

Thoughts from the epi(Centre): Interview with Mary Crewe

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Abstract

This interview engages Mary Crewe, founding Director of the Centre for the Study of AIDS, now known as the Centre for Sexualities, AIDS and Gender, at the University of Pretoria, by tapping into her archive, representing a series of active commitments in community and university sites that address a life's work that is still under construction. Vasu Reddy engages Crewe on her shaping experiences with regard to family, gender arrangements, AIDS, and gender inequalities.

Mary Crewe is an iconic figure in the South African HIV, AIDS and gender context. She has been a notable critical and ethical voice in this landscape for over three decades. Her work and ideas display an intellectual clear-sightedness characterised by a visionary force and humanistic integrity. She invites and provokes people to scrutinise their own ideas, compelling us to see the presence of new and innovative ways of engaging social problems.

Vasu: The Centre for the Study of AIDS and the Centre for Sexualities, AIDS and Gender?

Mary: Here is the irony¹ in the establishment of the CSA, in that the person who suggested I should start the Centre was a biomedic. We had worked together on the National AIDS Plan (1994) and on the planning for the XIII International AIDS Conference 2000 held in Durban. The idea from the outset was that it would be a Centre that would offer both an academic, intellectual perspective on HIV and AIDS through research and through questioning the dominant narratives around us; and we would develop testing and counselling services.

The Centre had two driving imperatives – moral and economic – and I thought that we should take the National AIDS Plan of 1994 and see if we could implement that at the university (cf Crewe, 2000). That offered a guiding document on education, treatment, care and support, research, counselling and testing and human rights.

Our view was that every staff member or student should have access to good HIV and AIDS education, as well as to counselling and ongoing support. More important, we had to create a campus environment which would be stigma-free around people living with HIV, for different sexual orientations and for women. This was at the very beginnings of treatment (see Crewe, 2004), and we were not sure how the epidemic would develop.

We had to create a campus on which critical debates around sexualities, gender and AIDS and related issues would take place in a safe and comfortable environment – we wanted, if you like, a culture of critique. The economic imperative was that we would train students to understand the potential impact of HIV and AIDS on their future careers, and that we would have to prepare them as graduates to be able to go into the workplace AIDS literate and

understanding the legislation. We worked with students in a non-curricular way in an extracurricular, academic way. We have never trained peer educators.

For us, basic training engaged colonial and missionary texts about African sexuality, and the ways in which this led to policies around patrolling and policing people's sexual lives and sexual identities. That was an entry into debates around culture and resistance. We focused on introducing students to a more progressive community of people who wrote and thought differently. We wanted our students to understand how shared histories have shaped them around race, class, gender, sexuality. They did not write exams and neither was this a degree requirement. We wanted the students to have an easy and open space to talk about issues of African sexuality or gender where nobody was judging them. Quite a lot of the early budget was spent on buying books and getting a good library for students. We drove home the message to our students that if they wanted to be graduates who get taken seriously, then reading was important. This is an ongoing strength of the Centre. Our students know that if they are going to come in for these training sessions, they need to read widely.

Vasu: What was the main issue of the Centre when you started?

Mary: The main issue of the Centre when it was started was to try and get people to think about HIV and to understand that it is a truly fascinating subject, that young people can be engaged in. It was not necessarily going to change their behaviour, but it may change the way they think about themselves, their sexualities, about the epidemic, about LGBT issues and about sexual violence. The infection rates remain low on campus, the reasons for which I'm not sure about. I am very proud of that fact that we have an infection rate that for the last 8 years has not gone above 1.5% of the student population. I do not know if that says something about what students have learned in schools. I do not know if that says something about the demographics of our students. Our figures are low compared to some other universities.

Vasu: When did you change the name, and why?

Mary: Ninety-five per cent of the students opt for testing out of the clinic. This may be part of the success, in that students have been tested for HIV in a social environment rather than in a health environment. Increasingly we found that our work was less around AIDS and more around students pushing us on sexualities and gender issues.² Students argued that we need to be much more at the forefront of doing this kind of work in addition to AIDS work. The real push to change the name came from students who said that sexualities and gender work was hidden, and we needed to be much more upfront and engaged.

We were at the time very innovative about how we responded to AIDS,³ and a lot of tertiary institutions have had responses that frankly failed because they were based, I think, on a flawed public health model about how you work with young people. I was influenced by my days as a school teacher, about how do you talk theory and practice so you can teach these young people to be active in challenging the society in which they live. It is about giving them opportunities in non-threatening ways to come and engage in debates. The important thing about the Centre is that it is a very convivial space. It is a place where people love being. The Centre has a kind of energy that is impressive. I am not sure what drove and sustained that energy, but I think it was

probably because it was driven by very smart, very clever young women who were finding a voice.

If I have some worries about the history of the Centre, I think my worry is that in a way it was too full of women and that we did not attract significant numbers of men, other than gay men and LGBT community people. And that is something I regret. We did not get enough young heterosexual men. Another aspect about the Centre that worried me always was its racial composition. The overwhelming majority of students who came to the Centre were black, and we did not manage to get quite the same spark or response from white students.

Vasu: Tell us about the gender work of the Centre more specifically.

Mary: Much more importantly for me was the overarching idea of *imagined futures*. In other words, how do you understand *what is* and how do you think about what *could* be and what would be an ideal world, knowing all the forces of our lived realities. In whatever way you describe it, society is actually constructed in such a way to make sure that women are not equal to men. How do you understand that it is not just about having the slogans and saying women have to be equal to men, but understanding how you might operate within those structural constraints? And then there is the extraordinary dishonesty of the society, and I fear with the kind of current politics, women's positions have become more precarious again.

Vasu: Surely this has much to do with equality and inequality?

Mary: Astounding to me is how diverse numbers of people are blinded by the inequality. So whites could, during Apartheid, for example, simply drive through incredibly impoverished 'black areas' and not become involved in activist politics and more demanding of change and equality. I was from a fairly typical white family that was uncomfortable about this. I can remember discussions from quite a young age about how do you actually in any form justify the gaps between having enough and not having enough. And so, one of the things that I think my parents did instil in me was a complete disdain for wealth. Wealth was fine if you had it, but that wealth was enormously corrupting. I think that it should not have been possible to grow up in a South African household and not be very aware of these terrible levels of inequality, but many did.

I suppose I am concerned about the ease with which we live with these extraordinary levels of wealth discrimination, and I don't think the statistics of saying 1% of the world vs 80% of the world moves us forward. These kinds of statements do not help. I suppose in my work, and where I have been most offended, is perhaps around a number of agencies who talk around poverty.

It is presented or debated as if there were a choice. This is particularly aimed at women. Women who must choose not to put themselves in danger. People must choose to send their children to school and be the first in the family and raise themselves out of poverty. Whereas the structural reality is that for most people, there is no choice.

One of the most offensive things I think is how AIDS and poverty are discussed. The notion that we could move into communities and develop 'coping strategies'. It seemed to me that 'coping strategies' was simply a euphemism for being poor, and it was on the whole about

poor women. So people go into a community where there is no access to water, no electricity, no room, no food, but we are going to enable you to cope. What that meant is that we are going to legitimate the fact that you are so poor, but more than that: we are going to help you manage it better.

The real issue for me was always that people do not want to cope; people want to live.

And surely we should have strategies about how do we get people to live lives where we would also be prepared to live under those circumstances. I am often offended by the kinds of clinics or community centres built by donor funding, because I know that they would never ever be built in the north. It worries me that we seem to have become immune to the real effects of poverty and inequality. I do not think we pay enough attention to childhood stunting, starvation, food security. I think it is very problematic to put young people (and adults) on to HIV drugs when we are not simultaneously ensuring that they are eating.

I suppose the litmus test for me is whether we would live in the circumstances and conditions that we are claiming we have made better.

Vasu: Brief biographical background and some notable influences in shaping your life?

Mary: I was born in Johannesburg, into a regular lower middle-class white family. Some very interesting things shaped my life. The first was that my father never got matric. His father was an extraordinarily well-educated man, a headmaster in the Eastern Cape who feared that my father would not get a good enough matric – and took him out of school. This ‘shame’, never left my father, and instilled in me a cynicism about qualifications, as my father was very well read and intelligent, but demeaned as ‘a man’. My mother's family, who were church missionary people, were also deeply involved in education.

The narrative was that my mother had married beneath her. Some of my uncles with tertiary education never accepted my father. And I was curious about that as a young child. He was a wonderful man, gentle, compassionate, and very clever. And yet in the family, he was dismissed. My mother likewise was treated with condescension, because she decided to go into nursing rather than go to university. So I grew up in an extended family where I was led to believe that we were inferior without university education.

My brother was sent to the school that my paternal grandfather had founded in Queenstown. I received a church scholarship to go to a prestigious Johannesburg private school far from where we lived. I was very uncomfortable there. I knew very early on that I was wrong for the school, not in terms of intellect, but in terms of class. My parents were hard up by comparison to other parents. I wanted to ride my bicycle to the school close by – a government school, where actually I think I would have received a far better education. The private school, however, taught me some very good lessons about privilege, about SA English arrogance and social power.

That was one lesson. My parents were hard up also because I had two siblings who died as children. The medical bills crippled my parents economically. Another formative lesson was about grief. Our family was deeply affected by grief – but what I saw as a young person was

the sanction for my mother to grieve in public, but the unease and disquiet when my father did. Our family grief as a consequence was shut away and never spoken about.

As a response to my sister's death, my mother immersed herself in work for the Black Sash and the Girl Guides. Both of these activities took her away from the home for long periods. I think that she no longer was able to be a mother to me and my brother – the pain of loss was too great and so she engaged with other issues. That taught me of the strength and importance of relationships of equality – she and my father had strong, independent lives while their commitment to each other remained very strong.

Vasu: Tell us about your transition into university and work.

Mary: I really loved being away and being at university. But I was bored. From university I went into high school teaching, which I loved. From there I moved to being a lecturer in education. There were a couple of exceptional people who taught me while I was a student and later as a teacher and lecturer. However, I also learned about the power that male academics wielded over their female colleagues. For me the lasting impact of this kind of academic abuse is the feeling that I would never make it in that world, because the way they evaluated my work was often disparaging and it fed in me a lasting fear of writing and peer review – which I still have.

I have enjoyed my career, which has taken me through a rich repertoire of experiences, as a teacher at Athlone Girls High School in Johannesburg (1976–1978); as lecturer in the Faculty of Education, Wits University (1977–1989); Manager of the Community AIDS Centre, Johannesburg City Council (1989–1999); Deputy Director in the South African National Department of Health (1995–1996, a secondment); and finally as the founding Director of the Centre for the Study of AIDS, now known as the Centre for Sexualities, AIDS and Gender, University of Pretoria (1999–). In this capacity at UP I raised in excess of R124 million for work on HIV, AIDS and gender justice.

I produced important technical reports for government departments and multilateral agencies (i.e. UNAIDS, UNFPA, UNICEF) and other universities. I also worked closely with Mary Robinson (first woman and 7th Irish President and the UN High Commissioner for Human Rights) and the Ethical Globalisation Initiative as well as other international NGOs. I also held Honorary Fellowships at universities around the world.

I am the founding editor of the series, the *AIDS Review*, published annually since 2000, that addresses major aspects of the South African response to the HIV/ AIDS epidemic (<https://www.csagup.org/download-category/aids-reviews/>). This text is also prescribed reading in several universities in South Africa and abroad. Since 2017 I oversaw a new series of monographs on Gender and Social Justice. I have also published in several academic journals and in books on HIV and AIDS. I have presented numerous plenary (and keynote) papers at prestigious and impactful conferences nationally and internationally. In addition, I have participated in the Dira Sengwe Board, the Tshwane Mayoral Committee on HIV and AIDS, the National Department of Health Technical HIV and AIDS Task Team, and as a founding member of the Association for the Social Sciences and Humanities in HIV (ASSHH).

Vasu: What about your transition to HIV and AIDS?

Mary: The Johannesburg City Council was looking for somebody to help run the AIDS programme. I had this great interview with medical doctors. One of them, quite powerful in the City Council, wanted to know if I had any questions. And I mentioned that I was a non-medically trained person coming into the medical section to do AIDS work, and wondered whether this would be a problem. In this superb insult he said, “Well, I suppose that if you can understand what HIV and AIDS is about, well then I guess anybody can”. And I thought that is the best insult I have ever had. Because actually, that summed it up for me – patronising, biomedical arrogance. I made sure that I understood what it was about so that others would too!

Vasu: Your work in this sector led to one of the first books on AIDS in South Africa, *AIDS in South Africa: The Myth and the Reality* (1992). If you had to rewrite this text, what would be different?

Mary: I would love to rewrite that text. What would be different? It is difficult to know. I would have to go back and re-read the book, which I have not done for a very long time. I would be much more interested now in writing about how we failed and why, given the money and people involved, we have failed. I would be interested to investigate the meanings of categories we placed people in - such as ‘key populations’, or ‘high-risk groups’. I think what AIDS did was important: it gave us a new lens, and/or new way of looking at a number of very intractable social problems. Fractured families, migrancy, poor health care and poor access to education all could be seen through the critical lens of AIDS. To use this new lens effectively, we had to really understand ‘the social’ and the power of social theory.

The meanings of this epidemic were largely driven by medics and a biomedical world view. I think that they are often poorly educated in terms of understanding epidemics of this nature. They do not have enough social theory and critical theory. They seldom reflect on the power of language. If I was to write it now, I think I would write it more about *how* we constructed adolescence and *how* we constructed young people, the ways in which ‘values and morality’ held such sway and how we portrayed women as both having agency and being victims. I would also like to write about the way we neglected and positioned men.

The messaging about HIV and AIDS actually probably colluded with the epidemic rather than preventing it, e.g. the prevarication of the ABC campaign. Implicitly in the early campaigns we colluded in the oppression of women. In rewriting this text, I would be much more interested around the intersections of race, class, culture, and accountability. I think a critical account of how we have failed in HIV in South Africa, while recognising that there are some remarkable interventions, needs to be written.

Part of our failure is that AIDS has dropped off the public debates. If we still had HIV and AIDS high on the agenda, we may have been able to deal with the current levels of gender sexual violence much more effectively. We missed that opportunity to continue to talk to people about AIDS, sexual violence and gender relations, because critical to dealing with HIV and AIDS is a very focused and deep engagement around gender and sexual coercion.

Vasu: And the furore over sexuality education?

Mary: We still do not have a culture in which we talk easily yet about sexualities and sexual identity; too much is couched in moral imperatives (cf Crewe, 2016). The rhetoric has hardly changed. Young people are receiving much on social media. They are getting far more explicit ‘sex education’ or ‘sexuality’ education, probably from their peers. Nobody really seems to worry about that. But the moment that it goes into the formal curriculum, then everybody gets involved.

I do have some sympathy with teachers who say ‘We were trained to teach geography or history rather than sexuality’. It is a big tension in education in schools. I am not sure teachers are the right people expected to teach about HIV and AIDS and sexuality.⁴ Partly because I think you have to have a very good training, and also because I do think there is a sense of boundaries that if you teach in geography, it is also quite difficult to teach about safe sex. There was not enough attention paid to the fact that teachers are being asked to do everything: be vigilant about drug use, be social workers, and prevent alcohol abuse. I do not think there was sufficient attention given to how you train teachers in teaching about AIDS. My frustration with education departments is that they never really took the issues about how you would teach it seriously.

Vasu: Finally, what keeps you energised to keep going to address big issues that you see or want to tackle in the years ahead?

Mary: I’m still fascinated by the HIV and AIDS epidemics and how we have responded to them here and in other countries. I was lucky to work with other people also fascinated by AIDS and ‘the social’ – colleagues from Australia, London, Sao Paulo, India and Canada – and we met annually to talk about AIDS and its social and political impacts, and these engagements still fascinate me and shape what I read. I hope that we will be able to use the experiences from working in HIV and AIDS to find ways to address sexual and gender violence – which we are doing through extensive work in social and gender justice. Understanding how we address and hopefully end indignity, poverty and abuse will remain something I’m engaged with. I am appalled at what is happening internationally with the rise of the right, with USA and UK politics, and with the rise of nationalisms. They are very dangerous, and a lot of the gains we have made are under threat.

I suppose I am just constantly fascinated by how bizarre society is. In fact, how weird the world is and how much harder it is to debate and create new world visions, in spite of all our levels of sophistication and technology – which is, I suppose, in the end designed to make us humans more and more redundant.

Notes

¹ The irony is this is that Mary Crewe believes that biomedics do not fully understand ‘the social’ in terms of addressing HIV and AIDS.

² In 2015, shortly after moving under the umbrella of the Faculty of Humanities at the University of Pretoria, the CSA changed its name to the Centre for Sexualities, AIDS and Gender to reflect the change in the nature and scope of the work. The CSA&G is now well established and starting to gain national and international recognition, with requests for shared work and collaboration from a number of institutes and universities. The emphasis is

now on research, on the links between theory and practice. Educational inclusiveness, advocacy and activism, sexualities and LGBTI issues, social and gender-based justice and sexual citizenship. In 2017 the CSA&G was awarded a large grant (2017–2020) for work to address gender-based justice in Zimbabwe and South Africa and in 2018 (2018 –2020) a grant to work on student access to education, social justice and active citizenship.

³ The CSA was described as the benchmark for HIV programmes at tertiary institutions.

⁴ See *AIDS Review*, Bodies Count (2006) by Jonathan Jansen.

Further reading

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