



AIDS & Anthropology Bulletin



The Newsletter of the AIDS and Anthropology Research Group

February 2001

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AIDS and Anthropology Research Group

Officers:

Chair	Elisa Sobo
Chair Elect	Vacant
Treasurer	Delia Easton
Secretary	Doug Goldsmith
Membership	Yasmina Katsulis
Dir.e-comm.	Ray Bucko
Bulletin liaison	Janie Simmons

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Fred Bloom
 Moher Downing
 Michael Gorman
 Gabriele Kohpahl
 Margery Lazarus
 Mark Padilla
 Jon Poehlman

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Norris G. Lang	(1988-90, 93)
Ralph Bolton	(1991)
Janet McGrath	(1994)
Michael C. Clatts	(1995)
Robert Carlson	(1996)
Margaret Connors	(1997)
Fred Bloom	(1998-99)

AIDS and Anthropology Research Bulletin

Editors:

Hispanic Health Council Newsletter Collective

Michael Duke
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 Janie Simmons
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Letter from the Chair: AARG's Revival

Welcome to 2001! I write my first newsletter letter of the year with renewed optimism about the future of AARG. The November 17th luncheon revival meeting held at the AAA conference in San Francisco was a resounding success. We attracted over 30 attendees, many brand new to AARG.

The primary goal of the meeting was to arrive at consensus regarding AARG's future directions, which have for some time been in disarray. A secondary goal was to identify individuals willing to take on some of the offices of AARG. Many current officers and steering committee members have served the group without a break for long periods of time and need some rest.

AARG Leadership Additions

I am happy to announce that the Newsletter Editor's baton was passed from Katherine Fritz to the Hispanic Health Council Newsletter Collective (Michael Duke, Carolyn Fisher, Kim Koester, Anna Marie Nicolaysen, Janie Simmons, and Merrill Singer). Janie Simmons will be our lead newsletter contact person. Special thanks are due to Merrill Singer, Chief of Research at HHC, who bravely stepped forward with this offer of talent and resources. Thanks are due also to Katherine for the fine work that she did during her tenure as editor.

I should mention here that, as the result of a vote, newsletter editorship is now slated to last two years. This is a reduction from the previous three-year assignment. More information about the new newsletter crew and the parameters for submission and publication can be found elsewhere in this issue.

A second happy announcement is that Yasmina Katsulis has volunteered to accept the position of Membership Coordinator. She will relieve Fred Bloom in this role. (We all must renew membership by paying dues once a year; now is the time to get this done. See Yasmina's announcement regarding membership elsewhere in this issue.)

The third piece of good news that I have for you is that Delia Easton and Doug Goldsmith have agreed to stay on for one more year as Treasurer and Secretary. Importantly, those present at the meeting voted to combine these posts next year, so that we will have one less officer to elect for November 2001 (see our the call for nominations, elsewhere in this issue).

There is still more happy news: Four individuals stepped forward at the end of the meeting to volunteer to serve as new Steering Committee Members. They are: Gabriele Kohpahl, Moher Downing, Jon Poehlman, and Margery Lazarus. Thank you and welcome aboard! While for 2001 we will return to the election system, at the meeting it was decided that these individuals would automatically advance to steering committee membership at the meeting's close.

AARG leadership, as stipulated in our bylaws, consists of a steering committee (five general members, the past chair, and a graduate student representative), elected officers (chair, chair elect, treasurer, secretary), and appointed members (newsletter editor or liaison, director of electronic communications, membership coordinator). Below is a list of the leadership group as of the close of the November 2000 AAA meeting. The year in parentheses is the year the person will be outgoing (and the changeovers happen at the AAA meetings, generally in November):

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Elected Members of AARG Leadership:

Fred Bloom	Steering Committee: past chair (2001)	fc8@cdc.gov
Moher Downing	Steering Committee: general (2003)	mormag@itsa.ucsf.edu
Delia Easton	Treasurer (2001)	dfe4@cdc.gov
Doug Goldsmith	Secretary (2001)	doug_goldsmith@hotmail.com
Michael Gorman	Steering Committee: general (2001)	emg@u.washington.edu
Gabriele Kohpahl	Steering Committee: general (2003)	gkohpahl@ucla.edu
Margery Lazarus	Steering Committee: general (2003)	mlazarus1@home.com
Mark Padilla	Steering Committee: grad student (2001)	mpadi01@emory.edu
Jon Poehlman	Steering Committee: general (2003)	poehlman@bigfoot.com
Elisa Sobo	Chair (2001)	esobo@chsd.org
Vacant	Chair elect (2001)	

Appointed Members of AARG Leadership:

Ray Bucko	Dir, e-communication	bucko@creighton.edu
Janie Simmons	Newsletter liaison(2002)	jsimmons@hispanichealth.com
Yasmina Katsulis	Membership Coord.(2003)	yasmina.katsulis@yale.edu

**Get your
submissions
to us by
April 26th
for the next
Bulletin!**

Full contact information for all officers and steering committee members should be available on our website

<http://puffin.creighton.edu/aarg> by the time this newsletter reaches you. The website was set up and is maintained by our Director of Electronic Communications, Ray Bucko.

Ray also maintains the AARG listserv. The list has been very active recently; for example, I have seen a number of paper and panel proposals for the 2001 AAA meetings under discussion there. I also have been encouraged by the increased use of the list for other forms of networking and information sharing. If you aren't on our listserv list, sign up: contact Ray at the email address above.

Chair Elect Elections

The only office not filled at the AAA meeting was the office of chair elect. Membership agreed that, even in our present circumstances, this office needs to be filled by election. A call for nominations for a special election (to be held this spring) is featured elsewhere in this issue.

We will be holding a regular election in the fall, and in preparation for that I would like to hear from all members who think that they might like to fill a leadership role in our organization. If you are interested in perhaps running for office in the future, please contact me. Please contact me also if you have ideas about the directions you'd like to see AARG take. It is with the strength and initiative of our members that we can best rebuild this organization. I look forward to hearing from you!

Sincerely, Your Chair, Elisa

This is your Bulletin!

This edition is brought to you by the newly formed Hispanic Health Council Newsletter Collective. We hope you find this edition of the *Bulletin*

informative and will actively participate in its development during the next 2 years. We are planning 4 issues a year (January, so this one is a bit late, April, August and November). The only commitments we have made so far are to include an international piece and a policy piece in each issue, as well as interviews with members and others. We have already chosen themes for the next 2 issues: *HIV/AIDS in the New Administration* (April); and *Global AIDS* (July) in the hope that this will make it easier for you to participate by submitting essays, articles, book reviews, current research updates, and any other information concerning HIV/AIDS and anthropology. We are open, of course, to suggestions for other themes in upcoming issues. As anthropologists working on various fronts in the struggle against HIV/AIDS and related scourges, help us to use this bulletin to (in Mandela's words) "be

AARG Paper Prize

The AIDS and Anthropology Research Group is seeking submissions for the 2001 Paper Prize for the best student and professional papers on the anthropology of AIDS. The winning paper in each category will receive \$100. Submissions of 15 to 30 pages should be original and unpublished (although they may be in press or under review) and may have multiple authors. Moher Downing has graciously volunteered to chair this committee. To apply, submit 4 double-spaced copies by September 30, 2001 to:

Moher Downing, Project Access, Center for AIDS Prevention Studies, University of California, San Francisco, 74 New Montgomery Street, Suite 420, San Francisco, CA, 94105.

HIV/AIDS and POLICY

A Needle Exchange Victory, at Last!

Janie Simmons

Drug use accounts for approximately 38% of HIV transmission in the U.S. overall and 50% in the Northeast. Needle exchange programs here, as in the rest of the nation, have proven to reduce HIV transmission by as much as one-third. However, resistance to the operation of needle exchange in the national arena, as well as in many states and cities has continued to hamper efforts to minimize the circulation of used and possibly infected needles among drug users. Even where needle exchanges operate, legal limits on the number of syringes that can be exchanged, limited operating hours and lack of a permanent needle exchange site are obstacles which translate into increased HIV and hepatitis transmission among drug users. Another especially problematic concern is police harassment of needle exchange participants and the threat of or actual arrests for carrying drug use paraphernalia or drug residue in paraphernalia. The problem involves the failed War on Drugs and law enforcement policies and procedures which are at odds with public health. What can be done? Two recent court cases, one in New York City and the other in Bridgeport, CT have provided at least a partial remedy. In NYC, an injection drug user was arrested for carrying a syringe despite evidencing an ID card from the Needle

Exchange Program. The police officer destroyed the card. In this case, charges were dropped after clarifying that at least needle exchange participants are protected under the law in NY state. In Bridgeport CT, where a state-mandated 30-needle cap exists, the American Civil Liberties Union filed a suit on behalf of two exchange participants and the CT Needle Exchange Coalition (a Coalition of activists, many of whom are recovered addicts and activist academics (recovered academics?). They accused the Bridgeport police of harassing and threatening needle exchange participants. The court ruled that they had indeed violated the state law which legalized syringe exchange and which extended protection to needle exchange users. In effect, the judge asserted that the 1992 law legalizing needle exchanges in CT, "decriminalized the possession of trace amounts of drugs contained as residue within previously-used syringes by any injecting drug user." The ruling protects "all present and future" injecting drug users from arrest for possessing up to 30 new or used needles – an important victory for public health and social justice.

Ethnography, Please!

Merrill Singer

Epidemic fatigue! AIDS is losing its hold on the public consciousness! Behavioral researchers are shedding their interest in HIV prevention research! None of these assertions heard in recent discussions among medical anthropologists were affirmed during the national meeting on the Crisis Response Teams Initiative held in Arlington, VA on Dec 1-2, 2000. The conference, organized by the Surgeon General's Office on HIV/AIDS Policy (OHAP), was designed to examine the Rapid Assessment, Rapid Response and Evaluation (RARE) Project. RARE was developed by OHAP in answer to the call by the Congressional Black Caucus that President Clinton declares the AIDS epidemic in the African American and other minority ethnic communities a national health emergency. While the Clinton administration did not choose to respond in the type of dramatic fashion that the AIDS epidemic requires, in 1999 the federal government did earmark millions of AIDS prevention dollars to target the radically disproportionate levels of HIV/AIDS in minority communities, including funding Project RARE.

As noted in the June 2000 HIV/AIDS Surveillance Report of the Centers for Disease Control and Prevention, between July, 1999-June 2000, 48% of reported U.S AIDS cases were among Black adults and adolescents. Another 19% of new AIDS cases during this period were among Latinos. In other words, approximately 70% of new AIDS cases in the U.S are among African Americans and Latinos. Among women with AIDS, Black and Latina women comprise 81% of new cases. As Evelyn Ullah, Director of the Office of HIV/AIDS Services in Miami-Dade County, FL commented at the conference: "Right now we are wasting a lot of AIDS dollars. We are sitting on our apathy. People of color communities are not being effectively served and we need to do something about it, now!"

To counter the spiraling AIDS epidemic in minority communities, RARE implemented a community-based rapid assessment process modeled after initiatives like the Rapid Anthropological Assessment Procedures (RAP) developed by anthropologists Susan Scrimshaw and Elena Hurtado in 1983 for a United Nations University 16 country study of community perspectives on nutrition and primary health programs. Since its development, rapid assessment methodology has been used to study numerous health problems in Africa, Latin America and Asia. RARE constitutes the first national application of this anthropologically based method to the study of the U.S. AIDS epidemic. As a result, terms like ethnography and anthropology are now on the lips of the Surgeon General of the U.S., as seen in a special video of Dr. Satcher welcoming participants to the CRT Conference.

The Conference was attended by approximately 200 AIDS service providers and researchers, including 16 anthropologists and ethnographers, most of whom were speakers. Anthropologists who participated in the conference included Robert Trotter, Claire Sterk, J. Bryan Page, Luis Herns Marcelin, Michael Gorman, Moses Pounds, Ric Curtis, Pearl Katz, Susan Scrimshaw, Al Pach, Arvilla Jackson and Merrill Singer.



Nelson Mandela's speech, closing the 13th International AIDS Conference in Durban:

To have been asked to deliver the closing address at this conference which in a very literal sense concerns itself with matters of life and death, weighs heavily upon me for the gravity of the responsibility placed on one.

No disrespect is intended towards the many other occasions where one has been privileged to speak, if I say that this is the one event where every word uttered, every gesture made, had to be measured against the effect it can and will have on the lives of millions of concrete, real human beings all over this continent and planet. This is not an academic conference. This is, as I understand it, a gathering of human beings concerned about turning around one of the greatest threats humankind has faced, and certainly the greatest after the end of the great wars of the previous century.

It is never my custom to use words lightly. If twenty-seven years in prison have done anything to us, it was to use the silence of solitude to make us understand how precious words are and how real speech is in its impact upon the way people live or die.

If by way of introduction I stress the importance of the way we speak, it is also because so much unnecessary attention around this conference had been directed towards a dispute that is unintentionally distracting from the real life and death issues we are confronted with as a country, a region, a continent and a world.

I do not know nearly enough about science and its methodologies or about the politics of science and scientific practice to even wish to start contributing to the debate that has been raging on the perimeters of this conference.

I am, however, old enough and have gone through sufficient conflicts and disputes in my life-time to know that in all disputes a point is arrived at where no party, no matter how right or wrong it might have been at the start of that dispute, will any longer be totally in the right or totally in the wrong. Such a point, I believe, has been reached in this debate.

The President of this country is a man of great intellect who takes scientific thinking very seriously and he leads a government that I know to be committed to those principles of science and reason.

The scientific community of this country, I also know, holds dearly to the principle of freedom of scientific enquiry, unencumbered by undue political interference in and direction of science.

Now, however, the ordinary people of the continent and the world – and particularly the poor who on our continent, will again carry a disproportionate burden of this scourge – would, if anybody cared to ask their opinions, wish that the dispute about the primacy of politics or science be put on the backburner and that we proceed to address the needs and concerns of those suffering and dying. And this can only be done in partnership.

I come from a long tradition of collective leadership, consultative decision-making and joint action towards the common good. We have overcome much that many thought insurmountable through an adherence to those practices. In the face of the grave threat posed by HIV/AIDS, we have to rise above our differences and combine our efforts to save our

people. History will judge us harshly if we fail to do so now, and right now.

Let us not equivocate: a tragedy of unprecedented proportions is unfolding in Africa. AIDS today in Africa is claiming more lives than the sum total of all wars, famines and floods, and the ravages of such deadly diseases as malaria. It is devastating families and communities; overwhelming and depleting health care services; and robbing schools of both students and teachers.

Business has suffered, or will suffer, losses of personnel, productivity and profits; economic growth is being undermined and scarce development resources have to be diverted to deal with the consequences of the pandemic.

HIV/AIDS is having a devastating impact on families, communities, societies and economies. Decades have been chopped from life expectancy and young child mortality is expected to more than double in the most severely affected countries of Africa. AIDS is clearly a disaster, effectively wiping out the development gains of the past decades and sabotaging the future.

Earlier this week we were shocked to learn that within South Africa 1 in 2, that is, half of our young people will die of AIDS. The most frightening thing is that all of these infections which statistics tell us about, and the attendant human suffering, could have been, can be, prevented.

Something must be done as a matter of the greatest urgency. And with nearly two decades of dealing with the epidemic, we now do have some experience of what works.

The experience in a number of countries has taught that HIV infection can be prevented through investing in information and life skills development for young people. Promoting abstinence, safe sex and the use of condoms and ensuring the early treatment of sexually transmitted diseases are some of the steps needed and about which there can be no dispute. Ensuring that people, especially the young, have access to voluntary and confidential HIV counseling and testing services and introducing measures to reduce mother-to-child transmission have been proven to be essential in the fight against AIDS. We have recognized the importance of addressing the stigmatization and discrimination, and of providing safe and supportive environments for people affected by HIV/AIDS.

The experiences of Uganda, Senegal and Thailand have shown that serious investments in and mobilization around these actions make a real difference. Stigma and discrimination can be stopped; new infections can be prevented; and the capacity of families and communities to care for people living with HIV and AIDS can be enhanced.

It is not, I must add, as if the South African government has not moved significantly on many of these areas. It was the first deputy president in my government that oversaw and drove the initiatives in this regard, and as President continues to place this issue on top of the national and continental agenda. He will with me be the first to concede that much more remains to be done. I do not doubt for one moment that he will proceed to

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tackle this task with the resolve and dedication he is known for.

The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale. There is a need for us to focus on what we know works.

- We need to break the silence, banish stigma and discrimination, and ensure total inclusiveness within the struggle against AIDS;
- We need bold initiatives to prevent new infections among young people, and large-scale actions to prevent mother-to-child transmission, and at the same time we need to continue the international effort of searching for appropriate vaccines;
- We need to aggressively treat opportunistic infections; and
- We need to work with families and communities to care for children and young people to protect them from violence and abuse, and to ensure that they grow up in a safe and supportive environment.

For this there is need for us to be focused, to be strategic, and to mobilize all of our resources and alliances, and to sustain the effort until this war is won.

We need, and there is increasing evidence of, African resolve to fight this war. Others will not save us if we do not primarily commit ourselves. Let us, however, not underestimate the resources required to conduct this battle. Partnership with the international community is vital. A constant theme in all our messages has been that in this inter-dependent and globalized world, we have indeed again become the keepers of our brother and sister. That cannot be more graphically the case than in the common fight against HIV/AIDS.

As one small contribution to the great combined effort that is required, I have instructed my Foundation to explore in consultation with others the best way in which we can be involved in the battle against this terrible scourge ravaging our continent

Don't forget!

- 🚫 Renew your membership ASAP!
- 🚫 Attend the AARG meeting at the SfAA on Thursday March 29 from 1:00-2:30!
- 🚫 Submit articles and updates to the HHC Newsletter Collective by April 26!
- 🚫 Submit topics for future editions!

Herding Informants: The Influence of History, Politics, and Space on Research Conducting an Urban Locale by Delia Easton, CDC/HHC and Robert Rooks, ICR.

Aside from being known as an insurance capital, and, at least among academics and those vulnerable to or already infected with HIV – the site of numerous HIV-related projects – Hartford, CT is now recognized as a place with a dense concentration of anthropologists per square foot. This paper explores how the conduct of anthropological and HIV-related research in urban inner cities for an extended length of time shapes the parameters of the research process. A reflexive examination of HIV research, both in Hartford and elsewhere in and outside of the U. S. where AIDS research has been extensively conducted can inform ideas on reconfiguring research standards to account for the unparalleled mobility of populations today. In locales where a multitude of HIV-related projects have been conducted, an informal "research participant industry" has developed, in which the finite pool of eligible research candidates means that some people are interviewed for several different projects. This informal network of research participants is in ways conducive both to the empowerment of the participants and the research process itself. It also heightens a sense between researchers and participants of the research itself as a commodity, thus further objectifying participants' lives. Despite the number of repeating participants in HIV research in urban areas, factors such as poverty, migration, imprisonment and housing unavailability is reflected in highly mobile and fluid populations, making it challenging to follow research participants over time.

'Democracy,' Sexuality, and Illness: The Political Economy of Gender and HIV/AIDS in Central Mozambique by Robert P. Marlin, Dep. of Anthro., Rutgers Univ.

During the last quarter century armed insurgence and civil war in Africa have produced massive population displacement and socio-economic destabilization. International financial institutions have heightened this destabilization by imposing structural adjustment programs (SAPs) that further impoverish vulnerable populations and reduce access to increasingly limited government services. In this paper I analyze the history of the HIV/AIDS pandemic and the gendered construction of HIV/AIDS discourses in rural Central Mozambique in the context of such structural violence. Sixteen years of armed conflict and the adoption of an IMF-mandated SAP have substantially reduced the social and economic gains made by Mozambican women following independence and directly contributed to the epidemic rise of HIV/AIDS. Men and women in rural Central Mozambique both cite changes in female sexual behavior and the loss of respect for patriarchal authority as causes of the epidemic. They attribute such changes to the ruling Frelimo party's promotion of gender equality and the extended exposure of young women to the "morally corrupting" influences of Malawi as residents in refugee camps across the border in Nsanje District. Epidemiological discourses compound this

blaming of women by labeling them as the primary vector in the transmission of HIV/AIDS. In responding to the health crisis in Mozambique government health planners and NGOs have concentrated resources in urban centers, despite the fact that the majority of the population and HIV+ persons live in rural areas. I argue that the spread of HIV/AIDS in Mozambique cannot be reduced without examining the state of rural as well as urban gender relations and improving the economic status of women throughout the country.



Aid AIDS Trade: Must The Poor Keep Dying Of Infections That Cost Pennies To Treat? By Joyce V. Millen Institute for Health and Social Justice

In Africa and in other regions of the world, poor people who are also suffering from AIDS are unable to access the medicines they need to survive and thrive. In Africa, poor persons with AIDS die on average only months after being diagnosed, whereas in the United States and other wealthy countries, persons with AIDS continue to live several years and even decades. Is this just another example of a grossly inequitable world, or the consequence of deliberate trade-related policies more concerned with shielding the profits of pharmaceutical corporations than with protecting the lives of poor people suffering from a devastating disease? To analyze the ideological foundation of current trade practices related to health issues, this paper will examine specific elements of new international trade agreements concerning intellectual property; the efforts of African governments to secure cheaper AIDS drugs for their citizens; the responses of the United States and other wealthy countries to these efforts; and the rising mechanisms used by the pharmaceutical industry.



Utilization of HIV services among African Americans: Cultural competence and advertising strategies by N. Romero-Daza, R. Rosell, B. McGovern, G. King, and L. Kearly, University of South Florida

This paper presented results from the Minority Outreach Pilot Project (MOPP), an ongoing effort to improve rates of service utilization among HIV positive African Americans in three Florida counties. Funded through a Ryan White Care Council grant and designed as a three-year project, MOPP fosters collaboration between the University of South Florida and a variety of community organizations. The first phase of the project consisted of an assessment of the factors that affect the use of services by HIV positive African Americans. Based on this assessment, we identified two areas that deserved special attention. First, a major factor considered central to the recruitment, retention, and satisfaction of consumers was the need for all providers, regardless of their ethnic background, to be knowledgeable about and sensitive to the culture, history, and special social, economic, and political conditions of African Americans. Second, at a more basic level, low rates of

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utilization seem to be directly related to insufficient knowledge about the services available to the community. During the second phase of the project the MOPP team set up to develop a module to facilitate the open discussion and exchange of ideas about strategies for the provision of services in a culturally appropriate way, and for the dissemination of information about services through marketing and advertising. The resulting module for a Cultural Competence Discussion Forum (CCDF) was designed with direct input from providers and clients. The final phase of the project will include the implementation of CCDF sessions, through the active participation and leadership of African Americans who are living with HIV/AIDS.



**AIDS and the structure of risk in Harare, Zimbabwe:
N’anga Interpretations of Structural Violence
by Davis Simmons, Michigan State University**

Zimbabwe (along with Botswana) was recently identified by the Joint United Nations Programme on HIV/AIDS (UNAIDS) as the country with the highest prevalence of adults living with HIV, the virus that leads to AIDS. The proliferation of AIDS in Zimbabwe follows fault lines long established in historic indigenous practices, the legacy of colonialism, and present-day political economy, though certainly its trajectory is not reducible solely to these practices, processes, and structures. This presentation focused on a significant, though mostly neglected, piece of this complex picture: traditional healers, or n’anga in ChiShona. In particular, it analyzed how macrostructural socio-economic forces become embodied as risk for HIV and how it is that n’anga interpret and manage these processes of embodiment in the capital city, Harare. N’anga interpretations demand that we be aware of a long-standing history of structural violence perpetrated on the average Zimbabwean – and how such forces and processes structure peoples' risk of infection – first under colonialism and, currently, under the contemporary Zimbabwean state. Like AIDS, modernity (and especially development) can be metaphorically read as a form of misfortune that must be carefully managed. For many urban n’anga, AIDS has been a plague of paradoxes, emblematic of the Janus-faced nature of modernity itself. While colonial and post-colonial institutions and experiences have been seen as routes to an improved material existence, these same institutions and experiences have also come to be associated with people forgetting their culture and taking on Western ways and, most importantly, for making them susceptible to AIDS.



**Patterns of Syringe Exchange Program Use among
Suburban Chicago Injecting Drug Users
by Teri Strenski, Loyola University.**

Syringe exchange programs (SEPs) usually are established in areas where there are high concentrations of drug users; typically in poor, urban neighborhoods. But not all SEP patrons reside there. In Chicago, an analysis of syringe participant records and ethnographic data by researchers from the multi-site

study, “Diffusion of Benefits from Syringe Exchange Programs,” suggests that a substantial number of injection drug users (IDUs) travel from the suburbs to urban SEPs to obtain syringes. Most of the research on SEPs as a means for reducing transmission of the Human Immunodeficiency Virus (HIV) has had an urban focus. Little is known about the drug and syringe use among suburban IDUs. This study seeks to describe current drug use and syringe access behaviors in suburban IDUs. Chicago Recovery Alliance SEP client log-in records contain participants’ zip codes. Records between 1995 and 1999 were analyzed to identify suburban IDUs participation over time. Ethnographic interviews were used to identify specific impediments to SEP use, and behaviors that may put suburban IDUs at risk for infection with HIV, hepatitis B and C viruses. While suburban IDUs account for an increasing percentage of exchanges over time, SEP use by suburban IDUs is impeded by transportation issues, lack of knowledge about SEPs, and concerns about privacy. Needle reuse by individuals and multi-person use of needles indicates a lack of access to sterile syringes among suburban IDUs.



**Local Circumstances, ‘International Ethics’ and the
Controversy Over Perinatal HIV Research in Africa
by Claire L. Wendland, Dep. of Anthro., U Mass/Amherst**

International collaborative trials of short-course zidovudine (AZT) for pregnant women, conducted in the mid 1990’s in nine African countries, sparked passionate worldwide debate in the medical literature, the bioethical literature and the popular press. North American researchers contended that use of a placebo control group in these trials was unethical, as a lengthier AZT regimen was already known to reduce maternal-infant HIV transmission significantly. African and non-African physicians involved in the studies argued that a placebo control group was essential to determine whether investment in short-course AZT was worthwhile for poor countries; many charged that the real ethical violation lay in the global inequalities denying African women gold-standard treatment. Discourse analysis of this controversy revealed underlying assumptions that constrain ethical debate and reinforce inequalities of power between the First and Third Worlds: a sharp ethical distinction between research and therapy; rejection of the inherently utilitarian nature of human subjects research; and a Western understanding of the individual as distinct from community and culture. American bioethicists critiquing the trials positioned themselves as global conscience, responsible for overseeing just research, but not responsible for challenging national or transnational policies that create health access inequity.



**HIV/AIDS Related Preliminary Program for the SfAA
March 28 to April 1 in Merida, Yucatan, Mexico.**

(W-56) WEDNESDAY 3:00-4:50

Cross-Cultural Perspectives on HIV/AIDS

CHAIRS: **GREABELL, Lynn** and **SAKOLSKY, Natasha** (National Alliance of State and Territorial AIDS Directors). **GREABELL, Lynne** and **SAKOLSKY, Natasha** (National Alliance of State and Territorial AIDS Directors) Influencing HIV/AIDS Services at Home and Abroad: The Role of a National Organization. **PAINTER, Thomas M., LIN, Lillian S., WIKTOR, Stephan Z.** (Centers for Disease Control and Prevention) **DIABY, K. Lacina, SIBAILLY, Toussaint S., ROELS, Thierry H., EKPINI, Ehounou R.** (Project Retro-CI, Cote d'Ivoire) **MATIA, Danielle M.** (TRW) Women communicating with women about HIV/AIDS in Abidjan, Cote d'Ivoire: A resource for HIV/AIDS prevention in Africa? **BROOMHALL, Lorie** (Family Health International) Barriers to Condom Promotion by Health Providers in Kenya. **SALVADOR, Melina** (University of California, Santa Cruz) Un Granito de Arena: A Look into the Inequalities of Living with VIH/SIDA in Merida, Yucatan

(W-76) WEDNESDAY 5:00-7:00

HIV/AIDS in the USA

CHAIR: **EASTON, Delia** (CDC). **SANKAR, Andrea** and **LUBORSKY, Mark** (Wayne State University) Adherence Narratives among African American Women Taking HAART. **EASTON, Delia** (CDC) Breathing Fresh Life Into HIV Interventions. **ROMERO-DAZA, Nancy, MALLIETT Amy,** and **MARTINEZ, Dinorah** (University of South Florida) Provision of HIV Services for Latina Migrant Farm Workers in Rural Florida. **NETTLETON-RENTSCHLAR, Jodi** (University of South Florida) HIV/AIDS Health Related Services Provided to Women in a Florida County Jail. **STOPKA, Thomas, SINGER, Merrill** and **SANTELICES, Claudia** (The Hispanic Health Council) "Yo, where can I get a syringe?" Public health interventionists, successful capitalists, harbingers of risk: Street syringe sellers in Hartford, CT. **MARTINEZ, Raquel, MARTINEZ, Maria, WEEKS, Margaret** (Institute for Community Research) and **SCOTT, Glenn** (Hispanic Health Council) Utilization of GIS for HIV/AIDS Research in High Risk Drug Use Sites.

(T-54) THURSDAY 3:00-5:00

Challenges, Opportunities and Pitfalls of Economic and Technological Development

SCHEMSUL, Stephen L. (University of Connecticut School of Medicine), **OODIT, Geet** (International Planned Parenthood Federation) and **HETTIARACHCHY, Tilak** (University of Colombo). Exploitative Work and its Relationship to Sexual Risk among Young Women Workers in Free Trade Zones in Mauritius and Sri Lanka.

(F-04) FRIDAY 9:00-10:50

Postglobal Outcomes: The Influence of Conflict and Accord on Health Beliefs and Practices

DeSANTIS, Lydia, DEVIEUX, Jessy, JEAN-GILLES, Michele, and **MALOW, Robert** (University of Miami). Availability and Adequacy of HIV/AIDS Services for Minority Populations.

(F-25) FRIDAY 11:00-1:30

Local Communities and Organizations in a Postglobal Age

KING, Georgette, ROMERO-DAZA, Nancy, ROSELL, Roberta and **MCGOVERN, Bridget** (S Florida) African American Church and HIV Care Organization Collaborations in Hillsborough County, Florida.

(F-26) FRIDAY 11:00-1:30

The Third Decade of AIDS: Anthropological Contributions and Continued Challenges to Fill Gaps in Knowledge in Working With Drug Users

CHAIRS: **KOESTER, Stephen** (Colorado-Denver) and **STERK, Claire** (Emory) **KOESTER, Stephen** (Colorado-Denver), **BARON, Anna** and **GLANZ, Jason** (University of Colorado School of Medicine) Findings of a Socially-Focused Intervention Study among Injection Drug Users. **REISINGER, Heather Schacht** (Friends Social Research Center and American University) and **AGAR, Michael H.** (Friends Social Research Center) Explaining Drug Use Trends: Suburban Heroin Use in Baltimore County. **BROWN, Jerry** (University of Chicago) and **PACH, Alfred** (NORC) Discharge Planning, Drug Abuse and HIV/AIDS in Washington, D.C. **CARLSON, Robert** (Wright State) A Crack User is a Crack User: Constructing a Typology of Crack Cocaine Users in the Midwest. **ZULE, William, WECHSBERG, Wendee M.,** and **HALL, Grace** (Research Triangle Institute) Attitudes Toward Substance Abuse Treatment Among African-American Crack Users: Implications for Interventions. **JOHNSON, Wendell** (Emory University School of Medicine) Crack Cocaine Use and HIV Risks among Older African Americans. **STERK, Claire E., THEALL, Katherine P.** (Emory) and **ELIFSON, Kirk W.** (Georgia State) New Drugs, New Habits: The Game of Catching Up.

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(F-50) FRIDAY 3:00-6:00

POSTERS

ROMANO, Maddalena (Hunter College) Malaria in HIV Infected Subjects. **FORTUIN, Karen, SPRADLEY, J. A., KWIATKOWSKI, C.F. and BOOTH, R.E.** (Colorado-School of Medicine) The Needle and the Damage Done: HIV Prevention in a Local and Global Context.

(F-59) FRIDAY 3:00-4:50

Transnational Dynamics of Gang Activity and Drug Use Among Haitians in South Florida and Haiti

CHAIRS: **MARCELIN, Louis Herns** and **PAGE, Bryan J.** (Miami) **MARCELIN, Louis Herns** (Miami) Transnational Dynamics of Gang Activity and Drug Use Among Haitian Immigrants. **PAGE, J. Bryan** (Miami) Traumatic Experience and Delinquency among Haitian Young People. **MARCELIN, Louise** and **JEAN-GILLES, Michèle** (MIAMI) Resiliency Factors and Coping Strategies in Haitian Families with Children Involved in Drug and Gang Activity. **PIERRE, Laurinus** and **CHARLES, Claude** (Center for Haitian Studies) Towards Culturally Appropriate Intervention with Young Haitians at Risk. **SINGER, Merrill** Discussant

(F-75) FRIDAY 5:00-7:00

Dancing with Drugs: Urban Youth, Club Drugs and Sex Risk

ORGANIZERS: **SCHENSUL, Jean J.** and **SINGER, Merrill.** **HUEBNER, Cristina, SINGER, Merrill, EISERMAN, Julie** (Hispanic Health Council) and **SCHENSUL, Jean** (Institute for Community Research) Urban Youth, "Club Drugs" and Party Culture. **SINGER, Merrill** (Hispanic Health Council), **PINO, Raul** (Institute for Community Research), **LOPEZ, Gustavo** (Hispanic Health Council). Dust in the Wind: The Growing Use of Embalming Fluid among Youth in Hartford, CT. **CONVEY, Mark** (Institute for Community Research) and **EISERMAN, Julie** (Hispanic Health Council) Sugar and ICR: is Everything Nice? **SCHENSUL, Jean** (Institute for Community Research), **GARCIA, Jose** (University of Connecticut), **HUEBNER, Cristina** (Hispanic Health Council) and **FELICIANO, Pablo** (Institute for Community Research) The Role of Club Drugs in Promoting Hard Drug Use in Urban Youth. **GARCIA, Jose** (U of Connecticut), **HUEBNER, Cristina** (Hispanic Health Council), **SCHENSUL, Jean** (Institute for Community Research) Segmenting the Market: Diffusing Club Drugs in Urban Networks. **EISERMAN, Julie** (Hispanic Health Council), **SCHENSUL, Jean,** and **PINO, Raul** (Institute for Community Research) The Influence of "Club Drugs" on Risky Sex Behavior of Urban Youth and Young Adults.

(S-23) SATURDAY 11:00-1:00

Current Issues in HIV Risk, Prevention and Services for Women: Sex, Drugs and Gender in the New Millennium

ORGANIZERS: **WEEKS, Margaret R.** and **ABBOTT, Maryann** (Institute for Community Research) **SHERMAN, Susan** and **LATKIN, Carl A.** (Johns Hopkins) Social Factors Related to Syringe Sharing among Injecting Partners: A Focus on Gender. **SIMMONS, Janie** (Hispanic Health Council) I Love You ... and Heroin: Discourses of Risk and Relationship among Heroin-Addicted Couples. **KOESTER, Kim** (Hispanic Health Council) HIV Prevention Challenges in the Mobilization of Sex Workers who Inject Drugs. **WEEKS, Margaret R., ABBOTT, Maryann, SCHENSUL, Jean J.,** and **MARTINEZ, Maria** (Institute for Community Research) Women-Controlled Prevention of Sexually Transmitted HIV: Acceptability of Microbicides among Drug-Using Women. **ABBOTT, Maryann, ROHENA, Lucy, SINGER, Merrill,** and **WEEKS, Margaret** (Institute for Community Research) In Their Own Words: Conversations with Drug-Using Women about Their Lives and Experiences with HIV.

(S-27) SATURDAY 11:00-1:00

Thinking Through the Relevance of Interview and Narrative Data for Applied Health Projects

PRICE, Laurie J. (N Arizona) Drug Users and HIV Transmission: Narrative, Observation, and Structured Interviews.

(S-52) SATURDAY 3:00-4:50

Health Care Issues in the American Mid-South, Part I

JONES, Gabrielle (Memphis) Stifled Sex Education in Tennessee: Implications for Rates of Sexually Transmitted Disease.

(S-56) SATURDAY 3:00-4:50

Emergent Issues in Substance Abuse Research

CHAIR: **SALLOWAY, Jeffrey C.** (New Hampshire) **SIMON, Dominique** (Massachusetts) Measuring Recovery from Substance Abuse. **SALLOWAY, Michele, VISSING, Yvonne** and **SALLOWAY, J. C.** (U New Hampshire) Outcomes Evaluation for Drug Abuse: The Culture and Structure of Confusion. **GONDOLF, Edward** (Indiana U of Pennsylvania) The

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Recovery Process After Intensive Outpatient Treatment for Substance Abuse: Reconciling Quantitative and Qualitative Outcomes in a Three-Year Follow-Up Study. **DUKE, Michael** (Hispanic Health Council) Anthropologies of Consciousness and Substance Abuse: Seeking Common Ground. **CALERO, Luis F.** (Santa Clara U) When Drugs Conquer a Country: Impact on the Guambiano Indians in Southwest.

(S-71) SATURDAY 5:00-7:00

Health Care Issues in the American Mid-South, Part II

HARRIS, Felicia (Memphis) HIV/AIDS Program and Policy: Effects on African-American Women and Children in the Memphis Area.

(S-72) SATURDAY 5:00-7:30

Negotiating Worlds: Substance Use and Abuse in Cross-Cultural Contexts

ORGANIZERS: **LEE, Juliet** and **MOORE, Roland S.** (Prevention Research Center) **MOORE, Roland S.** (Prevention Research Center, PIRE) To Drink or Not to Drink: Reasons for Abstaining from Alcohol Among Young Adults from a Southwestern Tribe. **LEE, Juliet** (UC Berkeley/ Prevention Research Center) Problems in the Model: Substance Use and Abuse among Southeast Asians. **GARCÍA, Víctor** (Indiana U of Indiana) Exploring Problem Drinking among Transnational Mexican Farm workers in Southeastern Pennsylvania. **MCGOWAN, Virginia** (U Lethbridge) The Impact of Social and Virtual Networks on Emerging Discourses in Addictions in Southern Australia and Northern Aotearoa/New Zealand.

NICOLAYSEN, Anna Marie (Hispanic Health Council) and **SIMMONS, Janie** (Hispanic Health Council) Drug Addiction Treatment and Recovery: A Comparison between Norway and the U.S.

Our meeting is scheduled for 1:00-2:30 on Thursday in Business Center I. at the SfAA Meeting

Call For Nominations: Special Election

We need to elect a Chair Elect, and we need to do that very soon. Because the office of Chair Elect is presently vacant, we are holding a special election this spring, when the next newsletter comes out. The Chair Elect generally serves one year as Chair Elect, then assumes the office of the Chair. The new Chair Elect will take the Chair's place at the AAA meetings in 2001.

Please contact the present Chair, Elisa Sobo, with nominations. Elisa's contact information is: Center for Child Health Outcomes; Children's Hospital and Health Center; 3020 Children's Way, MC 5053; San Diego, CA 92123-4282; phone (858) 576-1700, x4141; fax (858) 614-7478; esbo@chsd.org.

Self-nominations are welcome. If you nominate a colleague, please provide contact information, as the Chair will need to contact your colleague to request permission to put his or her name on the ballot. Nominators' names can be kept secret if desired.

Offices that will need to be filled in fall include Chair Elect for 2002, Treasurer-Secretary, Graduate Student Representative, and General Steering Committee member (one). There will be a separate call for nominations for the regular election in your summer newsletter issue.

Request for dues: Have you forgotten to renew or establish your membership with AARG?

Please update your information with me, your membership officer, and pay your yearly membership dues – due annually on January 1. Due to the transition in membership officers, we have extended this deadline to April 3 2001. Because membership dues were not collected this Fall, ALL AARG MEMBERS MUST RENEW THEIR MEMBERSHIPS by this deadline. Regrettably, those who decide not to renew their membership will be removed from the mailing list. Don't let this happen!!

Membership forms: You can find a current copy of the membership form in this newsletter. You can also use the electronic version of the form which is posted on the AARG website: <http://puffin.creighton.edu/aarg/>

Your new membership officer: My name is Yasmina Katsulis, and I've been a member of AARG since I found out about it during my first year of graduate school. I am now in my fourth year of my doctoral program at Yale University, and working on my own research (finally!). I'm excited and proud to serve as your new membership officer for the next two years, as its a great opportunity to get to know ALL OF YOU! One of my ideas for this year is to do a short phone interview with each of you in order to dig up more information on who you are and what you do. Look for portions of these interviews to show up on the AARG website, and the AARG newsletter.

As your Membership Officer my duties for the next two years will include: maintaining an up-to-date membership list (don't forget to let me know if you move!), answering questions about who does work on a given topic or area (the more details you can give me about your work, the easier it will be for others to find you!), producing a file for newsletter labels (remember, the production of the newsletter takes money, time, and effort - please pay your dues if you haven't done so!), and producing a membership list for distribution (your resource guide for fellow members).

A warm welcome to all new members of AARG, and a special thank you to all of our dedicated senior colleagues for your hard work over the years...

AIDS and Anthropology Research Group Membership Form

Please Print or Type New Member Renewing member

Name: _____ Affiliation: _____

Mailing Address: _____

Phone: Home: _____ Office: _____

FAX: _____ E-mail: _____

Regular Member - \$20.00 Student Member - \$5.00
Free Membership (available to non-U.S.-based members, or financial hardship)

Please provide up to five key words about your interest for the AIDS and Anthropology Research Group data base.

Please indicate how you would like to receive the AARG BULLETIN. e-mail print

Please send this form and a check or money order (made out to AARG in U.S. funds only) to:

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