



AIDS & Anthropology Bulletin

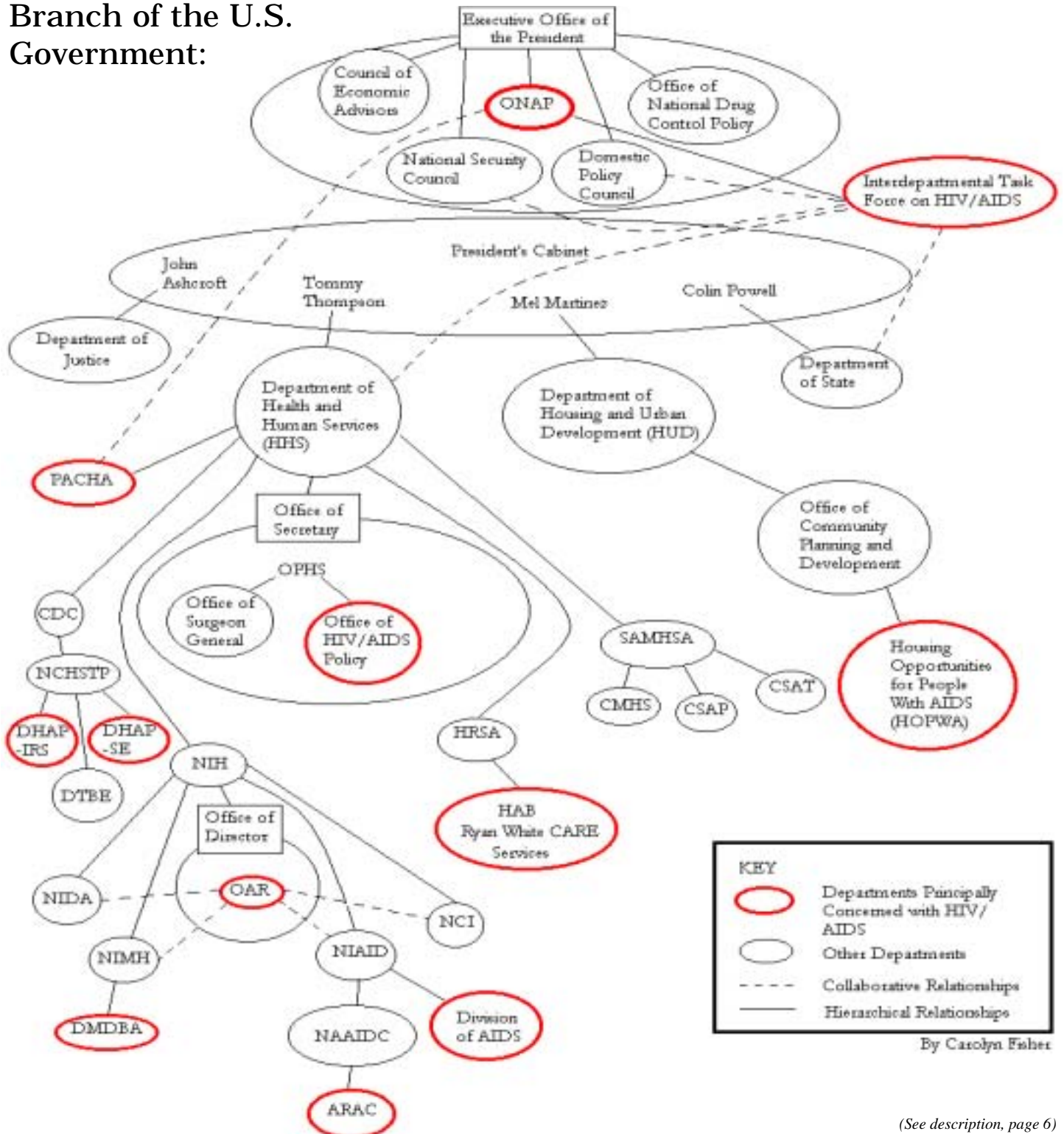


The Newsletter of the AIDS and Anthropology Research Group

April 2001

Volume 13, Issue 2

HIV/AIDS in the Executive Branch of the U.S. Government:



(See description, page 6)



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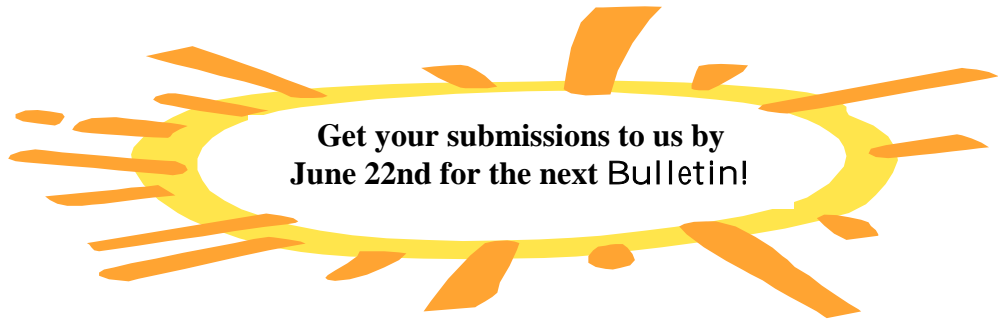
Editors:

**Hispanic Health Council
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Michael Duke
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This is your Bulletin!

This edition of the Bulletin is centered around the theme "HIV/AIDS in the new administration". Carolyn Fisher contributed the lion's share of work on this theme and culled the web to come up with information to create the graphic on the cover page. The next issue will be largely devoted to the theme "Global AIDS" due out in July. Please submit articles, essays, current research updates, book reviews, or what have you by June 22nd! We want/need your input. We also need suggestions for themes for future issues. Graduate



Call for Nominations for Fall Ballot

This Fall, ballots will be sent out with your newsletter so that we can elect new leaders for AARG. Offices that will need to be filled in the Fall are:

- ✓ Treasurer-Secretary
- ✓ Graduate Student Representative
- ✓ General Steering Committee member

Newly elected officers' terms will officially begin at the 2001 AAA meetings. Self-nominations are welcome. If you nominate a colleague, please provide contact information, as we will need to contact your colleague to request permission to put his or her name on the ballot. Nominators' names can be kept secret if desired.

Please contact the present Chair, Elisa Sobo, or the Chair Elect, Merrill Singer, with nominations. Elisa's contact information is: Center for Child Health Outcomes; Children's Hospital and Health Center; 3020 Children's Way, MC 5053; San Diego, CA 92123-4282; phone (858) 576-1700, x4141; fax (858) 614-7478; esobo@chsd.org. Merrill can be reached at the Hispanic Health Council, 175 Main Street, Hartford, CT, 06106; phone (860) 527-0856 ext. 270; fax (860) 724-0437; Anthro8566@aol.com

Chair Elect Appointed

The office of 'Chair Elect' has been filled by Merrill Singer. Because Singer's nomination went unchallenged, the steering committee decided that no election was necessary and Singer was unanimously appointed to the position.

The Chair Elect generally serves one year as Chair Elect, then assumes the office of the Chair. The new Chair Elect will take the present Chair's place at the AAA meetings in 2001.

Perspectives in AIDS Research: A Conversation with Dr. Judith Auerbach

by Carolyn Fisher

Judith Auerbach is the Behavioral and Social Sciences Coordinator and the Prevention Sciences Coordinator for the Office of AIDS Research (OAR) of the National Institutes of Health (NIH). We interviewed her about social sciences in the OAR and future directions in NIH HIV/AIDS research.

Q: Could you first talk about the function of the OAR? I understand that grants do not get awarded directly through OAR.

A: Yes. The OAR resides in the offices of the director of NIH, along with a number of other coordinating offices. The point of these offices is to look across the entire NIH, which now has over twenty-five Institutes and Centers, and see the big picture. In our case we have specific congressional authority to coordinate AIDS research across the NIH, to engage in scientific planning and evaluation of AIDS research programs, and to manage the AIDS research budget in cooperation with the Institutes.

Q: I wonder if you could talk about how social and behavioral science research fits in with the other research being done at the OAR. For example, do you feel it is adequately prioritized?

A: Over the last few years the social and behavioral science portfolio has grown significantly and been much better appreciated. Since 1993 (when the OAR received authorizing legislation) there have been five key scientific areas that the OAR uses to organize the AIDS research effort, which are vaccine research, pathogenesis, therapeutics, epidemiology, and social and behavioral science. So it has been an equal component of the program from the beginning, which is not always the case at NIH. There are different ways to measure how we are being treated—you can look at dollars, or number of grants, or publicity. I believe we are doing very well—behavioral and social science research that relates to primary prevention of HIV infection is an especially significant piece of the portfolio. And it has grown over the years. Dr. Neil Nathenson (the most recent director of the OAR) infused a lot of resources into behavioral and social sciences, so in the past couple years the budget grew more significantly than it had in prior years.

In addition, the rest of the scientific community is recognizing, much more than it did at the beginning of the epidemic, how important the social sciences are. The behavioral sciences like psychology have always been predominant. But social scientists, such as anthropologists, sociologists, political scientists and economists, have only recently begun to be well appreciated by the rest of the scientific AIDS research community. This is because there is increasing recognition that the epidemic really is an epidemic, not just a disease that individuals get. It is more understood now how important it is to address scientific questions at the population and the society

and community levels, not just at the individual human, organ or molecular level. Also, some of the methodological and theoretical contributions of the social sciences, like ethnography and other qualitative methods, have been increasingly appreciated. The social scientists have been doing this research since the beginning of the epidemic, but it was not well supported and it was not well appreciated until the last few years.

Q: Have the priorities of the OAR changed over time?

A: Our priorities change frequently. We engage in an annual planning process that involves NIH institute staff, members of the scientific community from outside the NIH in academic institutions and community-based organizations, as well as advocates and community constituent representatives. Every year we convene a set of planning workshops, focused on different scientific areas. In my case I coordinate the effort in behavioral and social sciences, and it is also done in the other four areas. Every year in these planning workshops we ask our constituents what are the current, most important scientific questions and kinds of investigations that the NIH should be supporting. These then get articulated in the NIH plan for HIV-related research, which gets updated every year. Priorities evolve, but they do not always change radically, because science does not move that fast, and the epidemic is fairly well understood at this point. But the priorities get refined, and some new questions emerge. For example, with new treatments there are emerging questions about adherence. The prevention science effort is newer. It is an attempt to bring together behavioral and social science with biomedical science and to have a more comprehensive and multi-disciplinary approach to prevention. This brings basic biologists and virologists together with people from fields like anthropology, psychology, and epidemiology.

Q: Do you expect any significant changes in the direction or the priorities of the OAR under the new administration?

A: The short answer is that we do not know yet. But usually changes are not drastic but rather subtle, and occur over time. There may be shifting emphases rather than huge changes. It is hard to anticipate because we do not yet know what is going to happen at the White House office, or who is going to be in charge of AIDS activities at the Department level. Who gets appointed as the NIH director will also make a big difference to us, as well as what the relationship is between the NIH director and the secretary of HHS (Department of Health and Human Services). But we keep doing the work we think needs to be done based on our current and past activities. During its planning efforts the OAR always solicits input and advice from the scientific community and all the affected communities. That goes on, regardless of who is in charge, and it probably informs more of what we do, because it involves people who really know the science and the epidemic. The individual leadership

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might change, and then they may bring some new vision or some new priorities, but the day to day work and the evolution of the research enterprise does not change that dramatically. If it does change it is much more in response to what we are learning about the epidemic, especially now globally. For example international research has become a top priority for the NIH AIDS research effort. For years there was a lot of reticence to get too involved in international work for a number of reasons. But the AIDS epidemic has made it clear that we can't not do that. In the last year or so and into the next couple of years you are going to see the NIH playing a big part in a greater focus on international efforts related to HIV and AIDS.

Q: We have also been seeing a lot more publicity lately about international AIDS. Is there anything that has changed, that has caused people to be more willing to talk about it now?

A: A couple of things occurred. The National Security Council issued a report calling HIV and AIDS a national security issue. Even though it had been said before, the fact that the report came out of a security entity, not a health agency, put fear in a lot of people and made them really realize the impact of an epidemic. That affected a lot of how members of Congress felt about the epidemic, and that is really where change occurs. What OAR can do in great part is determined by what we are authorized and instructed to do by Congress. Historically there has been some resistance to supporting too much international work because Congress has always felt that federal tax dollars should be spent on American citizens. But now, there is an increasing understanding that we are part of the bigger world, and that HIV/AIDS is a borderless epidemic. Probably understanding the impact it is having socially and in terms of international security, not just individual health, persuaded a lot more people. In addition, this change is part of the globalization move in all realms of society. Also, the person who headed the White House Office of National AIDS Policy (ONAP) under the Clinton administration, Sandy Thurman, was also a champion for involvement in international issues, and worked in Africa especially. It is not clear what is going to happen to that office in the new administration. But she did a lot of work, and educated members of Congress and the public, and she spent a lot of time over there working with African leaders. So I think that also was very significant.

Q: Could you talk about your priority areas for future research?

A: We have objectives in the plan under social and behavioral science research that are very general, and that have not changed much over the years, in terms of the behavioral and social scientific community saying these are the most important things for us to be pursuing. But specific priorities within those categories are developed every year. Right now, we are in the process of updating them again, so it is difficult to say which are the keenest. In general, there has been more focus on both basic and

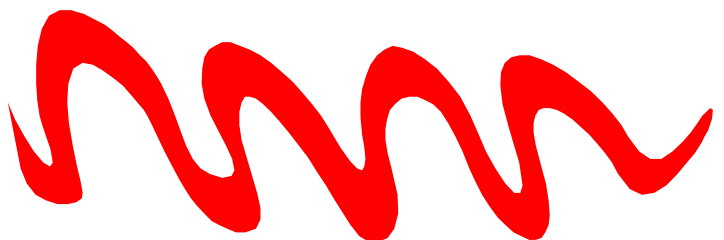
intervention research specific to different cultural communities in the U.S., by race and ethnicity, for example, where the epidemic is disproportionately experienced. Also there is a much clearer focus on gender, and how it is experienced: how gender dynamics are played out, risk and vulnerability to HIV infection transmission and acquisition, how that relates to sexuality itself, and how that affects transmission, acquisition and prevention. Also there is an emphasis on international issues. There you can ask both questions about different populations, about specific cultures, communities and settings, but also the questions of how we can best conduct and support research in international settings.

Another area that has emerged as more important over the years is co-infection of HIV with other, infectious diseases, and other vulnerabilities, like drug or alcohol addiction, homelessness, mental illness. Increasingly it has been HIV and Hepatitis; Hepatitis C, for example, in drug users. So we are looking at how people are vulnerable to multiple things based on their social situations and their psychological makeup.

Those are just some of the areas; there are many more specific ones. One of the biggest issues right now is looking at how the development of new treatments that have improved the health and well being of infected persons has an impact on risk behaviors. Specifically, people think that having a reduced virus load as a result of being on these medications makes them less infectious. They may think they can behave in more risky ways and not transmit. That is a key prevention science question which we do not know the answer to yet — we need to look at whether it is in fact true that they are less infectious. Then we need to know whether that translates to changing behaviors based on people's perceptions about it, and how they feel, the fact that they actually feel better and can have sex. So it is important to look at all that simultaneously; the virology of the epidemic on medications, and the behaviors that it causes.

Q: Is there a new project in the works that you are especially excited about?

A: There is not any one. We do not fund grants directly, we support a lot of activities, we try to bring institutes together to develop new areas of research. But for example one exciting RFA came out this year just a couple months ago, from two Institutes with our support. It is looking at issues of gender and sexuality and HIV transmission, but really focusing on the science of gender. And not just specific to heterosexuals, but



President Bush Appoints New “AIDS Czar”

by Carolyn Fisher

On April 9, President Bush appointed Scott Evertz to be the new Director of the Office of National AIDS Policy (ONAP). Evertz, an experienced Republican activist on issues including HIV/AIDS and gay and lesbian rights, is the first openly gay person to receive a presidential appointment in a Republican administration and the first to hold the position of AIDS Czar.

The Office of National AIDS Policy is a division of the Executive Office of the President. ONAP’s mission is “to provide broad policy guidelines and leadership on the Federal government’s response to the national and international AIDS pandemic,” according to its website (<http://www.whitehouse.gov/onap/>). This office works closely with the Presidential Advisory Council on HIV/AIDS (PACHA), and provides support to the Interdepartmental Task Force on HIV/AIDS (for more information, see organizational chart, this issue.) In addition to directing ONAP, Evertz will sit on the White House Domestic Policy Council.

Evertz’s appointment follows a controversy over the status of the Office of National AIDS Policy. In the beginning of February, the White House chief of staff, Andrew Card, had announced that the ONAP would be closed, along with the White House Office of Race Relations. Following negative publicity generated by this announcement, the White House quickly retracted this statement, instead saying the two offices were to be re-organized, not closed.

The White House press release which announced Evertz’s appointment described two ways in which the ONAP would be reorganized. First, ONAP will now include more of a focus on international HIV/AIDS. Evertz is directed to work closely with the Departments of State and of Health and Human Services, and ONAP will include a full-time detailee from each of these offices. Next, the office is directed to establish and provide support for an Interdepartmental Task Force on HIV/AIDS, with the purpose of better coordinating the administration’s efforts on HIV/AIDS both nationally and internationally. This task force will be jointly chaired by the Secretary of State, Colin Powell, and the Secretary of Health and Human Services, Tommy Thompson. It will also include the White House National Security Advisor, Condoleezza Rice, and the White House Domestic Policy Advisor, Margaret LaMontagne.

At the time of his appointment, Evertz was serving as the president of the Wisconsin Log Cabin Republicans, a national organization of gay and lesbian Republicans. However, the White House claimed that Evertz’s sexuality was not taken into consideration. The White House press release announcing Evertz’s appointment did not mention his sexual identity, nor did it mention his involvement in the Log Cabin Republicans, instead focusing on his work with faith-based and other HIV/AIDS organizations.

Evertz has been involved in a number of different political activities. Besides his work with the Log Cabin Republicans, he had campaigned for Tommy Thompson, the current Secretary of Health and Human Services and former Governor of Wisconsin. He volunteered to help Governor Thompson with legislation to

allow hospital-visiting rights for LGBT partners. In 1994 he ran unsuccessfully for the Wisconsin State Legislature. In his professional career, Evertz has worked as a fund-raiser for a number of different groups, including the Wisconsin Right to Life, an anti-abortion group, a Catholic AIDS Ministry called the Order of St. Camillus, various HIV/AIDS clinics in Wisconsin and a mission hospital in Kenya. At the time of his appointment he was working for the United Lutheran Program for the Aging.

The New York Times quoted Evertz as saying there are two major challenges for HIV/AIDS policy makers. Domestically, there is the challenge of breaking through public complacency brought about by new, more efficacious drugs to treat AIDS. This complacency has hurt minority communities in the U.S. which are disproportionately affected by the epidemic. Internationally, the AIDS epidemic will require enormous efforts — the United States cannot simply hand over the drugs. Rather, there needs to be attention paid to challenges such as adherence to drug regimes.

‘The AIDS Bibliography’ now available on line

by Elisa Sobo



Electronic Communications Director Ray Bucko has reformatted for our Web site “The AIDS Bibliography: Studies in Anthropology and Related Fields,” edited by Ralph Bolton and Gail Orozco. The rights to publish the work were granted by the American Anthropological Association (AAA). This large (1663 citations) bibliography is available to you at <http://puffin.creighton.edu/aarg/bibliography/index.html>. You can also download the complete .enl EndNote database file containing all the citations.

The work was first published in 1994, with updates published later in AARG’s Newsletter. The material was transferred into database format through a generous grant from the Graduate School at Creighton University. Ray is now overseeing an effort to update the database. To that end, please submit any references you would like to see included. Please send them to Ray at bucko@creighton.edu. Additions may be sent via e-mail in text format or, preferably but not required, as an EndNote database file.

You can order a paper copy of the original 1994 edition of the bibliography. Just contact the AAA. The easiest way to do this is via <http://www.aaanet.org/pubs/puborder.htm> or by calling the AAA book order department at 703/528-1902 ext. 3031.

HIV/AIDS in the Executive Branch of the U.S. Government

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Brief Descriptions of HIV/AIDS Divisions Functions

ONAP — Office of National AIDS Policy: “Provide broad policy guidelines and leadership on the Federal government’s response to the national and international AIDS pandemic” (www.whitehouse.gov/onap/index.html, 5/01/01). (For more info, see “Bush Appoints New Drug Czar,” this issue.)

Interdepartmental Task Force on HIV/AIDS: “Better coordinate the Administration’s proactive activities and response to all aspects of the domestic and international AIDS epidemic” (April 9 White House Press release).

PACHA — Presidential Advisory Committee on HIV/AIDS: “The Presidential Advisory Council on HIV/AIDS provides advice, information and recommendations to the Secretary (of Health and Human Services) regarding programs and policies intended to promote effective prevention of HIV disease, and advance research on HIV disease and AIDS. The role of the Council is solely advisory in nature. The Secretary provides the President with copies of all written reports provided to the Secretary by the Advisory Council.” “Unless renewed by the appropriate action prior to its expiration, the Presidential Advisory Council on HIV/AIDS will terminate on July 27, 2001.” (www.pacha.gov, 5/01/01)

HOPWA — Housing Opportunities for People With AIDS: “Provide housing assistance and related supportive services for low-income persons with HIV/AIDS and their families” (www.hud.gov/cpd/hopwahom.html, 5/01/01).

Division of AIDS: “Address the national research needs created by the advent and spread of the HIV/AIDS epidemic. Specifically, the Division’s mission is to increase basic knowledge of the pathogenesis, natural history, and transmission of HIV disease and to support research that promotes progress in its detection, treatment, and prevention. DAIDS accomplishes this through planning, implementing, managing, and evaluating programs in (1) fundamental basic research, (2) discovery and development of therapies for HIV infection and its complications, and (3) discovery and development of vaccines and other prevention strategies.” (www.niaid.nih.gov/daids, 5/01/01)

Office of HIV/AIDS Policy: “Advise the Assistant Secretary for Health and senior Department officials on the appropriate and timely development of HIV/AIDS policy, establishment of priorities and implementation of HIV/AIDS programs, activities, and initiatives across the Department’s (of Health and Human Services) health agencies.” (www.nih.gov/od/oar/index.htm, 5/01/01).

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Acronym	Full Name
ARAC	AIDS Research Advisory Committee
CARE	Ryan White Comprehensive AIDS Resources Emergency Act
CDC	Centers for Disease Control and Prevention
CMHS	Center for Mental Health Services
CPD	Office of Community Planning and Development
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
DAIDS	Division of Acquired Immunodeficiency Syndrome
DHAP — SE	Division of HIV/AIDS Prevention — Surveillance and Epidemiology
DHAP — IRS	Division of HIV/AIDS Prevention — Intervention, Research and Support
DMDBA	Division of Mental Disorders, Behavioral Research and AIDS
HAB	HIV/AIDS Bureau
HHS	Department of Health and Human Services
HOPWA	Housing Opportunities for People With AIDS
HRSA	Health Resources and Services Administration
HUD	Department of Housing and Urban Development
NAAIDC	National Advisory Allergy and Infectious Diseases Council
NCHSTP	National Center for HIV, STD, and TB Prevention
NCI	National Cancer Institute
NIAID	National Institute of Allergy and Infectious Diseases
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
OAR	Office of AIDS Research
ONAP	Office of National AIDS Policy
OPHS	Office of Public Health and Science
PACHA	Presidential Advisory Committee on HIV/AIDS
SAMHSA	Substance Abuse and Mental Health Services Administration

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DHAP-SE — Division of HIV/AIDS Prevention-Surveillance and Epidemiology: “Conduct surveillance and epidemiologic and behavioral research to monitor trends and risk behaviors and provide a basis for targeting prevention resources. In addition to work within the United States, DHAP is active in surveillance, research, prevention, evaluation, and technology transfer activities in developing countries.” (www.cdc.gov/hiv/aboutdhap.htm, 5/01/01).

DHAP-IRS — The Division of HIV/AIDS Prevention-Intervention Research and Support: “Conduct behavioral intervention and operations research and evaluation and provide financial and technical assistance for HIV prevention programs conducted by State, local, and territorial health departments, national minority organizations, community-based organizations, business, labor, religious organizations, and training agencies.” (www.cdc.gov/hiv/aboutdhap.htm, 5/01/01)

OAR — Office of AIDS Research: Be “responsible for the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress has provided broad authority to the OAR to plan, coordinate, evaluate, and fund all NIH AIDS research. The OAR is responsible for the development of an annual comprehensive plan and budget for all NIH AIDS research.” (www.nih.gov/od/oar/index.htm, 5/01/01) (For more information, see Auerbach interview, this issue.)

DMDBA — Division of Mental Disorders, Behavioral research and AIDS: “Support research and research training related to behavioral, developmental, epidemiologic and intervention development studies on the causes, prevention, and treatment of mental and behavioral disorders and HIV/AIDS.” (www.nimh.nih.gov/dmdba/index.htm, 5/01/01).

HAB — HIV/AIDS Bureau: Administer the Ryan White Comprehensive AIDS Resources Emergency Act. “The Ryan White CARE Act funds services for individuals living with HIV disease who do not have the insurance or financial resources to pay for needed care.” (<http://hab.hrsa.gov>, 5/01/01).

AARG Meeting, Mérida, Yucatán

On March 29 of this year, AARG held a business meeting during the Society for Applied Anthropology Annual Meeting in the beautiful *ciudad blanca* (white city) of Mérida, which is located in the heart of Mexico’s Yucatan Peninsula. Chaired by Merrill Singer, approximately 20 current and potential members participated in a lively discussion on research in progress, gaps in AIDS research and intervention, and future directions for AARG. Since the meeting attracted many non-AARG members, little formal business was taken up. Instead, it served as a space to get to know each other and to promote AARG as a valuable network resource. In addition, the editorial collective distributed approximately 200 copies of our newsletter at all AIDS/STD-related panels and meetings during the conference, thus significantly raising our profile among SfAA members.

DRCNet opposes the nomination of John Walters for “Drug Czar”

DRCNet has publically come out in opposition to the appointment of John Walters as the new Director of the U.S. Office of National Drug Control Policy. According to DRCNet, as Deputy Director of ONDCP during the previous Bush administration, Walters favored incarceration over drug treatment and education. Moreover, according to DRCNet, he has lobbied Congress for stiffer penalties for nonviolent drug offenders, and opposed state laws exempting medical marijuana users from criminal penalties.

In criticizing President Bush’s selection of Walters for a position that could be critical to HIV prevention efforts, DCRNet emphasized that in 1996, Walters testified before Congress in opposition to the Sentencing Commission’s recommendation to lower federal crack cocaine penalties to the same level as powder cocaine. Walters has dismissed the problem of racial bias in drug enforcement as an “urban myth,” according to DCRNet, despite overwhelming evidence that such bias is rampant; for example, African Americans make up only 13% of the nation’s drug users, yet account for more than 70% of drug incarcerations.

Perhaps most disturbingly, DRCNet argued, Walters has enthusiastically praised the Peruvian military’s practice of shooting down aircraft suspected of being used by drug traffickers. This month, two American missionaries were killed in such an air-attack, attracting national and international criticism.

DCRNet noted that in 1996, Walters co-authored a paper entitled “The Clinton Administration’s Continuing Retreat in the War on Drugs.” In truth, however, the Clinton Administration escalated the drug war, imprisoning more people for drug offenses than during the preceding Reagan and Bush administrations combined. To characterize the harsh Clinton drug war record as a “retreat,” argued DCRNet, is to elevate partisan politics over truthful discussion, and demonstrates a deep disrespect to the American people on an issue of the greatest importance.

In short, the DCRNet maintained, the Walters drug record is one of propaganda, extremism and disregard for issues of racial equality; John Walters DCRnet concluded, is thus unfit to lead the nation on drug policy, and should be rejected by the US Congress. (<http://www.drcnet.org/wol/183.html#johnwalters>,

AARG Paper Prize

The AIDS and Anthropology Research Group is seeking submissions for the 2001 Paper Prize for the best student and professional papers on the anthropology of AIDS. The winning paper in each category will receive \$100. Submissions of 15 to 30 pages should be original and unpublished (although they may be in press or under review) and may have multiple authors. Moher Downing has graciously volunteered to chair this committee. To apply, submit 4 double-spaced copies by September 30, 2001 to: Moher Downing, Project Access, Center for AIDS Prevention Studies, University of California, San Francisco, 74 New Montgomery Street, Suite 420,

AIDS and Anthropology Research Group Membership Form

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