

EXHIBITION: A photographer's documentation of TB patients in South Africa

Capturing the effects of TB on camera

MARCH is World TB month. SHELAGH MCLOUGHLIN spoke to photographer Damien Schumann who took pictures portraying the impact of tuberculosis (TB) and multidrug-resistant tuberculosis (MDR-TB) for an exhibition that is travelling around the country this month.

Can you tell me a bit about your background?

I matriculated in 1999 and turned down a professional cycling contract so that I could explore the world. I worked and travelled mostly around the Middle East and Asia until early 2003. Then in late 2003 I hitchhiked across Africa to compile my first exhibition *Balala — Fake Paradise*. This was recognised and I was offered a scholarship to study photography at Ruth Prowse School of Art in Cape Town. In my final year there I compiled my first international exhibition, *The Shack*, and by the time I finished university I was working full time on photographic campaigns focusing on social issues.

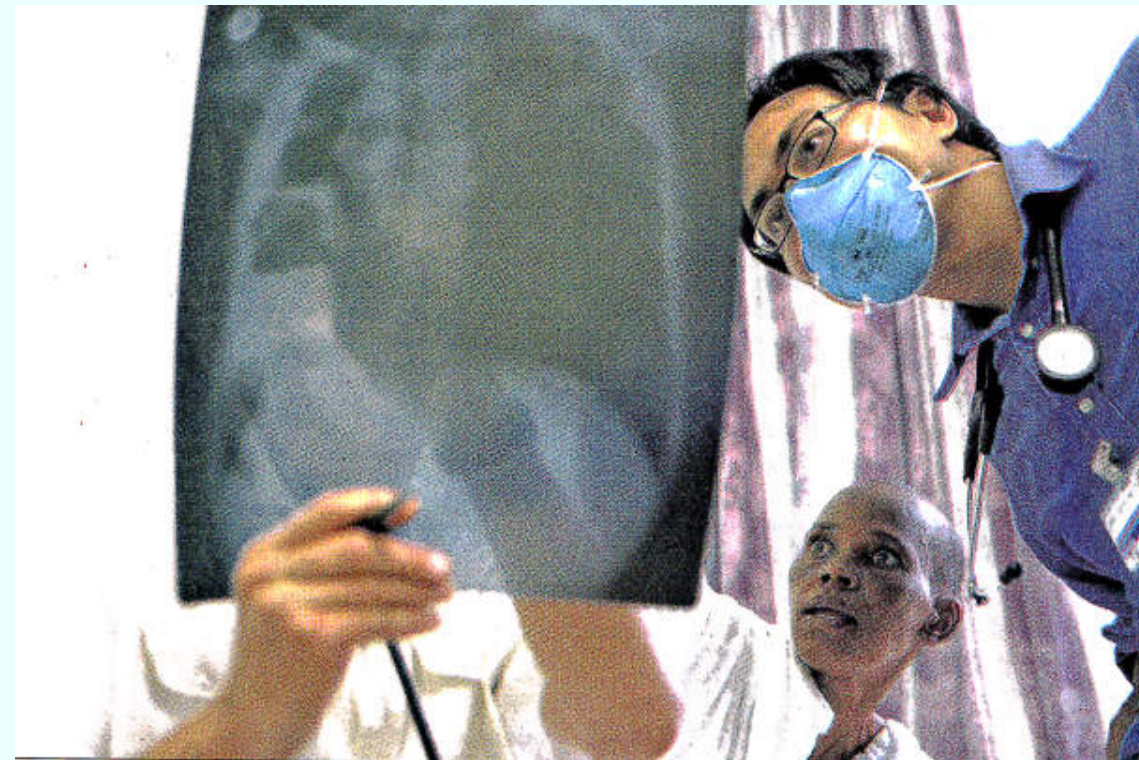
How long did you spend on this project?

Not long enough — two months.

How do you go about taking photos of people in what are usually quite sensitive situations?

How I deal with people depends on the objective of the project. I don't have a set style. Instead of documenting something as the way I see it, I try to take a picture which best interprets my subject matter, and this theme will run into the presentation of the work as well. Sometimes I use tripods, sometimes I'll walk in with my old 350D and my cheapest lens, sometimes I stage pictures and other times I shoot without even looking through the lens — it all depends on what I'm trying to achieve.

With most of the people I pho-



ABOVE: Doctors examine an X-ray of an XDR-TB patient. The patient is a nurse and has seen X-rays like this many times before. After working for the system for many years, it has now failed her. She was first diagnosed with MDR-TB in 2004. She was fully treated but did not respond to the treatment. In 2006 she was diagnosed with XDR-TB. She has never defaulted on her TB or ARV medication but still remains culture positive, meaning that there is active TB in her.

tographed I built a relationship, some I documented for the full two months (I still have contact with them today), others I only knew for a couple of hours. There were only one or two people that I did not have an in-depth conversation with and that was due to the state of their health. I have a strict ethical code I follow while working and this requires me to develop relations and explain why I am there and make sure that everyone is comfortable with being involved in my projects. This helps break the ice and only once everything has been explained do I bring out the cam-

era. After the first 10 minutes the novelty of me being around had worn off and that's when I started my work.

Are there any other insights worth mentioning — about TB or otherwise — from having spent time in these hospitals?

First, TB is not only in hospitals. It is very much in communities and that is why emphasis in fighting TB must happen on a community level. We must develop a culture where it is expected to test for diseases such as TB and HIV if one is showing symptoms. This is the only way we

are going to beat them. One who tests and adheres to treatment is a hero — they are not only saving their own lives but the lives of those close to them as well.

You've been involved in photographing TB and HIV patients elsewhere. Could you talk a bit about this?

I started documenting TB and HIV patients in 2005 with the Desmond Tutu TB Centre. My first exhibition looked at lifestyle and living conditions that contributed to the co-infection. In 2006 I completed *Dialogues — Understanding*



A nurse distributes medication in the women's TB ward at the Church of Scotland Hospital in Tugela Ferry, KwaZulu-Natal. The ward has 26 beds and was full at the time of this visit.

Tuberculosis. This looked at the patients' perspective of what it is like to live with TB. This has since become a five-year study to see what happens post-treatment. I also included chapters on TB and HIV in *Face It — The Stigma Exhibition*. This looked at stigma as the primary entity and crossed all race, class, age, gender and religion borders, also looking at subjects like anorexia, xenophobia, homophobia, addiction, the deaf, schizophrenia and abuse, rape and incest.

• The exhibitions are hosted by the Lilly MDR-TB Partnership, a global public-private partnership that was formed in 2003 to address the expanding global crisis of multidrug-resistant tuberculosis (MDR-TB). The exhibitions have been staged in Cape Town, Durban, Nelspruit and Soweto.

