



AIDS & Anthropology Bulletin



The Newsletter of the AIDS and Anthropology Research Group

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AIDS and Anthropology Research Group

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Letter from the Chair - Doug Goldsmith

In assuming the Chair of AARG I must quip that I've come to praise Merrill, not to replace him. And indeed I don't have to, since he continues to serve us on the Steering Committee as Past Chair. I do want to praise his energetic leadership of AARG, so especially evident in his writings for this very column where he has spiritedly expounded on issues confronting us as anthropologists confronting AIDS.

I also wish to take note of the fine work that Janie Simmons has done as Editor, particularly for the issues since July 2001 when she assumed singular editorship [which had been up to then shared by the (here celebrated) "Hispanic Health Council Newsletter Collective"]. With the current issue Janie has passed the editorship to Anna Marie Nicolaysen. I thank them both on behalf of all AARG.

Also important to note is the phenomenal development of the AARG e-mail exchange site, under the able management of our Director of electronic communications Ray Bucko. Over the past year we have been sharing in (or at the least viewing) a quite robust exchange of information and opinion on critical and current issues of concern to AIDS research and AIDS risk prevention as reflected in current, and in newly developing, public policy. With tens of letters and hundreds of replies, Ray has worked to keep the site working, for which he is owed our thanks and admiration. The steering committee had to resolve some thorny issues of access to the site for postings by nonmembers of AARG, while shielding us all from more dreaded spam. I believe the solution was to have such postings forwarded by an AARG member.

My two cents on what we can do to influence the direction of such public policy, and my best sense of what we can accomplish as participants in, and evaluators of, AIDS research projects and public health sector efforts to prevent the spread of HIV, is this: we can state clearly and resoundingly what we have seen people do in social encounters that involve possible HIV risk, we can recount the processes by which particular interventions have been implemented, and we can describe the context in which successful interventions have been implemented effectively. To these ends I was heartened by the dialogue on AIDS Prevention Paradigms that appeared in the September (Edward Green, Paul Farmer [and a related view on Engaging Emergent Diseases by Merrill Singer]), October (Douglas Feldman, Barbara Pillsbury), November (Elizabeth Onjoro) and January (Edward Green) issues of the Anthropology News. This dialogue flowed into, and to an extent flowed from, the past year's unfettered discussion on the AARG e-mail exchange site. A September 8, 2003 item from Richard Parker appeared there with the subject header "Re: [aarg] AIDS Prevention debate in AN".

I would like to quote a comment made then by Richard Parker which I believe points us in the direction we should be headed for our research to have the needed impact on public policy. Richard Parker says "we need research that is more closely grounded in the reality of the epidemic and the work being done to confront it. We need to bring research (and Merrill [Singer]'s and Ralph [Bolton]'s work provide good examples of this) into the streets, the baths, and the other places where both HIV

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infection and HIV prevention happens, and pay greater attention not just to behavioral factors (or outcomes) but also broader issues (political mobilization, social movements, etc.) that have a tremendous impact on HIV prevention, but that are unfortunately almost impossible to investigate through the kinds of research designs that are currently accepted and promoted in the search for evidence about the effect of prevention." I seek here to echo that call for new research, but also to ask you to forcefully proclaim and vigorously present your past work that has been, in Richard's phrase, "closely grounded in the reality of the epidemic" so that you, and we, can influence the emergent AIDS prevention paradigm.

Letter from the Editor

Welcome to the first issue of the Newsletter in 2004! I hope we can continue having it be a forum for AARG'ers, and that most members have an interest in contributing to that. I sent out an invitation by e-mail to all the members, according to our membership directory, where I encouraged everybody to share what they are currently interested in/working on. About 30 e-mails bounced back due to non-existent or expired addresses. Please check that and give Susan Pietrzyk, the new membership officer, your correct contact information. If you didn't get this e-mail from me that could mean that we miss some information from you...

I would like to thank those who contributed to this issue, especially Alexander Rödlach for his article from his fieldwork. To those of you who didn't get around to write something for this issue, you know what to do; submit essays, articles, book reviews, current research updates and any other information concerning HIV/AIDS and anthropology. Good luck with that endeavor, and I look forward to seeing many of you at the SfAA meeting in Dallas!

Regards,
Anna Marie Nicolaysen

AARG Business Meeting at the AAA on November 20, 2003 in Chicago

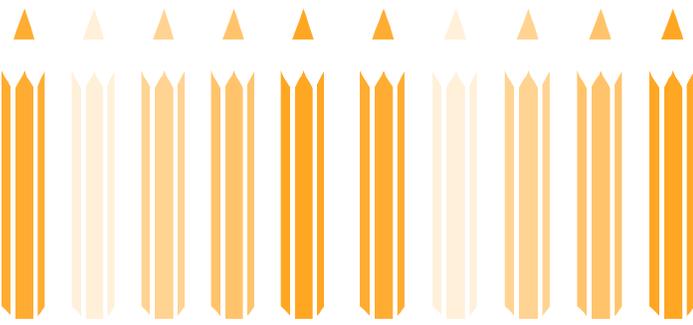
Attending: at least 20 members and interested scholars/activists including: Merrill Singer (outgoing Chair, during meeting), Doug Goldsmith (incoming Chair during meeting), Anna Marie Nicolaysen (incoming AIDS & Anthropology Bulletin Editor), Yasmina Katsulis (Membership coordinator), Susan Pietrzyk (volunteer to help with Membership), Monica Stanton Kokobaz (volunteer to help with Membership), Janet McGrath (past Chair), Ralph Bolton (past Chair), Michael Clatts (past Chair), Kearsley Stewart, Ruth Kornfield, Kim Koester, Alayne Unterberger, Mark Edberg, James Pfeiffer, David Beine, Tanya Taylor, Margaret Buchner, Guinnin Bissau, and Denise Roth Adler.

Merrill Singer opened the meeting and gave a brief summary of the events of the past year. Merrill employed a life cycle analogy to depict the changes that AARG has gone through. Merrill noted that the AIDS epidemic and its perception keep changing, and though AARG had gone through a lull in activity, the efforts of immediate past Chair E. J. Sobo and the 2 years of Merrill as Chair have been a time of rebuilding with good success. Strong areas of growth are: a membership upsurge; a list-serv which has become quite active, particularly with debates on the portrayal AIDS in Africa, and our website, which is now a full repository for bibliography and teaching sources (thanks to the continuing efforts of Ralph Bolton) and contains all past newsletters and a Hyperlink to SMA (thanks to our Dir. e-comm. Ray Bucko).

The Newsletter has come out and the previous issue was our most colorful issue to date, with the depiction of postage stamps that contain messages of AIDS awareness. Although Janie Simmons is stepping down as editor, the newsletter can continue to be based at the Hispanic Health Council, and Anna Marie Nicolaysen will continue to work on it. Anna Marie was moved, seconded and resoundingly voted in as new editor.

Yasmina Katsulis announced us to be at 220 members, which includes a strong international membership base. The newsletter is also distributed to a few "honorary members" who are in positions to provide funding to AIDS projects and should be kept aware of AARG. Yasmina indicated she would be willing to continue as Membership Coordinator, but would appreciate the help that has been offered by Susan Pietrzyk via e-mail, and now also by Monica Stanton Kokobaz.

Doug Goldsmith, as incoming Chair, read the Treasurer's report. (As past Secretary he began to take notes, on which this summary is based). Karen Kroeger, Secretary/Treasurer, could not be present but sent her report which covered the year from 10/25/02, when our balance was \$2796.35 to 10/24/03, when our balance was \$2301.64. During the year \$794.71 was disbursed in 7 checks, and \$300.00 was received from membership payments, resulting in an outflow of \$494.71. A



major expense for the AARG is postage. A major savings is the absorbing of all newsletter production costs by the Hispanic Health Council. A prize payment made at the 2002 AAA meeting in New Orleans (the Service Award made to Alfredo Gonzalez) fulfilled an important function of AARG.

There was some discussion of whether all steering committee positions are currently filled. Whatever light there was on this question was shed by Janet McGrath. Clarity awaits us. Several members expressed interest should a steering committee become available.

Ideas for sessions were presented by Ralph Bolton, at the Cross Cultural Studies meeting in San Jose, and by Mark Edberg, for next years AAA. Mark was also concerned about coordinating the timing of often overlapping sessions at the AAA, and spoke about efforts suggested last year in New Orleans to bring a high profile speaker to present at the meeting. Tanya Taylor also spoke on that idea.

Merrill spoke about the Paper Prizes. Over the past several months there has been discussion in the Steering Committee and communication with SOLGA about the most appropriate way to honor Clark Taylor for his pioneering work on AIDS. Ralph Bolton spoke about the Certificate of Recognition issued by SOLGA to honor Clark Taylor for his groundbreaking work. It was moved, seconded and approved by acclamation to name the Professional Paper Prize for Clark Taylor. Doug Goldsmith will call him and tell him of his being honored in this way.

To evaluate submissions in the next year for the Student and Professional Paper Prize categories we need to constitute a prize committee with a chair. We will put out a call on the listserv for volunteers.

New Hispanic Immigrant Communities and HIV Risk

Michele G. Shedlin, PhD, PI (Associate Director, International & Immigrant Health Research, NDRI), Carlos U. Decena, ABD, Project Director

A brief note on one of our projects: We have been awarded a Competing Continuation by NICHD to our RO1 research on New Hispanic Immigrant Communities and HIV Risk. This study is utilizing qualitative/ethnographic research methods to identify and describe new Hispanic immigrant populations and HIV risk in the Metropolitan New York Area, one of the most affected in the nation by HIV/AIDS and Hispanic immigration. Neither accurate population nor seroprevalence data exist for these increasing and largely hidden populations. Our study is reaching new communities of Dominicans, Mexicans and Central Americans in urban, suburban and rural locations. Since the original qualitative study was modified because of time and budgetary constraints, the continuation now permits: completion of the originally proposed ethnographic fieldwork in the year-one sites (Westchester/Putnam and Suffolk); implementation of ethnographic research in the remaining (urban) site, northern Manhattan; and expansion to an adjoining count identified as important in preliminary findings (Rockland).

Specifically, this study is describing the influence of dynamic cultural schema on HIV drug- and sex-related risk behaviors and to compare these by sex and culture group (nationality). We are exploring how cultural adaptations and interactions of culture and environment may shape HIV-related risk and protective behaviors in three different environmental conditions in the New York area. We are also documenting current mobility patterns of these populations and the relationships among mobility, cultural adaptations and potential HIV transmission behaviors. Finally, we are assessing attitudes toward, perceived need of, and access to, HIV prevention services for these populations.

Preliminary analysis of focus groups in two sites has begun to provide a picture of Hispanic migration, mainly from rural areas, of young, poor, low literacy, unskilled male laborers. Monolingual, indigenous Mixtecos have also been identified. Few single women are coming, most are partners of men already here or who come with them. Discussions elicited information on sex, alcohol, prostitution, lack of condom use and/or a condom culture. Crowded male housing, social isolation, depression and a lack of information or understanding of HIV/AIDS all point to the need for further research on these potential risk factors. Changing gender roles and female empowerment were also noted, areas of importance for prevention planning for these groups. Use of HIV testing in the US by women and some men is another salient finding.

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Diploma and Master of Arts degree in Medical Anthropology

The College of Medicine of the University of the Philippines Manila will be offering a ladderized Diploma and Master of Arts degree in Medical Anthropology in June 2004. The degrees can be completed in 1.5 years on a fulltime basis. Those who are interested to know more about the program and/or would like to enrol, kindly send your email to laufred2000@yahoo.com Dr. Michael L. Tan is the co-coordinator of the program. Thank you. Laufred Mailing Address: Prof. Laufred I. Hernandez, Social Medicine Unit, G/F College of Medicine Annex Building, University of the Philippines Manila, 547 Pedro Gil Street, Ermita, Manila 1000 the PHILIPPINES

Women, Dogs, and Sex: How to make sense of statements on HIV/AIDS in Bulawayo, Zimbabwe

Alexander Rödlach

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1. Introduction:

I came back recently from having spent a year of dissertation research on popular causality explanations for HIV/AIDS, as well as coping and healing strategies in Bulawayo, the second largest city in Zimbabwe. During interviews I encountered a problem which perhaps many researchers have: how to interpret statements of interviewees. Did the respondent mean it literally or metaphorically? Is it a well-thought-through statement or just a casual preliminary statement? I want to demonstrate the problem through a narrative which was repeatedly mentioned during interviews that I did in Bulawayo and surrounding areas in 2001 and 2003. I also refer in this research report to three local Zimbabwean newspapers. Although I hesitate to rely on 'letters to the editor' from newspapers – these do not necessarily reflect public opinion and tend to be extreme, provocative, and aggressive – I still regard them as useful because the narrative originated from a newspaper report.

2. The narrative:

I was frequently told by respondents that the AIDS epidemic in Zimbabwe resulted from an incident that apparently happened some years ago in a Harare suburb: women were paid to sleep with a dog. This is the common denominator for a variety of diverse stories developed around this theme. Most interviewees agreed that it happened in the early 90s and some even suggested the year 1991. When I looked for the newspaper article reporting this incident, I discovered that informants not only remembered the incident, but also the correct year, and some of them even the amount of money supposedly given to women: Zim\$ 300. The report appeared on the front-page of a major national newspaper, the Sunday Mail from September 29, 1991. The following quote is the gist of the original newspaper report:

"In what can be described as a bizarre and inhuman sex activity, police have confirmed the arrest of some women in Harare who were allegedly indulging in sex with a dog in exchange for money. (...) The owner of the animal would screen a video at each 'sex session' whose film-clips were allegedly destined for pornographic markets overseas. (...) The women were picked at different times by the owner - believed to be a white man - at hotels and Hellensdale Shopping Centre in Borrowdale. (...) A former boyfriend of one of the dog's 'mistresses' (...), said: 'My former girlfriend confessed to me that she was having sex with a dog in exchange for money. She said this when I asked why a venereal disease I had contracted had taken four months to heal.' (...) The women were

understood to be shunning men in the suburb, saying they had better offers elsewhere".

Although this news purports to be based on fact, it was never fully substantiated and later in other reports described as 'hearsay' (e.g. in The Herald on the 10th of October 1991, p 4). Nevertheless, in the weeks and months following the publication of this news story, numerous outraged 'letters to the editor' commenting on the incident were published in national and local newspaper. And even today, people still remember what apparently had happened, adding new facets and meanings to the narrative, relating it to the AIDS epidemic in Zimbabwe.

3. Animal and human:

Variants of this story today exchange the dog with other animals: mostly with monkeys and apes, particularly the baboon. A local folktale calls the baboon a distant cousin of humans. It is said to be uncontrolled and instinct-driven and to live in disorganized herds in the veldt. Human society and culture is thought to be the positive counterpart of the baboon-band which is devoid of values and norms. Human settlements are thought to be the opposite of the veldt. The veldt in iSiNdebele is 'iganga', what is very close to the term for 'mischief', 'ubuganga', which has notions of lawlessness and immorality and is frequently used to express inappropriate sexual behavior. Human society and culture is opposed to the 'iganga' and 'ubuganga'. This binary opposition reminded me on another article in The Herald, published on the 9th of March 1994 under the header "*Society accused of breaking taboos*" (p 6). A traditional chief commented when a baboon was seen in the city centre of Harare that this "*was a manifestation of people in modern Zimbabwe breaking taboos, traditional values, and norms. (...) He said that 'what people are doing these days is what is bringing baboons into Harare'.*" In other words human society and culture are today turning into an 'iganga' where baboons feel at home. Had he remembered the dog incident, he would have perhaps added that it is therefore not surprising that people commit even such serious 'ubuganga' as sleeping with dogs.

4. Dogs and sex:

My first reaction after reading the article, which purported to be reporting an actual fact, was to find out if incidents of sex with dogs were known to have happened. Actually various newspaper reports could be found. For instance, The Herald reported on the 18th of May 1990 on p 3 that a "*Hatfield man, who was allegedly caught committing bestiality on a dog by his wife who had gone to investigate his delay from the toilet, became violent.*" Also, the Sunday News reported on the 1st of September 1996 on p 16 a similar story: "*Mr. Mtetwa later found Mr. Muneri with the dog in a corner of the yard. When asked why he had decided to have sexual intercourse with a dog, the man advised him to do it so as to enhance his virility*". Interviewees too were aware of such incidents which they reiterated with disgust and commented that especially young men practice it in order to experiment with their sexuality or to

use animals as substitutes in case they are unable to get hold of girls.

However, such reports and responses rarely seem to be supported by hard evidence and appear to be more anecdotal than factual. Thus, I tried to find out what else could be meant when people speak about sleeping with dogs. Firstly, I encountered statements like the following: “*people live like dogs, without respect for themselves and others*”. Those who do not show respect for themselves and others, those without norms and values, are those who live like dogs, behave mischievously, commit ‘*ubuganga*’, and live in a kind of ‘*iganga*’.

Secondly, I came across many statements by women who related the lack of respect and dog’s behavior explicitly to the sexual sphere. They told me bluntly that “*all men are like dogs*” (*abantu besilisa bayizinja*). They seem to relate men to male dogs that having nothing else in mind than copulating, that forget everything when they are horny. Sexual self-control is thought to be impossible for men; they are born like that as several women told me (*yikubunjwa kwawo*). In other words, these women may feel that sleeping with men who have an uncontrolled sex drive is like sleeping with a dog. However, men are aware of this accusation and counter it, for instance in a letter to the editor in *The Herald* on the 19th of January 2000 on p 7: “*It is not that I am dispelling the so widely accepted notion that men are dogs, but women are also equally to blame, because who are the men dogging with.*”

Thirdly, the aim of a certain traditional medicine, ‘*lunyoka*’, is even more explicit in relating dogs to sexual behavior. This traditional potion is said to be given to a wife by her husband if he is not sure that she is faithful to him. A particular form of this potion uses the genitals of dogs as an ingredient. At times mutilated dogs with their genitals cut off are found and such ritual purposes are suspected. One such incident was reported in *The Chronicle* on the 15th of October 1991 on p 6. Another article in the same newspaper from the 9th of May 1993 on p 4 describes how ingredients from genital parts of male and female dogs are mixed with herbs to produce this medicine which is then secretly added to a woman’s food or drink. Respondents explained to me that the purpose of this potion is to make the wife and her lover so overcome by sexual desire that they forget caution and do not separate until the husband of the woman discovers them *in flagranti*. The two should behave like mating dogs that cannot easily be separated during sex.

To sum up: when speaking about sex and dogs, respondents often refer to lack of respect for others and uncontrolled sexual desire. This now leads us back to the ‘*iganga*’, where self-control through taboos, traditional values and norms are nonexistent. A letter to the editor in the *Chronicle*, 12th of October 1991, p 5, commenting on the dog-incident seems to lament this fact: “*I wonder what has happened to the moral values of our society. Everybody knows that it is immoral for a*

human being to have more than one sexual partner. But for a human being to have sexual relations with a dog (or any animal) is taboo at its worst! Really it shows how our morals have been allowed to degenerate to sub-human levels.” In other words, as morals are thought to have degenerated, we behave like animals in the ‘*iganga*’, doing despicable things.

5. Who turns society into an ‘*iganga*’:

But who is now responsible for turning society into an ‘*iganga*’? The original newspaper story blames women in several levels: they were the ones who were picked up and were given money, at least one of them infected her boyfriend with a venereal disease, and they were the ones who are said to shun now local men because they have better offers. Some of these themes are not surprising: although prostitution is illegal in Zimbabwe, one does not have to search for a long time to find prostitutes. Also the fact that sexual partners are infecting each other with venereal diseases is not shocking; STDs are relatively widespread in Zimbabwe. But the concluding remark that these women are now shunning local men, because they have better offers, is raising attention. This sentence could refer to a fear of males that as women in modern Zimbabwe become well-educated and financially self-reliant they would challenge inherited gender roles and family relations. As men may not appreciate such a development, they express it negatively in the context of prostitution and illicit an deviant sex. However, the evidence in a short newspaper article is too scant to draw such a conclusion.

Nevertheless, the fact that women were the target of attacks in many letters to newspapers following the publication of the original article would support such a reading of the narrative. For instance, misogyny was very strongly voiced in one letter to the editor in *The Chronicle* on the 11th of October 1991 on p 5. An obviously male person wrote the following: “*Sir, I was not surprised to learn that a group of Harare girls are being charged with bestiality for having sexual relations with a dog. That is the tip of the iceberg. The truth is that there are thousands more Zimbabwean girls who have the same habit. Zimbabwean girls have very abnormal sexual behavior. Most of them like brothels and enjoy being raped as long as they are paid for it.*” Another letter to the editor attacked even groups promoting the rights of women. It was published in *The Chronicle* on the 5th of October 1991 on p 5: “*I do not know what the [Women’s Action] groups will say about the Borrowdale affair in which women were wagging their bottoms at a dog (...) What makes me angry is that the five Borrowdale women were willfully, voluntarily and without any pressure on them participating in this neurotic affair. If you think of women’s merry talk, pathetic absurdity, women’s whims and female foibles that we have heard of before, nothing has been as infuriating as this behavior of these smothered harlots of Borrowdale.*” The same person goes on saying that “*women who prefer mating with dogs could probably be biologically female, but I would not want to see them blush with shame when someone calls them bitches. What can you call someone*

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who takes the place of a female dog! A bitch."

However, such verbal attacks on women were rarely mentioned by interviewees with whom I spoke. The current adoption of this narrative does not specifically mention women as targets of blame. Usually this incident was generalized to everyone who engages in promiscuous behavior as one elderly lady so clearly said: *"Also I am a dog if I am behaving mischievously. Also my husband is a dog when he leaves home and his wife and goes 'stealing' somewhere else."* 'Stealing', *'ukutshontsha'* is in this context a euphemism for extramarital sex. And even if women were thought to have slept with dogs, then they were, without condoning such a behavior, often seen as victims. They had to do it because they were not well looked after by men and in need of finances to support themselves and their children. They had to turn to some kind of prostitution in order to survive. Nevertheless, it is also pointed out that they could resolve to other income generating means, which would not give them a quick buck as prostitution does, but would at least guarantee them a decent moral standing. Despite showing compassion for their situation, interviewees still decried the depraved state of society; we are living in an *'iganga'*!

Another line of blame in the original newspaper article as well as in my interviews is the white man and Western society. When inquiring deeper I was told by respondents that it was not a white Zimbabwean, but a white foreigner. While it is thought that the ideal Zimbabwean society should live according to inherited traditional and/or Christian values and norms, the same is not thought to be true for Western society. For instance, an article in the Chronicle on the 26th of October 1991 on p 4 informs the reader that *"the perverted white man's pornographic video has angered almost the entire Zimbabwean population"*. It continues saying that *'apparently sex with animals is common pornographic video material in the West.'* Also one middle aged woman told me: *"They were filmed by filmmakers and the films were sold overseas"*. The white man was thought not only to enjoy the weird sex scenes, but also videotaping what was happening to sell it in the West. People in the West seem to take pleasure in viewing such immoral and bizarre scenes. Of course, he could not market it locally; pornographic productions and publications are illegal in Zimbabwe. Nevertheless, it seems to be quite common in the township to obtain smuggled pornographic tapes, as youths told me. Computer-literate young men also mentioned that the Internet makes it even easier to get downloaded and printed pornographic images. The Western *'iganga'* is threatening society!

However, not only the West is blamed. The line of blame is diverse. When the original narrative, as well as my interviewees spoke of the white man, he is imagined to be rich and taking advantage of others due to his wealth. However, not only whites are rich. Most residents in the upscale suburb of Borrowdale (*sic!*) today are wealthy black Zimbabweans.

The rich who live in upscale suburbs such as Borrowdale afford to go to the hotels, which were mentioned in the newspaper article. Many of the middle- to low-standard hotels are frequented by men who enjoy a drink there and are sought out by women with very obvious intentions. Bars, hotels, and nightclubs are the urban *'iganga'*. One youth told me about the city centre in Bulawayo that *"when you go to town you will catch AIDS...you will be caught...during sex in the night...you will be caught by the 'dogs' during the night...yes, you have to be very careful."* The previous statement clearly connects this *'iganga'* with dogs and sex, referring to men who are looking for entertainment in these places, including sexual pleasure. And in these situations HIV/AIDS comes finally into the discussion.

6. Sex with a dog and HIV/AIDS:

In the original narrative HIV/AIDS was not mentioned, just an unnamed venereal disease, that was thought to have come from the dog. Sarcastically a letter to the editor from the 5th of October 1991 on p 5 states that *"it is unfortunate that there was a man who was in love with the shameless whores, and he contracted a social disease [meaning a STD] which took long to heal. (...) I suppose the woman should have advised this poor fellow to consult a vet."* The first mentioning of AIDS came from another letter to the editor in the Chronicle, 12th of October 1991, p 5: *"It is unfortunate that a male member of society contracted a venereal disease from one of these prostitutes. He was lucky to contract an STD that is curable. It could have been AIDS."* However, HIV/AIDS was not yet associated with the incident.

Contrastingly, in my interviews during 2001 and 2003, the incident was thoroughly and entirely connected to the origin and spread of HIV/AIDS in Zimbabwe. At times (theory 1) conspiracy theories got connected to the story mentioning a white foreigner whose dog was infected with the HIV virus. When women were paid to sleep with this dog, they became infected and spread the virus to others. Some people thought this was a deliberate plot by Westerners who hate black people; others thought that perhaps Rhodesians and other whites did so in order to eradicate black Zimbabweans and to take back the land. Again others thought that a malicious plot to limit overpopulation was behind this. At times (theory 2) some kind of medical experiment is thought to be behind this incident. Several respondents mentioned that the virus was injected into the dog by scientists to see if it could cross over through intercourse to human beings, and if it does to find out how long was the incubation period. Others (theory 3) thought that an accident during a medical experiment led to the spread of the virus among humans.

However, most (theory 4) interviewees gave explanations that sounded like popular science: the HIV virus was created during the actual intercourse with the dog. What this middle aged woman told me was mentioned by numerous others: *"When the blood of a human and a dog mix, this is not a good thing, it is the origin of this disease. The blood of the dog in the human body causes the disease. These people then spread*

it to other people through their own blood.” When sexual intercourse is mentioned, blood does not only refer to the actual blood, but to both male and female body-fluids which are believed to be exchanged during sex. I got the impression that some took such statements quite literally, but considering the notion of uncontrolled sexuality without respect for oneself and others when a dog is brought into the discussion, I had a strong impression that such a statement is an appeal to avoid sex with a promiscuous person, as this would result in getting HIV/AIDS. Also similar responses which are not connected to the dog narrative allow me to draw this conclusion. For instance, several informants explained to me: “*We have a number of blood-types, there is A, B, C, and D. When a woman sleeps first with a man who has the type A, and then with a man who has the type B, and later with one with the type C, and then again with one who has type D, all these bloods are kept in her body and will make her sick. This is how AIDS is coming into existence.*” Interpreted as popular science, it is the mixing of body fluids of different men in the female body that creates AIDS. The strong moralistic undertone and the mentioning of promiscuous behavior, however, would again allow the conclusion that this statement is also more about the spread of HIV/AIDS due to inappropriate sexual behavior. Evidence from other data seem to support such an interpretation. For instance, the data I collected through freelistings, the items selected by respondents included ‘dogs’ ‘lack of respect for elders’ and ‘immorality’. The three items formed a close cluster in a MDS plot. Again, we are back at the ‘iganga’, the lack of morals and values.

8. Conclusions:

Some people appear to take the narrative of women sleeping with dogs quite literally. They believe that the dog was for one or another reason HIV positive and infected the women. Others who also take the dog narrative literally believe that the dog’s semen in the female womb somehow created the virus which was then through her promiscuous behavior transmitted to men. However, most seem to speak about this incident metaphorically. They mention the woman and the dog who had sex together but actually speak about immorality and promiscuity, about a decadent society. They tell us that AIDS does not originate from sex with a dog, but from uncontrolled sexual behavior without respect for oneself and others. It is not about the origin of HIV, but a statement about the lack of values and morals in society and how people can get infected with HIV.

This narrative was just one of several which I encountered during my field research. There are many more like that such as the HIV-contaminated condoms and the condom compared to a rosary. And much more than our dog narrative, these may have far-reaching consequences; e.g. the impact of speaking about HIV-contaminated condoms on the actual condom-use. But this is another story ...

(Continued from page 3)

Key informant and target population interviews conducted to date confirm the preliminary findings of focus group discussions while providing details on individual experiences and perception of immigrant experience not captured in group discussions. Women's individual interviews are especially poignant in their revelations of loneliness, isolation, separation from families, and disillusionment with the goals and dreams they had for their new homes. By interviewing gatekeepers, key informants, and individuals from the target groups, our data are not only documenting reported attitudes and behaviors experienced as individuals begin to adapt to their new communities, but are illustrating how they are beginning to affect the cultural pool in new environments and thus contribute to ongoing cultural change in these host communities. This includes their influence on social relations, local economics, religious institutions, and sexual and other risk behaviors with other minority and dominant groups. Thus, the study is accomplishing the documentation and description not only of the immigrants' physical and cultural environment as they perceive it, but culturally-based adaptive responses which they are making as they seek to survive and succeed in the US. Their perceptions and reported attitudes and behaviors permit insights into cognitive thought, innovative responses and the modification and accumulation of values which underlie their new behaviors. The data also are beginning to show that the processes of adaptive behavior (decision-making, trade-offs, etc.) are not uniform within or between these groups, and that complex relationships between personal characteristics, attention to cultural norms and the environment appear to be producing different HIV risk alternatives for individuals, couples and families and thus also for their communities in New York and in their countries-of-origin.

By documenting these patterns, networks, and character of social interaction reported and observed, we are beginning to learn how our target groups are contributing to the change of both their own culture and their new environment/culture(s). We are thus learning how immigrants make sense of, and respond to, specific experiences (options, obstacles) in a new cultural environment. This is important as we examine how the culture which immigrants bring with them evolves as new environments provide them with new forms of experience.

AARG 4/2/04 Noon meeting at the SFAA/SMA/SOPHE Meeting in Dallas

Doug Goldsmith

We are excitedly looking forward toward the upcoming joint Meeting in Dallas, Texas, of the Society for Applied Anthropology and the Society for Medical Anthropology and the Society of Public Health Educators. A general, open meeting of AARG which is intended to be informational, supportive, and even convivial, is scheduled for Noon on Friday, April 2. For information on AIDS related presentations see www.sfaa.net/am.html

AARG Special Report: Behavioral And Social Science Volunteers Program (BSSV)

Yasmina Katsulis, PhD

Center for Interdisciplinary Research on AIDS
School of Epidemiology and Public Health, Yale University

I spent last weekend in New Orleans, attending my first annual training for Behavioral and Social Science Volunteers (BSSV). This program is run by the American Psychological Association's Office on AIDS and supported by a grant from the CDC. I spent the first day in Basic Training, where I learned with about 30 other volunteers, the type of tasks that BSSV's are generally called upon to do, and about the program process itself. In short, the BSSV program provides free technical assistance to community based organizations and state health departments involved in HIV/AIDS related program activities funded by the CDC. Any agency eligible for services only has to call the BSSV program director to discuss their needs. The director then calls one or more volunteers in their local area, explains the task requested, and asks the volunteer to accept or decline the request (its ok if an upcoming deadline prevents you from accepting a request, or if the request is outside of the scope of your expertise). If the volunteer accepts, the three parties have a teleconference to draw up a Memorandum of Agreement for that specific task. Any additional tasks that are requested by the agency have to go through the Program Director (this keeps the volunteer free to accept or decline a task based on their own schedule and/or interests, without having to deal directly with the agency). If a volunteer declines a request, the program director just contacts another volunteer in that area. They will even fly someone in from another state if necessary.

All of the BSSV training was done in one large conference room, from 9 to 5 each day. This really gave us a chance to get to know one another and participate in the interactive format which includes role-plays and plenty of time for questions. The program drew a highly interdisciplinary crowd, and provided a collegial atmosphere, excellent networking opportunities, and state-of-the-art training on CDC endorsed interventions.

On the second and third day, I attended the Advance Trainings, in the company of BSSV's who had often been volunteers for a number of years. We learned the in's and out's of program evaluation, and we learned all about a program called Healthy Relationships, a program for positives that facilitates discussion of HIV status, and helps them build the skill sets they need to reduce the impact of stressful situations like disclosure. The best part of the program is not that it encourages disclosure (it only encourages that you think carefully about it), but that it emphasizes reducing your own personal stress around disclosure, encourages that you think

about the potential costs and benefits of disclosure, and helps you decide when disclosure is appropriate (or not). It is team taught by a mental health professional AND someone who is HIV+, and includes a video and discussion format throughout each of its five sessions.

As a BSSV, you have the opportunity to attend not only the annual trainings in New Orleans, but also the additional regional trainings offered by the CDC. All of my travel costs in attending these trainings are reimbursed by the program. I came home with a large notebook filled with information on various interventions, and more detailed information on Health Relationships and Program Evaluation. I haven't attended a regional training yet (they don't start until this fall), but my understanding is that each of the regional trainings will include a packaged form of an evidence-based HIV intervention endorsed by the CDC (of which there are now about 20). If you attend one of these trainings, you are likely to do so alongside of many of the lead agencies in your region.

We need to get the word out about this program to agencies in our local areas. The program currently has more volunteers than it does requests – and it isn't as if the agencies themselves don't need a hand once in a while – as any of you who have worked with a CBO know. If you are in touch with a CBO that does HIV/AIDS work, but you don't have the time to offer as a volunteer, the best thing you could do is to give them a brochure or talk to them about the program. It costs them nothing but a phone call.

I don't know about you, but I'm always looking for an opportunity to give back. It's been really hard to be a temporary volunteer somewhere without also getting caught up in their needs as an agency, and feeling guilty about how little free time I have to make a more concrete contribution. And, because I'm stationed in a university with very different cultural rules around what counts, it's been hard for me to identify what kind of practical task-oriented experience I have to offer. After going through the trainings, and seeing what kinds of tasks BSSV's are called upon to do, I'm confident that this program will meet my personal commitment to make a lasting contribution, while still allowing me the space I need to focus on my scholarship.

For more information on the program, or to order some brochures for your area, visit their website:
<http://www.apa.org/pi/aids/bssv.html>

If you'd like to talk to the program director about the program, write Duane Wilkerson at dwickerson10@comcast.net
– Tell him Yasmina sent you!

Of Orixas, Saints and Sexuality: AIDS Prevention among Afro-Brazilians

Isabel P. B. Fêo Rodrigues, PhD
Research Associate
Hispanic Health Council

Anthropologists have contributed to cast out clinical understandings from the weight of the Cartesian body-mind divide in order to fully account for how "mind-body-society" interactions are intrinsic to healing (Scheper-Hughes & Lock 1986: 137). From traditional medicine to witchcraft and magic, we have contributed to expose not only how different cultures perceive, conceptualize, interpret, and perform medical practices; but how despite this cultural diversity, the human dimension of AIDS conjures similar predicaments across cultures. Anthropological studies on Brazil have provided a rich literature on sexuality that exposes the interactions between global and local socio-cultural systems in the construction of sexualities (Parker 1999) and by revealing the poverty trappings that lead to the use of sexuality as a resource (Gregg 2003). Despite the fact that much has been done in the area of sexuality in Brazil, a great deal more can be explored in order to bridge medical systems with religious systems, particularly among underserved communities, such as Afro-Brazilians.

Religion and spirituality continue to play a predominant role in the way Brazilians define sexuality, sexual attractiveness, and gendered notions of purity and beauty (Burdick 1996). Sexuality cannot be separated from the power inequalities against which it is used as a strategy to establish relationships for social and economic security and as a medium to resist and counteract gender inequality (Gregg 2003). While sexuality may play a functional role among the poor, it is also intertwined with religious systems. Despite their multiple socio-economic trappings, Afro-Brazilians have creatively used religion and spirituality as a vehicle of resistance. Specifically, Candomblé and Afro-Brazilian interpretations of Catholicism have played a fundamental role in defining sexual appropriateness and sexual plasticity.

Throughout colonial and post-colonial histories, Afro-Brazilians have relied on religion as a readily accessible repertoire for political action and social change. The church had capillary capacity to intervene in daily life through organization of the labor calendar, delimitation of profane and sacred time, as the arbiter of morality, and as a transmitter of European value systems to Brazil (Bastide 1978). Despite the confines of dogma and dogmatism, religion and spirituality remain one of the most accessible cultural repertoires available to impoverished Afro-Brazilians in the Northeast and elsewhere in Brazil (Burdick 1998). Focusing on both Afro-Brazilian Catholic churches and Afro-Brazilian Candomblé can generate a better understanding of how conceptions of gender, sexuality, the body and ultimately freedom continue to be tied with health. Similarly, such studies can play a role in charting new territory through which health preventive messages,

copied mechanisms, and knowledge about risk can be effectively delivered.

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- Burdick, John
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- Gregg, Jessica L.
2003 Virtually Virgins: Sexual Strategies and Cervical Cancer in Recife, Brazil. Stanford, CA: Stanford University Press.
- Parker, Richard
1999 Beneath the Equator: Cultures of Desire, Male Homosexuality, and Emerging Gay Communities in Brazil. New York: Routledge.
- Scheper-Hughes, Nancy; Lock, Margaret M.
1987 "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly*, Vol.1, No.1, 6-41.
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Membership Officers

From your Outgoing Membership Officer

Yasmina Katsulis

It has been my pleasure to serve as your Membership Officer from 2000-2003. I've met so many fellow scholars and activists by acting as your membership officer, and I'm grateful to have been given the opportunity. As a few of you may know, I graduated from Yale University with my PhD in 2003, and have been working as a post-doctoral fellow at the Center for Interdisciplinary Research on AIDS at Yale since then. Just this past month, I received a book contract from University of Texas Press for my work with sex workers in Tijuana Mexico, as well as a great job offer (which I've accepted) from the Women's Studies Program at Arizona State University. I'm looking forward to returning to Arizona after spending the past seven years on the East Coast – especially today, as it is snowing once again! If you are passing through Tempe Arizona at some point in the next few years, don't hesitate to look me up.

I'd like to take this opportunity to introduce you to your new membership officers for 2004-2007. Because of our growth in membership, and the interest in membership development, we will have two membership officers this time around. Susan Pietrzyk will be in charge of membership applications and renewals, and of organizing and updating the membership database, and Monica Stanton Kokobaz will be in charge of membership development. We'll hear more about what that means for Monica as we go forward.

Susan is a socio-cultural anthropology graduate student at Binghamton University (SUNY). She is currently taking courses and working on her master's thesis which addresses the gendered dimensions of scientific knowledge production in AIDS research. In the longer term she is looking to move her research towards AIDS and women's legal rights in Zimbabwe. Prior to returning to graduate school, Susan worked for ten years in international development (primarily on USAID-funded projects). Her focus was on community-based natural resource management, small/micro enterprise development, and mitigating the economic impact of AIDS.

Monica is working on a doctorate in applied anthropology at Teachers College, Columbia University. Her dissertation topic is Urban Argentine Women with HIV/AIDS and Their Experiences with Treatment (all modalities). Mónica's work in HIV/AIDS has been primarily in hospital settings doing metabolic research. Her anthropological research began in the summer of 2002, when she conducted field research on Perceptions of Illnesses in an Ejido in a Biosphere Reserve in North Eastern Mexico, for which she received the Institute of Latin American Studies Summer Field Travel Grant from Columbia University. Mónica has just been granted a fellowship for a project on Latino Healers (The Realm of Folk Healers in Cosmopolitan NYC: Urban Shamans Treating Latino Immigrants) at the Urban School of Public Health, Hunter College, CUNY.

Welcome Susan and Monica to your new role as a Membership Officers in AARG!



**Remember the AARG-
meeting at the
SfAA/SMA/SOPHE Meeting in
Dallas
Noon on Friday, April 2!**



AIDS and Anthropology Research Group 2004 Membership Form

AARG continues to work hard to enhance its position as an active site for networking and organizing among scholars like you. This includes developing new and expanded opportunities for you to network with colleagues who share your commitment to the use of anthropology in understanding, preventing, and reducing the harm caused by HIV/AIDS.

As an AARG member, your benefits include:

- ... access to the AARG listserv, which allows you to send and receive email messages about conferences, job announcements, calls for papers, publications, etc.;
- ... access to the AARG website, which contains valuable information including course syllabi, important links, upcoming conferences, and publications like the AIDS and Anthropology bibliography;
- ... the quarterly AARG Bulletin, distributed to national and international scholars, including social scientists, development agencies, and medical professionals;
- ... AND the AARG Membership Directory, including names, institutional affiliations, addresses and research interests for all AARG members, available in both paper and electronic formats.

Membership is open to all interested persons. Persons do not have to be members of either the American Anthropological Association or the Society for Medical Anthropology to join AARG. Regular membership is \$20, and student membership is \$5 per year (January 1-December 31). Free membership is available to non-U.S. based researchers.

Remember, even if you are a non-paying member, we must hear from you once a year to know that you are still active (a note through email for our international members is fine!). If you would still like to continue your membership with AARG, please remember to renew and support AARG by paying your annual dues.

✂ -----
Please Print or Type **New Member** **Renewing member**

Name: _____ **Affiliation:** _____

Mailing Address: _____

Office Phone: _____ **FAX:** _____ **E-Mail:** _____

Website: _____

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 research interests:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Please briefly describe your current project/s:

If given the option in the future, would like to receive the AARG BULLETIN by e-mail? Yes ____ No ____

Would you like your email address to be added to the AARG listserv? Yes ____ No ____

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

Susan Pietrzyk
126 Chapin Street #122
Binghamton NY 13905
(607) 723-2256
Email: spietrz1@binghamton.edu

NOTE: FOR OVERSEAS MEMBERS, ELECTRONIC APPLICATIONS ARE AVAILABLE ONLINE
(see http://puffin.creighton.edu/aarg/form_new_membership.html).

SAVE YOUR POSTAGE -- FILL OUT THE APPLICATION AND EMAIL TO: spietrz1@binghamton.edu

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