

CCAC interview with Mendel Gideon on 2023/12/08 and continued on 2023/12/11, virtual interview via [Google meet]- transcript (English)

Last updated: 2024/04/12

Project Name: Gideon Mendel interview

Date of interview: 08/12/2023 (Recording A) and 11/12/2023 (Recording B)

Location of interview: virtual/microsoft teams

Language/s of interview: English

Length of interview: 1 hour 4 minutes and 11 seconds (A) and 1 hour 1 minute and 53 seconds (B)

Interviewer name (and acronym): Bahlakoana Lesemane (BL)

Interviewee name (and acronym): Gideon Mendel (GM)

Name of translator: N/A

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 in ***bold italics***.

Mode of interview: Virtual

Number of recordings: 2

Audio file name(s) of interview: CCAC_Int_AUDIO_GideonMendel_2024a&b

List of acronyms: BL (Bahlakoana Lesemane), HIV (human immunodeficiency virus), AIDS (acquired immunodeficiency syndrome), ARVs (antiretroviral drugs), CSSR (Centre for Social Science Research, TAC (Treatment Action Campaign)

[START OF AUDIO RECORDING: 0:03:15] (Recording A)

BL: You began as a freelance photographer, and belong to a generation of struggle photographers, committed to documenting the conflict and political upheavals of the 1980s in South Africa. Briefly describe the transition into documenting the harsh realities of the HIV AIDS pandemic. How did that happen?

GM: Okay, uhm it's a long story. Do you want the whole story?

BL: Yeah. Yeah.

GM: So uhm, as you know, from the early 90s I ended up moving and making my life and my base in London in the UK. And that was for a variety of personal reasons and professional reasons. So my home was in London, and I was part of a collective photography agency called 'Network photographers'. And this was in the early 90s, in the time before there was any HIV medication, you know, the time before when anyone with the HIV infection was facing the prospect of a long illness and a terrible death. And my agency was part of a group, a group project called Positive Lights, and the director of the agency was someone called Steve Mays. He was a queer activist, and he brought a whole group into this project, documenting different aspects and trying to change the way HIV was being imaged. You know, moving away from the victim narrative, and because I think the accusation and I'm sure you know about it, is that a lot of the photography of HIV and AIDS was a kind of victimology. So my part of the project, I mean, it's a long story, but I ended up spending a few weeks over a few months photographing at the HIV ward at a hospital called the Middlesex Hospital in London.

GM: And that was a time when there was huge stigma, and you know, there were obviously many patients in the hospital but only four patients agreed to be photographed along with their families and friends. So I've had the experience at that point. I had never really thought about it, obviously I knew about the HIV infection. I knew people who were involved like someone called Peter Busey, who was a gay HIV activist in South Africa, who passed away some years ago. He was a friend of mine, you know, socially. So I knew that

he was living with HIV, but in general it wasn't part of my life. So I had this experience of spending those few weeks very intensely working in an HIV ward, and photographing patients in London. These were all white patients living with HIV and they were all gay, and dealing with a terrible illness. And they all made a very brave decision considering the stigma they faced, to allow themselves to be photographed. And it was a very particular place...the ward at the time. In response to the stigma, there was a time when there was fear that there were newspaper photographers in the opposite buildings, photographing, trying to out people...there was a real fear. So it was quite unusual to be allowed into that situation...to be photographing at that point in history. Uhm, and I think it was really a life changing experience for me, you know. I came very close to these patients and I worked on this project called 'positive lives'. But it was really the beginning of a lifelong journey for me. I think it got me thinking about the issues, very sensitised to issues around stigma, and in all kinds of ways that affected my life. I got to know one of the nurses in the ward, who was just witnessing people, caring for them. So I met one of the nurses who was working in the ward at that time, and then Sarah, we became close, and she's still in my life, strangely. But you know, we have two children, and so in a way, that was an experience that had a huge effect on my life, and it also got me very connected to the issue of HIV and AIDS.

[TIME OF AUDIO RECORDING: 0:08:19]

GM: Uhm, this work was published, it was seen in many different contexts as it was exhibited. But also I was acutely aware that as someone from Africa, this was about HIV in the UK, and at that point in time, there was a very big HIV and AIDS epidemic unfolding across southern Africa, and Central, you know. Most prominently in East Africa, focused on Nigeria and Kenya, and also in southern Africa, South Africa, Zimbabwe, Swaziland and so on. I knew that I had to make work in that environment as well, so I began. Through the 90s, I made many different trips, and a huge amount of work. I don't know if you know this publication about HIV and AIDS, *A Broken Landscape*. It was published, really, after eight years of work in Africa.

BL: I have seen that on your website.

GM: I mean, I could try and see if I can get a publication to you.

BL: That will be very nice.

GM: So I mean, that really was the beginning of my journey of making work about HIV. I mean, that was before there was any kind of treatment, you know. So, this work if you want to think about the phases in my work on HIV, it was the initial work done in an HIV ward in London which profiled my work in the 90s. It was shot across eight countries; I made work in South Africa, Zimbabwe, Uganda, Tanzania and...

BL: Burkina Faso?

GM: That was later on. So, Tanzania, Zimbabwe, South Africa, Malawi, then Uganda, Zambia, so it was like eight countries. But that was the first phase of work working in black and white. I mean, it was complex, and I'm actually really acutely aware now of some of the issues which I think I wasn't thinking about enough at the time. Obviously, consent was always very important, and I worked with organisations and the people I photographed always gave consent. But I think I wasn't really thinking enough about the power of power relations, and the fact that I was a white photographer, photographing black people, photographing black bodies.

BL: I have questions, somewhere, we'll get to that part of the conversation when I get to the question.

[TIME OF AUDIO RECORDING: 0:12:06]

GM: I think that is like an important issue, and I think in terms of power relations, you know, it's really an important question. Often I would be working with organisations who are delivering aid and helping people. And in a situation where for example, I'm working with a charity, which is coming to visit someone at their home to help them when they're ill, if they arrive and say, "well, we have this photographer, do you give permission for the photographer to photograph?" It may have been difficult for them to say no,

because they were receiving help, and I'm with the people who are delivering help. So, you know, I think, obviously, there were a lot of people in Africa who wanted to challenge the stigma, and obviously, there were a whole group of activists who were public. But you know, I'm really supposed to have been interrogating my history in the past and my pictures.

GM: Obviously thinking has changed a lot about photography, and the kind of power relations. I'm a compassionate, sympathetic person but I don't think I was thinking enough about those issues, and about the time when those things were going on. So, that was my first phase of photographing in black and white, and there were moments in that period where I showed the work and I had some pushback from organisations and people. My photography showed people as being victims...or not, and it was important for me to record the voices of the people I was photographing so, it wouldn't just be a photograph, or my description...that their voices could be part of the world. So, the quotes from people were important. The book is full of voices, and people and quotes. I also did a lot of work, trying to photograph people who were fighting the disease, education campaigns, but that was before medication. So that was kind of phase one, and it sort of ends at the point where I felt the kind of conclusion was the kind of...Breaking the Silence conference in Durban in 2000, and the beginning of Treatment Action Campaign, and the beginning of the mobilisation part of the treatment, but that's really the end of the book.

GM: And then the next phase of my work, going into the 2000s was working in many different kinds of ways, becoming I suppose...more of an activist in my work. Developing collaboration with Treatment Action Campaign. But also, for 10 years, I had collaborations with The Guardian newspaper, who published on every World AIDS Day. They published my developing work on HIV and AIDS, and I thought there was pressure to do something different. So I did a lot of work of changing the formats, working in different kinds of formats, and working with different kinds of stories. I worked with 360 degrees, works that were in panoramic format. So there was a lot of pressure to keep on changing the nature of the story and the nature of the ways I was telling the story. But for that body of work, there was much more of a strong engagement with activists, and activism. It was less of working with the caregivers and more of working with activists. So that was working in a phase when there was a real fight for access to

antiretroviral medications, and it was a very...maybe forgotten now, but it was a hugely important fight in the early 2000s.

[TIME OF AUDIO RECORDING: 0:16:38]

BL: I was an adolescent, so I remember a little bit.

GM: You know, kind of led very much about the Treatment Action Campaign in that time, and then the change in a global way, and a certain time that battle was won amazingly. Now South Africa has one of the world's biggest treatment programs. I mean...they may have many faults, but millions of people around the world living with HIV are able to live normal lives, because they have access to treatment, and it's getting better and better all the time. You know, now, it's just one pill. I mean, friends of mine, who are living with HIV are able to live normal lives and have completely normal sex lives. One thing I realised quite early on the process is that the body of work in the last 12 years, I think it began in 2008, was a project called 'Through Positive Eyes'. The motivation and the beginning of my thinking for that project was a conversation I had with my sister...Now my sister is an HIV doctor, and at the time, she was running the treatment clinic in Hout Bay, in a fort area in Cape Town. And she was saying...I was talking to her about her clinic, and she was saying, she's got very good access to treatment and medication....You know, she says she was able to provide the very best possible medication for people, but people were arriving for treatment too late. Many people came too late and were dying, because they were not testing early enough. So they were arriving at the clinic when they were already very, very ill. And the reason for that was the stigma...that they didn't test...they didn't want to talk about it. So the transition was at a point when treatment became available.

GM: Stigma was really killing people and still is. So I felt like there was a real need to develop a project, which was about challenging stigma. And the way to challenge stigma is to, I believe...is to put the voices of the HIV positive people at the centre of the response, and the response to the politics of the time. I no longer felt comfortable being the photographer, being the external compassionate photographer, getting the stories of these HIV positive people...and I thought that the time had come for actually positive people

to pick up the camera and tell the stories themselves as the beginning of the project called Through Positive Eyes, which is a collaborative project...a global project which is still going on, basically. It also came out of a partnership with an organisation called The Art and Global Health Center, based at the University of UCLA in California. I mean, it's changed, we've developed it, have you seen the website?

BL: I have seen your website and I've also seen Through positive eyes.

GM: We have some in Johannesburg, I'm sure I could get you the book. So the Through Positive Eyes project is a collaborative project where we've worked in different cities around the world, working with groups of HIV positive people who have cameras to tell their own stories. I mean...it's not a perfect project, we've had many problems along the way, and, you know...we have had limited resources, but I'm quite proud of what we've done. So I've been one of the co-directors of this project. Just a few weeks ago, we had a workshop working with people living with HIV in Ukraine. We are working with a group of Ukrainian, HIV positive people. We actually did the workshop in Berlin, in Germany...because of the war in Ukraine.

[TIME OF AUDIO RECORDING: 0:20:52]

GM: But the project is still ticking over and still continuing...Uhm, in a way we have developed a global sort of community of people living with HIV. We've worked with more than 170 HIV positive people around the world who photograph themselves. So it's a mixture of words and images. It's their words, and we make short video pieces as well. So that's kind of the final phase of the work. So I think you can see, since I began working in the hospital ward 30 years ago, and obviously...it's not the only thing, I do have a big part of my work...working on climate change. But I'm still not finished. It's still an ongoing engagement. Does that answer your question?

BL: All right. Oh, no, that answers the question. Thanks a lot for that well, detailed biography. No, that was lovely. So okay, some of the things you've already covered. So it will just be more like maybe refining and

emphasising on some things. So having known and photographed HIV positive individuals, how would you interpret HIV as having affected the individuals and communities you were working with, now and then?

GM: Okay, well, obviously, it has changed since the last 30 years; medical technology has changed dramatically. I mean, over the years, the most obvious development is the gradual development of antiretroviral medications, which actually got better and better over the years. So, there's no cure for AIDS, and that still is quite far away, but there is medication which treats the virus and if the medication is taken properly...it means that it becomes a disease like diabetes...that people can live with. I mean, obviously, the communities and the individuals in the 90s were affected in ways which were devastating. You know, people's immune systems were hugely compromised, and many of them faced terrible, terrible deaths...I mean, within the gay community in America, Europe, and I think globally as well, it became a focus of activism you know...and in response to both homophobia and stigma against people living as gay people, but also HIV/AIDS stigma was a huge thing. It also led to a massive mobilisation as a community response, and gained a lot of support. I mean, obviously, HIV is manifested very differently in Western countries and in Africa and South Africa. In South Africa, it's a predominantly heterosexually transmitted disease, and it's affected communities in very different kinds of ways. A lot of gay people in South Africa have been at the forefront of the fight against the disease and have shown prominence in activism. It's manifested differently across different communities...and again, from 2000 there was a strong community and civil society response.

[Audio glitch from: 0:25:20 to 0:25:30]

GM: So as I said, there was a huge movement of active community activism and civil society activism in South Africa for many years, from around 2000 to 2010, largely in response to the government, which was...

BL: The denialism?

GM: Yeah, denialism but falling on from a government which didn't want to respond. I mean look...we can argue about the historical factors...I mean certainly the ANC government, under Nelson Mandela, didn't want to react, it didn't respond early enough in terms of booking public departments and responding. So many lives were lost because the government didn't respond at the earliest stage. Even the experts pleaded with them to do that. Under Thabo Mbeki, the government was in the denialist phase, and I think there was a strong community reaction to that. I think the impact of the disease, as you know...I've witnessed and photographed, and seen that the disease affects people in many different kinds of ways. I think some individuals have chosen to establish a community with other HIV positive people, who have chosen to work in activist communities. I think also what has happened, and that's probably a good thing, is that now there is widespread provision of medication, many people with the disease don't choose to be part of activist communities and choose normal lives, and that's always an individual choice. What I'm also very aware of in South Africa is that...despite the fact that there is a very good treatment project, across the country, transmission is still at a very high level of disease. Certainly, young women, you know, teenage young women are still very vulnerable to HIV, and I'm also very aware of this, because my sister has been very involved in research projects, researching the different kinds of potential responses. But it's very clear that there is still...in terms of community response...there are still very high levels of HIV transmission in Southern Africa...across Southern Africa.

GM: Look, I'm not an HIV expert and it's not my role to talk about actual experts. As an expert, I haven't done a lot of work in Southern Africa for many years on the issue.

BL: No, I do agree. I come from Lesotho originally and I know that it is one of the highly affected areas in the world and in this region. Even though there's a lot of medication and contraceptives, I don't know what's going on. So...

[TIME OF AUDIO RECORDING: 0:29:02]

GM: I also did a project in Lesotho some years ago with UNICEF. And I think from the people it is pretty clear that the situation runs across the region you know...with all that kind of tests of pregnant women, there are still very high levels of infection amongst young women. And yeah...but that's not my story to tell but I think that's one thing, which...perhaps at the moment there isn't enough conversation happening within communities.

BL: So, prior to the Framing AIDS project, much of your work consisted mainly of black and white photography, as can be seen through the series like "The Ward" and "A Broken Landscape". Can you further explain this transition from black and white...and to also reflect on how this conscious decision to use colour instead of black and white in your photography, and HIV related material influenced the trajectory of your work and people's perceptions of HIV as seen in your work?

GM: Okay, that's a very important question. But I need to take a toilet break for a second.

BL: Okay let's do that.

GM: Okay, so take it back 22 years...2001. Okay, and my book had just been published. Uhm, in this book I had my work on HIV. Africa was kind of very much in the zeitgeist. People were thinking about it and I was hired by an NGO. It's actually a collaboration between a few NGOs; Oxfam and ActionAid. I was hired to do some work in Mozambique...and they were trying to do an HIV education exhibition in Mozambique. They hired me to do it. And to my shame, if you think about the world at that point it was much less globalised on two levels; that was before any kind of social media, before cell phones...too hard to imagine. But there was a sense of like...the West and international countries. So for example, if something was published in Europe, it wouldn't be seen in a country in Africa, you know? There was that sense of global separation.

GM: I think also at that time, and this has changed and it's the only good thing, is that I did a lot of work with NGOs and organisations. They would send me to photograph in Africa..so they would fly me to Mozambique to work and make a project...and they wouldn't really even consider working with a

Mozambican photographer. I mean, right now, if I worked for an organisation, both for political reasons, but also for financial reasons...I wouldn't consider sending someone from the West, I would find a good local, you know...there are many good local Mozambican photographers. I think it was almost a kind of visual neocolonialism at the time. But obviously if you are a good photographer you were sent there, and that was...in a way, part of the reason I had based myself in London...because I was seeing like...photographers coming in from the centre to the periphery. I kind of wanted to be doing that work, so I was sent to Mozambique.

[TIME OF AUDIO RECORDING: 0:33:02]

GM: I was working with an organisation called Kindlimuka, in Mozambique, and the work I was doing was making this education project: The idea was...we'd be showing the lives of HIV positive people, that was the theory. We were doing the exhibitions and Kindlimuka was an activist organisation of positive people in Mozambique at the time. On my first day, and I actually know the date because it was 911. I went with a translator because it was all happening in Portuguese to meet with Kindlimuka - this organisation...and I sat down in the room with 15 people, and we were working with representatives from Oxfam. We were talking about the exhibition and in Portuguese. A fight broke out. People were shouting, and they were arguing and I didn't [know]. My translator explained to me that there had been a misunderstanding, basically; they thought I was coming to take their photographs, but the photographs would not be shown in Mozambique. They didn't realise it was a local educational thing. They didn't realise that this situation would be seen locally, and that the images would be seen by their own community. So, the fight was about who would do it, and many of them had different reasons...that if "I'm exposed my children will be stigmatised at school", you know.

GM: They had thought that if I photographed them then the pictures would be published in Europe and they would be assured that their own community wouldn't see them. But, they were surprised that it was meant to be a local exhibition. So I was, obviously, in that situation on two levels. I didn't want to photograph anyone who didn't want to be photographed. Also, I was trying to do a job, I was being paid to do a job and I just couldn't do the job if this was the case. So I knew I had to find something and I had to find

a solution quickly. So it was one of these kinds of spontaneous ideas where I said, "okay, can I say something to the group?"... and in my camera bag I had a roll of photographers tape and I made a frame on the wall. I said to the group, look here is a frame, this is your frame, you can put whatever you want into the frame. You know, you can show yourself, you can show whatever, whatever you want to illustrate. The only thing I'd like you to do is to explain your choice, think about your choice of what you put into the frame. And let me interview and there's no pressure to show your face, you can show an empty frame. I said I will come back, and I'll photograph the frame. So that was the beginning of an idea.

GM: What I realised is I had unwittingly...without even thinking about it really...I had empowered them in the photography situation. As a photographer, working in this kind of context in a community, in order to make documentary photography work, you have to sort of be in some sort of control of the situation. So I was handing over control. I think this was, in some ways, the beginning of my journey away from being a documentary photographer - to being kind of aware of it. But I was sort of bringing in elements of the conceptual art process, you know. It was a key turning point in my work on HIV but also the key turning point in my work; my lifelong journey as a photographer.

[TIME OF AUDIO RECORDING: 0:38:24]

GM: So I began that series and it was quite effective in Mozambique. It was used and people responded very well. Some time later, a few months later, I was doing an exhibition at the National Gallery in Cape Town...in South Africa, and got the space to make work locally, to develop new work in that situation. And so I continued using that technique and working in collaboration with the Treatment Action Campaign then we had many people show their faces, or develop a kind of installation in the gallery, which was kind of using that work. And I continued...and we made a series of posters which were from the Facing AIDS series. In a way, Facing AIDS was the beginning of a more activist kind of role and engagement with organisations and using different kinds of conceptual techniques to tell a story. I know I'm taking a long time, if you want to we can we can continue this discussion further on.

BL: No, no problem. So I wanted you to reflect and tell us more about A Broken Landscape, and how it was? How significant is it into this photographic niche or subject area, as far as your career is concerned?

GM: Well, I mean, in a way, A Broken Landscape is kind of like a concept. On one level, it evokes the kind of work I've done. My whole kind of lifelong subject matter, because, you know, I've photographed the struggle in South Africa. I photographed climate change. I photographed HIV and it's always a sense of a disrupted landscape, human landscape, disrupted by the kind of difficult issues in the world. So as a curative friend said to me, I've used those words, confusingly because my very first exhibition at the Market Photo Workshop, in Johannesburg in 1986, was called A Broken Landscape. So I've used that phrase, and kind of repeatedly and in a way, which is kind of confusing for people to...

BL: For your followers?

[TIME OF AUDIO RECORDING: 0:42:14]

GM: Then I reused the term as the name of my book. So it's a phrase. It's a poetic phrase describing how I look at my work—It's an overall term. And I suppose it's the overall term for my black and white body of work from the 90s. But, as I said, it's also a little bit confusing for people who have been studying my work. They have been criticising and saying, “how can you use the same title twice? This is really, really confusing.” So I apologise for that.

BL: No, no problem. I think there's a poetic element to the explanation. So I'm sure you get this one a lot. So your earlier works on HIV/AIDS can be read as direct representations of suffering, death, and pain to provoke a sense of vulnerability or intimacy. However, at the same time, they may be seen to replicate stereotypical images of disease, famine, or poverty, and lastly produce indifference or apathy. How have you dealt with the dilemmas in the problematic colonial portrayal of the African savage inherent in humanist photography, where images portray the subject as deficient in clothing, order, health and even civilization?

GM: Okay, well, I think that is the most important question to be dealing with. You know, and I think it's something which I've been thinking a lot about. It's obviously a kind of I mean, at this point in my career, I'm now 64. I've been taking photographs for 40 years. I have been a professional photographer for 40 years. Uhm, outside of HIV...to separate HIV as a white South African, I have become acutely aware that I'm one of a long line... of white, mostly male, frequently Jewish photographers, who have been fascinated by black lives and black poverty in South Africa...across Africa. And I think most crucially, because of power relations I have had very easy access to that, you know? That's because of wealth...and power, and access, you know? I've been allowed into spaces...I mean, I was having a conversation with a colleague at the time...with Walter Dladla, you know? I worked with him at AFP (Agence France-Presse) in the 80s...and he was looking at my photographs from...I'd been photographing in a migrant hostel. He said, "I couldn't do those pictures...you know, because you're white you can sort of....go into a migrant hostel, people will think that I'm taking pictures for money."

[TIME OF AUDIO RECORDING: 0:45:47]

GM: And he was saying, "as a black photographer, I wouldn't be able to do that", and that people were allowing me to photograph them because of my whiteness. So, there's that question of power relations; of the power you have as someone with, you know? Obviously, relative wealth, but authority and power, and just the fact that you believe you've got a right to photograph. I think in some of my mentoring of young black photographers in recent years, I've encouraged them, I've often said, I really think it's time to turn the tables, you know? I think for many years, photographers have photographed black lives. I really would love black photographers to photograph White lives, you know? But I think it's much harder for black photographers to do it, even in the new South Africa.

BL: Definitely.

GM: So, aside from HIV, this is the whole issue of power relations. This is something which I have begun thinking about. Obviously, photographers like David Goldblatt and many know why photography...and I

think obviously...you can look and see this linked into the colonial legacy of photography - of the camera coming with the people power, you know? I've also been thinking a lot about personal family history and doing a lot of research and work on that. So in terms of my personal family history, my parents were both refugees from Germany, who fled to South Africa in the 1930s. They escaped a situation where they were facing racial oppression...they were German Jews, who...in a very abrupt and sudden way...because of their racial identity, they were being stigmatised. They were losing their homes, losing their properties, were facing violence, you know? Quite extreme violence, and were luckily able to flee. So they arrived in South Africa from submission in Europe, where they were at the bottom of the racial hierarchy and suddenly found themselves in South Africa, where they were in the reverse as white South Africans.

GM: I think they were obviously relatively comfortable with that position—I think my mother in particular. You know, people were aware of the inequalities but they made the compromises. They lived their lives as white South Africans with all the comfort and privilege, which being white South African entailed increasingly at that time. So I had this unique kind of situation, a combination of a family of victims, and...seriously victims, because my grandmother was murdered because she was Jewish, you know? My great grandparents, my grandmother who escaped to South Africa, her three sisters and one brother were murdered because they were Jewish. So, you know, the family legacy is pretty intense in terms of racial discrimination on that level. On one level, my family were victims, but on the other side, we were also...

BL: Perpetrators?

[TIME OF AUDIO RECORDING: 0:49:26]

GM: Perpetrators, and we grew up with all the privilege of being a white South Africans in the way that...a young black person of my age would have not had the education I had, would not have had the privilege I had. So there were many...I'm acutely aware of those issues...even before we come to my work on HIV.

GM: But I think it's an important thing to answer, which is...I absolutely photographed. I mean, look, firstly, my experience of being a so-called 'struggle photographer', in the 80s, meant I was often photographing situations in townships. You know, people in situations of violence and injury. I think you can take different views. I know...there is a generation of young black curators who would see a lot of my work as being an abuse of...like seeing a lot of my work as being a kind of...the victimological view of the black body...I am very aware of that.

BL: Glamorisation of black suffering ?

GM: Yes, exactly and that focuses on black suffering, and I'm aware of it. I think...I am definitely guilty of that in some ways. I mean...I think it was done in a naive and well intentioned manner. But, you know, I think there was a point when my work on HIV was very much trying to show the problem and trying to educate people; and it was used a lot in different kinds of education and mobilisation. But yeah, I don't know what, there isn't an easy resolution of the question. I think importantly for me, the point was...I was criticised earlier-on in the work, and my work responded to the criticism. I think it was always very important for me to hear the criticism. To hear it and to respond to it. So I think when you're criticised, you can like, fight back and say, "No, this is bullshit, my work isn't that" or you can stop making work, or you adjust your work and respond to the feedback. And I think my work was very much responding, responding to...

BL: Yeah, I think from the trajectory of your work, one can tell that there are some conceptual choices that you make, to sort of counter the certain criticisms, and also to show that there is some self reflection in your practice.

GM: Yeah, so I think it's been very important for me to share this. I absolutely think 'those'...for me, you know, I think it's much harder for young photographers to make work now because they think about everything today, you know? Whereas for me, I didn't think about those questions. I have got an assistant who is a very talented young photographer. She is 26, and she always agonises about photographing other people, you know...She is just a photographer of self portraiture, because there's no one else involved.

[TIME OF AUDIO RECORDING: 0:53:59]

GM: The moment she photographs someone else, it becomes immensely complicated. My generation didn't think about any of that. We just photographed people. I also think it's important to get away from the hero narrative of the photographer. I can use the narrative of this great photographer who was fighting against apartheid...and I think that's bullshit because I think photography is always operating for very different and complex sets of reasons. And there's the kind of struggle photographer narrative and I think our work was important in publicising what was happening and that was part of the mobilisation. So that is true, but at the same time, you're telling a very particular story you know? So I absolutely kind of hear that, and I think it's important that; that kind of acknowledgment is part of the discussion. I do think that the work I made in that time is still valid and still does speak. So I don't think the right response is to remove the work from public discourse. I do think it's still part of history. And, I mean, an interesting thing has happened over here, is that the work I did in the ward...in the 90s, that work has been rediscovered by a young generation of gay people...they have hugely embraced it. So that work...a lot of people really want to see the work and I've had exhibitions, and of that body of work, working with the young gay community like 30 years later...has been hugely embraced by a huge generation of gay people. It's kind of funny.

GM: It's a weird thing, you know? I'm a boring heterosexual person, I'm not gay, but after I've become a weird sort of gay icon for having made that work in that time.

BL: Yeah.

GM: So I think, for me, it's very, very important... I don't know how much you're aware of my work on climate change?

BL: I know that you have some work on climate change, but I haven't gone into detail about it.

GM: In the development of that work, you know...I also photograph people around the world...that's a global project...I've done a lot of work in Nigeria, and a lot of work in Asia, India, Pakistan, you know? I've

worked in 13 different countries around the world, and for me, it's very much a collaborative project. I'm photographing people's bodies all the time. People in the water and, in some cases. I photographed in Nigeria in 2012, and more recently...I think some of the strongest works were made in Nigeria. The connection of the collaboration is... quite strong and I don't think people appearing there are victims in any way, you know?

[TIME OF AUDIO RECORDING: 0:57:43]

GM: So I think that's important. That's an important point to make. I think about these issues but I don't think it's the right thing to stop photographing. I think it's the nature of the collaboration and the nature of the engagement that's very [important].

BL: Okay.

GM: But I know, it's an area which people...and I think particularly because I'm always working with people in an area where there is kind of...an area of trauma you know? Working with HIV, working with people who had their homes flooded, or burnt down...this, you know...working in the territory of trauma. But I like to think that the engagement with me, and then making the work actually helps them kind of deal with the trauma. And I like to think that my work is part of the mobilisation, you know? I think that my work was part of a wider movement to bring medication to people, you know? The Through Positive Eyes project is actually an empowering project. I think some photographers from our generation, the 90s, are no longer making work. They just feel that they've got nothing to say in the world. For me, I've had to keep on thinking and rethinking the way I'm working, the way I'm responding to the world. And the way I'm working with issues and the way I'm working with people, you know? So I think it is awakening, making waves that are still meaningful and still speak to audiences, and that's kind of a challenge for me. I don't know if I've answered your question?

BL: I think the question is answered. Thanks for that. I do agree with what you're saying. It is just a matter of balancing the power relations or finding a balance.

GM: I do think...I mean, it's a difficulty...I had a couple of years ago. And this, I don't want to hide anything from you, I had a complicated dialogue on social media with a black American photographer. I had an Instagram takeover of...

[Inaudible]

GM: ...showing my work on AIDS, they asked me to show the work as part of that. I did a project in 2000... It was 2005. I did a project with MSF in Lusikisiki, which I think on my website the project is called People Are Living There, and the point of the project was to photograph how...I mean, it was very much to prove a point. This was a community, which was a rural community, and MSF was delivering a very good standard of medication, this was before it was available. And we wanted to prove the point that HIV medication can work in a rural community, and the way HIV medication works. So...I wanted to show sick people getting better.

[TIME OF AUDIO RECORDING: 01:01:22]

GM: So I worked with a couple of individuals there again, who I was working with over the time, showing how the medication was changing their lives. Uhm, so one of the people who I worked with, she was really ill, she was close to close to death. Then there was Nompilo Mazuza, and amongst the pictures I took was of her very emaciated. She was totally with the project and one wanted to be part of it. But you know, so I showed her bathing, and then I showed her two years later, as a kind of healthy, empowered young woman. So the intention was to show how the medication worked. But in the process I was showing her emaciated body. And that got me into a kind of a social media situation where people were really hating me, as a photographer showing the body of a black woman. And I guess, you can see that the intention is good. The intention is to show her HIV. In the process of having this bigger intention, I wasn't thinking about...

BL: The broader, other politics?

GM: Yeah, so that's the controversial thing, you know? So do I get cancelled or how do you know? So these are issues which I grappled with, and are important.

BL: Alright I understand. Do you feel that your collaboration with TAC helped the shift of your work from representations of suffering, pain, and therefore of people living with HIV AIDS, to those in which you aim to show people in a positive, individualised and dignified way?

GM: Okay, so I think in the life of a photographer, in the career of photographers there are...well maybe let me make it more personal. In my career as a photographer, there's been a few moments and they are rare and very important and very special moments, where you feel that your work is part of a wave, that your work is part of something that is really important. And it actually can work to make change and do something. So I think the first time that happened with me really, was in the 80s. There was a point when I was photographing the struggle. I was coming, and I could enter in the most naive way, in that I was not an experienced photographer. I think I had some kind of experience politically. Some understanding...unlike some of the other photographers. I had some political understanding. I had a sort of background in student activism, so I came into it but with a high level of naivety, and very young, you know? I was in my early 20s, early, mid 20s. I think there was a moment where I found a kind of visual fluency to my work. And the work I was making spoke as part...wasn't my work alone, it was part of a wave of many other people documenting. I think I brought a particular fluency, way of photographing and those images kind of resonated, and were part of something at the time.

GM: So then we forward...15 to 20 years to the early 2000s. And, again, there was a moment in South Africa where I think there was a real... It wasn't an uprising, but it was a mobilisation of activists, communities of people who were HIV positive. People who were there; kind of allies, and a lot of institutions and civil society, particularly. And there were two targets: On one hand, there was the global community in the structures of the global drug companies...in the profiteering drug companies who were not making HIV medications available to poor communities in the West. It was a moment of what I called...it was a very harsh divide globally. A divide between people with access to medication and people without, and it was brutally evident in South Africa where there were some people on drug trials, people

who could access medication, and then the people in the vast majority who couldn't. That was really a kind of life and death situation tied to pharmaceuticals, and the availability of medicine. So I think that in a way was a street fight. I do think the South African community of photographers generally struggled at first to respond to HIV and deal with HIV...

[TIME OF AUDIO RECORDING: 0:05:04]

GM: I think dealing with stigma, and dealing with illness, you know...they were dealing with a not very easy thing to photograph.

GM: To photograph a barricade, to photograph people protesting on the streets, photographing people doing the *toyi-toyi*...photographing the stuff that's obviously in front of you is relatively easy. You get a complicated story with a virus and medication. I mean, there was obviously a side to it of mobilisation and the *toyi-toyi* was an important part of it in South Africa. I think in a way the fact that I wasn't based in South Africa, the fact that I had been based in London and doing a lot of work in Africa in the 90s, maybe meant that I was both on the inside and the outside...I had an insider's and an outsider's view. So I had already done a lot of work which was respected in the activist community. So in 2001-2002, at the most significant points of the mobilisation of the Treatment Action Campaign, I identified strongly with the organisation and some of the leadership people. I think I was privileged to be part of that, you know? I think there was again a feeling that my work was having an impact— the work that I was doing, and the way that I was thinking about photography. I think moving away from the documentary approach, I mean in a way...I think I see it as a time when I was kind of...I'm not sure if I uprooted myself or I was exiled from the photojournalism section in terms of my work. I was on one level becoming more of an activist in terms of the way I was positioning my work and the way I was framing work. And on the other hand, I was becoming more conceptual in using some of the tools of conceptual art in that process.

GM: It was a two pronged kind of thing. So, in the end of 2001, I had the opportunity of having an exhibition of my black and white photography work from the 90s at the National Gallery in Cape Town. And I was agitated to use that opportunity to use the inside of the space. So you imagine that the walls are

kind of full of my black and white work, but happily agitated and managed to get some funding and support to use the three months of the exhibition to be making a new body of work which was designed to be of the moment and to be an activist body of work. So, that was a very intense and exciting time. I was based in Cape Town for those three months, and my pictures were printed large and carried in protests, and we made a series of large panels, you know? So, it was an astonishing time.

[TIME OF AUDIO RECORDING: 0:08:52]

GM: And, you know, the poster said “ You saw”, and at that moment there were quite a few things happening, a lot of events. I was asked to appear on TV. There was a cultural show on TV, so I was on TV. I was talking about my work which obviously was seen by various people. I got a call the next day at the gallery from someone at the Swedish Embassy, and he said they had some money they needed to spend; or in this particular cultural time-frame, could I use it? So, we used the money to produce the set of posters, and we made 500 copies of the posters. So we made these posters with the idea that these poster heads could be used in a clinic, they could be used in a gallery, they could be used at a conference, they could be used, you know? So they were widely [used], and they still are in circulation. So we made 500, like many exhibitions. And I mean, that's what I call, I suppose something which I see is producing a tool of visual activism.

BL: Producing a tool of visual activism?

GM: Yeah. So that's kind of a name... which was visual activism, and I mean, they were widely used. There were quite a few put up in clinics, because it was really good to have the voices of positive people speaking and available. The one complaint I had from some clinics is that they were too nice, they were too well printed, too good; so they were being stolen. People were talking but that's something I'm very proud of, in my kind of history as a photographer to have made that. So I mean, that kind of, identified strongly with the struggle for access to treatment. And, you know, I did a lot of work in the early 2000s, around those issues. So some of the work you've got on display.

BL: Yes.

GM: So, you know, there was a series of bodies that were projects that really focused on medication and access to medication, and built around activism and mobilisation, I suppose moving away from photographing ill people, you know? That became less and less. I mean, it was part of the story and sometimes it had to happen, but I think that was something which I did much more in my earlier work in the 90s.

BL: Oh, yes, yes. Well, thanks for that answer. One central theme TAC utilised when protesting was likening the struggle against HIV AIDS to the struggle against the apartheid regime, and as a wider struggle for the South African nation as a whole. Do you feel that your focus on HIV AIDS could at times be read as a form of protest? And do you see any similarities between the struggle against apartheid and the HIV struggle?

[TIME OF AUDIO RECORDING: 00:13:06]

GM: I think we've covered some of that ground already. Absolutely, yes. I mean, I think it was obviously a very different kind of struggle. I think the Treatment Action Campaign, quite clearly used some of the tools of the struggle campaign. And I think it was also legal and it was also about naming and shaming, you know, kind of shaming the drug companies. Most particularly there was this kind of conundrum of "this is in a post struggle South Africa" with a liberation era government choosing to enact policies, which were literally killing people, you know? So just try to get your head around that, that it was a time of optimism, you know? The early 2000s was a time when I felt there was a new structure of government. But there was Thabo Mbeki, obviously who was the leader alongside Nkosazana Zuma, the health minister who were hostile to the project, and to the concept of antiretroviral medication.

GM: I mean, I don't have to explain the complex history of it. But Mbeki got involved in a conspiracy theory headset which saw the medicalisation and the medical structure, and the diagnosis of HIV as being a Western colonial imposition. And framed his hostile response to it as a kind of Africanist response, you

know? So it was framed in those terms intellectually, but the effect of it was effectively to deny, to slow down the process of building a health service which could provide the needed medications. So it was something which was hugely destructive. I mean, I have to say, historically, when people talk about it, they often will talk about how Thabo Mbeki has been the kind of the beginning of the person who did the most damage. But I think, in his defence, his predecessor, Nelson Mandela, had also chosen to not act on the issue. I think there was a point when Mandela became very vocal about it later in his life. But in the time of his present presidency, he didn't talk about it. He didn't respond. He chose to prioritise housing over responding to HIV.

GM: So, you know, I think it wasn't only the fault of Thabo Mbeki that so many people died and passed away who didn't have to. I know South Africa is facing many problems, many difficult issues now. And I think among the causes of defectors are just the damage done by the illness. So many orphans being left behind, going back to the many unresolved issues around apartheid, and disenfranchising. You know, the fact that people would stay disenfranchised, and so much damage done to people's lives. So, long ago these things bounced down the generations. I'm also very aware from my own family history of how trauma bounces down the generations. You know, these are terrible things which happened 20 years ago, and are still affecting children and young people today, and the children who grew up in that time. Does that answer your question? Sorry, I'm kind of waffling.

[TIME OF AUDIO RECORDING: 00:18:16]

BL: Yeah, I think it does answer the question.

GM: I think many people, medical historians, could give a much better answer.

BL: No problem, I think it will do. In "Through positive eyes" you shift power relations by handing the camera to the people living with AIDS. Would you liken this approach of subjects telling their own stories and taking photographs of themselves to the Long Life Bambanani Women's body map project, where a group of women living with HIV AIDS and receiving ARVs treatment in Cape Town participated in a body

mapping workshop, and told their own stories and produced visual materials to fight back and cope with the disease.

GM: I think the parallels are interesting. I think in terms of my own work. Remember, when we spoke on Friday, I spoke to you about that mobilisation where I unwittingly created the frame on the wall?

BL: Yeah I remember.

GM: I think for me, it goes back to that moment, which was realising that actually, if you give people space for their stories and a chance to make a contribution to the image, it actually becomes a much richer conversation. I mean, looking back at my work now, I regret that I didn't sort of refine that concept better visually. I think the photographs I took are consecutive singles. I could have done them photographically better, you know? If I could do it again. I would have worked with a medium format camera, and I would've made a more kind of rigid and systematic framing mechanism. I think it was a little bit improvised and maybe I could, if I was coming into it now, I would have been a little bit more systematic and a little bit more kind of rigorous in my visual approach. But I think that the chain of the concept goes on to the beginning of the Through Positive Eyes project, which is a project which developed over time. Initially, I mean, when we did our first proper Through Positive Eyes workshop in Mexico City, prior to the global AIDS conference in 2008, in Mexico City. The way the work was used was that we did a workshop with a group of local activists, and they produced an exhibition for the conference, but the way it was produced was that I made portraits. I shot portraits of each of them, actually positive subjects.

GM: So the word we use is ARTivist, not Activist but Artivists. That's an interesting kind of term that was being used. The way they were produced is that they made a big print, which was with my picture and then a little kind of almost like a contact strip of the actually positive people's pictures at the bottom. So we put in our work as photographer and artist in the big frame, and they work in the subsidiary frame. I realised right away that this was completely wrong, you know? When I saw that, in fact I realised what I needed to do was to step back as an artist in a project. I've always made portraits of the people we work with, but that somehow needed to be deemed by fact that my vision needs to be de-emphasised. And their visions

needed to be more emphasised. One thing we also learned on the way was that we just found that people often at first would find a way; because you use the self timer on the camera and put the camera on the shelf, and go and take a picture of themselves, and include a picture in it. What we did not realise was actually, that is a great thing to do. So as part of that we would give people a small point and shoot camera. Then we also began to give people a small tripod as well, a lot of training and using the self timer. So people would be able to actually photograph and sort of more consciously include themselves and be telling their story by photographing themselves. And with all that, we did many different workshops over the years, and it was really, really exciting to see, you know? The cameras got out, and then the work came back and along with people's own reflections on their lives.

[TIME OF AUDIO RECORDING: 00:23:10]

GM: I think there may be parallels and differences with the body mapping project. I think, with the body mapping project, I suppose, there was the input of a very powerful team of artists who helped construct and frame the project and taught people the body mapping technique. In a similar way, its works were a powerful self reflection. Its works were powerful because the individuals who do the body maps kind of put their own words and their own voices into the frames as evidence. I think it's also perhaps complex. I mean, it was always very clear to us that the people we were photographing that day, we would share ownership of the images with them, you know? That they were free to use the images, but we also have the right to use them. And it is also a fundamental part of the project that all the participants who took part in the project have to be completely open about their status. Because we just felt, we didn't want the stigmatisation of hidden faces. And it is that kind of anonymity which can cause stigmatisation. So, I think in a way, there's always been no shortages but there has always been this kind of process that is designed as a tool to fight stigma. I think body maps are probably much more successful as art. Of course, they'd be widely recognised as pieces of a beautiful kind of art. I'm sure you also know that there's been some controversy around them in terms of ownership, you know? I mean, there have been some issues. I'm sure you're aware of all the issues.

BL: Yes, we are aware of the issues that go along with the project.

GM: I had an experience in an interesting way. I was commissioned (must have been in about 2008-2009) to do an assignment for a German magazine on memory. There is a whole idea of memory boxes and body maps. They were all different kinds of work over the years, in terms of HIV beginning in Uganda with the idea of memory boxes.

[TIME OF AUDIO RECORDING: 0:26:18]

GM: There were also different projects in South Africa and in Europe. I think, particularly in Germany, there was a lot of interest because the idea of memory box work in Germany is very significant in relation to the history of the Holocaust, and how you work with mapping the history of the Holocaust. I think initially, the concept was very much around the expectation that people were going to die. A mother would make a memory box for her children with the idea that this would pass on family memories, which they couldn't be around. So it was just developed before medication was available. It was built around the expectation of death. So then the change in politics and the availability of medication and the struggle for medication then became a question of what does memory box project work for? Is it about representation? Is it about activism? Making a statement? Is it redundant?

GM: When I was doing this project I did some work in Uganda with organisations that were making memory boxes. It was kind of redundant and that people had memory boxes which I photographed, but they weren't dying anymore. So, the way I was doing the story it was kind of too late. Then in Cape Town I did some work on the issue and the Red Cross was running like memory box workshops, making body maps. So they had taken some of the structure of the body maps but it had become like a bureaucratic list of instructions. So, they would make body maps with people, and they would lie on the ground, but they did not have any artistry. The ones I saw were really not nearly as interesting and as creative as the ones which were done by Jane and the team who made the body maps which were being collected. So I think the body mapping concept was really dependent on having, and perhaps it is not acknowledged how much they were contingent on having amazingly creative and inventive artists. Knowledgeable artists in their

own right, and the kind of input and the creative vision which the artists brought to the whole process. I mean, that's a thought.

BL: Okay. You might be right. In my research, I've seen some other body maps that I think are not very artistic.

GM: Yeah, exactly. I'll see if I can find some pictures of the ones I'm talking about. So yeah, exactly. So the body mapping that was done by the Red Cross kind of felt like there was a list of instructions like in a way of workshop things you do and body maps is one of them and this is how you do it. But they weren't being taught by people who are particularly creative. So I think that's obviously, the set of body maps which you have in your collection which were produced at that point in time when organisations had a particular resonance. I think they are creatively amazing and they are quite aesthetic and also make such a strong statement, you know? So they work as a kind of mobilisation tool, as well. It's kind of intellectual too. In some ways, maybe the fact that they are such good art makes them effective, but it's also what has perhaps made them problematic through the years.

[TIME OF AUDIO RECORDING: 0:30:49]

BL: All right. So let's move on. As a photographer who has focused on HIV ravaged communities, do you see any parallels between the disease and COVID and people's behaviours towards both?

GM: I think, superficially, there was some kind of initial feeling that this was a virus people didn't know how to respond to. The impacts of the COVID virus are very different. The majority of people recover relatively quickly. I think so many people were affected, but that is not really a stigma. So I think there was fear but I think the comparisons are pretty superficial already. When you look at it deeply, they're very, very different kinds of things in their fate. I mean, obviously, the economic impact of COVID was huge, particularly in places like South Africa. Many people died who shouldn't have died. Perhaps there's a similar thing, and that you also have had a kind of a mushrooming of all kinds of conspiracy theories, you know? A random run of conspiracy theories.

BL: There were a lot of conspiracy theories.

GM: I mean, it's very weird and messed up that...I think in South Africa and elsewhere a weird alliance is kind of developing between right wing activists and churches and hippies. A kind of hippie alternative culture. In Cape Town some people I knew from my youth were kind of a barefoot alternative medicine alternative to everything. At the beginning it became a huge kind of COVID anti vaccine denialists kind of scary and weird, you know? There was a nurse who was really putting us up on the line, kind of in the fight against COVID... which is huge because I have so much respect for nurses and doctors and medical people who often did an amazing amount of things in life. Especially during underline numbers, and...

[inaudible from 0:33:57 to 0:34:05]

GM: But I think the parallels are not a lot constructive or...

BL: Yes, all right. So given that HIV and malaria have similar global distributions, and that individuals with HIV are considered to be at higher risk of malaria. What are your thoughts on malaria as a global pandemic, especially in Africa, which is home to 95% of malaria cases, and 96% of malaria deaths?

[TIME OF AUDIO RECORDING: 0:34:34]

GM: Yeah, I do totally agree that malaria gets much too little attention. It's one of the biggest killers of children globally. It's a strange kind of disease because people live with it in communities, in different kinds of ways across Africa. Not so much South Africa but elsewhere in Africa. It's hugely destructive and I also think besides killing people, it also contributes to poverty and lack of development, you know? There are many horrible negative effects of the disease. I've done a bit of work on malaria at different points. I have done some photography, but it's actually a very hard thing to photograph as well, because like, what do you photograph? Do you photograph Malaria nets? Do you photograph the mosquito? Do you photograph the children, you know? Do you photograph sick children? I've done all of those things, but it's actually very, very hard if you were setting out to say, I want to do a body of work on malaria, in an activist

way to kind of challenge, you know? I really wouldn't know where to start because it isn't as if there's a community of people who identify as malaria victims, you know? I think with HIV, because it's an incurable disease and that way you have inbuilt a community of people. But I think malaria affects the wider community. It's often in the poorest and least-resourced communities, and it's something which absolutely needs more research.

GM: It needs more work, needs more resources. It's very different from the nature of HIV. That's the way it works. I mean, it's quite strange. My oldest son who's 22 is travelling and working in Central America, and he just came down with dengue fever, which is another source of mosquito borne disease. He was quite healthy. He wasn't that ill, but it's different from malaria. But it also can be serious. For most cases, most people it's not that serious, but it's here. But it just kind of got me thinking about it. I mean, amazingly, in all my years of working across Africa, and working in very malaria ridden communities, I've never had malaria, which is something that surprises me. I expected to get it. For many times I've thought I've had malaria, but I've never had it.

BL: Maybe you took proper precautionary measures?

GM: Well, it's very hard to, because it's in the mosquitoes. I believe it's very, very hard to take proper precautions.

BL: So we just think maybe you have a very advanced immune system, or you got like...

GM: I don't know. But it is, I think you are, right, it is that, you know? I think sometimes it's been a challenge because you photograph HIV, but why don't you photograph malaria, you know? There's definitely been that kind of challenge put to me, you know? I remember once early on the disease, I was photographing while working in Zimbabwe on HIV. An old friend of mine who was living in Zimbabwe; she said to me, all you photographers, you come here and you want to photograph AIDS, but actually, Malaria kills much more seriously.

[TIME OF AUDIO RECORDING: 0:38:44]

BL: So what do you think was the cause? Why all this hype around HIV/AIDS and malaria gets to be neglected? When it looks like they claim more or less the same amount of victims, and affect the same demographics?

GM: Number one, when you use the word hype and HIV, when it first appeared in the West it was a huge story, like a huge common story, you know? Initially, I think, it is because it affects stigmatised communities. It affected gay communities...and intravenous drug use communities were some of the most stigmatised communities at that point. So it was often tied in with this kind of judgmental Christian kind of stuff, you know? People who are sodomites, and drug users were the most evil people. So there was that kind of weird sort of moral...

BL: The moral aspect?

GM: Yes, and then it was a huge mobilisation in support of them [stigmatised communities] and many, you know? So you didn't get Elizabeth Taylor and so many celebrities and people campaigning on behalf of people facing malaria. But then the disease [HIV/AIDS] as it manifested in Africa was very different. It was actually largely kind of heterosexual, and it was a very different kind of thing. When I produced my book, *A Broken Landscape*, which is about HIV in Africa. Nobody really wanted to know about it. It didn't sell. It wasn't a subject, which people really wanted to know about. If you want to dig deeper, it's down to sort of some colonial views of the other in Africa. Somehow maybe HIV and AIDS was more visually more kind of a subject which people could grapple with much easier, you know? Responding to malaria is much more medical. I think malaria has never been politicised in the way that HIV was. I mean, no one's denying the existence of malaria. It's just that they haven't put in the resources, and it's just the disease, which is horribly tied to under development.

BL: And poverty.

GM: You know, there are many different effects. It's kind of something which has gotten worse in the years since the colonial era. I don't really have a good answer to that question. I'm sorry, no answers.

[TIME OF AUDIO RECORDING: 0:42:25]

BL: Your answers are very beautiful. Sometimes there is never a yes or no or a direct answer. But just discussing the question just makes things very, I'm getting a lot of knowledge from your responses. We are left with three questions. How do you feel about having your work as part of the Constitutional Art Collection? Additionally, what does the Constitutional Court Art Collection represent to you?

GM: Well, before we even get to the collection. The Constitutional Court represents to me the South African constitution, which is an amazing constitution. And it's something which makes me very proud to be a South African. I think that process of the writing of the Constitution and its actual form, represents one of the greatest achievements of human endeavour in terms of thinking through a kind of structure for society in a country, in its most progressive form. I mean, I'm sure I don't have to tell you that in its reality and manifestation South Africa hasn't always lived up to its constitution. In the 30 years since it's been with us, what it represents is an amazing kind of position of the human spirit. And I 100% kind of respect and identify with it. That's number one. I think number two, I think the Constitutional Court itself, in its judgments, rhetorically, you know, years ago related to HIV. There have been many, many really progressive outstanding judgments of the Constitutional Court and I have huge respect for it. I mean, Judge Edwin Cameron was someone who's openly gay and openly HIV positive and he was respected. Is he still a judge at the court?

BL: Oh, no, he's no longer a judge. He's retired now, but we had him to speak for our event on the other Saturday before the one that just passed. He was here.

GM: He is a towering figure. I photographed him. I've spent time with him, you know? So again, he was such an important figure, and being part of the Constitutional Court. So he also represents so many things which I also identify with. Albie Sachs, I think, began the collection of the Constitutional Court. Also, as a

kind of towering figure, I think the fact that he brought a really sophisticated understanding of art to the collection at an early stage. And I think a real love of South African art and appreciation of artists and a cultural intelligence. I think it was really, really significant and important. Also someone like him, who, in his body in his physical body suffered so much in the struggle. So, there's all things which will be the old legacies, which I totally identify with. I'm more than happy and more than pleased to see my work as part of the collection, and proud to see it. And, you know, I'm really happy to have this conversation and be a part of your kind of engagement. Unfortunately, I kind of said something that I'm still sad about in my life. I've ended up living much of my adult life, not in South Africa, you know? My base has been London. In fact, I'm now 64. I've been based in London for 32 years. So I've been away from South Africa. Obviously, I've been back many times, but my life has been elsewhere. So that's been kind of a real kind of sadness for me. And, you know, for whatever variety of personal reasons and professional reasons as well. At times in my life I have not been in South Africa. And I haven't been to the court for many years. But also, I had another connection with the court some years ago, I don't know if you know, of a philanthropic organisation called Atlantic Philanthropies?

[TIME OF AUDIO RECORDING: 0:47:48]

BL: I've never heard about it.

GM: They were an organisation, which funded various kinds of things. One of the things they funded was the Fort Museum. The museum that's right next door to the Constitutional Court. So I did some photography for them. When they were closing, they did like...a publication. So I did some photography around the buildings of the institution and I photographed in the court zone. I know the building, I know the place quite well. And I think within these challenging times in South Africa, and I think everyone...I'm still in touch with a lot of people, my family and friends in South Africa. And I think everybody has a sense that these are quite difficult days at the moment. I think within that, you know, I think places like the Constitutional Court are really important and really significant.

BL: That's true. Lately, how do you see art as being connected to justice or human rights in South Africa, or universally?

GM: Well, I don't have any time at this point in the world for art that's purely for the art's sake, you know? I think if you want to go and take beautiful photographs of forests, you know? I think these times of climate change with a horrific war happening in Palestine and in Ukraine. You know, this is a really fucked up time in the world. We have some kind of Papa Venal populist leaders denying climate change. We have a global, petrochemical industry doing it based on undermining any attempt to move the world away from fossil fuels. We have immense issues of poverty around the world. [I do think clearly...purely aesthetic art purely for the sake, you know?] I mean, I think I'm a good photographer. I've learned, I've been photographing for 40 years, and I know how to make images. But I just feel maybe at this point in my life going into my later years, you know, this point in my life, I feel it's good to use my vision to use my work to make work which is directed towards change. Certainly collaboration with activist organisations, you know? Activist collaborations are so important, you know? I've been working with Greenpeace. I've been working with the extinction rebellion. I'm in support of the protests against Israel's incursion into Gaza. I kind of feel it's time for work to speak. I mean people just want to make beautiful pictures.

BL: I understand. I also don't like art for art's sake. I feel like there's a lot of societal problems that art still needs to address.

[TIME OF AUDIO RECORDING: 0:51:37]

BL: Now that we've reached the end of this, I am going to share with you a copy of the basic detail form whereby there's information about you. I just want you to maybe kindly ask you to double check, and I'll insert things like email and telephone and you have to add that address and residential and postal address. And along with that basic detail form I've also sent the consent form. Let me share with you the consent form here just to show you how it looks. Can you see it?

GM: Yes.

BL: Yes, that is the consent form. I will send you a proper form, but as you can see, it covers things like your name. The quotations, if you allow us to use them, we can publish your answers, your photographs and stuff like that. Yeah, so I will share this with you. I don't know how fast you don't have to sign it with your pen, you can sign it digitally.

GM: Okay, sure.

BL: If I send it today or tomorrow morning, how fast can you get back to it?

GM: I mean, if it's just a signature, I can do it right away.

BL: You can do it right away. All right, I will send them when I get to the office. I'll send them.

END OF AUDIO RECORDING: 1:01:50 (Recording B)