AIDS and Anthropology Bulletin

NEWSLETTER OF THE AIDS AND ANTHROPOLOGY RESEARH GROUP

VOLUME 18, ISSUE 2

NOVEMBER 2006

Letter from the Chair

Dear AARG members,

I'm honored to be AARG's new chair.

I've been have been working on issues related to HIV/AIDS since 1988 when I did an ethnographic study of a small AIDS care organization in Western Massachusetts founded by two men. The organization's office was inaccessible to most of its clients, who did not own cars. The remoteness of the location was no accident. The organization's director was only able to get a license to serve people living with HIV on the grounds of an old sanatorium, far removed from the center of town by design. And, with no apologies for poor irony, the town leaders were planning on building a holding prison right next to the AIDS care organization in the near future. The organization's founder, his partner, and several of its primary volunteers were all living with HIV, and all on AZT. Today, none of them are alive and the organization has closed.

This was my introduction to HIV/AIDS. As AARG members know through their work and lives, a lot has changed in the last 18 years both in the United States and internationally, although all these changes have not necessarily been for the best. These changes have also been recorded in AARG's archives. This January, if we use Doug Feldman's memo from AIDS Center of Queens County to "all anthropologists interested in AIDS research" as its birthdate, AARG will be two decades old. In retrospect, it's remarkable not only that AARG has survived twenty years but that it's been necessary for it to last so long. There were times during the early years of AARG when many of us hoped that there would be no need for an anthropological research group devoted to AIDS 20 years later. We hoped that a vaccine could have been developed that would have prevented the continued spread of HIV globally, that prevention efforts would have been more successful and not so stymied by politics in the new millennium, that available treatments would be affordable and accessible to anyone who needed them. We hoped that HIV would not prove to be the pandemic it has become, nor so predictably to follow the pattern of other epidemics before it.

The longevity of AARG is no small feat. AARG steering committee and members, particularly those who have stepped up to resuscitate it when necessary, should be proud. I am grateful for your efforts on behalf of AARG. As an anthropologist working in a public health department, I find AARG a very useful forum for sharing ideas, making contacts, and keeping up to date with the work of my anthropological colleagues in and out of academia. In the public health governmental organizations in which I have spent much of my career, the medical/pathological model of public health is the dominant paradigm, focus groups are *the* qualitative research method, and ethnography is largely unheard of. It is inspiring to turn to AARG for a more all--encompassing perspective on HIV/AIDS. AARG is a valuable resource

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Inside this issue:

Letter from the Editor

In the fall we are prompted from multiple sources that change is near—from the change in the foliage to the shortening of the days, fall embodies transformation. Keeping in tune with the transformative nature of season, I have given the Bulletin a well deserved facelift. In addition, I would like to welcome the new chair elect, Delia Easton, to the Bulletin, whose letter from the chair will grace our cover for the next year.

In this our fall issue, I listed some HIV/AIDS related panels and presentations at the upcoming AAA Meeting in San Jose, CA and included the agenda for the next AARG business meeting to be held during the AAA Annual Meeting. The article in this issue, Becoming Positive, Becoming Modern: Testing for AIDS in Southern Zambia by Emily Frank, touches upon other forms of transformation as she discusses sero-conversion in Southern Zambia and the consequences and implications of becoming positive faced by the individual

Aside from the usual AARG announcements I would like members to read the letter from our acting membership director Ray Bucko, urging all members to renew their membership. It is of vast importance that all members renew their membership either through the weblink listed on page 4 or the membership form that we have provided on page 12. Save $$ and trees, use the electronic enrollment form to sign up!

I want to thank everyone that provided input on the layout changes. And a big thanks also goes Cat Fuentes and Luci Fernandes for their great work on helping us run the Bulletin for the past year. I hope you enjoy the new layout! If you have any suggestions or comments please feel free to email me at: Dugeidy.ortiz@uconn.edu.

Corrections:

In the March 2006 Bulletin we wrote on Page 5 that the Clark Taylor Prize Deadline was October 15, 2006— The official deadline is October 15 2007. For more information on the prize and entry submissions please go to: http://puffin.creighton.edu/aarg/paper_prize.html

And for more information on the AIDS and Anthropology Research Group: http://puffin.creighton.edu/aarg

The AIDS and Anthropology Research Group

Mission

The AIDS and Anthropology Research Group (AARG), an interest group of the Society for Medical Anthropology (SMA), is a network of scholars interested in anthropological research on HIV infection and AIDS. The mission of the AARG is to support anthropological research in the fight against HIV and AIDS.

To this end, AARG

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

Letter from the Chair, Cont.

(Continued from page 1)

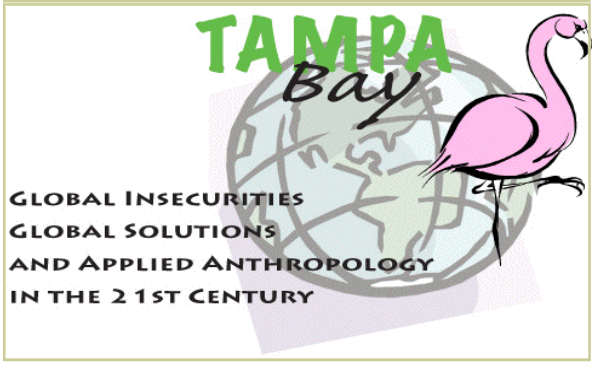
to many, as evidenced by its substantial membership list (according to Ray Bucko, we have 141 members on the electronic list, and 280 on the newsletter list, though all of these may not be active members).

Like all special interest groups, AARG has cyclical highs and lows of activity. As chair in 2000, Elisa Sobo issued an urgent and successful call for action to "reincarnate" AARG as it stood on the brink of dissolution. It is still hard to find volunteers for nominated AARG offices--the Chair being just one example. On the other hand, in the past year, the listserv discussions have been frequent and charged. Among anthropologists, HIV/AIDS is maybe not the cause célèbre it once was, but there is still a strong need for what AARG provides anthropologists. We should keep in mind that our work on HIV/AIDS is also useful to those outside traditional academic forums, in calls for 'public anthropology,' work with social movements, and the anthropology of other infectious diseases. The survival of AARG is somewhat more secure than it was in 2000, but once again, we need volunteers for nominated offices, a renewed and sustained vision for AARG's direction, and we must continue the more mundane but inglorious fundamental tasks of writing, editing, and putting together the AARG newsletter. Please join us in helping AARG succeed for as long as necessary.

Welcoming the New Chair: About Delia Easton

Delia Easton, a medical anthropologist, has been working on HIV/AIDS related issues since 1988. She received her Ph.D. from Case Western University, and did a Post-Doctorate at the Columbia University HIV Center. She has conducted research, taught, and held various positions at the Hispanic Health Council, Albert Einstein Medical Center, the Philadelphia Geriatric Center, the Centers for Disease Control and Prevention, Hunter College, and is currently the Deputy Director of the Office of Outcomes Evaluations in the HIV/AIDS Bureau at the New York City Department of Health and Mental Hygiene. She has also done consulting work and volunteered with AIDS service and outreach organizations. Her research has focused primarily on the political economy of health among marginalized groups in the United States, including Puerto Rican youth, those living with or vulnerable to HIV in urban areas, injection drug users, and young gay men.. Her research projects include the legacies of welfare reform for HIV positive women, health policies and HIV prevention, evaluating the efficacy of structural interventions for HIV/AIDS, class and ethnic disparities in health status and access, the impact of institutionalized and internalized racism on health, stigmatization of people living with or at risk for HIV and health care access, and perceptions of the risk of HIV/AIDS relative to other competing health concerns.

SAVE THE DATE!



Society for Applied Anthropology
67th Annual Meeting • March 27 - 31, 2007
Hyatt Regency Tampa, FL
For more info: http://www.sfaa.net

AARG Business Meeting at the SfAA Meetings will be on Friday, March 30, at Noon

AARG Announcements

ALL AARG MEMBERS!!!

Hello Folks,

Ray Bucko here, electronic cheerleader and now your genial membership officer.

We are trying to ascertain current membership in our organization -- we have a large list of people but we really do not know how many are active members.

So we are asking that each of you renew your membership!

We are shifting to an electronic registration process -- just fill out the form, submit, and if you are a paying member, send in your check.

I have created a new membership page here:

http://puffin.creighton.edu/aarg/membership.html

Please give it a look and let me know if you have suggestions to make the page more clear! You can reach the electronic registration page from the above link.

IF you want to go directly to the registration page you can go here (note that on some e-mail systems this line might split and thus won't work -- you'll need to put the pieces together in your location box of your browser):

http://surveys.creighton.edu/ss/wsb.dll/rab41531/aarg_membership_form.htm

Thank you for your patience with this process and for your continued support of AARG!

Ray

THE AARG CLARK TAYLOR PROFESSIONAL PAPER PRIZE AND THE AARG STUDENT PAPER PRIZE

Two prizes will be awarded by the Aids and Anthropology Research Group at the 2007 American Anthropological Association meeting, one for senior researchers and one for students. The submissions are due by **October 15th, 2007**

Previous winners of the Clark Taylor Prize:

> **2005** Kathleen Erwin, PhD -- The Circulatory System: Blood Donation, AIDS and 'Gift' Exchange in China.

The Prize Committee, of Rose Jones, Jodi Nettleton and Amanda Diers Schall, was constituted at the Dallas SfAA/SMA meeting.

Student and professional papers should be evaluated according to the following criteria:

1. Potential contributions to the literature/policy/direct impact on HIV/AIDS prevention and/or treatment.
2. Originality of argument and/or data analysis
3. Relevance of cultural, ethnic, gender and/or sexual orientation issues
4. Justified use of methods (when applicable)
5. Theoretical approach (when applicable)
6. Attention to previous research
7. Presentation--grammar, style, etc.
8. Suitability for submission to peer reviewed journals or other professional publications (including Newsletters, monographs, etc.)

While all papers are judged in terms of the same criteria, judges will exercise reasonable judgment in separately assessing undergraduate student, graduate student and professional level submissions. In other words, undergraduate student submissions will not be judged against graduate student or professional submissions, and so forth. The goal of these criteria is to support the development of the highest quality submissions at all levels, while fairly judging each level of submission in terms of reasonable standards for years of experience in the field.

Please send in your paper to Ray Bucko at: **bucko@creighton.edu** , and encourage a colleague or encourage a student to send in a paper. We encourage interested persons to join AARG and send in a paper.

Critical Intersections/Dangerous Issues

2006 AAA Annual Meeting, November 15-19, 2006
San Jose, California

AAA Panels of Interest

Friday , November 17, 2006

8:00 AM–11:45 AM

American Anthropological Association Presidential Session:

NEW APPROACHES FOR COMBATTING HIV/AIDS AND FOOD AND NUTRITION INSECURITY IN SUB-SAHARAN AFRICA: PART I: WHAT SOCIAL SCIENTISTS CAN CONTRIBUTE; PART II: TAKING GENDER INTO ACCOUNT

Organizer(s)/Chair(s) David A Himmelgreen

Introduction Ida S Susser

Participant(s) Richard B Lee, Douglas A Feldman, Daniel W Sellen, David A Himmelgreen, Barrett P Brenton, Mike Mtika, Penny Van Esterik, Shanti A Parikh, Gill Garb, E Tyler Crone,Brooke G Schoepf

Discussant(s) Merrill C Singer

Friday , November 17, 2006

10:15 AM–12:00 PM

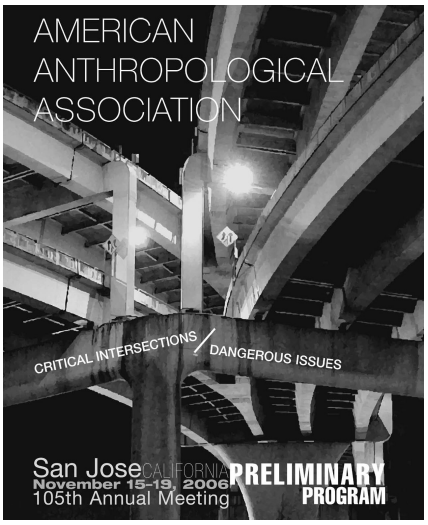
Poster Session:

CRITICAL ISSUES IN WOMEN'S HEALTH: INFERTILITY, MISCARRIAGE, BREAST CANCER AND AIDS

Chair(s) Kristin J Wilson

Participant(s)

Kristin J Wilson, Kathryn S Oths, Shelley R Adler, Fiona Larkan



Look for other panels and presentations of interest in the meeting program.

Saturday , November 18, 2006

12:15 PM–1:30 PM

Society for Medical Anthropology

AIDS AND ANTHROPOLOGY RESEARCH GROUP BUSINESS MEETING

Organizer(s) Joao Biehl and Douglas S Goldsmith

Sunday , November 19, 2006

8:00 AM–9:45 AM

HIV AND AIDS RE-IMAGED: IDENTITY, COPING, CO-INFECTION AND CHANGE

Chair(s) Jill Owczarzak

Participant(s) Jill Owczarzak, Honoria M Guarino, Karina Kielmann, Robin Root, Suzanne M Leclerc-Madlala, Anika Wilson, Lee M Kochems

Critical Intersections/Dangerous Issues
2006 AAA Annual Meeting, November 15-19, 2006
San Jose, California

AARG Business Meeting Agenda:
Saturday, 11/18/06 from 12:15 to 1:30PM
Room: Willow Glen III, 2nd Floor, at the Marriott San Jose

1. Welcome to all. Pass around sign in sheet for e-mail and contact info.

2. Introduce the new Chair, and transfer '"gavel" to Delia Easton. [If Delia can't be there, announce that Delia is now Chair, and Past Chair Doug continues.] Thank Merrill Singer for service as Past Chair. Thank Moher Downing for willingness to serve as Chair until her stroke, and for then releasing the post so that AARG could continue with a new chair. Thank Doug Goldsmith for serving the interim year until the new new chair was elected. Thank Karen Kroeger for continued service as Treasurer. Thank Bulletin Editors for their service, and the November newsletter. Thank Ray Bucko for continued service as E.dir, and for Heading up the Distinguished Service Award committee.

3. Introduce Ray to present the 2006 Distinguish Service Award winner. Ray read awardee's achievements. Present plaque and prize check.

4. Delia, (or Doug) will finally present the 2005 Clark Taylor Professional Paper prize plaque and check to last year's awardee Kathleen Erwin.

5. Chair will ask for paper submissions for next year's 2007 Student and Professional Paper prizes. Chair will ask for volunteers to serve on the Paper prize committee. Chair will ask for future consideration of naming the Student Paper
prize.

6. Chair will ask for self nominations for the Steering Committee to run for election of six new (or repeat) members.

7. Discussion of the SMA Initiative for an AARG composed position paper.

8. Announce the Spring meeting of the AARG at the SfAA meeting in Tampa, on Friday, 3/30 at noon. Meeting co-sponsors are SUNTA, NAPA, PESO, and COPAA.

9. Invite all former AARG officers and steering committee members to an informal lunch nearby, immediately after the meeting, to celebrate the near 20 years of AARG, and to discuss ways to reinvigorate its important role.

10. Ask if there is any other new business.

11. Go around the room asking each person to introduce themself and to briefly describe their own work and AIDS interest.

12. Adjourn meeting, remind all of date of Tampa meeting, and proceed to lunch.

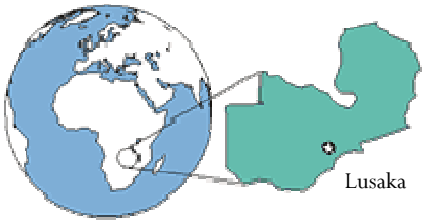
Please feel free to submit any papers, news, photos, announcements or funding opportunities to the Bulletin at

AARGsub@gmail.com.

Thanks!

Becoming Positive, Becoming Modern: Testing for AIDS in Southern Zambia

Emily Frank, Indiana University



Zambia in relation to Africa

Detailed map of Zambia

As the AIDS pandemic continues to flourish in Africa, voluntary testing and counseling remain an important part of AIDS prevention and treatment programs. After all, one cannot treat a patient with AIDS, or counsel an individual on how to best take care of themselves, if an individual does not know s/he has AIDS. Yet, despite this quite logical conclusion, most of us who have worked with Africans in the midst of the AIDS pandemic know few people who have actually gone to a testing center to find out if they are positive. In fact, the people I work with in Southern Zambia claim that going to a testing center is what causes one to "become positive." They claim that the source of the disease lies at the testing center, and it is there that the sero-conversion takes place.

Of course this claim reflects long-standing Zambian anxieties about Western medicine, and outside interventions on bodies and beings (e.g. Vaughan, 1991, White 2000). And these anxieties are well-founded. Science and medicine have been used throughout Africa to control and contain bodies or to create an evolutionary scale in which African bodies are diseased and contagious, and Western bodies are civilized and strong. During the colonial era, Africans were turned into objects to be studied and scrutinized, categorized, and measured. But there is more than just a historical dimension to the claims of the power of testing centers. The people I work with have identified an important social process occurring at testing centers that plays into larger cultural schema about traditional and modern, or local and international. When someone decides to go to a testing clinic they are indeed almost assuredly going to "come out as positive." I am not suggesting that by going to a testing clinic there will be a changes in cells or biological processes, but there is a very real transition in identity when one formally acknowledges their change in status.

What Sero-conversion tells us

In Zambia, as in other locales throughout Africa and the formerly colonized world, there are a myriad of myths, urban legends, and folklore that articulate local anxieties about transnational intervention and invasion (e.g. Booth: 2004, Comaroff and Comaroff: 1993 and 1999, Hunter: 2004, Taussig: 1983, White: 2000). While I was working in Zambia in 2004, there was a common story about the large modern buses that traveled on the main highway from Lusaka south to Livingstone, or up north to the urban centers of the copperbelt. Zambians said that the owners of these buses were all prominent local Indian businessmen. The owners of these buses required the African drivers to kill a certain number of pedestrians walking along the side of the road every year by running them over with the bus. The reason behind these roadside killings varied. Some people said it was because the owners

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needed to kill the pedestrians in order to ensure good business. Others said it was because the Indians were not Christians and therefore wanted to kill Christian Zambians to diminish their numbers. Of course, neither claim was substantiated by actual evidence, however the stories continued to pervade the Zambian landscape. This story offer explanations as to why some people in Zambia continue to make money while most of the people slip further into desperate poverty, as well as providing a moral discourse on forms of gathering and hoarding wealth in the face of widespread insecurity. The story of killer buses also illustrates Zambian fears that outsiders have little regard for African life, that non-native Zambians control Zambian people's destiny, and technology and modernity are sometimes dangerous, powerful, and malevolent. What this story, like stories about conversion at testing centers illustrate is how changing social and economic situations are being incorporated into local cultural frameworks. By dismissing these stories as simply untrue, the products of overactive imaginations and African rumor mongering, we do not hear the broader social message being conveyed.

The international health apparatus embodied by organizations like WHO and UNAIDS have worked hard to maintain definitional understandings of AIDS in a strictly biomedical realm, as a virus that affects individual immune systems. This definition constructs a strict boundary between discourses of morality and biomedicine, an important feature that has differentiated international AIDS prevention efforts from earlier efforts to combat global disease. However, Paula Treichler reminds us that when a new cultural phenomenon like AIDS enters into daily experience the phenomenon becomes framed within a familiar narrative in order to make sense of it (Treichler, 1999:3), investing it with meaning and suggesting its potential for control. While the international health apparatus constructs AIDS in biomedical terms only, discourses about morality, social ethics, and lifestyle choices abound around the pandemic. This is part of the very reason that going for an AIDS test, is a decision to "become positive." An individual chooses to adopt a particular position vis a vis local morality, a position that elevates the individual over a community, a position that privileges biomedical processes over community networks and community livelihoods.

This is not merely a question of education. Most people I worked with in Zambia had been well-informed by public health campaigns. They knew that AIDS was a disease that was most often sexually transmitted or transmitted from infected mothers to children. They knew that the source of the disease lie in human blood. AIDS is not the taboo subject in Zambia that it perhaps once was. People in Zambia regularly refer to AIDS as "our disease", or "the disease that afflicts us." They know it is in their midst. Many people talk about AIDS not in terms of testing or treatment though, but as a list of symptoms. At funerals, when someone is suspected of dying from AIDS, there are long discussions about sexual histories, illnesses, weight loss, and financial burdens on friends and family.

A different element often enters these conversations however when it is known that someone had AIDS as confirmed by a medical test. Once the disease is confirmed, a person's reputation becomes open for criticism and contempt. Past lovers are viewed with suspicion and anger, and surviving family members with unease. What is the difference here? It lies in the process of officially locating, or declaring the illness within the realm of AIDS and AIDS prevention. For many Zambians, this is the realm of the outside, a realm of intervention, a realm of the modern, the biomedical, the individual. When someone is officially diagnosed with AIDS, or even worse, volunteers to go to a testing center to discover their status, they are seen as placing international understandings of disease, care, and intervention above community ideas of collective meanings.

Access to treatment and testing

The perception that testing

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centers are sites of conversion is fueled by the fact that the few people who do get tested in Zambia and much of Southern Africa are already in the advanced stages of the disease. When they go to a testing center they are hoping that the indication of their positive status at an official testing site will make them eligible for some type of assistance from an internationally sponsored NGO (Bond, et al 2003). Unfortunately, this is rarely the case these days in Zambia. Most people I spoke with asked what they would do once if they found out their status was positive. They said that even if the government gave out treatment for free they thought it was unlikely that these programs would continue for long. Since completing my fieldwork in Zambia in 2004, the Zambian government has indeed made ARV's available for free on a limited scale, but availability has continued to fall far short of treatment goals in Zambia and the rest of Africa (Panos, April 2, 2006).

While meeting with AIDS activists in Choma I commonly heard how KARA counseling, the main counseling and support service for those living HIV positive, had at one time provided resources for infected people. They talked about how they used to be able to count on occasional disbursements of mealie meal, cooking oil, and other basic foodstuffs. But the food disbursement program had stopped when the Irish nun who ran the program had left. Many of those that had "come out" as positive, had done so because they could access these much needed resources. When the program ended these same people were left with nothing, but increased visibility and potential for anti-AIDS stigma. For Zambians then, when NGO's promote livelihood solutions that compel individuals to disembed from local communities and to engage in expert systems on an individual level, these messages are received uneasily by Zambians, who recognize that they alone will have to face the consequences of aligning themselves with groups that are not always accepted locally.

Nurses who worked at testing centers substantiate the metaphorical conversion of identity that goes with an open acknowledgement of being positive, in other words, going to a testing center. The individuals who go to a testing center are viewed by others in their community (as well the nurses who test them), as those who have exhausted all of their economic and social resources. Their families are no longer able or willing to support them, many of them have lost their jobs because they are sick, accused of or believed to be suffering the affects of incurable witchcraft. The resources that they could rely on as being a good "Tonga" or "Nyanga", or in other words their identities that were vested in traditional networks of kinship and community, are no longer functional. By going to a testing center they are hoping to draw on resources based on impersonal relations, placing science and personal biology over community and community based identities. When an individual officially confirms they are HIV positive, they are pushed directly into a world in which the expert system controlled by outsiders, dominates. The choice whether or not to use expert systems is viewed as either embracing or rejecting tradition and community or modernity and civilization.

"By going to a testing center they are hoping to draw on resources based on impersonal relations, placing science and personal biology over community and community based identities."

While I was in Nkondonzobvu and Choma, the Anti Retro Viral therapies (ARV's) used to treat people with AIDS were not available, so there was little reason to find out if you were HIV positive. For residents of my rural field site, Nkondonzobvu, testing required a several day commitment. In 2004, residents of Nkondonzobvu would have to make a twenty-four hour return trip to

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town that would give them five hours in town to "conduct business". After traveling all night they would arrive in town mid-morning. They would then have to walk a couple of miles to the testing center in town to take the two tests used to confirm seropositivity. They would then depart on another truck leaving for Nkondonzobvu mid-afternoon of that day, and return home late in the evening. They would then have to make the same trip again several days later in order to obtain the results of the test. Residents, particularly women, did not have the money to pay for transport, nor could they afford the time away from their families and agricultural duties most of the year. Taking time away from family and community activities to go to town only to take a medical test would have been viewed with suspicion, likely being perceived as selfish and an inappropriate use of time and financial resources.

For the urban residents of Choma who did live near a testing center, testing was not really much more common. When I asked people if they had ever gotten tested for HIV, including people who were AIDS counselors, they would always say something to the effect of "well, no – I know its a good idea but I have not done that yet. Maybe someday if I get sick…." The people I encountered who had been tested had done so when they had been admitted to the hospital for another illness, or when they had undergone treatment for tuberculosis. While in Zambia I met only one person who had gone to a testing center to get an AIDS test, while he was still healthy. He was the lead doctor for HIV/AIDS treatment at Choma hospital and the hospital's chief administrator.

In order to qualify for ARV's a person must not only be HIV positive but also have a viral load that is at a sufficiently high level. It is not enough to get tested and be at the early stages of the disease to qualify for treatment. In this scenario, it makes little sense to an average Zambian to get tested for HIV if s/he is feeling healthy. Many HIV positive people I spoke with found it simply unbelievable that they would want to/ or have the means to be on anti-retro viral drugs for the rest of their lives. During interviews, HIV positive informants would tell me that they could imagine taking ARV's for a while if they got really sick, but as soon as they began feeling better they would no longer need them. Some doctors I spoke with in Zambia fear that attitudes like these will create a situation in which the HIV virus becomes stronger and more resistant to treatment. These attitudes will take time to change.

There are AIDS activist communities in Zambia and the town of Choma has one. The activist communities are groups of people who know they are HIV positive, yet still determined to live their lives, and determined to be open about their HIV positive status. Many of them are young people, in their late teens and early twenties. Members of these activist communities attend "living positively" meetings where they meet weekly with other people who are HIV positive, to exchange stories and strategies for maintaining a healthy lifestyle, organize dramas about the risks of HIV/AIDS, and organize small-scale NGO's or community groups, to pool resources, or obtain access to donor funded activities and supplies. Some of the people I knew had become involved in this community in order to access resources when they found out they were HIV positive. But for most people, AIDS is the phantom, this ever-present force, lurking around the corner. Perhaps the individuals I spoke with on a daily basis are infected with the HIV virus, maybe they are not. But they are not going to find out unless they are forced into it. AIDS and the formal structures surrounding its prevention are something that most of my informants only engage peripherally, if they thought it would get them something. These are not AIDS activists. AIDS instead functions as a list of symptoms that either consumes a person or does not.

Conclusion

Living "out" about your HIV status was a "lifestyle" in 2004, before

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Becoming Positive, Becoming Modern: Testing for AIDS in Southern Zambia

the availability of ARV's, and declaring yourself positive opened up some avenues for resources while closing others. It became a way of defining issues, declaring freedoms, resisting traditions or accepting defeats. AIDS was a disease brought on by the traditional and the modern, in other words, propelled both by what Zambians define or scorn as customary practices or traditions, as well as the mobility, education, and economic conditions brought on by seeking to create a Zambia that plays as an equal in global markets and global politics. Yet, by openly claiming it, individuals firmly moved themselves forward, out of tradition, embracing the trappings of modernity. This is AIDS from within, the phantom AIDS, that permeates community life.

Testing and treatment of AIDS in Zambia is not merely about access and education. It has also become a way of defining loyalties and identities, of determining what methods an individual can and will pursue for resources. If someone is desperately ill then pursuing any avenue for resources seems logical, an way of maximizing gain and minimizing risk. However, if an individual is still healthy then the risks of "coming out" as positive are large. They carry with them the stigma and moral codes with none of the benefits.

Footnotes

[1] Research for this paper was funded by the Wenner Gren Foundation

[2] During the time I was in Zambia in 2004 people were given two tests when they went in to an AIDS testing center. The first was a rapid test, the second was a test called ELISA, which was considered more reliable. Results from the ELISA test are available within three days, not immediately. I have been informed by Zambian doctors that testing methods have improved and now a person can take an AIDS test and find out immediately if they are HIV positive.

[3] There is some evidence that this may be changing. Donor funded programs in the distribution of ARV's have begun on some large-scale commercial farms in Zambia (June 2005). Workers who are being treated with ARV's have improved their quality of life and are reporting these improvements to other workers. Commercial farms provide ideal conditions for intervention as testing, follow-up counseling, and regular medical care are easier to provide. Research as to how locals receive these programs and subsequent alterations in social life are vital.

Sources

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AIDS and Anthropology Research Group 2006 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 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. Please renew your membership from October 15-31. 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.

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NOTE: FOR ALL INTERNATIONAL AND STATESIDE MEMBERS - ELECTRONIC APPLICATIONS ARE AVAILABLE ONLINE!!

SAVE YOUR POSTAGE -- FILL IT OUT ONLINE!!

http://puffin.creighton.edu/aarg/membership.html

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 listserve? Yes ____ No ____

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

Raymond A. Bucko, S.J. Kenefick Community, Creighton University, 320 North 20th Street #164, Omaha, NE 68178

AIDS and Anthropology Bulletin

NEWSLETTER OF THE AIDS AND ANTHROPOLOGY RESEARH GROUP

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