

AIDS & ANTHROPOLOGY BULLETIN

The Newsletter of the AIDS and Anthropology Research Group

May 1998

Volume 10, Issue 2

AIDS and
Anthropology
Research Group

Officers:

Chair

Fred Bloom

Chair Elect

(open)

Membership

Michelle L. Renaud

Treasurer

Nina Kammerer

Secretary

Michele Shedlin

Steering Committee:

Fred Bloom

Margaret Connors

Delia Easton

Michael Gorman

Janis Hutchinson

Nina Kammerer

Norris Lang

Michelle L. Renaud

Janet Schreiber

Michele Shedlin

Katherine Fritz

Past Chairs:

Douglas Feldman

(1986-89, 92)

Norris G. Lang

(1988-90, 93)

Ralph Bolton

(1991)

Janet McGrath

(1994)

Michael C. Clatts

(1995)

Robert Carlson

(1996)

Margaret Connors

(1997)

**AIDS AND
ANTHROPOLOGY
BULLETIN**

Editor:

Katherine Fritz

Contributing Editors:

Michael Gorman

Nina Kammerer

Michelle L. Renaud

Associate Editors:

Ralph Bolton

Robert Carlson

Michael C. Clatts

Douglas A. Feldman

Norris G. Lang

Janet McGrath

Report from San Juan: 1998 SfAA Meeting

by Delia Easton and Rodney Hopson

The 1998 annual meeting of the Society for Applied Anthropology (SfAA) took place in San Juan, Puerto Rico, April 21-26. We were pleased to find HIV/AIDS research well represented this year. Conference panels addressed a variety of topics including research on AZT, ethics, collaborative methods, intravenous drug use, and the care-giving experience. Here are highlights from some of those panels.

In a session titled "Latinas: Perspectives on Culture, Health, and Sexuality from Scholars and Activists," Michele Shedlin (Sociomedical Resource Associates) and Rolando Alberto Jimenez and Alberto Carrera (both of the Puerto Rico Department of Health) reported on the efficacy of AZT in preventing maternal-child transmission of HIV in Puerto Rico. From a study of 256 infants with HIV positive mothers,

163 were not infected, eleven were infected, and it was not clear whether the remaining 82 were infected. Nancy Romero-Daza (Hispanic Health Council) presented a paper describing the economic, social, structural, and ideological factors affecting a group of Latinas' decisions to get pap smears and mammograms.

As part of "Gender, Ethnicity, and Race as Risk Prevention and Treatment Factors for HIV/AIDS and Other STDs," Daniel Halperin (Berkeley) presented an overview of the cultural, political and epidemiological aspects of HIV transmission among men in Brazil and South Africa. In addition, Pushpinder Pelia (UMass) discussed HIV-positive inner-city women's help-seeking experiences.

(Continued on page 2)

HIV/AIDS, Space, and Gay Identity in Cape Town, South Africa

by Bill Leap

The national government of South Africa is working hard to expand the availability of schooling, housing, transportation and public health services. The much discussed Truth and Reconciliation Commission is a very small part of national efforts to undo the complex interplay of race, class, gender, spatial positions, and mediated opportunities called apartheid. The responsibility for pursuing those objectives on a day-to-day basis falls to community leadership, community-based organizations, and NGOs working in tandem with community members. The Triangle Project, with which I am informally affiliated, is a Cape Town-based NGO whose mission is "to empower gays, lesbians, and bisexuals through health and development programs which create individual and community strength, well-being, and self-

esteem." The organization has been affiliated with the struggle for lesbian/gay rights in South Africa for some time. Currently, STD and HIV/AIDS related mental and physical health are the organization's primary concerns. The Triangle Project maintains administrative offices, a walk-in clinic, and a counseling center in Salt River (a multiethnic neighborhood adjacent to Cape Town city center). Project staff also operate a satellite/outreach office at the Uluntu Community Center in Guguletu, one of the Black townships located on the Cape Flats. Following client demands, services in the Guguletu branch of The Triangle Project focus on counseling, women's health, and HIV/AIDS education. Current estimates suggest

(Continued on page 3)

(Continued from page 1)

According to Pelia, although some women had taken part in community activism and attended support groups, many others perceived service-providers as ignorant, prejudiced, and lacking empathy. In another paper, Janie Simmons (Hispanic Health Council) discussed an ethnographic case study illustrating the structural oppression that sometimes prevents female IV drug users from using needle exchange programs. In her paper, Joy Juvelis (Hispanic Health Council) presented data demonstrating the inaccessibility of AIDS services to African-Americans. Finally, Merrill Singer (Hispanic Health Council) described IV drug use as an "oppression illness" and discussed the political, economic, historical, and cultural factors driving the frequency with which Puerto Rican IV drug users inject.

In the panel "Collaboration in HIV/AIDS Prevention and Research," organized by Kathleen Quirk (UC-San Francisco) and Lynne Greabell (National Alliance of State and Territorial AIDS Directors), participants discussed collaborative efforts in AIDS prevention and research. Contributors focused on the following questions: What are the various models of collaboration utilized by providers, program managers, evaluators, and technical assistance experts? What elements of collaboration add value to or detract from research? How is collaboration sustained? What is the role of the anthropologist in this formula? Central themes emerged from the discussion: collaboration is often a requirement in our work; there is often a mix of voluntary and economic motivations for collaborating; collaboration requires a commitment from all participants and has implications for health policy; consensus-building is essential to the collaborative process; collaboration informs HIV prevention practice and research; and technology transfer is an essential element of collaboration. Participants concurred that anthropologists are well-suited for the many roles required in undertaking collaborative efforts. Participants included Kathleen Quirk (UC-San Francisco), Lynne Greabell (NASTAD), Joy Ann Juvelis (Hispanic Health Council), Doug Kershaw (North Texas), and Peter Kunstadter (UC-San Francisco).

The session titled "Ethical Dilemmas in Ethnography and AIDS Research," chaired by Robert Trotter (Northern Arizona), began with discussion of the Belmont Report, a federal report which followed the Tuskegee Syphilis Experiment. The report focused on three areas for improving ethics in medical and social science: autonomy, beneficence, non-malevolence, and the principle of distributive justice. Panelists discussed how they were addressing ethical dilemmas in their own work. For example, panelists spoke about the role of informed consent and participant-observation in ethnographic research; the struggle between personal and professional ethics, and how differential power relations endemic to our society affect how we define study populations, how we intervene and treat them, and how we organize and inform stakeholders and team members about the research process. Panelists included Jean J. Schensul (Institute for Community Research), Claire Sterk (Emory), Margaret Weeks (Institute for Community Research), and Rebecca Joseph (U.S. National Park Service).

The panel "Community-Based Care for African-Americans with HIV: Emerging Findings and Concepts from a Field of Study," was organized by Andrea Sankar and Mark Luborsky (Wayne State). The session concerned student analysis of data on African-Americans and the HIV care-giving experience. Each presentation reflected on different aspects of this 2-year longitudinal study of African-American care-givers in Detroit. The topics of the four presentations included: spirituality as a community resource for caregivers, the perception of self vis-a-vis a person who is HIV-infected, applications of practice theory, and conflict as a construct in the care-giver/care-receiver dyad. Panelists included Jill Rowe Alexander (Wayne State), Mary Flower (Wayne State), Luke Bergmann (Michigan), Ellen Salkeld (Wayne State). Peter Guarnaccia (Rutgers) served as discussant.



AARG MISSION STATEMENT

The AARG, an interest group of the Society for Medical Anthropology (SMA), is a network on HIV infection and AIDS. The mission of the AARG is to support anthropological research on AIDS. To this end, AARG

- 1) works to use anthropological research in the fight against HIV and AIDS,
- 2) advocates for AIDS research within anthropology,
- 3) promotes AIDS research by anthropologists within the broader AIDS research community, and
- 4) provides a forum for anthropologists working on AIDS to meet and communicate about their work.

Introducing Norris Lang....

by Janet McGrath



Norris Lang, Professor and Chair of the Department of Anthropology, University of Houston, is well known to AARG members. Lang has been involved in AIDS research and service since the early 1980s. He served as a member of the AAA Task Force on AIDS, AARG Chair, and Co-Chair of the Society of Lesbian and Gay

Anthropologists. He is currently an AARG Steering Committee member. In addition to his work as an anthropologist, Lang is also a licensed clinical social worker with a private practice. In an interview recently, Lang discussed his work, how he combines academic work with community work on AIDS in Houston, and what he plans to do next.

Lang's interest in both social work and AIDS grew out of his own experience in psychotherapy. When his therapist suggested in 1983 that he begin research on AIDS, he began by serving on the board of a local AIDS group. Additional community contacts followed through his internships while a social work student at the University of Houston.

Lang later became President of Body Positive, a group that provides peer group counseling to PWAs, from 1991-92. He worked on a curriculum for peer group leaders, focusing on psychosocial issues for gay men, and helped develop groups for HIV-positive women and for care-givers. He subsequently served on the board of the PWA coalition, an experience he described as "frustrating" because board membership changed frequently as officers died. For the last four years, Lang has served on the Community Advisory Board of the Center for AIDS. This group provides up-to-date information on treatments, clinical trials, and related topics to local physicians, specialists, and patients.

This commitment to working with PWAs is also seen in Lang's anthropological research. Whereas much anthropology in the late 1980s and early 1990s focused on the cultural factors in HIV prevention, Lang studied PWAs and wrote, for example, about the role of homophobia in shaping the experience of AIDS for gay men.

Lang maintains many contacts in the Houston community. In addition, he has a clinical social work practice in which he practices "client-centered" therapy. His anthropological training enhances this work because he listens without interrupting clients.

At the same time, Lang finds that his social work training enhances his performance as department chair because it helps him develop consensus and accomplish things both within the department and on behalf of the department within the university. Lang notes that although it is unusual for anthropologists to have a clinical practice, this arrangement is common for psychology faculty. This comparison helps his colleagues accept his clinical practice as appropriate professorial work.

Lang believes his university views his work on HIV/AIDS as an asset because he is seen as a source of information about AIDS and his clinical and community work are seen as sources of research and writing. At the same time, he acknowledges the importance of meeting department and university obligations, a task which requires careful "husbanding" of resources and the ability to "delegate blocks of time appropriately."

At a personal level, Lang says that he has been blessed to have been involved more deeply with individuals than is usually the case for anthropologists. His life has been enriched by the opportunity to follow people from health to death, but he mourns that "so many are dead." He estimates that he has known about three hundred people who have died from HIV, one hundred of whom he knew well.

But Lang notes that the epidemic has changed. Whereas it was once all "devastation," now some people are returning to health. In his practice, Lang now prepares people to re-enter life, a situation that has more uncertainty and more choices than in the past, when the focus was on preparing for death. Lang believes this devastation led to a passion about AIDS because the odds of survival were so poor. Passion has diminished today because people don't see their friends dying of AIDS.

For Lang, AIDS doesn't command him anymore and he is burned out on the passion that drove him in earlier days. Additionally, the populations that need advocates are groups with which he doesn't have an entree. "It is hard to fight these battles and I will leave it to others," he says. But this does not mean Lang is ready to retire. Research in the field of geriatrics is one area he believes would allow him to re-activate his connections with the gay community and continue his work as both an anthropologist and a social worker.

Call for Nominations

Nominations are currently being accepted for two AARG officer positions: Secretary and Treasurer. The Secretary and the Treasurer are two among five officers of the AARG and are also members of the Steering Committee. Current Secretary, Michele Shedlin, and Treasurer, Nina Kammerer, will be leaving office at the end of this year. The election will take place this fall and ballots will be mailed to all AARG members with the September issue of the AIDS AND ANTHROPOLOGY BULLETIN. Please send nominations to AARG Chair, Fred Bloom, at: N6750 County Hwy P, Watertown, WI 53094.

The Bulletin Goes On-line

Beginning in September, you will be able to receive the AIDS AND ANTHROPOLOGY BULLETIN by electronic mail. During the next two months, we will be sending e-mail messages to all AARG members who, on their membership form, expressed an interest in receiving an e-mail version of the newsletter. When we have confirmation of your e-mail address, we will add you to the electronic mailing list. If you do not remember if you checked the box on your membership form indicating your interest in receiving the newsletter electronically, please e-mail AARG membership coordinator, Michelle Renaud at: mrenaud@macrpoint.com and tell her of your preference. As you can imagine, distributing the newsletter electronically will save the AARG a great deal of money now spent on printing and postage, freeing those funds for other AARG activities. However, if you prefer to receive a printed copy of the newsletter, we will continue to provide that service as well.

Newsletter

Submissions Welcome

We encourage all members, especially our colleagues working internationally, to contribute to the AIDS AND ANTHROPOLOGY BULLETIN. Submissions can include announcements of or reports on AIDS-related conferences and events, grants awarded and available, positions available, publications, obituaries of anthropologists and/or AARG members, book reviews, commentaries and letters (at the discretion of the Chair and Editor), research reports, and paper abstracts.

Submissions for the next issue of AIDS AND ANTHROPOLOGY BULLETIN are due July 31, 1998. Please send your submission to:

Katherine Fritz
655 South Governor Street
Iowa City, IA, 52240
(319) 351-8611
email: kefritz@aol.com

(Submissions longer than half a page should be on disk or sent via e-mail)

RENEW YOUR AARG MEMBERSHIP TODAY

The officers of the AARG would like to send out a special reminder to all members. Please take a moment to renew your membership today. You will find a membership form on the back page of this newsletter. AARG gains strength and conviction from the active participation of its members and renewing your membership is a vital contribution. We are happy to accept membership forms that arrive without dues if your financial situation absolutely precludes payment. Remember that free membership is available to non-U.S. based members. By submitting your membership form, we will also be able to include your accurate address on our membership list. This list is mailed to all AARG members once a year and is an important networking tool. With your continued membership, you will receive the membership list and continue to receive the AIDS AND ANTHROPOLOGY BULLETIN. We look forward to hearing from you soon!

The AIDS and Anthropology Research Group is a special committee of the Society of Medical Anthropology (SMA) of the American Anthropological Association (AAA). The AIDS and ANTHROPOLOGY BULLETIN (AAB) is the official quarterly newsletter of AARG. Annual dues are \$20 for professionals and \$5 for students. Anthropologists who are unemployed or living in developing countries can join for free. Send key words describing geographic and topical interests, address, phone number, FAX number, e-mail address, and a check (made out to AARG) to: Michelle L. Renaud 4050 Inverness Crossing, Roswell, GA 30075.

(Continued from page 1)

an HIV prevalence rate for the Cape Town area of one-in-four. Prevalence is not randomly distributed across the urban area, however, and the creation of the Guguletu satellite is one of Triangle Project's responses to the urgency of these conditions. To date, HIV/AIDS is not the primary concern of any other public service organization working in Guguletu.

My work in Cape Town grows out of an on-going study of race and class-based claims to "gay space" in Washington, D.C. Cape Town offered me a second and rather different setting for exploring how intersections of race, class, and gender play out in gay men's lives. Life story narratives and map-drawing are the primary means of data-gathering in this research project. Verbal descriptions and visual illustrations of "gay city" are the starting points of data-analysis and cross-site comparisons. In South Africa, the map project has made the spatial structures of apartheid quite visible. By examining these maps, we can see, in personalized terms, how race and class affect gay experience within (and in spite of) structures of space and location. For example, the primary space of white gay men is the city center, though which space they claim varies according to age, income, occupation, and degree of identification with urban vs. rural/Afrikaner traditions. The "gay city" of "coloured" gay men (I am not happy using the language of apartheid here but have not found an alternative terminology through which I can make these still-quiete-real distinctions) extends beyond the city center to include the coloured townships on the Flats. At times, coloured gay men referred to the Flats by identifying gay-unfriendly spaces they wanted to avoid. At other times, their maps show dance clubs and other settings which are part of the "gay" visibility now emerging in these communities.

The "gay city" of township residents is entirely different. First, male township residents with same-sex desires and identification often do not describe themselves as "gay" —instead choosing terms of indigenous gender-crossing/gender-blending categories. The issues of gay identity and self-representation become problematic when—as in the townships—access to medical care is restricted, access to gay-friendly STD and HIV/AIDS related health care and counseling is virtually nonexistent, and community distrust connects the pandemic with personal (im)morality and with anti-colonial, anti-North Atlantic

politics, e.g.: "AIDS is God's curse on wickedness," or "homosexuality is a 'white man's disease.'" Moreover, while township residents eagerly identify sites and locations where they go to "meet other men" or simply to "be themselves," township residents have been reluctant and resistant to drawing maps. This too may be an apartheid legacy. The broadly sweeping command of terrain which a map conveys has nothing to do with the restricted pathways defining everyday life for township residents under that regime. Townships are still located at great physical distance from the city centre, and economic opportunities and social services are still beyond the immediate reach of many township residents. What does a "gay city" really mean, if "gay" itself is a locally contested gender category, and the primary sites for "gay experience" are largely restricted to a not-always-gay-friendly township? Life story narratives from township residents speak directly to these restrictions and to individuals' efforts to overcome them. They document the need for collective struggle and identify the objectives those struggles are already beginning to address. This is the type of information I hope to provide to Triangle Project after two periods of fieldwork in Cape Town during 1998-99 academic year. By training township residents in life story research, I hope to support gay/male-identified residents' interests in documenting and critically exploring their own claims to community history.

(Note: The research presented here was supported in part by a grant from the Faculty Research Fund of the American University, Washington, D.C. This research has also been made possible by part-time faculty appointments in the Theory of Literature Programme at the University of Cape Town, a visiting scholar appointment at UCT's Centre for Rhetoric Studies, and support extended to me by the staff of the Triangle Project. My thanks to friends and colleagues at all three locations.)

Upcoming Conferences....

May 30-June 1, 1998

The First Annual Conference on Vaccine Research—Basic Science, Product Development, Clinical and Field Studies. Sponsored by the CDC, the National Foundation for Infectious Diseases, the NAID and the International Society for Vaccines. Information available from Kip Kantelo, phone: 301-656-0003; e-mail: kkantelo@aol.com; internet: www.medscape.com/NFID/conferences/vaccine98/

June 28-July 3, 1998

12th International Conference on AIDS, Geneva, Switzerland. For information contact: the Conference Secretariat, Congrex (Sweden), AB, Box 5619, S-11486 Stockholm, Sweden. phone: 468-612-6900; fax: 468-612-6296; e-mail: aids98@congrex.se; internet: <http://www.ias.se>

Searching for Collaborators.....

* The journal *Anthropology & Medicine* seeks submissions for a special issue on HIV/AIDS. Papers will be subject to peer review. Proposals should consist of an abstract and an outline. Complete papers are also welcome. Please send papers or proposals by May 31 to Elisa Sobo (NSNI), Cancer Prevention and Control 0901, University of California-San Diego, 9500 Gilman Drive, La Jolla, CA. 92093-0901. FAX: 619-622-7080 Phone: 619-6221778. Please contact Elisa Sobo with any questions or if you wish to discuss proposal ideas prior to submission. If you would like to participate but won't have a proposal ready by May 31, please contact Elisa to discuss the possibilities.

* Comprising less than ten percent of global AIDS cases, HIV/AIDS in Latin America may be more varied and less understood than anywhere in the world. I am interested in linking with other AIDS researchers who work in Latin America. In September, I will begin twelve months of fieldwork looking at the emerging AIDS epidemic in two rural communities of the Ecuadorian Andes. In southern Ecuador, increased prevalence of HIV/AIDS is directly related to traffic of Ecuadorian



migrants to and from the U.S. My project is focused around three issues that may be exacerbating the spread of the virus in the region. First, I am looking at how changes in gender conduct and sexual behavior, as a result of migrants leaving and returning to their "sending communities," may affect sexual politics. I will also examine the role of the provincial public health ministry in addressing the emerging epidemic. Public health discourse reflects perceptions about migrant "irresponsibility" and their "exploitation" in the global economy. I will examine how these perceptions are translated into policy. Last, I am interested in how the discursive construction of AIDS as a "foreign" and largely American disease partially relinquishes local responsibility for its spread. Those interested in publication/panel collaborations on these topics or others which further an understanding of HIV/AIDS in Latin America can contact me, Jason Pribilsky, Dept. of Anthropology, Syracuse University, Syracuse, NY. 13210. e-mail: jepribil@syr.edu

Recently Published Books by AARG Members

Two AARG members, Stephanie Kane and Michelle L. Renaud, have recently published books that contribute in unique ways to the growing corpus of anthropological literature on HIV/AIDS.

AIDS Alibis: Sex, Drugs, and Crime in the Americas by Stephanie Kane (Indiana University) is published by Temple University Press. Describing the book, the publisher writes, "AIDS Alibis tackles the cultural landscape upon which AIDS, often accompanied by poverty, drug addiction, and crime, proliferates on a global scale. Stephanie Kane layers stories of individuals and events—from Chicago to Belize City, to cyberspace—to illustrate the paths of HIV infection and the effects of environment, government intervention, and social mores. Linking ordinary yet kindred lives in communities around the globe, Kane challenges the assumptions underlying the use of police and courts to solve health problems... AIDS Alibis combines empirical and interpretive methods in a path-breaking attempt to recognize the extent to which coercive institutional practice are implicated in HIV transmission patterns. Kane shows how

the virus feeds on the politics of inequality and indifference, even as it exploits the human need for intimacy and release."

Women at the Crossroads: A Prostitute Community's Response to AIDS in Urban Senegal by Michelle L. Renaud (Macro International) is published by Gordon and Breach. In a review published in *Choice: Current Reviews for Academic Libraries* (March 1998), M.A. Gwynne writes, "The contributions of anthropologists to the interpretation, management, and eventual resolution of the worldwide AIDS crisis have received less popular attention than those of medical professionals, perhaps because 'soft' science is viewed as irrelevant to the hoped-for medical breakthrough. This engaging book, with its emphasis on cultural context (especially local religious and health-related beliefs and practices) and its wealth of practical implications (most notably regarding male condom acceptance), belies that notion in a compelling way, through the words of sensible and

(Continued on page 7)

Highlights of "Public Health in the 21st Century: Behavioral and Social Science Contributions" Conference

by Yasmina Katsulis

Billed as a "landmark" occasion for public health professionals and behavioral and social scientists, the "Public Health in the 21st Century" conference took place May 7-9 in Atlanta, Georgia. This innovative multi-disciplinary conference was organized by the American Psychological Association in collaboration with a multitude of organizations, including our own AAA. The conference was organized around three principle themes (risk factors, interventions, and evaluation) and dealt with a broad assortment of public health concerns (violence, cardiovascular disease, occupational and environmental hazards, and cancer) in addition to STDs, HIV/AIDS, and tuberculosis.

Many of the public health professionals participating in the conference agreed that prevention is the most cost-effective strategy for improving public health in the coming decade, but admitted they were often at a loss in getting the public to comply with the necessary risk reductions. Thus, a pervasive theme throughout the conference was use of social and behavioral research in understanding and promoting lifestyle changes. The multi-disciplinary nature of prevention work was emphasized by incorporating contributions from such spheres as marketing, social psychology, communication theory, diffusion theory, social policy, and anthropology.

Of special interest to anthropologists concerned with HIV prevention were presentations of the many successful intervention programs that have been implemented throughout the country. Participants emphasized several ways to make behavior change easier and more natural, including: 1) building community (environmental) support for population-based interventions, 2) targeting the social/sexual network rather than the individual in order to confirm and encourage behavior change, 3) using "gatekeepers" (opinion leaders) as role models, 4) providing socio-political incentives for change, and 5) training for skills such as condom use and verbal negotiation.

In an effort to make prevention research more user friendly, Jeffrey Kelly and Seth Kalichman (CAIR - Center for AIDS Intervention Research) are currently assessing the use of intervention materials among community coalitions in major cities throughout the U.S.. They note that there are already many successful examples of HIV interventions within the scientific community, but that these findings need to be effectively disseminated to and incorporated by local organizations. They were quick to emphasize that local users should be encouraged to adapt research models to meet their own needs and be trained in evaluation

techniques in order to maintain effective programs. CAIR will provide its assessment in an upcoming paper. For now, interested readers might want to refer to Kalichman's new book - *Preventing AIDS: A Sourcebook for Behavioral Interventions* (1998).

Robert Trotter II, the director of the Flagstaff Multi-Cultural Group, illustrated the use of ethnography in creating a "small-town model" in order to understand risk among local IV drug users and sexual networks. Trotter emphasized the importance of recognizing power dynamics within social networks for promoting risk reduction behavior. He also stressed the importance of community activism, on-the-street education, and ensuring availability of clean needles and condoms. Active participants in the discussion of how anthropology contributes to improving public health included Mary Margaret Overbey, Mark Nichter, Arthur Rubel, Jill Korbin, William Dressler, Peter Brown, and Tony Whitehead.

Throughout the conference, I discerned a subtle undertone of dissatisfaction with how politicians have impeded efforts to improve public health. Many suggested that now is the time to focus our efforts on promoting behavior change within the political sphere. Sex education in schools, widespread needle exchange programs (clearly proven effective in decreasing seroprevalency rates), and tobacco legislation were three of the most talked about issues on the agenda. We are doing our job, now let's make politicians do theirs!

Questions? Contact Yasmina at blackbryr@aol.com. (Yasmina Katsulis is a graduate student in the Department of Anthropology at Yale University)

(Continued from page 6)

courageous women involved in (legal) prostitution in Senegal, West Africa. Based on dissertation research, the book describes a remarkably successful AIDS education project under which prostitutes not only changed their own behavior but also that of their clients. There are practical ideas for AIDS prevention education here, and there is also good anthropology. Renaud used a variety of ethnographic research methods, both qualitative and quantitative, and the result provides an admirable model for future fieldwork in medical anthropology. Evocatively written and highly reflexive, this short book illustrates how much there is to be learned about AIDS from at-risk populations themselves."