



AIDS & ANTHROPOLOGY

B U L L E T I N

The Newsletter of the AIDS and Anthropology Research Group

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AIDS Action Foundation Hosts Conference on Issues Related to HIV Preventive Vaccines in the U.S.

On May 9-10 the AIDS Action Foundation hosted a conference entitled "HIV Preventive Vaccine: Social, Ethical, and Political Considerations for Domestic Efficacy Trials." The conference was organized under the auspices of a working group on vaccine trials convened by the AIDS Action Foundation. The working group has 26 members and four staff persons. The members include community activists, social and behavioral scientists, and representatives of NIH, NIMH, NIDA, FDA, and the CDC. AARG member Kate MacQueen from the CDC is a member of the working group. Over 250 people attended the conference in Washington, D.C.

The two day conference briefly covered the scientific issues related to the current research on preventive vaccines and then focused on several areas of interest to anthropologists. These include understanding risk reduction, developing community partnerships, confronting social harms, determining community feasibility, and ethical issues including informed consent and inclusion/exclusion criteria for communities at risk.

Two important themes ran throughout the discussion. The first was that there is an emerging consensus among clinical and bench scientists and epidemiologists that it is time to begin an efficacy trial of envelope protein subunit vaccines, particularly recombinant gp120. The size and extent of this trial is undetermined at this time and no official decision to move ahead has been made. An official decision

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SfAA Conference Cancun, Mexico

The 1994 Annual Meeting of the Society for Applied Anthropology was held in Cancun, Mexico on April 13-17. Bryan Page organized a session entitled "AIDS, Sexual Behavior and the Unmanageable Other." Presenters in this panel included Judith Wingerd (Miami), Dale Stratford (Florida), Betsy Randall-David (Florida), Virginia McCoy (Miami), and Maureen Vicaria-Clement (Miami). A second component of the panel involved the following presenters: M. Maternowska (Columbia) and Antonio Jimenez (Illinois-Chicago). Otto Von Mering was the discussant.

A second session focused on "AIDS and Tourism" and was organized by Douglas Feldman. The panel members were Thomas Steinfatt (Miami), Zafar Mithavayani (Miami), Lorie Broomhall (California-Riverside), Al Bay (Florida), and Douglas Feldman. Ralph Bolton functioned as the discussant.

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will be made by the NIH soon. The primary reason for moving forward is that scientists feel they need additional data on immune responses to envelope proteins and that these data can only come from human trials of persons at risk for HIV infection. Phase I and II trials for gp120 products have found them to be safe in humans. Currently, expectations are that the vaccines under development will not be highly efficacious and it seems clear that multiple vaccine candidates will have to be tested with multiple trials to come over the years.

The second theme is that behavioral interventions must be an essential part of any trial. Some approached the trial as an opportunity to test alternative interventions in tandem with testing the vaccine. At a minimum, it is agreed that the best available education and prevention advice must be provided to all trial participants. There is still discussion about what constitutes the "best available" education and prevention programs and this is likely to continue to be a critical area of study.

Other issues discussed were primarily related to the implementation of trials. For example, data were presented on ongoing feasibility studies among gay men and injection drug users in the United States. These data indicated general willingness to participate but also posed several significant warnings to trial designers. First, Kate MacQueen reported that for gay men a strong predictor of willingness to participate is the hope that one will be protected from HIV infection. A negative predictor of willingness to participate is a discomfort with not being able to know if one has received the placebo or the experimental vaccine. Lisa Solomon reported that interest in participation dropped significantly among injection drug users if they were told that they might seroconvert if they are given the experimental vaccine. These two reports raise several issues: how can we assure that participants really understand that they will not be guaranteed protection under the trial? Will participants modify their behavior as a result of being enrolled in a trial and if so, in what way? What will be the impact of

seroconversion due to vaccine products? Will participants unblind themselves by going outside the study to get a HIV test in order to learn if they have received the vaccine? Some of these concerns can be addressed through targeted counseling aimed at reducing the likelihood of increased risk. In addition, other issues arise such as the availability of health care for follow-up of trial participants. A balance has to be struck between the provision of appropriate care and provision of care that will result in undue inducement to participate in the research. Finally, concern was raised about informed consent and the problems in insuring both that consent is truly voluntary and informed.

Many of these issues were discussed in the AAA Task Force's Vaccine Paper. The conference was different, however, in that there was a cooperative dialogue between medical scientists, behavioral scientists, and community activists. They focused on HOW to address important issues facing us as clinical trials approach. Although solutions still must be negotiated, there was a general sense among all parties to work together. Watch AAB for future updates on HIV vaccine research.
by Janet McGrath.

1994 ELECTION RESULTS

Michael Clatts was elected Chair-Elect. He will serve as AARG Chair in 1995. Congratulations, Michael. Stephanie Kane and Susan Scrimshaw were elected to the Steering Committee and Douglas Feldman was re-elected. Margaret Connors has taken over as Secretary for Michael Clatts. The current officers and Steering Committee Members and when their terms expire are:

Janet McGrath, Chair (cont. as Past Chair in 1995)
Michael Clatts, Chair-Elect (Chair in 1996; Past Chair, 1997)
Margaret Connors, Secretary (1995)
Moses Pounds, Treasurer (1995)
Norris Lang, Immediate Past Chair (1994)
Claire Sterk-Elifson, Bulletin Editor (1995)

Ralph Bolton (1995)
Francis Conant (1995)
Stephen Eyre (1995)
Douglas Feldman (1996)
Stephanie Kane (1996)
William Leap (1995)
Betsy Randall-David (1995)
Susan Scrimshaw (1996)
Merill Singer (1994)

As you can see, we have a great Steering Committee again this year. We look forward to another interesting and productive year!

AAB is published quarterly by the AIDS and Anthropology Research Group. To submit copy contact the editor: Claire Sterk-Elifson, Department of Anthropology, Georgia State University, Atlanta, GA 30303. Phone: (404) 651-1760; Fax: (404) 651-1718. E-mail: antcse@gsusgi2.gsu.edu. To become a member of AARG and receive AAB contact Moses B. Pounds, Treasurer, 5224 Even Star Place, Columbia, MD 21044-1832. Membership for 1994 is \$20 payable to AARG. The student fee is \$5. Foreign or unemployed anthropologists may receive the Bulletin at no cost.

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The session abstracts follow: "AIDS, Sexual Behavior, and the Unmanageable." Studies in South Florida have used network-based outreach and sustained contact to investigate the cultural context of risk associated with sexual behavior and needle use. The papers focus on aspects of socio-cultural context that offer strategies to prevent or reduce risk in Haitian, migrant farmworker, and IDU populations. Rather than attempting to manipulate populations as corporate others, the papers forward strategies that build interventions' capacities to address individual barriers to safer sexual behavior.

"AIDS and Tourism:"

The relationship between tourism and the spread of HIV has rarely been the focus of anthropologists working in the field of AIDS social research. This session will focus on work being carried by anthropologists in Mexico, Thailand, the Philippines, and Cuba. Tourists do not necessarily follow the same precautions on vacation as they would do at home. The dynamics of tourism may create social conditions which would greatly increase HIV transmission.

Stories of Pain and The Problem of AIDS Prevention: Injection Drug Withdrawal and Its Effect on Risk Behavior. *Submitted by Margaret M. Connors, NIMH Fellow. Her paper won the AARG Paper Prize and was selected for the WHR Rivers Prize Essay (1992); more recently it was published in MAQ (Vol 8(1), 1994).*

The work in this essay comes out of six years of research on drug abuse and AIDS prevention strategies. It was undertaken in order to more fully understand the nature of addiction and the role of withdrawal in addiction as to make sense of at least some of the ways HIV prevention is particularly challenging among those who inject drugs.

My research on drug withdrawal explores its somatic and psychological dimensions as well as its personal and subcultural meaning by interpreting withdrawal as a chronic pain condition. This essay looks at how social context and personal experience influence constructs of pain and pain avoidance. The results suggest that the physical effects of drug use need to be explored as a symptom of a more extensive chronic condition in which pain is both the reason for and the consequence of drug addiction. My interpretation is influenced by medical anthropologists who have analyzed pain as it is experienced by the individual suffering and how drug users' particular experience of pain extends beyond the individual sufferer in ways that allow for a shared set of meanings about pain within their social network.

The intense impulse to extinguish the pain of withdrawal often makes it difficult for drug users to think about cleaning their works and avoid sharing needles. I argue that the difficulties of taking precautions are, to some degree, imbedded in their common bond of being in pain. How this pain was expressed during interviews with drug users revealed a complex experience that needed to be unraveled. I define drug withdrawal as the period after injection of a narcotic substance when an individual is no longer experiencing the (initial) effect of the drug.

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AARG Paper Prize

The AARG yearly awards an anthropologist and anthropology student paper prize. The purpose of the prize is to encourage HIV-related research and publications by anthropologists. The deadline for the 1994 competition is September 30, 1994. Papers should be original, 15-30 pages double-spaced, and the first author must be an anthropologist (student). Send 4 copies of your manuscript to: Chair of 1994 Paper Prize Committee, Margaret Connors, Harvard Medical School, Department of Social Medicine, 641 Huntington Ave., Boston, MA 02115.

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KEEP US INFORMED

Send us your hot-off-the-press research reports (300-500 words), your brilliant think pieces (200-300 words), your announcements, requests for cooperation, employment opportunities, positions wanted, and startling discoveries.

The next deadline for the AIDS and Anthropology Bulletin is August 15, 1994.

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Street Youth and AIDS in New York City: A Generation in Peril. *By Michael Clatts*

The Youth at Risk Project (YAR) is an evaluation study of street outreach as an AIDS intervention strategy and is funded by the Centers for Disease Control and Prevention. Started in 1991, the study was developed as a collaborative effort with Victim Services Agency, the National Development and Research Institutes, Inc. (NDRI), and each of the street outreach projects serving the street youth population in the central Manhattan area, including The Streetwork Project, Project First Step, Project SafeSpace, Health Outreach to Teens, and Covenant House.

The study has generated the first comprehensive profile of the street youth population in New York City. Teams of specially-trained interviewers have gone into the streets to locate youth on their own "turf," in an effort to better understand who these youth are, the nature of their involvement in the street economy, their knowledge of HIV and AIDS risk reduction, and their contact with street outreach services. In a baseline sample of 432 youth who were interviewed in the latter part of 1993, over half were currently homeless and cumulatively nearly four-fifths had been homeless at some time during the last year. Most reported being involved in sexual activity, over half of whom said that they were involved with more than one person. Over a third supported themselves through prostitution. Those who had ever participated in prostitution were less likely to use condoms in vaginal, anal, and oral sex with main partners than those who had not.

Most reported use of a wide variety of drugs and about one quarter earned money through the sale and distribution of drugs. Well over a third have used crack; well over half used cocaine; over a third have used heroin; and one-fifth have injected drugs at some point in the last five years. Ever having injected drugs was significantly associated with a number of other risk behaviors, including unprotected multiple partner sex, prostitution, homelessness, and

less condom use in all kinds of single and multiple partner sex. Particularly striking was the low frequency of condom use among crack users for vaginal sex with multiple partners as well as for anal sex with both main and multiple partners. In sum, the behavioral data suggest that many of these street youth are at multiple risk in that unprotected sex, prostitution, crack use, intravenous drug use, and homelessness are closely inter-related factors. Moreover, parallel ethnographic research in this study indicated that the likelihood of being involved in risk behavior increases exponentially as youth become increasingly dependent upon and absorbed into the street economy, suggesting the urgency of early prevention services as well as the need for resources with which to support strong, targeted, and consistent outreach.

In an effort to maximize the effectiveness of existing AIDS prevention resources, the YAR project has attempted to establish a Youth at Risk Cooperative in an effort to coordinate services and to enhance the effectiveness of street outreach. The cooperative is an effort to make service delivery both more effective and efficient.

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This period can begin as soon as 20 minutes after injection for cocaine users and as soon as a few hours for heroin and other substance users. The definition also includes the more extensive period of withdrawal when someone ceases drugs altogether.

Drug withdrawal is uncontested painful. The physical realm of withdrawal pain is consistently documented in the medical literature as a condition of a wide range of verifiable symptoms. When doing the research I expected to find that the amount of drugs used would have an impact on the intensity of the symptoms and that greater amount would produce more severe withdrawal-the harder the drug, the harder the crash theory. But those who were crashing the hardest (those who described their symptoms as almost unbearable) did not necessarily use the most drugs. Further analysis revealed that there was a significant relationship between those who used drugs to avoid withdrawal and those who suffered from the worst pain. The findings led to the chronic pain theory of withdrawal.

I argue that withdrawal is more adequately explained when emotional pain is included. According to the users in the study, drug withdrawal is painful in more than one way; worst symptoms are not experienced as more physically painful but more emotionally painful. I identified withdrawal as part of a mystic experience - a socially constructed pain category that encompassed both physical and emotional pain and collapsed these into one complex experience. In using Rolando Barthes's definition of myth, I understand myth to be a system of communication through the modes of speech, writing, or representation as well as a system of signs. Myth is a metalanguage. When drug users in this study spoke about withdrawal they did so in ways in which they speak to traumas beyond the physical dimensions of the condition. Withdrawal, when seen as a system of signs, become allegorical. When analyzed as myth, it shows how the pain experience of withdrawal is distorted. Firstly, emotional pain is swallowed up by physical pain rendering it mute; secondly, emotional pain is

reconstituted through the physical body and presented through this more culturally salient form of expression. The drug user can speak about emotional pain through the metalanguage of the physical.

In *Pain as Human Experience* (Good, Brodwin, Good, Kleinman, 1993), Arthur Kleinman explains that this phenomenon is not uncommon among the poor and oppressed. Pain can be used as embodied resistance and as a way to invite sympathy or resist a stigmatized position.

Among drug users, embodied pain can be used as a medium of solidarity. I argue that many drug users somatize emotional pain so that they can both express and control intense feelings of pain, anger, shame, and grief. Only when withdrawal is readdressed along a continuum in which suffering and pain are analyzed in all the complexity by which they are inextricably linked will the affliction of drug use be fully grasped. The more holistic understanding of the life circumstances which help to foster injection drug use and those circumstances that may keep a user in a cycle of addicted abuse can only assist us in our efforts towards more effective HIV prevention strategies.