AUDIO RECORDING: 0:14:58]**

**NTM:** I have two follow up questions for the two of you. I think the way people reacted towards the virus is different as before and that was due to the lack of knowledge. Now I want to know if the reaction of people is still the same as in the 90s? In ways that they would say that so and so should be isolated. Comparing it now people understand that you do not catch the virus in the air, you see? Would you say that there is a difference?

**VN:** It is quite different now because people now understand that you do not necessarily need to have slept with a man to acquire the virus. So now they tell themselves that it is a virus and because you can acquire it anywhere; you can acquire it from helping someone, you can acquire it through an accident. People's minds are now educated, it is better than before because once you tell someone that no I am going to get my treatment at the clinic, some will say oh hey I am due for next week. Before people would not tell you that they are going to the clinic, you would go to the clinic and see that they are shameful to tell you when they are due for the next treatment collection.

**VN:** As a result, I was discriminated against by my boyfriend Mavuso. When he said that he wants to break up with me for reasons that are only known by him, he said he spent years with me while I did not mention that I was positive. I told him that we are both taking the same treatment, just that you take yours in closed spaces and I take mine in front of you, and you have never asked me why I take that medication. That is when he started to become eccentric towards me. That is how boyfriends are, some of them. Some of them will accept you.

**[TIME OF AUDIO RECORDING: 0:16:55]**

**NTM:** And with you mommy would you say that people's reactions have changed now than before?

**NB:** Like uhm, back then it was very difficult. And where the biggest mistake was, was when you would assume that a person is sleeping with different people because that is how you have known to acquire it, through sexual intercourse, you see? I do not want to seem like I am defending myself and say I would have boyfriends like five all at once, no. It's like, I got it in ways that I got it. I would have one boyfriend at a time then we break up then I remain single for a while. So, time will go on then I tell myself to begin to date again, unlike having dated many all at once, no. So, people would look at you as a loose person that sleeps with everyone. They would not think to themselves that you can get it through coming in contact with blood when you are helping someone, things like that.

**NB:** Honestly, even in the ways people would treat you, but I will not lie I did not receive that from my side of the family. They were supportive, you see. When I went to the clinic it was for TB, that is how I found out that I was positive. So, when I got home, I did not have the idea that I would not inform them, no. I came home and told them that from what I went to the clinic for, this is also what they found, that I am positive. 'This is not the end of the world for you so it is not a big deal' that is what I got from my family, 'so you will take your treatment'. Even my sister told me that, 'you see now, here is your treatment. This is Do or Die, so Do and take your treatment but if you do not want then you die, that is all there is to this'. So, I will not lie, they

were correct about everything. Now people who are positive live better because now it is like any other diseases unlike before. People meet at a particular place, relax and those who drink will drink there is nothing wrong with that, you see? So everything is fine.

**[TIME OF AUDIO RECORDING: 0:19:55]**

**NTM:** My following question is about the treatment but I guess I still want to know if you took the nevirapine along with ARVs while you were pregnant?

**VN:** I received nevirapine while I was pregnant and I received it again when I was going for labour.

**NTM:** Is it one pill?

**VN:** Yes, it is just one pill.

**NTM:** I did not know, I thought it is a pill that you take for a long period of time until you give birth. No, that is beautiful.

**NB:** So, you took it once?

**VN:** I took it once at that time then when the baby had arrived I took it for the child (trying to recall), well I do not recall clearly. I took it for the child, then when I had my contractions I was given again, then I took it again when I had given birth.

**NB:** Well on my side I did not realise that I was positive through pregnancy, no, I was ill. For me the nevirapine became my daily pill that I had to take everytime, you see? Yes. Then when you are diagnosed with TB you are given feverings then once you are done taking treatment for TB you would go back to taking nevirapine.

**NTM:** While understanding that the 2002 Memory Box: Longlife project was focused at advocating for a wider access to antiretroviral treatment and nevirapine, it must have been a very personally revealing thing to do. Was there counselling involved during the process of making the artwork? How did you feel when making this artwork and did it help with your healing process? I think we have covered this part when you speak about the self-therapy that you were in fact self-counselling and also the support groups, but is there anything perhaps that you wish to add or we can proceed?

**[TIME OF AUDIO RECORDING: 0:23:15]**

**VN:** No, because I think we have emphasised everything in that part where we made the memory box which included counselling and healing of our statuses.

**NTM:** Did this project help you de-stigmatise HIV in your community and more broadly? Do you think the stigma around HIV has changed?

**VN:** At that time there was too much stigma because it was new. Another thing there were different terms to refer to HIV because people did not use the term 'HIV' they would just call it AIDS. Then people did not differentiate between HIV and AIDS, they would just refer to it as the same thing. If they heard that you are HIV positive they would just assume the 'plus', you see? So now that they have found out that you are HIV positive the stigma would be 'therefore you have AIDS, no one must come closer to you because you will infect them'. People assumed at that time that even if you come close to standing next to someone you will be infected. If a person would touch you then you would be infected, but now all of that has changed.

**NB:** *Ja*, there was a lot of stigma in communities. For instance, you would realise that it is your day to go to the clinic, because for me you would tell that I was ill because I lost a lot of weight, you see? At that time you would tell if a person is sick and now you could be sick from anything but at that time people would just know that you are sick from this particular thing. People would just know that it is HIV and so on. 'It's difficult for her, she can't stand by herself, she has to balance with the wall when she walks' things like that and so on. But I would go by myself to



the clinic for instance, but there would be a time where you go to the clinic, fine you go much earlier when people are still indoors. When you return and it is much warmer and people are outside, ey what will they say? You will pass, okay then You will greet them 'molweni' then proceed walking but you will realise that people are staring at you and they are talking about you, things like that.

**[TIME OF AUDIO RECORDING: 0:26:04]**

**NB:** But for me, I would tell myself as a way of healing myself that you see, here in our community, only one or two families do not have a person living with HIV because even if the person with HIV is not an immediate relative, in the entire family there is one with HIV, you see? Okay, no matter. I realised that okay, there are those who will laugh at you, no problem I will just keep walking to my house, sit down and be fine. However, as time went by, I realised that those people who were laughing and looked at me shamefully and thought oh this one is sick, came to join me here at HIV and Health you see? So, what I am trying to say is that it was painful and the only thing I thought was going to kill people the most was not that they are sick but it is how they are treated within the community and their families. Now everything is fine, all of that changed, and we can get silly with each other ' hey when are you going to collect your samp and beans (treatment)?' 'Hey my date is at this particular time' and the next person will say when their date is.

**NB:** And back then truthfully speaking, for example me and Vicky let's say Vicky was that person who you would see that they have the potential to make a laughing stock out of me because I am who I am. Fine, we will then meet at the clinic and when she recognises me there at the clinic because she used to make fun of me, you will now see that she is now shocked to see me there. However, being the person that I am, I will say no, relax, we are both here now and we are here for the same thing, you see? Now it is much fun to be there, you could even tell someone lets say it is someone that you know that no relax, this is like your home.

**NTM:** Stigma is very funny you know because I think it is there in everything, it does not end with HIV. It is there for everything, for instance I had a child at the age of 23, you see? Everyone

obviously looks at you in a different way because you are young, and you end up meeting everyone who is judging you there at the clinic.

**NB:** It becomes joyful when you meet there, you see? Truthfully though, the support group really helped. Otherwise if ever it was not there and you would just go to the clinic lets say to fetch your treatment and leave. You would get home and sit with yourself and think 'oh I am going to die' you see, things like that? Ja but we did good to tell ourselves that we are going to meet other people and have fun and chat. Thereafter you would hear stories which made you think that no man, I am actually doing better than other people, the story that I am hearing now is really difficult. So from there you will realise that you will actually make it.

**[TIME OF AUDIO RECORDING: 0:30:00]**

**NTM:** The 2011, Longer Life Body Map project reflects how you've lived with HIV and AIDS, and advocates for people who test positive to take treatment for a better life. Reflecting back on both artworks, would you say the state of treatment accessibility has changed?

**VN:** Yes, it has changed. And the body maps that we made in 2011 brought about some change.

**NTM:** How?

**VN:** Like at the time when we were making the body maps we were speaking about our lives, then you would realise that, how should I put it (trying to recollect her thoughts). You realise that you received an abundance of advice about the things that you shared and were tormenting your soul, you see? You realise that by doing this body map you feel free and you are coping with everything and you have a newly found strength that you did not have before. Because you have released all the baggage you felt before, and you shared it all on that body map, including the things that you could not talk about and kept it inside, now you have it all written down which means you have told somebody who is willing to give you advice.

**NB:** *Ja*, the body maps helped to strengthen us because you were saying anything there, conversing with a paper. And as the people who knew much about the body maps trained us, they would frequently ask you about your thoughts, things like that. They would even ask you about the treatment and how you are proceeding with it. The body maps including the treatment really helped us live a good life, yes.

**[TIME OF AUDIO RECORDING: 0:32:38]**

**NTM:** How would you measure the success of sharing your story through the body mapping process?

**NB:** *Ja*, even that went well. As I said you were opening up about everything, you were sharing about everything.

**NTM:** After the 2002 Body Maps it states that they travelled and were exhibited in many places, and now you have these ones in Paris. Do you think that your stories had an impact in changing people's lives?

**VN:** The body maps changed peoples lives. From 2003 I was in Zimbabwe, you see? Then when I was there in Zimbabwe we would share stories about ourselves and we showed them the body maps as well as how it is done. Like a person would see what it means to have a body map and what is it made from and what do you say in that body map. I found that most people enjoy the process of making body maps and that they feel better than they were when I met them because when I arrived they would not even speak about their statuses. I realised that they were waiting to see what I was there to say, how I felt. Even in Rome and Brazile people found it difficult to speak but I spoke about my experience in South Africa and how we felt from doing this work of body maps and doing the memory boxes and sharing about our lives, you know? I realised then that most of them became happier and started to become comfortable to share as well. And then they were able to sit in groups and discuss HIV and AIDS.

**NB:** *Ja*, it is good to share stories through body maps. Uhm for me, I will not lie I did not travel places as Vicky has done, but most of the time we would hold workshops and it would be me and her sometimes. Most of the time we held workshops at UCT with the students, and it was fine. Uhm well, I would sometimes find someone I felt like I could be open with and vent about my life troubles with and say I am this person who is like this living with HIV and we would just chat. I would then realise that it is now them who come to me and say ' hey I want to speak to you as well, I am this type of person. So, when things turn out this way and that way what can you do?' I would then respond by telling them to firstly learn to accept deeply within their hearts who they have come to be and that nothing will change. You have to realise that you accepted yourself before anyone else has to accept you, you must accept yourself. So there is nothing that will ever change, you are now positive and when the time comes for you to take your treatment you must do so without fail.

**[TIME OF AUDIO RECORDING: 0:37:01]**

**NB:** I sometimes become silly while I am at the clinic and say that if there was an award for taking treatment consistently I would be breaking records now because how many years has it been now? Since 2001! It is almost twenty something years now, you see? And I am not the type of person who, you see, at the clinic there is a time where they do a blood test and the last time they have done so was in February. So when we return it will be to see our blood test results and it is done in February because we have just come from December and perhaps there are people who did not take their treatment consistently, things like that. So, most of the people usually get caught from that testing system that they did not take their treatment very well and so on and so forth. So, for me I have never defaulted and been removed from the Clinic club because we have now formulated a club. They have never removed me and said that I am not taking my medication well and that I must hustle back to the clinic.

**NB:** When you are in the club you just come and receive your medication and leave, yes. You are then given your next date of collection. Sometimes we are given medication for three months worth and you sit comfortably at home while you wait for your next date for collection, you see? So this is where some people convince themselves like this other lady who told me

something I did not know, like sometimes she gets a week off from taking her treatment. The good aspect about this is that it is up to you how you take your treatment. You see there is now medication that you take in the morning which you can perhaps consume without having eaten anything.

**NB:** For me, I have tried it without having to eat anything and I felt dizzy a bit and I knew then that it wouldn't be right for me. So, for some people they can take it without prior to eating, yes. The medication that you take in the morning is good but the one for the evening, well if you recall I have stated how many we had to take before, they were a lot. When they made the announcement that we now have to take only one pill I was eager for it and I wished that it would be finalised much quicker, while at the same time I was sceptical of it because whenever there is a new thing coming there will always be people who speculate that it does this and that, you see? From that then you realise that you are fearful but ja. My body changed since I was taking feverings for TB, you see? I am no longer structured like how I used to be, you see?

**[TIME OF AUDIO RECORDING: 0:39:36]**

**NB:** Now I have thin legs and before I was fine, you see? So it does that to you. And then the medication that you take in the evening, since now it is a single pill there were speculations that it affects your kidneys, you see? So, I told myself that, now that there is a pill for the morning which I have no problem with and the pill for the evening which affects your kidneys, then I will quickly move on from it without feeling that my kidneys are this way or that way. However, as I have stated, it is good that we do blood tests where we can know what is actually going on, whether your kidneys are fine and so on and so forth. We will receive our results now when we have to go back.

**NTM:** Okay this sounds good. Were you affected by Covid? How did you feel about HIV not having an immediate response like was done in Covid?

**VN:** The issue with covid is that there was a lot of debate around it. There was a lot of debate with HIV but with covid there was too much of it such as China where it came from whereby

the Chinese said there was overpopulation in the world therefore there must be a cut down to the population, you know? It differed with HIV whereby people told themselves that so and so sleeps around which is why they have HIV. And it just divided everyone because there was an issue of how they could come to South Africa to kill us here. You know they used to say there is a vaccine for covid and we must take it and all that. At that time people were not mandated to go to the clinic and check if they are free and not positive, but with covid everyone is mandated even though the government said it was not compulsory. At that time the focus was on covid and everyone was preoccupied with it including the time when they said it came back and it has claimed a lot of lives. They said that the main cause of the high death toll was stage 6 of covid. So you could see that everyone was just preoccupied with it and that is when I took it upon myself that this is no longer important.

**[TIME OF AUDIO RECORDING: 0:42:29]**

**NB:** It seemed that HIV discrimination included elite people as well, because it was not easy to swiftly resolve it as we saw with covid. It took a while before there were interventions for HIV, treatment came much later, you see? It is not comparative to covid as with covid there were urgent interventions. So, I hold with me the idea that given that they used to say with HIV a person was loose and slept with many people, perhaps that is why it was not swiftly resolved, things like that. Or perhaps it is because the death toll with HIV was not as great as with covid. For instance, to have figures that state how many people died per day, you see? So I do have that perception as well. So covid was efficient, and perhaps they would say you test positive now and later in a day you die, you see? So that is why they had to come with urgent interventions.

**NTM:** What do you think the youth and people unaware of the gravity of the HIV/AIDS crisis and its history need to know about it today?

**VN:** First of all, the youth are knowledgeable about everything now. They are educated about everything and they know about the treatment as well. In fact, you find that some of them, while they have not yet disclosed their statuses to their families, would be going to the clinic

and taking their treatments. Then you find that they seek advice on how they can let their families know. Like I am from Maphongwana and there were three youngsters who I presumed to be friends and had received their HIV statuses on the same day that they were positive and they were informed of their CD4 count as well. Then they started their treatment at the same time but for them they only needed advice from us elders who were in the same queue with them on how they can go about telling their parents, you see? The advice that I gave them was that each one of them should bring their parents here at the clinic and say to them that they have been requested here. They should make it clear that they are not pregnant because I know us parents react quickly when it comes to pregnancy. They should say that they are not pregnant and that they are simply relying on a message from school which requests them to the clinic.

**[TIME OF AUDIO RECORDING: 0:46:21]**

**VN:** Then when they arrive you will inform the sisters or the counsellor that they should explain to your mother as you cannot do it yourself. You then realise that they understand that you are giving them a clue from a parent perspective on how they should approach this with their own parents. I further explained to them the number of years that I have been living with the virus and when I started taking my HIV treatment, you understand? So they are on a good path because they are seeking more knowledge. Now they have gained knowledge because they are taking their treatment as well. So most of the youth are knowledgeable, they do not need to learn about anything because they also get educated from school as well. Knowledge is readily available for them.

**NB:** *Ja*, the youth are knowledgeable nowadays at the very same time they get information from school when they are given assignments which require them to search more information from libraries about things based on HIV and AIDS. So they will submit their assignments and things like that. But all in all for me I wish that since the youth does not consider HIV as a big deal they would keep on taking good care of themselves, you see? It is not nice to take medication everyday for the rest of your life, you see? So I wish that they would not think that no even if you can be infected with HIV it will be fine, no! They must take good care of

themselves. Taking good care of yourself means that you wear protection because it is not like we did not take care of ourselves. And during our time condoms were not easily accessible. So now everything is transparent and accessible, you even have condoms for females as well. My wish is for people to take good care of themselves. Yes, you may be infected this way or that way if it is a mistake but I wish people would not tell themselves that they do not care since information is readily available for them, things like that.

**[TIME OF AUDIO RECORDING: 0:49:10]**

**NTM:** Looking back at your artwork from 2002, what stands out to you? How do you feel about the artwork now?

**VN:** When I look at my Body Map I do get the idea of when I started making it when I thought to myself what kind of nonsense is this? They used to instruct us to this and that but as time progressed and I was making this body map, I felt really happy because I was enjoying it. At that time when I went to my craft I felt that I was actually going to a real job, you see? So I knew what I was going there to do, you understand?

**NTM:** How does it make you feel now?

**VN:** Happy, more than happy too.

**NB:** *Ja*, now when I look back, I remember when we were making them. We would lie on the floor and draw each other and you felt like hey just get on with it, I don't even know why we are doing this. We would tell ourselves that we do not know what we are doing but we are doing it anyway but it all ended up well. But when we look back, it was really painful for us because sometimes we would break down and cry on each other and realise that it is really painful. But now when I look at my drawing it looks pretty, I am happy. And we did not know where this would lead us or come off it but now you would be sitting comfortably and hear that our zombies, which is how we refer to them as 'zombies', are at a particular place. They would say that they are in a particular place and you would earn some incentive out of it and you would be



shocked by all of this. When exhibitions began we thought well they must do what they want to do with our zombies we have no problem. We were then shocked to receive R20 000 each, you see? We had the impression that we are playing around and we are healing ourselves in the process and all but ja. Even now they are still exhibited and we receive incentives from that, you see? So now we are living.

**NTM:** Who was your partner?

**[TIME OF AUDIO RECORDING: 0:52:21]**

**NB:** Lord! Who was it?

**VN:** Was it not Bongiwe? Did you not write it? Mine was Bulelwa.

**NB:** I do not remember.

**VN:** No man, I think your partner was Bongiwe.

**NB:** You think so?

**VN:** It was Ncedeka. I now remember, it was Ncedeka.

**NTM:** What did you enjoy about the physical process of making this artwork and what was most challenging about the drawing and painting process?

**NB:** My biggest challenge for me was to draw because I cannot draw. If you can look at the nose from the face it is something that looks odd. So the biggest challenge was that I cannot draw but I can try. I knew the physical process like where each part belongs, and I would then have to think about what was happening on that part of my body. For instance, my stitches are far apart and you can see them from the drawing, so it's fine. And then on the other one, it was said that it is saturated with water that is why I made it like that. So I knew what to include and where,

you see? Then even the spots that you see are there to show how my entire body was filled with rash, things like that. Even here (referring to the body map in front of her) as I stated that I had to include this big mark here which shows that I gave birth through a Caesar and here it shows that my entire body was painful, things like that. So I knew what to fit and where but not to draw.

**NTM:** Sister Vicky?

**[TIME OF AUDIO RECORDING: 0:54:54]**

**VN:** It was difficult to draw. It was difficult because we knew drawing as something that artists do and we are not artists. I used to look at Nondumiso and she would respond that I should not look at her or else I would mess up and that I should do what I think is correct. I would say that Ndumi (Nondumiso) I do not understand this thing but I end up doing it anyway. But as I was doing it there were parts that touched me like if you can see here I was struck by a rock on my head. So you realise that all of those events come back to you and you enjoy marking where you have to place a mark. Even here the two children that you see, it was said that while I was pregnant I will give birth to twins. The doctor even said one is facing this way and the other is facing the other way. I was not employed so what was I going to do with twins? I asked the doctor to look properly and when I returned to the clinic that is when they told me that there is only one child. Then I was very happy, very happy. Then here I was bitten by our dog at home, I was stout so I used to taunt it a lot.

**NTM:** Did the Memory Box: Longlife project inspire you to continue making art?

**NB:** Yes, it inspired me to create. But the problem is that I do not know how to draw but it did inspire me. Sometimes you wish that you could just do something, perhaps draw anything but the problem is how will it turn out to be like, you see?

**VN:** Yes, sometimes I wish I could use my spare time to do things like now that I am off from work today and tomorrow. I am already used to creating artwork as I used to work at Wolanani where we made paper plates and ribbon pins because I am quite good at beadwork. Then now you find that you are doing some on your off days then you get something when you sell it. So, art sometimes liberates your mind and you find that you can reduce your stress levels as well.

**NTM:** What relationships did you form with other artists who were and still are part of the Bambanani Group?

**[TIME OF AUDIO RECORDING: 0:57:55]**

**VN:** We used to but me and her live much closer together so we check each other out, we have that bond. Even others as well, let's say now we were together when we were formulating groups and we spoke a bit, greeted each other and it was fine.

**NTM:** Please describe the kind of work that you do.

**VN:** I am a carer.

**NTM:** For children or old age groups?

**VN:** Old age home.

**NTM:** Please tell me in detail about your work at Wolanani, where is it?

**VN:** Wolanani used to be based at the Observatory.

**NTM:** And then did you make crafts?

**VN:** We made crafts and they were sold there and we got paid there. We made beads and paper works like paper dishes and all of that.

**NTM:** And then your work at UCT?

**VN:** It was research.

**NTM:** They contacted you through the Memory box perhaps?

**VN:** Yes, we got it through the memory box.

**NTM:** And then you Mommy, for research?

**[TIME OF AUDIO RECORDING: 0:59:50]**

**NB:** Yes. I was working almost like a field worker.

**NTM:** At UCT?

**NB:** I was under UCT before, now I am no longer with them.

**NTM:** Where are you now?

**NB:** I am in Pinands.

**NTM:** Were you made aware that your artwork was bought by the Constitutional Court Trust artworks committee to form part of the Constitutional Court Art Collection?

**VN:** Maybe they are the ones who said they bought them and that we must wait...

**NTM:** Oh that is another one.

**VN:** Is it another one?

**NTM:** This one was bought perhaps in 2006 or 08 something like that.

**NB:** They inform us when something happens perhaps if they enter this place or that place or maybe when they are on exhibition.

**NTM:** How do you feel about having your work part of the Constitutional Court Art Collection (CCAC) today?

**VN:** We are happy because we know that what we were doing was not in vain. We made something that interests people, people who love it and people who are educated about the work we made. There was never a case where they were thrown to the side, no. They made an impact and liberated peoples minds.

**NB:** They were intrigued to see.

**[TIME OF AUDIO RECORDING: 1:01:42]**

**VN:** They were intrigued to see and that encouraged us.

**NB:** And even though there were some who left us but there are those who remained with us and are reachable for a chat.

**NTM:** What does the Court and its art collection represent to you?

**NB:** It means we are a big deal.

**VN:** It is very important because they do not discriminate against us.

**NB:** We are VIPs.

**NTM:** Are you mindful of conservation when making art, i.e. the preservation and restoration requirements to ensure the longevity of the work? Do you have specific recommendations for the conservation of these works?

**NB:** Perhaps if they are taken to museums that is where they might be kept safe because we heard that they were in a bad condition at UCT and perhaps there was a problem. So now when they are conserved and kept at a museum it will be fine.

**NTM:** Do you have any recommendations on the presentation of the artwork?

**NB:** No, I do not have it at the moment.

**VN:** No.

**NB:** Like how?

**NTM:** Like, sometimes a person would say, if they made this bottle for example then they would instruct you on how you should preserve it like you must ensure that you do not leave it exposed to the light, things like that. So now, we will then know that we guard the bottle against the light and we should frame it. But then you have stories in the Long Life Memory box protector, so perhaps if I want the story kept close to my disposal and have a signage which is usually small. So, if you want it to be a big signage it is something that can be done upon your request, you see? So is there anything?

**VN:** On my side everything is fine.

**NTM:** Is there anything you would like to add to be recorded in this interview?

**VN:** My question is, you say you will exhibit them at a museum, in a proper place right? Then what if there is a person who wants them given that they will be framed in a glass, will you reprint them?

**NTM:** No, we are not allowed to reprint them because the artist has to know and we do not know how many are left. We have the first edition meaning the first set came to us, one from the ninety. So, if there is a person who would request them we have to let you know about that, then it becomes a big project for us. The Constitutional Court Trust forbids us from buying and selling artworks, it is by chance that these were bought.

**NB:** We will see them as we frequently visit museums.

**[END OF AUDIO RECORDING: 1:06:53]**

