

# AIDS & ANTHROPOLOGY BULLETIN

The Newsletter of the AIDS and Anthropology Research Group

October 1999

Volume 11, Issue 3

## BOOK REVIEW

by Merrill Singer, Hispanic Health Council

*FAST LIVES: WOMAN WHO USE CRACK COCAINE* by CLAIRE E. STERK, Temple University Press, 1999, 242 pages

In October 1998, the AIDS & ANTHROPOLOGY BULLETIN carried a profile of Claire Sterk in which she stressed that in the study of illicit street drug use nothing beats the sharp focus of a trusted ethnographer hanging out on a street corner or community setting. This volume, the product of four years of participant observation, countless informal interviews, focus groups, and in-depth interviews with 149 women who were active crack cocaine users in Atlanta, exemplifies Sterk's approach. It is packed full of the kind of detailed insights about a wide range of issues in day-to-day life and experience that make ethnography a distinctive research method and have contributed to its celebration as a productive method for street drug research. *Fast Lives* loudly affirms the great value of ethnography in the study of illicit behaviors, joining a growing collection of insightful monograph-length ethnographic and quasi-ethnographic studies that date back to Bingham Dai's 1937 study of opium addiction in Chicago.

This volume stresses four points: 1) crack cocaine users are better understood through up-close and personal research and reporting than through the harsh stereotypes that dominant the popular and criminal justice discourse on illicit drug use generally and crack cocaine use specifically, 2) inner city female crack users are a heterogeneous population, 3) involvement with crack is the product of individual actions and decisions (personal agency), on the one hand, and social structural and contextual factors (political economy), on the other, and 4) the drug scene is in constant flux, with new patterns (and products) of illicit consumption constantly being adopted and older patterns continually fading away.

Weaving together direct quotes and carefully crafted descriptions, Sterk seeks to go beyond prevailing (usually brutally hostile) images to help the reader meet the woman in the drug user. The theoretical approach is symbolic interactionism combined with phenomenology, with the goal of presenting an insider's perspective on crack cocaine use, its meanings, and its consequences for inner city women. The book opens with a profile of Alice, a slender, thirty-two-year-old African American crack user who worries about having AIDS but dreams about meeting a nice man who will love and care for her. This dream, in essence part-and-parcel of the broader American dream, is shared by many of the active crack using women Sterk interviewed and observed. Few, if any, of the women in the study have ever met such a man or enjoyed the material conditions they covet. Nevertheless, the dream is no less a factor in their lives than the crack pipe stem they crave or the disappointment and humiliation they sometimes suffer because of their poverty and dependence on crack. Clearly, dreams die hard and perhaps this creates opportunity for effective intervention (were society and policy makers actually listening).

Sterk seeks to reveal the diversity she encountered among women crack cocaine users by introducing an etic typology of pathways into crack use and roles in the crack scene. The typology is comprised of four distinct groups of women. First, there are "Queens of the Scene," women involved in crack production (e.g., cooking crack cocaine rocks from powdered cocaine, a complicated process that requires considerable skill) who consider themselves "part of the drug aristocracy and therefore superior to other

women involved with drugs" (p. 53). Second, are those she calls "Hustlers," woman who support themselves and their crack dependence through a wide range of criminal activities (e.g., drug distribution, car theft, shop lifting). Third are "Hookers," women involved in commercial sex exchange to support their crack dependence. Finally, there are the "Older Struggling Rookies," women who were not involved in drug use before their involvement with crack at age thirty or older, and hence they often lack street survival skills (and as a result must engage in more desperate, more humiliating acts to acquire crack than other users). Importantly, women in these four groups have different attitudes (including attitudes about self), behaviors, risk patterns, social status on the street, and life styles. Generalizations that have been made about women and crack use tend to collapse in light of this typology and its recognition of considerable diversity within the population of concern. As Sterk notes, "Blaming female crack cocaine users for their sexual promiscuity and the spread of HIV into the general population does not take into account the heterogeneity of these women" (p. 208).

Involvement with crack is the product of individual actions and decisions (personal agency), on the one hand, and social structural and contextual forces (political economy) on the other. Sterk seems particularly concerned with the issue of individual decision-making and personal responsibility in drug use. At times, she admits to pressing the participants in her study when they blamed others for their problems and failed to admit to their own role in choosing to use or continuing to use crack. Still, Sterk recognizes the importance of race, class, and gender. She concludes that while some of the women realized they had no control over their racial background and gender, they also saw that "they did have opportunities, though against the odds, to change their socio-economic status" (p. 215). The operative phrase here, of course, is "against the odds" because from a social perspective most people do not rise above the odds. If the deck is stacked, it is pretty much a forgone conclusion that most people will not succeed (in this case, in avoiding crack use). This analysis exemplifies a major advantage of social science—seeking to explain social patterns rather than individual exceptions.

The drug scene is in constant flux, with new patterns (and products) of illicit consumption constantly being adopted and older patterns continually fading away. Crack use is a relatively new phenomenon. First introduced to illicit drug markets as a smoke-able form of cocaine in the 1970s, it did not catch on until the 1980s (as a cheap, quick high with what had been considered a high status drug), and then not evenly so. Once crack did acquire a market, it became "one of the biggest shifts ever in the drug scene" (p. 204). In more recent years (a period not captured in this book), with powder cocaine hard to find on the streets, drug users have begun re-converting crack back into an injectable form. Also, they have been turning away from crack (as it acquired a particularly bad street reputation), most recently shifting to heroin and methamphetamine as drugs of choice. Nonetheless, crack use is not likely to disappear and the policy implications of its significant impact on the lives of the inner city poor, including an examination of the costs and benefits of legalization, are discussed in the book's final chapter.

## AARG LISTSERV NOW AVAILABLE

AARG member Ray Bucko has set up a listserv for AARG members. Currently, there are three people on the list and they sure would like company! The listserv will provide an extremely speedy and effective way for AARG members to network, get advice, plan conference panels, and share resources.

To join the AARG listserv, simply send an email to the list moderator, Ray Bucko (bucko@maple.lemoyne.edu). Identify yourself as a member of AARG and request to join the list. He will register you and you will then receive instructions on how to use the listserv. If you have any questions or suggestions about the list please feel free to contact Ray.

## REVITALIZING ANTHROPOLOGICAL INTEREST IN HIV/AIDS: A PREVIEW OF THE 1999 AAA MEETING

In an article published in the March 1999 issue of AAA's ANTHROPOLOGY NEWSLETTER, Merrill Singer wrote about the insidious creep of "AIDS boredom" and lamented the shrinking numbers of AIDS-related panels at AAA annual meetings. He wrote, "public boredom with AIDS comes at a time when the global pandemic is roaring out of control...Globally, 6 million people were infected this year. In the U.S., AIDS rates in the African American community similarly are out of control. In short, this is a time when we need greater not less attention devoted to AIDS, especially internationally and especially in the inner city in the developed world" (p.58). Counteracting complacency among ourselves, our anthropologist colleagues, and the audiences for whom we write will certainly be one among many challenges of the coming decade. In panels and through our business meeting at this year's AAA meeting, AARG members will work towards revitalizing anthropological interest in HIV/AIDS. Plan on attending the **AARG Business Meeting** on Thursday, November 18 from 6:15 to 7:30 pm to share your thoughts about how AARG can promote anthropological involvement in AIDS research and contribute to HIV/AIDS prevention around the globe. We also hope AARG members will attend and participate in discussions at AIDS-related panels.

Some panel highlights for this year's meeting will include an innovative double session titled "**AIDS/HIV in the Timescapes of a New Millennium**," organized and chaired by Elisa J. Sobo (UCSD) and Ronald J. Frankenberg (Brunel). This has been invited for the AAA meetings by both the American Ethnological Society and the Society for Medical Anthropology. The session will take place on Saturday, November 20, from 1:45-5:30 pm. Speakers include Allison Clarkin, Johathan Church, Guro Huby, Frederick Bloom, Joy Ann Juvelis, Stephanie Kane, John Kreniske, Ralph Bolton, Janet McGrath, Katherine Fritz, Tony Barnett, and Gilbert Herdt.

The HIV/AIDS research of AARG members will figure prominently in another double session titled "**Place, Space and Time in Risk Network Research**," organized by Jean Schensul and scheduled for Wednesday, November 17 from 12-3:45 pm. Presenters on this panel include Margaret Weeks, Scott Clair, Stephen Borgatti, Janie Simmons, Merrill Singer, Robert Heimer, Judith Levy, Kim Radda, Raul Pino, Lorie Broomhall, Cristina Huebner, Delia Easton, D. Scott Wilson, Michael Duke, Robert Dushay, Pablo Feliciano, Christina von Mayrhauser, and Alfred Pach.

Sub-Saharan Africa is home to the vast majority of the world's HIV infections. The panel "**Can Africa Survive the AIDS Crisis?**" chaired by Douglas Feldman will assess the current and future impacts of the

AIDS epidemic in several African nations. Presenters include Elizabeth Colson, Sam Clark, Judy Benjamin, Kearsley Stewart, and Tony Barnett. The panel is scheduled for Saturday, November 20, 12:15-1:30 pm.

AARG member Merrill Singer helps turn our attention to HIV/AIDS and other health policy issues in the panel "**Unhealthy Health Policies**" (invited by the Society for Medical Anthropology). The panel, organized by Singer, includes papers by Arachu Castro, Kenyon Stebbins, Hans Baer, Jeffrey Maskovsky, Singer, Robbie Davis-Floyd, and Richard Reed. This panel is scheduled for 8-9:45 am on Thursday, November 18.

A variety of other panels may be of particular interest to AARG members. "**Risk, Danger, Fate,**" a session organized by Margaret Lock and Paul Rabinow will take place on Thursday, November 18 from 10:15-12 am. Presenters include Rabinow, Lock, Joseph Dumit, James Faubion, and Mario Biagioli.

"**Researching Controversial Health Topics: Special Issues and Concerns,**" meets from 6:15 pm to 7:30 pm on Thursday, November 18. It is chaired by Abigail Kohn and features papers by Janice Boddy, Philippe Bourgois, and Susan Kahn. "**Anthropology: What's the Use? The Discipline and the Wider World,**" is a Presidential Symposium organized by Jonah Blank. It includes presentations by Micaela di Leonardo, David Maybury-Lewis, Aminah Beverly McCloud, Paul Farmer, and Wendy Doniger and is scheduled for Friday, November 19, 4-5:45 pm. "**Social Suffering: Disease and Despair,**" is scheduled for Saturday, November 20 from 1:45-3:30 pm. It is chaired by Michael Ennis-McMillan with papers by Ennis-McMillan, Nancy Vuckovic, Nanette Barkey, Lisa Stevenson, Frederick Klaitz, Maria Tapias, and Craig Klugman.

As always, a **Support Group for anyone affected by and/or working with HIV** will meet on Thursday, November 18 from 12:15-1:30 pm

## THE AARG WEB PAGE IS UP AND RUNNING

Thanks to the efforts of AARG member Ray Bucko, our web page is now up and running. Please take a moment to visit our site at <http://web.lemoyne.edu/aarg/> Contact Ray ([bucko@maple.lemoyne.edu](mailto:bucko@maple.lemoyne.edu)) with your suggestions for information or attractions you'd like to see on the web page.

## RECENTLY FUNDED RESEARCH: MEN, BEER HALLS, AND HIV RISK IN HARARE, ZIMBABWE

by Katherine Fritz, Center for AIDS Prevention Studies, UCSF

Zimbabwe is currently experiencing one of the worst HIV epidemics in the world. In 1998, HIV prevalence among pregnant women in various parts of the country ranged from twenty to fifty percent.<sup>1</sup> In response, faculty of University of Zimbabwe's Department of Community Medicine and UCSF's Center for AIDS Prevention Studies are engaged in an effort to broaden the number and type of prevention programs available in Zimbabwe. One area in which we are focusing our efforts is men's sexual risk-taking, particularly that which takes place in or around drinking places, most notably, Harare's many beer halls. Our goal is to develop an HIV prevention program tailored to the needs of the many men who spend much of their leisure time socializing in beer halls.

In contemporary Zimbabwe, as elsewhere in Africa, women's capability to protect themselves from HIV infection is extremely constrained. Without husbands' cooperation in using condoms and/or limiting the number of extramarital sexual partners, most women can do little to act on the AIDS prevention advice they frequently hear from national AIDS prevention programs. While strides continue to be made in research on female-controlled methods of HIV prevention, we believe it is men's social and sexual risk behavior that should be a major focus of prevention programs and research agendas. In addition, developing interventions appropriate to specific social contexts is a pre-eminent HIV prevention need in Africa, where scarce resources must be used strategically. Unfortunately, there remains a dearth of prevention programs targeted at the precise social situations in which men engage in the behavior that puts them, and by extension their female partners, at risk for HIV infection.

In working toward the goal of developing bar-based HIV prevention programs targeted at men, we have designed and received NIMH funding to conduct a study in which we will visit a random sample of Harare beer halls and recruit approximately three hundred men. At each beer hall we will provide on-site voluntary HIV counseling and testing (VCT) and conduct structured interviews with those who choose to participate. The goals of the study are to broaden accessibility to free VCT, ascertain HIV prevalence and rough incidence estimates (using the detuned ELISA test), gather information on HIV risk associated with the drinking experience, and obtain men's suggestions for what might constitute an effective and appropriate beer hall-based HIV prevention program. The study is scheduled to begin in January and will be informed by qualitative research currently being conducted in beer halls and nightclubs of Harare by faculty of University of Zimbabwe's Department of Community Medicine.<sup>2</sup> This formative research, in which I participated during June to August 1999, uses in-depth interviewing, social mapping, participant-observation, focus group discussions, and a questionnaire to gather data about drinking patterns, sexuality, sexual behavior, and perceptions of HIV risk. It is the first African research we know of to focus on the specific ways in which the drinking experience is connected to sexuality, sexual behavior, and HIV risk.

Alcohol consumption in sub-Saharan Africa is widespread both in rural and urban areas and has been part of social, ritual, and ceremonial life for centuries, if not millennia. The most common type of alcoholic drink found across sub-Saharan Africa is a thick opaque beer made from sorghum, maize, or millet. The bulk of this type of beer is produced within rural homesteads using grain grown on family farms. In Zimbabwe and throughout much of Southern Africa however, maize beer is also mass-produced by commercial breweries. In Zimbabwe, it is packaged in two-liter containers that can be bought at beer halls, bottle stores, and even grocery stores. Relative to European-style "clear" beer, maize beer is very

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<sup>1</sup> UNAIDS/WHO. Report on the global HIV/AIDS epidemic. 1998.

<sup>2</sup> This research is funded by UNAIDS. The Principal Investigator is Godfrey Woelk.  
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inexpensive and thus is the alcoholic drink of choice for the majority of Harare residents. Culturally, beer drinking plays a vital role in expressions of hospitality and reciprocity both in the city and outside. In Harare beer halls, as in rural drinking parties, beer is shared from a common pot or mug, which is passed among friends and carefully shared. It should not be surprising that the marketing slogan for Chibuku, the maize beer most commonly sold in Harare beer halls is “Hari Yemadzisahwira” or “Friends’ Mug.” The type of friend this slogan refers to, the “sahwira,” isn’t just any friend or acquaintance, however. The “sahwira” is best described as one’s most close, intimate, and trusted friend. In beer halls, men take turns buying mugs to be shared among their friends. Thus, the act of drinking both reflects and builds networks of reciprocity. One who is short on cash relies on the generosity of his peers but is expected to return the favor when the tables are turned.

It almost goes without saying that beer brewing has become increasingly commercialized over the course of the 20<sup>th</sup> century. Elizabeth Colson and Thayer Scudder, anthropologists conducting research in Zambia over the past four decades, suggest that alcohol consumption has increased during the past thirty to forty years due to the growing number of Africans who earn cash incomes through employment and the proliferation of commercial breweries and distilleries.<sup>3</sup> It is important to note, however, that colonial authorities played a crucial role in building the brewing infrastructure that now serves Southern Africa. In colonial South Africa and Southern Rhodesia (now Zimbabwe), British colonial authorities eradicated all petty brewing over concern that the male labor force was over-drinking and that female brewers were further leading men astray by selling sex in addition to beer. In both colonies, the British replaced small brewers with large-scale, state-operated breweries accompanied by outlets called beer halls. In these facilities beer consumption was tightly controlled. Ostensibly, the profits from the sale of beer were to be directed toward civic improvements within African townships and tribal reserves. The extent to which this occurred is debatable; however, to this day in Zimbabwe, beer profits are seen as public money and beer halls themselves achieve the rank of civic institutions. At Zimbabwean independence in 1980, city councils took over operation of beer breweries and beer halls. Beer profits have helped to finance the building of stadiums, hospitals, and schools.

A handful of epidemiological studies conducted in Africa since 1989 suggest the important role alcohol use or bar attendance may play in the spread of HIV and other STDs. A study conducted in Zimbabwe, for example, in which 2,691 male factory workers in Harare were tested for HIV and interviewed, showed that visiting a beer hall in the preceding week was significantly associated with HIV infection in statistical analysis.<sup>4</sup> This relationship held in multivariate analysis controlling for several other risk factors including having more than two sexual partners in the last year and paying for sex in the last year. While previous studies are highly suggestive, no study to date has gone directly to drinking places to ascertain HIV prevalence or to gather information about social and sexual behavior connected to the drinking experience. If beer halls in Harare are indeed locations of heightened risk for HIV infection, a question our study aims to answer, then these locations may be appropriate spaces in which to implement effective HIV prevention campaigns.

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<sup>3</sup> Colson E, Scudder T. For prayer and profit: the ritual, economic, and social importance of beer in Gwembe District, Zambia, 1950-1982. Stanford:Stanford University Press, 1988.

<sup>4</sup> Bassett MT, McFarland WC, Ray S, et al. Risk factors for HIV infection at enrollment in an urban male factory cohort in Harare, Zimbabwe. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 1996;13:287-293.

## MEMBERSHIP LIST IS DELIVERED

Accompanying your AIDS & ANTHROPOLOGY BULLETIN this month is a list of all current AARG members, including their contact information and areas of expertise. We hope the list will be helpful to you as you network, seek advice, search for collaborators, or plan parties.

## CONFERENCES

**October 23-27, 1999.** 5<sup>th</sup> International Congress on AIDS in Asia and the Pacific. Kuala Lumpur, Malaysia. For general event inquiries and conference program, contact: the 5<sup>th</sup> ICAAP Secretariat, No. 12, 3<sup>rd</sup> Floor, Jalan 13/48A, The Boulevard Shop Office Off Jalan Sentul, 51000 Kuala Lumpur, Malaysia. Telephone: 603-445-1033 Fax: 603-442-6133 email: [icaap99@pd.jaring.my](mailto:icaap99@pd.jaring.my) Website: <http://www.icaap99.org.my>

**November 5-8, 1999.** The United States Conference on AIDS (USCA). Denver, CO Contact: National Minority AIDS Council, Telephone: (202) 483-6622 Fax (202) 483-1135

**November 7-11, 1999.** 127th Annual Meeting & Expo of the American Public Health Association: Celebrating a Century of Progress in Public Health. Chicago, IL Contact: American Public Health Association, 1015 15th St, NW, Washington DC 20005-2605 Telephone: (202) 789-5620 Fax: (202) 789-5561 email: [carol.lewis@apha.org](mailto:carol.lewis@apha.org) Website: <http://www.apha.org>

**November 17-21, 1999.** Annual Meeting of the American Anthropological Association. Chicago, IL. Theme: "Time at the Millenium." Due date for paper proposals was April 1, 1999. For more information visit <http://www.ameranthassn.org> or contact AAA Meetings Dept., 4350 N. Fairfax Dr. Suite 640, Arlington, VA 22203; phone 703-528-1902

**February 13-16, 2000.** 3<sup>rd</sup> European Conference on Social and Behavioural Research on AIDS: Towards Better Practice: European Partnerships in HIV/AIDS Research, Policy, Prevention, and Care. Amsterdam, The Netherlands. Contact: Aids Fonds, Keizersgracht 390, 1016 GB Amsterdam, Netherlands Telephone: 31-20-62 62 669 Fax: 31-20-62 75 221 email: [eucon@aidsfonds.nl](mailto:eucon@aidsfonds.nl) Website: <http://www.aidsfonds.nl>

**February 24-25, 2000.** National Conference on African-Americans and AIDS. Washington, D.C. Contact: Jennifer Walter, Office of Continuing Medical Education, Johns Hopkins University School of Medicine, Turner 20, 720 Rutland Ave., Baltimore, MD 21205-2195 Telephone: (410) 614-6181 Fax: (410) 614-7315 email: [jwalter@jhmi.edu](mailto:jwalter@jhmi.edu) or [cmenet@jhmi.edu](mailto:cmenet@jhmi.edu)

**March 13-16, 2000.** Microbicides 2000. Washington, D.C. Sponsored by NIH, CDC, UNAIDS, and others, this conference aims to provide updates on current research in microbicides and to review the state-of-the-art methodological, clinical, ethical, and behavioral issues in microbicide research. To be placed on a mailing list to receive a detailed brochure, contact: Mary Dannahey, 7101 Wisconsin Ave, Suite 1300, Bethesda, MD 20814, USA. Telephone: 301-986-4870 or 1-800-749-9620 (for U.S. callers only) Fax: 301-913-0351 email: [Mdannahey@s-3.com](mailto:Mdannahey@s-3.com)

**March 21-26, 2000.** Society for Medical Anthropology/Society for Applied Anthropology Joint Annual Meeting. San Francisco, CA. The Society for Medical Anthropology (SMA) will meet jointly with the Society for Applied Anthropology (SfAA) in San Francisco in 2000. The SfAA Conference theme is "Understanding the Past to Negotiate the Future." The SMA is planning a series of special events to allow medical anthropologists to review the contributions of their field to anthropology and beyond and to plan for the next millennium. These include: a major SMA-organized independent plenary session on "The Contributions of Medical Anthropology to Anthropology and Beyond." Special sessions organized by the SMA board will be held throughout the course of the meeting. A variety of volunteered posters, papers, and sessions from medical anthropologists, as always, will be part of the regular Society for Applied Anthropology Program. The deadline for submission of volunteered posters, papers, and sessions has been extended until November 1 (from October 15) to allow for greater response from SMA members. These submissions should be done through the SfAA. Forms for registration can be most easily obtained at the SfAA Website at: <http://www.telepath.com/sfaa/>

**July 9-14, 2000** 13<sup>th</sup> International AIDS Conference. Durban, South Africa. The theme of the Conference, "Break the Silence," is an acknowledgement of the many silences which surround and imprison HIV/AIDS—from the silence of communities which obstruct acceptance and disclosure, to the silence which prevails across nations estranged by colossal inequities and divided by towering debts. February 1, 2000 will be the deadline for abstract submission, scholarship applications, and early registration fee. To be included in the mailing list, forward your details to Congrex in Sweden by e-mail: [aids2000@congrex.se](mailto:aids2000@congrex.se) or by fax: +46 8 661 81 55 Website: <http://www.aids2000.com>

## NEWSLETTER SUBMISSIONS WELCOME

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

Submissions for the next issue of AIDS AND ANTHROPOLOGY BULLETIN are due January 10, 2000. Please send your submission to:

Katherine Fritz  
Center for AIDS Prevention Studies  
74 New Montgomery St., Suite 600  
San Francisco, CA 94105  
email: [kfritz@psg.ucsf.edu](mailto:kfritz@psg.ucsf.edu)

(Submissions longer than half a page should be on disk or sent via email)



## AARG MISSION STATEMENT

The AARG, an interest group of the Society for Medical Anthropology (SMA), is a network on HIV infection and AIDS. The mission of the AARG is to support anthropological research on AIDS. To this end, AARG 1) works to use anthropological research in the fight against HIV and AIDS, 2) advocates for AIDS research within anthropology, 3) promotes AIDS research by anthropologists within the broader AIDS research community, and 4) provides a forum for anthropologists working on AIDS to meet and communicate about their work.

## CAST YOUR BALLOT (ballots must be received by November 12, 1999)

MAIL TO: AARG Chair, Fred Bloom  
4486 Union Church Rd  
McDonough, GA 30252  
U.S.A.

- Chair: **Elisa Sobo**   
(Research Scientist, University of California San Diego,  
Center for Child Health Outcomes, Children's Hospital  
San Diego)
- Steering Committee Members (vote for two): **Ray Bucko**   
(Associate Professor, Le Moyne College)
- Cathy Jones**   
(Research Associate, Washington University School of  
Medicine, Center for Healthcare Quality and  
Effectiveness)
- Student Representative: **Mark Padilla**   
(Ph.D. Candidate, Emory University)

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