Digitising and archiving HIV and AIDS in South Africa: The Museum of AIDS in Africa as an archival intervention

Jenny Suzanne Doubt

The AIDS epidemic in South Africa has demanded interventions from a number of different forums. Drawing on theory relating to the archive in post-apartheid South Africa and data from the online archive from the Museum of AIDS in Africa (MAA), this article explores the possibilities and challenges of using digital technologies alongside physical artefacts to intervene in the AIDS epidemic in South Africa by creating a postcolonial AIDS archive. Focusing in particular on the case of the MAA, in this article I examine the ability of the MAA to act as an archival intervention into the epidemic in two ways. The first of these is through the development of physical and digital archives that prioritise diversity and accessibility in order to reach marginalised constituencies. The second is by breaking the silence about those made most marginalised and vulnerable by HIV and AIDS through giving them the opportunity to contribute to the Museum's digital content.

Keywords: AIDS intervention, digital technology, HIV, post apartheid museology, postcolonial archive, public health

Introduction

In this article I explore how digital technology can be used alongside physical artefacts to create a postcolonial AIDS archive, and how such an archive might intervene in the South African AIDS epidemic. I focus in particular on the case of the Museum of AIDS in Africa (MAA), an initiative that exists in digital form and that is developing plans to build a physical site in South Africa. Informed by the educational concerns of NGOs and government bodies engaged with the AIDS epidemic in South Africa, the MAA is, in particular, concerned with curbing HIV prevalence by "building knowledge and understanding about the history, science, and response to the pandemic, to support the ultimate goal of an Africa free from AIDS" (MAA, 2015: 2).

Jenny Suzanne Doubt
University of Oxford
Department of Social Policy and Intervention
Jenny.Doubt@spi.ox.ac.uk

Recent AIDS scholarship by Claire Laurier Decoteau (2013), Kylie Thomas (2014), and Ellen Grünkemeier (2013) identifies the persistence of "the culture of silence that has long surrounded HIV/AIDS in South Africa" (Grünkemeier, 2013: 2) and the requirement to "break the silence that shrouds the lives of so many people living with AIDS by including the stories of their lives in the way they saw fit to tell them" (Decoteau, 2013: ix) or "make visible the lives of people living with HIV/AIDS" (Thomas, 2014: 5). This article examines the ability of the MAA to act as an archival intervention into the epidemic by building a specifically diverse and accessible AIDS archive—a physical and digital repository for the collection of knowledge, understandings, and responses to the epidemic—that actively includes those otherwise silent and marginalised AIDS-affected people. In examining this possibility, I draw, in particular, from cultural geographer Cheryl McEwan's postcolonial archive theory. Extending McEwan's argument for the positive impact of a diverse and accessible postcolonial archive that includes vulnerable communities, I ask what the implications are of introducing technology into the development of a postcolonial AIDS archive? How does the introduction of technology affect both the operation of the postcolonial archive and the contents that it circulates?

The research presented here draws primarily from the MAA's online site[1], including users of the Museum's site. This article additionally considers content from the MAA's Twitter site (@MofAA), as well as the Museum's brochure (2015, available via PDF from the online site). Data is therefore derived from the MAA's archive itself, which is to say content generated by users of the MAA's online site, as well as from the MAA's official pamphlet, which describes its curatorial strategies, articulates its mission statement, and lists its desired holdings. Interviews published with one of the Museum's co-founders, Stephanie Nolen, as well as my own brief correspondence with Nolen, supplement this research.

As a white, North American woman, I acknowledge my own positionality in producing this research. While I have not worked directly with participants in conducting the specific research towards this article, my analysis has been informed by my experience of working directly with vulnerable individuals affected by HIV and AIDS in South Africa both during my time as a doctoral student (during which the majority of this research was produced) and, since then, as a researcher helping to develop and evaluate a parenting programme for AIDS-affected families in rural Eastern Cape, South Africa.

The article has three sections. It begins with an introduction to the contexts relevant to understanding the Museum of AIDS in Africa as an AIDS intervention. The MAA is read as an initiative that embodies both shifts in museology brought about as a result of the transition from apartheid as well as one that meets the requirement of responding to the AIDS pandemic. This section focuses on plans for the MAA's physical site by examining its potential to intervene in the epidemic by targeting historically marginalised audiences, promoting access to its physical archives, and

fostering awareness of, and education for, AIDS-affected audiences through the services it offers.

Moving away from plans for the Museum's physical site, the second section considers how the introduction of digital technology affects the MAA's ability to intervene in the epidemic through the digital extension of an AIDS archive consisting of diverse personal experiences of HIV and AIDS. Extending McEwan's (2003) notion of the postcolonial archive to the MAA's digital operation, this section examines how the mobile technology and interactive virtual spaces designed to reach diverse audiences affected by HIV and AIDS contribute to the operation of a postcolonial AIDS archive.

The third section takes a closer look at the contents of the MAA's digital AIDS archives. Having established the digital, mobile mechanisms through which to reach and include marginalised and diverse AIDS-affected audiences, we need to ask what these audiences are contributing. Do the personal stories captured by the current digital archives include the voices of unheard marginalised AIDS-affected constituencies? Do the MAA's digital archives intervene in the epidemic by "break[ing] the silence" (Decoteau, 2013: ix)? Specific consideration is given to the example of silence around the mourning practices, identified by Kylie Thomas (2014), of those grieving for AIDS victims. The article concludes by assessing how the operation and content of an AIDS archive made more diverse and accessible through digital technology contributes to the MAA's overall remit to contribute to "an Africa free from AIDS" (MAA, 2015: 2). [2]

Public health and museology in post-apartheid South Africa

Before proceeding with a detailed discussion of the MAA as an archival intervention, it is necessary to describe the public health and museological contexts out of which the initiative emerged. These contribute an understanding of the MAA's operation in relation to broader interventions into museological practices and into the AIDS epidemic in the post-apartheid period.

By 2003, just before the government rolled out its antiretroviral programme, 770 people per day died of AIDS in South Africa, the majority of whom were African (Fassin, 2007). With 2.5 million children who have lost one or both parents to AIDS in 2012, South Africa has one of the largest orphan population caused by AIDS in the world (UNICEF, 2013: 80). In 2012, around 6.1 million people were infected with HIV in South Africa; there are more people living with HIV here than in any other country in the world (UNAIDS, 2013).

The AIDS epidemic has challenged and tried the individuals and institutions of democratic governance that are responsible for delivering the promise of a "better life for all"[3] to South Africa's citizens in the post-apartheid era. The South African government's handling of the AIDS epidemic has been characterised by a series of national and international controversies. These include two court cases. In 1998, 42

pharmaceutical companies took legal action against the South African government over its Medicines and Related Substances Act (see Notice of Motion in the High Court of South Africa (Transvaal Provincial Division), Case No. 4183/98n), an Act that was intended to make essential AIDS-related medicines more affordable. The case was dropped in 2001 because of international pressure. In 2002, the Treatment Action Campaign (TAC) successfully legally challenged the South African government to make nevirapine, the drug used to prevent mother-to-child HIV transmission, publicly available to HIV-infected mothers through state hospitals (see Constitutional Court of South Africa, Minister of Health et al. versus Treatment Action Campaign et al., Case CCT 8/02, 5 July 2002). Additionally, all three post-apartheid presidents have been criticised for their personal involvement in the failure to arrest the HIV prevalence rate. Nelson Mandela was accused of negligence for his initially delayed response in mobilising resources against a quickly climbing HIV prevalence rate; Thabo Mbeki publicly engaged with a group of AIDS dissidents who denied various biomedical aspects of the relationship of HIV to AIDS, leading to widespread confusion about how to treat HIV; and Jacob Zuma's rape trial added to that confusion when the public record showed that he claimed that he had showered in order to protect himself from HIV transmission after having had sex with an HIV-positive woman.

The gravity of the AIDS epidemic has elicited response and debate in a number of different national and international arenas. In parallel to the political, economic, and medical struggles provoked by the epidemic are those that have emerged from cultural practitioners seeking to intervene in it. Cultural interventions include museological initiatives such as *Not Alone* (about which I will say more presently), and the Museum of AIDS in Africa, both of which aim to educate and promote awareness about different experiences of HIV and AIDS.

A brief description of *Not Alone* provides context for other museological initiatives (such as the MAA) that have taken AIDS in South Africa as their subject. Originally conceived of in the United States, *Not Alone* first opened in Los Angeles in 2008. The exhibition is designed to travel to different countries where its AIDS-related content is then adapted to reflect areas of national concern. The exhibition's overall message of "international solidarity" (Iziko Museums of South Africa, 2009: n.p.) is, however, maintained in all host countries. The 2009–2010 South African adaptation of the exhibition was curated by Carol Brown and David Gere for two iconic Cape Town public spaces—the Castle and Slave Lodge.

Both *Not Alone* and the MAA adopt distinctly post-apartheid museological practices in curating their AIDS-related material. These decisions reflect, in part, key changes in post-apartheid policy. The 1989 policy that arose out of the Conference "Museums in a Changing and Divided South Africa" held in Pietermaritzurg in 1987, committed the South African Museums' Association (SAMA) to transforming South Africa's museums in line with the democratic changes that were taking place. At the forefront of these transformations was the intention to address "discriminatory museum practices that reinforced apartheid legislation" (Coombes, 2003: 300).

This would grow to include the responsibility of museums to provide relevant and educational programmes that reflect the diversity of South Africa's populations.

In the post-apartheid era, representations of the AIDS epidemic reflect a key concern facing a large and diverse sector of the South African population. Curating AIDS material in spaces that emphasise political change, in turn, has an impact on how the cultural texts are read and received as intervention. The spaces for the *Not Alone* exhibition—a slave-holding space and the oldest colonial building in South Africa— once epitomised the oppressive and exclusive practices associated with apartheid legislation. In adapting these spaces for the exhibition of AIDS content, the curators challenge audiences to consider the political and social discriminatory practices of the epidemic. The apartheid histories of the Castle and Slave Lodge are therefore significant in conveying the political and activist potential of artworks that seek to overturn many of the damaging health policies and social attitudes associated with the escalation of the epidemic in the post-apartheid period.

The spaces that the *Not Alone* exhibition inhabits therefore help position the AIDS epidemic in relation to South Africa's struggle history as the new struggle of the post-apartheid era. Many of the exhibition's artworks also contribute to this effect, engaging an activist tone, referencing historical civil campaigns and political protest around the acquisition of antiretroviral drugs (ARVs), or directly addressing the scientific misunderstandings and silences that characterise many people's experience of HIV in South Africa. Much of the exhibition's content emphasises social and political protest in order to convey that persons living with HIV are not alone in their battle against the alienating and stigmatising aspects of the epidemic. The effect contributes to the exhibition's interventionist quality; it attempts to galvanise audiences into action, while challenging (mis)understandings and social behaviours relating to the operation of the epidemic in South Africa.

The Museum of AIDS in Africa is similarly designed to intervene in the epidemic by educating and promoting awareness about the epidemic in Africa in reclaimed formerly colonial spaces. Based in South Africa, the MAA was registered as an NGO in 2012 by co-founders Canadian-South African museological consultant Ngaire Blankenberg and Canadian journalist Stephanie Nolen. The MAA currently operates primarily in the digital medium, and is the first online museum dedicated entirely to HIV and AIDS. The project brings together digital technology, educational facilitators, HIV and AIDS grief counsellors, and museologists in order to realise its vision of "building knowledge and understanding about the history, science and response to the pandemic, to support the ultimate goal of an Africa free from AIDS" (MAA, 2015: 2). The project understands itself to be a Museum since

> *[m]useums are places where communities, societies and countries preserve, in public trust, the objects, documents, photos and stories they deem to be of value. They are spaces to meet people, gather communities and strengthen relationships. They are places that impart knowledge and stimulate learning;*

> *they can provoke wonder, pride, inspiration and curiosity. Museums are places to help us remember.* (MAA, 2015: 4)

Much like *Not Alone*, plans for the MAA's physical spaces include reclaiming the empty spaces of previously colonial African museums throughout the continent. In an interview, Nolen remarked that these disused museum spaces will be used to house the MAA's "travelling [pop up] exhibitions" (Stone, 2012: n.p.). The intention is to make relevant, educational, and accessible information about HIV and AIDS available to post-colonial audiences who have otherwise been historically excluded from the museum-going public. The MAA is also developing plans to build a 3,500 m² physical home for the Museum in South Africa in 2016. This development will house the Museum's activities, including showcasing performances, films, and artworks of people living with HIV and AIDS, and its permanent holdings.

The MAA's aim to repatriate an assembly of African-origin items relating to the AIDS epidemic in Africa in order to expand its archival holdings delineates a distinctly post-apartheid curatorial strategy. Its permanent collection attempts to hold and shape a distinctly African experience of the epidemic, including documents and specimens such as:

> *First known sample of HIV from Leopoldville, Congo, 1953.*
>
> *A preserved Central Chimpanzee, monkey, one species from which HIV is believed to have jumped from animals to humans and in the process become lethal.*
>
> *AIDS education materials from Uganda in the early 1980s—the first public education on the virus in Africa.*
>
> *Herbal remedies sold in various countries as a cure for AIDS, both before and after the advent of ARV treatment.*
>
> *The bottle of pills from which treatment activist Zackie Achmat took his first anti-retrovirals in September 2003, ending his historic 'drug strike' campaign for treatment.* (MAA, 2015: 7)

These desired holdings also reflect the MAA's interest in intervening in the epidemic by promoting a scientific understanding of HIV through artefacts. Plans to use the Museum's physical spaces to include on-site testing clinics, counselling on ARV treatment, and to provide psychosocial support through grief counselling to support those dealing with AIDS-related mourning and loss is expected to channel its public AIDS awareness and education initiatives into individualised interventions.

This initiative should, however, be examined critically for its western bias, especially given the remit to build distinctly African exhibitions and interventions. "Herbal remedies" (MAA, 2015: 7) are represented in the permanent collection as static artefacts to be viewed whereas testing sites and ARV counseling present more active interventionist components. Biomedical approaches to HIV espouse the use of antiretroviral medication while indigenous treatments are based on a range of healing practices that have been implemented in South Africa throughout its contemporary

and pre-colonial history. The Museum has not indicated that indigenous healers will also be present to make recommendations about how best to incorporate traditional responses to HIV as a part of its treatment clinics' regimen. Given that this subject is freighted with the considerable stigma of debates that pre-date the MAA's inception, including Mbeki's public questioning of whether HIV causes AIDS, and the suggestions of his then health minister, Mantombazana Tshabalala-Msimang, that ARVs are toxic, failure to intervene in this debate in particular suggests a potentially serious limitation in delivering the Museum's mandate to build knowledge around the science of the epidemic. This seems an important consideration given evidence that HIV-positive South Africans have adopted a "hybrid" (Decoteau, 2013: 185) approach to treatment, using indigenous healing techniques while adhering to antiretroviral regimes.

The plan to build the Museum's physical premises has been publicly endorsed by the South African government. The government's interest in the MAA marks a departure from the role it has historically played in relation to the AIDS epidemic. Early decisions taken by the political actors who populate the governing halls of South Africa have reflected a reticence to declare publicly the prominence of the HI-virus. Justice Edwin Cameron, author of the well-known memoir *Witness to AIDS* (2005) remains, at the point of writing, the sole public figure holding a senior title to have adopted within his public identity his HIV-positive status. However, Nelson Mandela, in late recognition of the opportunity he missed to address the epidemic more fully during his time as president, did publicly acknowledge his own personal experience of the HIV epidemic as a father who had lost a son to AIDS—a politically influential contribution. In a marked departure from the AIDS politics of his predecessor, Thabo Mbeki, Jacob Zuma has decisively embraced biomedical treatments in an attempt to distance his stance from Mbeki's. Zuma is also widely reported to have taken a public HIV test on World AIDS Day (Rossouw, 2009). More specifically, in 2012 then Deputy President Kgalema Motlanthe was straightforward in expressing his desire to coordinate a more permanent institution dedicated to HIV and AIDS in South Africa, through his support of the MAA. The Museum of AIDS in Africa entered on their twitter feed on July 23 from their booth at the 2012 International AIDS Conference in Washington, DC: #SouthAfrican viceprez #Kgalema #Motlanthe here at #AIDS2012 - came to visit our booth, says he wants to see the Museum open in SA! 12:51 PM - 23 Jul 12. (@MAA, 2012: n.p.)

The government's stated desire to affiliate itself with the MAA provides it with an opportunity to evince a sustained interest in changing South Africa's previous restrictive apartheid-era museological practices and respond to the increasingly urgent requirement to intervene in the social aspects of the HIV and AIDS pandemic.

A politically-endorsed physical museum dedicated to HIV and AIDS may go some way towards combatting the social stigma and discrimination that continue to be associated with the epidemic in South Africa. Until the physical museum is actually created, however, its ability to contribute innovative museological practices that

foster social change and deliver sustainable public health intervention into the AIDS epidemic remains to be seen. The MAA's active component is currently limited to its virtual spaces.

Introducing Digital Technology: The MAA as a postcolonial AIDS archive?

In this section, I ask how introducing digital technology—in particular, mobile phones and their interactive spaces—and generating a varied and accessible digital AIDS archive might affect the MAA's ability to intervene in the epidemic.

Before proceeding, some theoretical context relating to the South African archive in the post-apartheid era is required. Conventionally understood as spaces in which documents belonging to the past are stored, and history preserved, archives have often been theorised as spaces of forgetting. They have also been theorised as sites that delineate the execution of power. According to Jacques Derrida, for example, the archivist plays a central role in selecting "traces of memory" for preservation (cited in van Zyl, 2002: 44). This was true of South Africa during the years of apartheid censorship. Scholarship focusing on "refiguring"—to borrow the term from the title of Hamilton et al.'s (2002) book—the South African archive in the post-apartheid era is prolific. Research that has called for interventions into archives is dominated by the requirement to acknowledge what Ann Laura Stoler (2002) refers to as "selective forgettings and collections" (87). The first part of the title of well-known art historian Griselda Pollock's book, *Differencing the Canon* (1999), insists on the necessity of doing so—a universal imperative in feminist discourses. Cheryl McEwan (2003) refers to the requirement to forge "postcolonial archives" (739) whose objects are both varied and accessible in South Africa. McEwan's notion of the postcolonial archive was developed in response to what she perceived to be the limitations of the Truth and Reconciliation Commission in addressing the experiences of black women during apartheid. I argue that postcolonial archives also have wider theoretical implications for the archiving of the initiatives of distressed and marginalised (South African) communities in the post apartheid context, foremost amongst which are, arguably, those affected by HIV and AIDS.

Extending McEwan's research to the context of HIV and AIDS suggests that diverse and accessible archives can play an important function in both acknowledging the agency of vulnerable people affected and infected with HIV, and in integrating and conserving their personal stories in the wider context of South African history. What are the implications of introducing technology in the development of the MAA as a postcolonial archive? The MAA currently uses technology to fulfil many of the requirements of postcolonial archives, in for example, reaching audiences that are otherwise estranged from museum spaces, and engaging an expanded and diverse participatory audience.

Nolen has stressed that a "huge part of our mandate is to be a Pan-African institution" (cited in Stone, 2012: n.p.). Accessibility is thus an important consideration in the MAA's quest to appeal to "diverse audiences and multiple income groups" (MAA, 2015: 20) both in South Africa and across the African continent. As discussed above, the Museum has an active mobile component designed to travel to different locations, provide services, deliver exhibitions, public programmes, and "memory booths" (MAA, 2015: 12) continent-wide. Plans to extend the Museum's services through the use of mobile phones have the potential to further expand that accessibility to a larger number of pan-African users and audiences. The MAA's use of mobile phones thus in part realises the MAA's ability to reach previously marginalised, specifically African, museum audiences.

The MAA's digital interface encourages open and uncensored communication with its users, exemplifying its drive to engage the participation of its target audiences. With access to technology, in theory at least, anybody can contribute. The ability of the site's users to post a reply reinforces the transparency of the narrative transaction, but the format is perhaps most powerful in the control it vests in the subjects whose stories it wishes to convey. The online component of the MAA attempts to democratise the accessibility of the exchanges that take place in the Museum's space, in contrast to the one-way dialogue commonly associated with colonial and apartheid-era censorship control. Ola Johannson (2011: 26) notes the potential of technology in challenging unidirectional dialogue about HIV and AIDS in particular.

> *When it comes to comparisons with alternative prevention schemes, it is by now clear … that one-way communicative modes of information such as TV and other audiovisual media have a limited influence on young people in both regions since so few have access to such outlets.*

Comments between and among MAA users all occupy the same interface and are equally accessible. This results in, for example, levelling the input of politicians increasingly wishing to be associated with the project (through Twitter accounts, for instance) with the contributions of others. Given that so many AIDS-related initiatives are justified on behalf of more vulnerable others, the MAA provides, potentially, a platform that could expose the disjunction between those whose AIDS agendas are heard, and those whose are not.

The introduction of technology in the development of the MAA's archive therefore has several implications for the operation of the MAA as a specifically postcolonial archival mechanism. It further diversifies the Museum's user-base, widens access, and makes possible the conservation of a greater number of personal histories. This extends the MAA's potential to act as an intervention into knowledge about HIV and AIDS by acknowledging the agency of populations made vulnerable by AIDS, and integrating their experiences in the wider context of a project seeking to build public knowledge and understanding about AIDS through both physical and digital means.

Digital Mourning and the MAA

It is, however, necessary to examine the content that the MAA's technological interface produces. This analysis problematises what emerges as what emerges as the MAA's emphasis on mourning against its broader interventionist intentions.

As I have indicated, the MAA's curatorial strategies can be seen to oppose the historically discriminatory practices that seriously restricted access to, and representation in, museum spaces for the majority black population in South Africa during the apartheid era; this amelioration is a priority for post-apartheid museums as outlined in the first section of this article. Such discriminatory practices, though no longer enshrined in legislation, have somewhat replicated themselves during the AIDS epidemic, because as several scholars have noted,[4] the most vulnerable of those affected and infected by HIV and AIDS—often the demographic in whose names HIV and AIDS initiatives are justified—have been silenced or largely omitted from public discourse. By archiving the contributions of its targeted online users, and ensuring that the contents of these archives are made available to vulnerable populations through mobile technology, the Museum's operation as a digital postcolonial AIDS archive has the potential to act as an archival intervention by generating a mechanism able to engage its most vulnerable demographic in the representation and circulation of its own AIDS discourses, as I have argued above.

Along with collecting and displaying artefacts, the MAA's vision of "absorb[ing] the personal stories of scientists, activists, political leaders and survivors" (MAA, 2015: 8) is part of its strategy to develop knowledge and capture responses to the epidemic. This aspect of the MAA is dependent on mechanisms dependent, in turn, on digital technology. In particular, the MAA has created a platform—the Virtual Memorial—on its website that invites users to post personal testimonies of their experience of living with HIV and AIDS and/or losing someone to AIDS-related complications. The following are extracts from the MAA's Virtual Memorial:

> *Talking about the people I have lost and also writing to the imaginary letters. Sometimes it is very painful but helps me to start the healing process. (*Michael Kumuhu, 2012: n.p.)

> *You will always be number one in my life and our son will grow and be just like you.* (Esther Sherham, 2015: n.p.)

As the extract from Sherham suggests, the Virtual Memorial platform allows individuals to express grief and mourning, as does the Museum's Share Your Experience with Grief platform, which invites users to advise others about how they coped with loss. Kumuhu stresses the healing aspect of expressing mourning by posting a testimonial on the site. An AIDS-related mourning forum is, potentially, an important one in which to build and circulate new knowledge and awareness about AIDS in South Africa. In her work on mourning and HIV and AIDS in South Africa, for example, Kylie Thomas (2014) has argued that it is necessary to recognise, through mourning rituals, personal histories of people who have been affected by HIV and

AIDS. Drawing on Judith Butler's (2004) work on mourning, and in particular on Butler's notion of "publicly ungrievable losses" (cited in Thomas, 2014: 8), Thomas argues that there is a dearth of mourning spaces and rituals for AIDS-related deaths in South Africa. She concludes that this lack is detrimental to charting AIDS-related experiences and that AIDS-related deaths have been erased, as Butler puts it in a different, though related, context, from public memory in South Africa.

The Virtual Memorial is well-conceived given the public memory loss around HIV-related deaths that Thomas has identified. The Museum's physical site also includes provision for the expression of mourning. Together with the Virtual Memorial and Share Your Experience with Grief platform, the MAA's public therapy pilot programme, designed to provide grief counselling to support those dealing with AIDS-related mourning and loss, has the potential to respond to broader issues of social discrimination associated with AIDS:

> *[T]he stigma and discrimination that has defined the South African response to the epidemic has meant that people living with HIV/AIDS have been positioned outside of the realms within which their lives would be recognised as lives and their deaths considered grievable deaths* (Thomas, 2014: 114).

Early feedback from communities stresses the value they place in the memorialising aspect of the Museum (S. Nolen, pers. comm.). The ability to publicly recognise AIDS deaths as "grievable deaths" through the Virtual Memorial and therapy programme may well be an example of breaking the silence about AIDS through archival intervention.

The virtual site has been well received by users and is able to respond, at least potentially, to concerns around mourning rituals such as those articulated by Thomas (2014). The ability of many to contribute to the virtual site is, however, limited by the lack of access to technology. This potential limitation is further exacerbated by limited access to expensive mobile data, an important consideration given that the epidemic in South Africa has preyed on a disproportionate number of the country's most impoverished people. Despite the potential reach of a postcolonial AIDS archive designed to reach members of a diverse audience, the very high cost of access to digital data may replicate the system of privilege that has characterised cultural production in South Africa for decades, and will, ultimately, skew the contents of the Museum's digital archives.

In addition, the interventionist capacity of an extended memorialisation restricted to those with access to digital technology and unrestricted data may compromise the project's ability to challenge a range of social behaviours associated with HIV. This raises questions about how the Virtual Memorial is connected to the Museum's vision of an "AIDS free Africa" (MAA, 2015: 2). Does the proliferation of testimonials relating to mourning AIDS-related losses increase awareness that may affect social behaviours that contribute to HIV prevalence, for example? Will it help lead to the destigmatisation of the epidemic?

Conclusions

In their article "Postcolonialism's Archive Fever", Sandhya Shetty and Elizabeth Jane Bellamy (2000: 25) demonstrate

> *... just how crucial the concept of an 'archive'—perhaps even a 'postcolonial archive'—is for a more sympathetic understanding of Spivak's now notorious [observation about the] 'silencing' [of the subaltern woman].*

Viewed as an archival intervention, I argue that the MAA can be seen to be developing through the mechanisms of the physical and digital archives, a space for extending participatory, mobile, and digital approaches to reach a wide range of affected and infected communities with information and experiences relating to HIV and AIDS across Africa. With the introduction of technology, the MAA offers some evidence of the operation of the postcolonial archive in staging interventions into the AIDS epidemic by seeking to include otherwise marginalised or silenced histories relating to HIV and AIDS and making these accessible to both current and future generations of South Africans.[5]

The act of archiving and circulating personal histories that process traumatic losses that belong to the very recent past, however, deserves further attention. While the Museum's digital memory cache has the potential to preserve its archive for an expanded user base, the ephemeral nature of the virtual site may well become crucial to providing the option for users to decide whether or not they wish their personal testimonies to be read as public AIDS history over time. Until HIV-related stigma is eradicated, the potential of digital technologies to conceal identities, travel discreetly to people's homes, and capture data anonymously may well prove vital for ongoing AIDS research in South Africa. The MAA has focused on the ability of digital technology to expose and share personal experiences of AIDS as public history and education; the ability of technology to capture and conceal personal experiences of AIDS may well prove just as helpful for research initiatives similarly concerned with expanding public AIDS education and eradicating the epidemic.

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Endnotes

1. http://www.museumofaidsinafrica.org/

2. Given the regional diversities in which the epidemic is couched and its equally diverse manifestations, the attempt to consolidate pan-African identity around the HIV epidemic seems idealistic. It is equally problematic given the xenophobic attacks in South Africa since it operates on the premise that Africans will be happy to subscribe to a universal African identity and experience. This article focuses on the context of South Africa, while acknowledging that aspects of the Museum are designed to travel and that the virtual Museum site is accessible to anyone with access to the internet.

3. "A better life for all" was the promise of the ANC slogan in the lead-up to South Africa's first democratic election. The promise included providing housing, health care, water, and electricity (see Asmal, 2000).

4. Scholarship examining silence as an HIV-related discourse has, for example, examined the role of disclosure, gossip, secrecy, and metaphor in perpetuating the stigmatisation of those infected or affected by HIV (see for example, Murphy et al. 2003; Stadler, 2003; and Reid & Walker, 2003.)

5. This initiative is not without an important precedent. South Africa's Truth and Reconciliation Commission has been theorised as an "archival intervention" (Harris, 2002: 136).