

## CCAC interview with Nondumiso Hlwele on 2023/02/14 at [Place/Location] - transcript

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

**Interviewee name (and acronym):** Nondumiso Hlwele (NH)

**Name of translator:** Cullen Mackenzie & Buntu Makhedama

**Name of transcriber:** Cullen Mackenzie & 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 in ***bold italics***.

**Mode of interview:** In person

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**List of acronyms:** NTM (Thina Miya), HIV (human immunodeficiency virus), AIDS (acquired immunodeficiency syndrome), ARVs (antiretrovirals), CSSR (Centre for Social Science Research), MSF (Médecins Sans Frontières)

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[START OF AUDIO RECORDING: 00:00:00]

**NTM:** Alrighty. Uhm, I'll introduce myself but I will not read this consent form because you've read through it and you understand it. My name is Thina Miya. I work for the Constitutional Court Trust. Uhm... The Constitutional Court Trust is the custodian of the Constitutional Court Art Collection and we're conducting interviews with artists represented in, and individuals affiliated with the CCAC in order to gather information about how, when, and why artworks were made and by whom artworks in the CCAC were collected. Uhm, the research is being conducted for the purpose of reference, exhibition display, collection management, diversity study purposes, and general promotional usage. Thank you for agreeing to meet with me.

*Nondumiso chuckles.*

**NTM:** I really appreciate it. We will fill in these at a later stage. Let's just move into it. How did you become an artist?

**NH:** *(Chuckles)* I wouldn't call myself an artist, but anyway, we ended up doing the artworks, so I can call myself an artist because of that. So, uhm, it's been a long... long time ago, *neh*, in the age, you know. So, I will have some memories that are not...

**NTM:** Up to par?

**NH:** Yes, *(laughs)* ja. So, uhm, in 2002, if it was not in 2000. Do you have the Long Life book?

**NTM:** Yes, 2002.

**NH:** Please check.

**NTM:** *(Laughing)* You're right.

**NH:** *(Laughs)* So, uhm, the first time I heard about it, it was in Site C Khayelitsha. Uh, basically it started with the memory boxes. The workshops for the memory boxes were held at uLungile Clinic. So for the part of the time where HIV came in, and it was like a "wow, people are gonna die". And then

the UCT had a program called Memory box under the Centre for Social Science Research. But under that, the Centre for Social Research there was a department called AIDS in Society Research.

[TIME ON AUDIO RECORDING: 0:02:41]

**NTM:** Okay.

**NH:** So, they had this program called The Outreach. It was an outreach program. So, uhm, psychosocial support and things like that. So, they came up or decided, I don't really know how they came up with the memory boxes. So, they introduced the memory books, and boxes. So it all started, for us, it's kind of like in a support group setting. So, uhm, we were introduced to these memory boxes and books because there was a possibility that there would be no medication for HIV, and people might pass due to the disease.

**NTM:** Yes.

**NH:** So the memory box was for the purpose of, you know, first of all, the memory book, accepting the HIV/AIDS disease. I don't know, I am not calling it a disease inside of me but it just came out like that. So, uhm, then you will have stories that you want to tell. Uh, you can choose any story that you would like to tell, and then anything you put it in the box. So it's a sort of, okay maybe you sort of saying goodbye to a family member, or something like that. Also maybe accepting that you are HIV/Aids, and accepting that you're gonna die, and things like that. But while we were in that process, there was a clinic that came along which was Médecins Sans Frontières that was also based there.

**NTM:** Yes.

**NH:** So, I think, Médecins Sans Frontières came first but we were using their conference room, or something, to run these, the memory boxes were running in that room. So I came at a time when I had already started with these, uh, memory boxes. So I joined in and later on we were introduced to body mapping.

**NTM:** Okay.

**NH:** So that is where I met Jane.

**NTM:** Yes.

[TIME ON AUDIO RECORDING: 0:04:52]

**NH:** So, uh, there were a lot of people around in that space, of body mapping. There were students, there were photographers, psychologists, Johnathan Morgan, Jane the artist who was introducing body mapping. Uhm, first of all, we didn't understand, I did not understand what body mapping was, first of all, what we were going to do. But they did explain to us what is going to happen, but then you don't know what is really going to happen in the workshop. So, we were a group of women, I think about ten, and we had Thobani, which is, you could've seen that this boardroom is not complete. So, at that time he was just all over because he had his own purpose in how he wanted to fight HIV and Aids and things like that. He had a different voice in how he felt, how to fight it. So, with this group of women, we ended up, this group of women in that group sharing stories and agreeing to participate in that body mapping.

**NTM:** Yes.

**NH:** So we did the big cardboards, who were almost human size, to trace around. We had to choose a partner so it was like a game, kind of a thing. So we choose a partner to participate with you, who was actually gonna be tracing around your body to outline. So it came out weird. It was a fun exercise, and we enjoyed ourselves. So, then we just started to fill in the bits and pieces. Then it came to something that we felt like some of the questions we were being asked were, uhm, your name, obviously, where you come from, and then things that you remember in your childhood. So we would sketch all of those things down, write them down, and then put them on the actual body map that you're doing. You either paint or write, or symbol. So, uhm, in that process you also learn about the person who is, like, your partner in the making of the body map because we were in pairs of two. So it's sort of like you work with that person at that time. And then obviously when you are sharing you share individually on what you have done. So for me that process uhm, have I answered your question?

**NTM:** Well, you have. Uhm, there's also just, maybe you can continue to tell me about the two additional body maps because that's how you became an artist, right? And how you still remain one even though you don't refer to yourself as an artist.

[TIME ON AUDIO RECORDING: 0:07:45]

*Nondumiso chuckles.*

**NH:** Okay, the additional body maps uh, there was err, okay I am going to mix isiXhosa in other places.

**NTM:** Yes, you can.

**NH:** There was a project. They were building a hospital in Khayelitsha. So, Jane was the architect or whoever was designing the hospital who had an art background. So he wanted to put some art within the hospital, kind of, and then, also wanted to acknowledge artists in Khayelitsha. So we were one of those people. I don't know how he got hold of us or whatever.

**NTM:** Mm, I'll tell you more about it because Jane actually told me about that, and I don't want you to jump to that answer because there's a question that touches on this.

**NH:** *(Laughter)* Okay. So now, we ended up being part of that project. So what, and how we were involved in that project we had to make new body maps.

**NTM:** OKay.

**NH:** So, basically we were talking about maybe the beginning just a bit of it and the current situation at that time. And then, some of them would have to be chosen, not all of them had to be put, displayed at the hospitals. Then luckily mine was chosen and another woman. They were displayed.

**NTM:** Okay.

**NH:** And the other set of body maps, which is, we didn't do it physically, however, we use mosaic. They were displayed, they were displayed in Health Sciences. I don't know of this errr...

**NTM:** And the bus stop, I heard.

**NH:** *Ja.* Next to the, not far from the bus stop.

[TIME ON AUDIO RECORDING: 0:09:42]

**NTM:** Oh.

**NH:** So how we were involved there, we participated in the mosaic with the guys who were trained to do the mosaic.

**NTM:** Oh.

**NH:** So with the mosaic. So, we were, sort of, like, working together with them, putting these pieces together. So it was kind of like we were involved now with the same thing but we were doing it in a different way but with these other people who were going to be actually putting it up there, on that wall.

**NTM:** Love that for you.

**NH:** Which was also very nice.

**NTM:** I love that for you.

**NH:** It was a nice experience.

**NTM:** Look at you being an artist.

*(Laughter)*

**NH:** I guess I'm an artist.

**NTM:** You are *(Laughter)*. Can you tell us more, okay, you have already answered this. When, why, and how the body maps were made?

**NH:** Okay.

**NTM:** So I don't think you need to answer this, you have already.

[TIME ON AUDIO RECORDING: 0:10:29]

**NH:** Alright.

**NTM:** How does this artwork speak to the HIV and AIDS epidemic that started in the early 1990s which reached its height in the early 2000s, and its continuance today? I think maybe I should simplify this question.

**NH:** You can do so.

**NTM:** How does this artwork speak to the state of HIV and Aids in the 90s, early 2000s and what it is reflected as today?

**NH:** Okay, at that time, it was a matter of trying to get a message across that there is medication available because there wasn't. Eventually the medication was available but the challenge people were not, they were afraid to take the medication. Some people were not sure whether to take it or not. So, the bottom line was sort of like, these people are taking the medication so they are telling their own experiences. How they see from point 1 to B, to C, D, E, F, G. How they have healed through using these medications. And also how being in a support group and being in a group of people with their stories helped. It was just to encourage society at that time, to give them hope, and also, obviously giving yourself hope and your family around you.

**NTM:** Yes.

**NH:** To understand that, while it's an infection that is terminal, however, now there is medication. You can be treated and live a life that is normal like anyone else, and you can choose to survive through that process. So it was kind of like "guys, take the medication and it's okay."

**NTM:** It's okay.

**NH:** It's gonna be ok, it's gonna be fine. Let's do this.

**NTM:** Okay.

[TIME ON AUDIO RECORDING: 0:12:54]

**NH:** And how it speaks now, well, I kind of got lost in the way. I don't know what is really happening with HIV and AIDS now.

**NTM:** Now.

**NH:** (*Laughter*) Because I've been too busy. I'm too busy, I've got kids now. I got so busy, and I am not involved in that world anymore because I am just concentrating. Okay, I've got children now, go to work, do this for them, and all of that. So there are times where I will think about, oh my gosh, what's happening with HIV now but, I mean I'm a parent I should be thinking about these things but, it's like the time is not there.

**NTM:** Yes.

**NH:** So, now I think it will really speak the same because *ja*, there is medication but there will be a part of it that will speak to HIV now. Because there's still stigma, and people are still in fear of taking medication and people are still infected even though they are aware that there is HIV and AIDS. Now, uhm, and also people are defaulting in their medication and I mean, *ja*.

**NTM:** Okay. I love that answer, I love how you just moved on, like okay, move on.

*Nondumiso laughs.*

**NTM:** Please tell us about the first time you received HIV and Aids treatment and its impact on your life.

**NH:** Okay, firstly, I'm one of those people who was not okay, who was not sure whether to take the medication or not.

**NTM:** Okay.

**NH:** When my doctor diagnosed me, uhm, my CD4 count was one going zero. So, it was like I won't have CD4 cells to keep me alive. And then he explained to me how this medication is gonna work. And



then, fortunately, I saw this young man on, what is this place? The newspaper, Vukani or something. At that time, he was talking about ARVs. And he looked like he was excited about this life, he was looking forward to doing stuff. And I was like okay, well, there's someone there. This is before the body mapping and memory boxes and all of that.

[TIME ON AUDIO RECORDING: 0:15:17]

**NTM:** Yes.

**NH:** So, I went with my mom and we got the medication. Well, I was told about side effects and everything but, I don't remember having any side effects that I was told, but I remember I was getting better each and every day. I also encouraged myself to get better because I wanted to get better. So, uh, it made a big impact in my life because I could find something that can wake me up man, and you know, keep me going. I could see now, ja, I'm stronger. I'm not lying in bed anymore. I can walk up and down, and I can clean some dishes, I can make my own food, I can do some exercises, I can move to the support groups. I can *walk* to the support groups, I didn't have to take a taxi. I didn't look *iyho*, I didn't have all eyes on me, looking at me like what's wrong with her.

**NTM:** Yes.

**NH:** So, but the only problem that was making me feel uneasy, because growing up as a young person I was like, er, my skin was a bit light.

**NTM:** Okay.

**NH:** But then when I had, err, I was very ill I was very dark. So people could see that there is a difference.

**NTM:** Yeah.

**NH:** But then I didn't care about that one because, at least I'm alive, I'm still walking.

**NTM:** Exactly. Okay, I love that. Well understanding that the 2002 memory box Long Life project was focussed at advocating for a wider access to antiretroviral treatment and nevirapine, uhm, nevirapine. I always forget how to pronounce it. It must have been a very personally revealing thing to do. Was there counseling involved during the process of making the artwork? How did you feel when making the artwork and did it help with your healing process?

[TIME ON AUDIO RECORDING: 0:17:22]

**NH:** There was uhm, counseling involved during the process, because we had a psychologist, Johnathan Morgan, and of course, everyone in that group. It was just the way they were selective, like the way they were selected. There were, uh, I mean just everyone was playing a different role in their counseling. Whether they don't sit with you privately and talk to you but the way that they engage with you. Uhm, ja, because there were a lot of people introduced, like for example the person who was doing portraits, who taught us how to make a portrait, she was also a nice person. And Jane, very soft as you know her, and also being around in the group, listening to other stories also is part of, you know, you compare yourself with that other person and find out that no, actually my story is not that bad at all.

**NTM:** Yes.

**NH:** You would cry and dry and then you say, I'm okay, I'm fine. Then you feel sad for that other person and so on. So it also was nice, that group. It was like a *hug*, kind of when you have cried and there's another person telling their story. It was like, it was a nice space to be.

**NTM:** Jane said the same thing. She said, you know, it was such a communal space, that everyone would be like, we were all getting counseling at the same time. And we'll laugh and cry right now, everyone, together. (*Laughter*) You know?

**NH:** *Ja*.

**NTM:** But how did you feel when making the artwork? And did it help with your healing process?

**NH:** Okay. Uhm, feeling when I was making it.

[TIME ON AUDIO RECORDING: 0:19:15]

**NTM:** Mhm.

**NH:** Ha! Okay. So, okay, well, how can I answer this question, how did I feel?

*(Chuckles)*

**NH:** So, basically I was just concentrating on describing how it is, feeling it inside of me. Which parts of my body am I feeling it in, and how am I going to represent that on the paper? So, I had to think about that very deeply. So, how is this, how am I going to represent it? And then, trying to make that point that ARVs, they do help.

**NTM:** Where did you hold your strength?

**NH:** I think in my mind.

*Nondumiso chuckles.*

**NTM:** Okay. Love that.

**NH:** I don't remember if I said that in the book, but I think, thinking about that, you know. So where I'm feeling it. Where do I see HIV in my body, in medication, and all of that. So, I mean, I don't know if I've answered the question?

**NTM:** You have.

**NH:** Mm.

**NTM:** Did this process help you destigmatise HIV in your community and more broadly? And do you think the stigma around HIV has changed?

**NH:** Well, I don't know if my process did that, but there were a lot of processes happening at that time. Because there was a Street Connection campaign with their loud noise and then there was us in

this closed space, and yes, we became public but I think that it did not, maybe not all of it but at least there was, we did something in the families of the women that we participated with. And also our, if I can say, I don't wanna say colleagues in HIV (*chuckles*). The people that we go to the clinic with and the doctors and the nurses and things like that. I think it spoke because now they see you in newspapers, now they see you on TV. Now you have an opportunity to go overseas and you have never been overseas.

[TIME ON AUDIO RECORDING: 0:21:41]

**NTM:** Yes.

**NH:** And you feel like you're making a change, but you don't know how big it is.

**NTM:** Yes.

**NH:** *Ja*.

**NTM:** Okay. And do you think the stigma around the virus has changed now?

**NH:** Well, it has changed, *ja* it has changed. However, still, though you will find that there's uhm, the stigma is there, but now it's different. It's not like, now people are seeing it as a death sentence. So now you can live with it because now they even comment about HIV and AIDS. People they just say, no just take your medication and you are done. So it's not like before where *Oh*, it's a death sentence, *Oh*, I'm so scared I'm gonna get it. *Oh*, I can't date a person living with HIV. *Oh*, there's nothing that can be done for me. Just run away from a person who's living with HIV. Now I think people, they sort of understand that, well, you *can* date someone with HIV. You don't have to, yes, there will be that fear. That is a normal thing, I don't blame a person who says they don't wanna date someone who's HIV. I'm not going to say that it must be a force for someone to date someone like that. You have a choice. So, and maybe, since I've told you that I don't know what's really going on right now.

**NTM:** Mhm. Okay.

**NH:** (*Chuckles*) I don't really know what people feel, but I have heard, you know, in taxis, people talking and they will say, no, take your medication, you're fine.

[TIME ON AUDIO RECORDING: 0:23:26]

**NTM:** Yes. True.

**NH:** You can have children, you can go to work. You can study, and all of those things.

**NTM:** Okay. 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?

**NH:** 2011? Which one was that one again? I don't remember.

**NTM:** (*Chuckles*) I think I have both.

**NH:** Oh. Okay.

**NTM:** I think I have both. This was in 2011, so the Longer Life one, remember? I think this was...

**NH:** Oh, ja, I did. I think I did this with Jane.

**NTM:** Yes.

**NH:** *Ja*. So, what was your question, sorry?

**NTM:** Do you think that, uhm, just looking back at the work that you've done, do you think that treatment accessibility has changed?

**NH:** Changed? Yes, I think that it has changed. It's just that people have to go and get the medication for themselves. And then, I think that people need to, now there's no education about the treatment and HIV. You just have to find out for yourself what is going on. To be on the safe side and not rely on the nurses because they're also human. They can make a mistake so you can just have to ask questions, or do your research and find out about the side effects and all of that but also now, it's nice. The doctors, eh they make sure because now there is one they put it in one tablet. Then if you have complications, they give you a different type of treatment. Which maybe you take twice night and day,

but like this one is for night only. So, there's still that, uhm treatment, *ja*, you can get it easily but you just have to go and...

[TIME ON AUDIO RECORDING: 0:25:38]

**NTM:** Go for yourself. Proactively.

**NH:** *Ja*.

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

**NH:** Hmm! As I said before, I don't even know the impact but what I know in terms of research, many people who have used body maps for research. And I know that body maps travel in many places but I cannot calculate that. Then, I know that there's been exhibitions, but I know that the people who have been in those exhibitions are professional academics and so on, and researchers. So for me, I can think that out of 80% of whatever, the body maps have, I can say half 50%? Oh, I'm not sure I really cannot say, but I think there's a lot it has done, either or not HIV related or maybe something else.

**NTM:** Yes, I agree. Look at us seated and discussing it.

**NH:** *Ja, (Laughter)*.

**NTM:** Were you affected by COVID and how did you feel about HIV not having an immediate response like was done in COVID?

**NH:** I was not affected physically by COVID, but how it affected me like, there was fear because on the day when it arrived at UCT in my office I was helping this young lady from London for access, and the next day we were told that that lady I assisted tested with COVID. I was like oh my gosh... (laughter). I can't have COVID! I'm done with chronic illnesses and these huge illnesses. I don't wanna get sick. So we were told, go home and then, that part process of you waiting for symptoms and this for this 21 days *yoh*, that was torture. But, you just felt the symptoms even though they were not...

**NTM:** They were not there.

[TIME ON AUDIO RECORDING: 0:27:54]

**NH:** They were not COVID, it's just your brain or whatever. But I like the fact that we have to report each and every day like "How are you feeling today? What's happening?" all of that. Our manager is a social worker, and was a social worker where I worked at the Centre of Social Sciences and Research. So, she was very helpful until we were clear and there was nothing. And also, COVID was scary because it can affect everyone in the house without, I mean without you knowing that or who's brought it. I mean, so isolated from your family members, your elderly people and things like that. Ja, so...

**NTM:** I think that's scary.

**NH:** *Ja.* It was.

**NTM:** How did you feel about it not having an immediate response like, uhm...

**NH:** I think that...

**NTM:** Like we had in COVID?

**NH:** Uh was done, what?

**NTM:** How did you feel about HIV not having an immediate response like we had in COVID?

**NH:** I think the way that there is, I mean, they're totally different things.

**NTM:** Yes.

**NH:** So, I don't think that we will get the same response.

**NTM:** Okay.

**NTM:** *Ja.*

[TIME ON AUDIO RECORDING: 0:29:16]

**NH:** Because maybe they felt HIV was like, it's a personal thing that one had to be responsible for it. And COVID was like, uhm a worldwide thing. Okay, let's blame China or let's ja, and then if we don't do anything about it, everyone is gonna be sick. So, there wasn't, there's a possibility that everyone can just get sick. Even the one who's in charge of money is gonna get sick so let's just *act*. Let's do this!

*Nondumiso Laughs.*

**NTM:** Otherwise, we're all done.

**NM:** Ja. Mm.

**NH:** So, *ja*. I think the difference is there.

**NTM:** Okay. It makes sense. What do you think the youth and the people that are unaware of the gravity of the HIV and AIDS crisis and its history need to know about it today?

**NH:** Repeat the question again.

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

**NH:** What they need to know?

**NTM:** Yes.

**NH:** Do you mean, are you asking about what they need to know about HIV that they don't know? At all?

**NTM:** Yes. And it's history. You know, the struggle for accessibility of treatment and its history, for instance, or stigma and so forth.



[TIME ON AUDIO RECORDING: 0:30:45]

**NH:** I don't know if they don't know. I don't think they're gonna want to know about it if they don't know.

**NTM:** Mhm.

**NH:** But then something, I don't know what they're learning in the books nowadays in Social Science books at school. Do they talk about HIV in the Life Sciences? So, in that way, they will get to know about HIV and AIDS. And also, in the clinics, if you go to the clinic, I don't know if they still ask about, have you tested for HIV? Oh, they do, actually.

**NTM:** They do.

**NH:** They do (*Laughter*).

**NTM:** You always have to test (*Laughter*).

**NH:** So I mean, that will be a way for people to know those who don't know. Because now, there aren't those education (programs). They will have the tents to mobilise people who come for the test and other things. Diabetes and all of those, they put them together. Then you, you know, personally go and...

**NTM:** And test.

**NH:** Mm.

**NTM:** Okay. Looking back at your artwork from 2002, what stands out for you and how do you feel about it now? I will show it to you so that you remember the artwork.

**NH:** Okay. What stands out for me uhm, well, it's the hands that are like, I'm reaching out.

**NTM:** Yes.

[TIME ON AUDIO RECORDING: 0:32:20]

**NH:** *Ja.* And then once I have reached out, but you know that is the partner who layed like that.

**NTM:** Okay.

**NH:** So the hands are reaching out. Then after that 'reaching out', I came to an understanding of this HIV in my body and the medication, and I feel strong and standing, you know, the survival.

**NTM:** Okay, and how do you feel about the artwork now?

**NH:** Well, it's pretty. (*Laughter*) It's very pretty. And *ja*, I can see a younger me there.

**NTM:** Oh, that's nice.

**NH:** Yeah, and it's funny enough, I have some artworks at home. You know that plastic art? It's kind of vinyl. Is it vinolyne or what?

**NTM:** Yes, nice. It's vinyl.

**NH:** So, uhm, we went to visit Johnathan Morgan at some point, he invited us to catch up. So he gave us, he gave me, all of those artworks. I know that the ladies are not gonna want that in their houses. I've been meaning to give them back to them. So I rolled them and I put them somewhere in a corner and my niece said, "What is this, aunty?" They call me aunty, you know.

**NTM:** Mhm.

**NH:** And then I said, No, it's the work I used to do and then she took them out and then like, "Oh, my! no, aunty, why do you put these things like this? They're so beautiful." "No, aunty, don't do this!" And then, I'm telling her the story of what happened. I can't believe aunty put these things where they are, they look so..." I don't know, man. The way that she was explaining it and she's only 14 years old.

**NTM:** Yes.

**NH:** And I was like, okay, well, let me just take care of this and I put them somewhere else. And I must distribute them so they must have their artwork (*laughter*).

[TIME ON AUDIO RECORDING: 0:34:18]

**NTM:** You are done.

**NH:** Okay.

**NTM:** Uhm, what do you enjoy about the physical process of making the artwork, and what was most challenging about drawing and the painting process?

**NH:** Say that again.

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

**NH:** Mm.. Okay, well, uh, what the challenging thing was to think about the position that you want to be at that time. And, uhm, the challenge of drawing, I did enjoy it, and also Jane was like, anything is art so I didn't worry about the outcome. How is it gonna come out? But what was important to me was what I was saying, I was trying to say.

**NTM:** Yes.

**NH:** And, I was not uncomfortable, but it was kind of fun to be traced around, and also trace the other person and then you laugh after the outcome. And also, looking at the outcome, the layout of it without the painting. It was like, you know when, in the movies or when somebody has died and then you, (*Laughter*) so, it comes out like that—dead (*Laughter*). And then you feel it, and then it comes to life.

**NTM:** Yes. Oh, that's funny, uhm, just because there is that one, Thobani, you know...

**NH:** *Ja*.

**NTM:** It's just that outline.

[TIME ON AUDIO RECORDING: 0:36:04]

**NH:** Mm.

**NTM:** Did the memory box Long Life project inspire you to continue with your art?

**NH:** Well, in my mind. Like I said, I got busy with children. I've got only two, but, and I just wanted to go and work. But, I enjoyed traveling with my body map talking about it and I would've loved to continue with it. Not necessarily talking about HIV and AIDS but just talking about things in general using the body map. Because, like my other niece, also wanted to, I was showing her some pictures. In fact, I assisted some researchers who came to UCT, and when they wanted to understand the body map. So, I said okay I can explain it to you but still, you're not gonna understand. You have to do your own body map. So, I've organised some workshops and I've done it with them. And I showed them with my small niece when we went through the picture. She was like, "Makazi, I want to do that". That one is 6 years old.

*Ndondumiso laughs*

**NTM:** *Yoh*, me too. I also want to (*Laughter*).

**NH:** I said, really? She said, "Yes, let's do it." So I've been saying that I'm gonna do it. I'm gonna do it but, time.

**NTM:** Yes, there's never time.

**NH:** *Ja*, there's no time.

**NTM:** What work do you do?

**NH:** Uh, I work as an administrator.

**NTM:** Love that. And when you were with CSSR?

[TIME ON AUDIO RECORDING: 0:37:40]

**NH:** With CSSR, we did a lot of things. Uh there was fielding work involved after the body mapping. Fieldwork and then I was kind of, got offered a job in the office where I was an assistant administrator. After that I left to work for Community Media Trust which was also an HIV/AIDS program NGO. Then I came back again, worked for CSSR again as their main administrator then because of COVID, they are a research center depending on the funding. So, eh, I was retrenched. Then, because at UCT, they've got a nice system of choosing their stuff to look for jobs around eUCT. So I was lucky I got this one at the Maths Department.

**NTM:** Oh, nice.

**NH:** So, I'm there now. This is my second year.

**NTM:** I love that.

**NH:** Mm.

**NTM:** Wow, Maths Department, that's exciting. Yoh!

**NH:** (*Laughter*) I didn't like Maths in high school.

**NTM:** Yoh! Me neither (*Laughter*).

**NH:** Only because of one teacher. Oh, that teacher. She was not nice. [*Laughter*] She didn't care. You love it, you don't love it. You like it, you don't like it. You don't perform in the books, she didn't care.

**NTM:** She didn't care.

**NH:** She continues with the ones who are okay because I think she felt maybe, those who pass the Maths love her so much and those who don't pass maybe they don't care about me. So, but anyway, that was me thinking that not...

[TIME ON AUDIO RECORDING: 0:39:31]

**NTM:** Not the whole class.

**NH:** *Ja*.

**NTM:** Maths is so difficult.

**NH:** *Ja*, they are actually encouraging pure Maths than Lit.

**NTM:** Really?

**NH:** And they said pure Maths is the better one.

**NTM:** I did Lit. (*Laughs*) Worst relationship.

**NH:** I did none. Only Grade 8 then I was done.

**NTM:** Yes, really? Oh, but then you've done really well for yourself.

**NH:** You think, huh?

**NTM:** Yeah, I think so. What relationship did you form with other artists who were and are still part of the Bambanani Group?

**NH:** *Ja*, man, I think, there's that circle of friends. Even if we don't go to birthdays and things, there is something common that we, if we meet, we're meeting for. That is our common thing; the body map and HIV and AIDS, that is that. We can speak freely when we meet.

**NTM:** Okay.

**NH:** *Ja*, so, we still communicate, but it's not that close anymore, like it was before, because people now have grown to...

[TIME ON AUDIO RECORDING: 0:40:37]

**NTM:** Have families.

**NH:** Mm.

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

**NH:** *Ja*, yes. We were excited that it was going to be at the Constitutional Court...Bleh.. Consti... Consti...  
(*Laughter*).

**NTM:** I know, it gets to me too. I just abbreviate.

**NH:** Really? But then I saw the Constitutional Court, it was so cold. I'm like, *hayi* shame, the body maps in this building are made of, what is it?

**NTM:** It's just concrete and wood. Really?

**NH:** I was like, okay, where are they? Because I've never ever seen them...

**NTM:** Really?

**NH:** Mh-Mh. I've never seen where they were...

**NTM:** Installed?

**NH:** Mh-mh.

**NTM:** I really hope that when we launch the publication because this is for the publication, you are able to travel. We hope that the artists are able to come through and be part of the launch.

**NH:** Okay.

[TIME ON AUDIO RECORDING: 0:41:33]

**NTM:** You know? Okay, how do you feel about having your work be part of, you've already said this, as part of the Constitutional Court Art Collection?

**NH:** Oh, okay. For me at that time, I sort of understood what Consh...

**NTM:** Mm. The CCAC.

**NH:** The CCAC. Okay. Powerful place, I was like wow, we are important beings. That means, we are doing something for South Africa, you know?

**NTM:** Yes.

**NH:** And big people are gonna be there, see this. Okay, at least we are doing something for South Africa, we're not just beings who are on ARVs. Like you know there are costs involved in ARVs and then I guess, maybe the government was slow because of these costs. How much these are gonna cost individually and things like that, but then at least, for me I felt like, at least, even though there was this challenge and not sure what, if they were bringing the ARVs or not but *look*, it's working.

**NTM:** Yes, it is.

**NH:** Mm.

**NTM:** You've answered this but if you want to add you can. What does the court and its art collection represent to you?

**NH:** The court and the art collection?

**NTM:** Yes, at the court.

**NH:** The art collection at the court?

**NTM:** Yes. So, like your artworks.



[TIME ON AUDIO RECORDING: 0:43:00]

**NH:** Uhh, well, I can say it means that I'm an activist. So, I'm in a space where there's, I mean, the court, I don't know how to explain it.

**NTM:** Mm. It is a space for activism, if anything.

**NH:** Mm.

**NTM:** Okay. The Long Life Memory Box Print in the CCAC has degraded over time. They've been exposed to environmental factors, partly due to the dibond hanging system used. We've reproduced the artworks by the artists who are still alive and accessible, while some are being restored by DK conservators so that they reproduce the art will be archivally framed behind glass according to museum standards. Do you have any further recommendations on the preservations of this art?

**NH:** I mean, I think you guys are doing the best you can (*Laughs*).

**NTM:** Yes

**NH:** I don't know how to preserve artwork, so...

**NTM:** Okay. Do you have any recommendations on how we should present the artwork?

**NH:** Mm-uh-mm. I mean...

**NTM:** Not really? (*Laughs*).

**NH:** No, I mean, if you have that thing that makes you guys see that it's the artwork, it's preserved. You can just continue with that preservation.

**NTM:** Yes?

**NH:** *Ja*. I think it's, uhm, it's important that you have decided to keep this alive, rather than, you know, in a storage room somewhere. So that means there's something going on, whoever thought about it.

[TIME ON AUDIO RECORDING: 0:45:02]

**NTM:** Yes.

**NH:** So I trust that person will do a good representation of it.

**NTM:** Okay. Is there anything you would like to be, anything else you would like to be recorded in this interview?

**NH:** Uh, well, just to say thank you for doing this, because I've always been telling people we have some body maps at the constitutional court but then, I never get in there to see that they are really up. Now when I heard that they're sort of like they are dying. I felt like that, oh my gosh, whoever was there didn't take care of them. So now my children are dying, or something (*laughs*).

**NTM:** It's so sad.

**NH:** Ja. So I was like, at least there is someone who's saying, hey, I'm here... I'm doing this. So, thank you for that.

**NTM:** Thank you. I will stop the recording now. Let's see how long it was. It's great, we did well. I said we were gonna stay for 45. So, I'm just gonna rename this recording... okay.

**END OF AUDIO RECORDING: 00:46:30**