# AIDS & Anthropology Bulletin

The Newsletter of the AIDS and Anthropology Research Group

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## From the Chair:

### Stigma Still: HIV Stigmatization as Social Terrorism

"Live and Let Live" is the slogan of the two-year United Nation's World AIDS Campaign, 2002-2003. The focus of this global educational campaign is the elimination of HIV/AIDS stigma and discrimination. This is no small task, but certainly one that is of keen interest to anthropologists who have long known that the "social epidemic of HIV/AIDS" (how individuals who are living with infection are treated, portrayed, and hence, feel) often far outweighs the damage done by the (never completely separable) "clinical epidemic of HIV/AIDS" (the biological infection and its biological symptoms). Stigma has been a topic of interest to the social sciences since before Erving Goffman's (1963) seminal book, Stigma: Notes on the Management of Spoiled Identity. Since Goffman, however, there has been a profusion of social scientific research focused on the nature of stigma, its causes and its consequences. A clear message of this body of research is that stigma is a significant cause of social suffering! Stigmatization, in other words, has the potential of being a powerful weapon. As it is commonly enacted against people living with HIV/AIDS and their families and care-takers, it seems fair to say that HIV/AIDS stigmatization as one form of structural violence (e.g., racism, sexism and other forms of agonizing oppression) might best be labeled "social terrorism."

Why call it terrorism? As the term is commonly used, terrorism refers to hostilities committed for political ends against civilians and civilian targets, that is to say, against noncombatants. Or, in more everyday language: the innocent. While in the world today the term terrorist is being stretched to cover anyone deemed an enemy of the state, including armed combatants who primarily direct their struggle against (fairly unambiguous) military targets, it is the violent targeting of the innocent for political gain that is the essential element of terrorist tactics. HIV/AIDS stigma, the social devaluing of infected individuals, at "best" involves the unorganized, popular labeling of infected individuals for avoidance (of course, there is nothing good about even this expression of stigmatization), and, at worst, their organized political targeting for painful discrimination and punishment. The latter is not uncommon. As a UNAIDS Fact Sheet on HIV/AIDS Stigma notes, "HIV/AIDS-related

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## Letter from the Chair

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stigma and discriminaon play a key role in producing and
reproducing relations of power and control. They cause some groups to be devalued and others to feel that they are superior. Ultimately, stigma creates and is reinforced by social inequality." In other words, HIV/AIDS stigma is supported for political ends, it is focused on individuals who happen to be infected with a disease, and it causes significant
social suffering. Stigmatization of this sort falls clearly within the common definition of terrorism. Because it does not involve the use of guns, bombs, missiles or other overt physical weapons, but rather finds expression in the way people with "undesirable differences" are treated in society, it seems appropriate to call HIV/AIDS stigma "social terrorism."

Whether intended or not, one consequence of HIV/AIDS social terrorism is the exacerbation of the epidemic. Stigmatization blocks access to public health or medical intervention and hinders the development of needed social responses to AIDS, thereby increasing the negative impact of the epidemic. For this reason, HIV/AIDS stigmatization harms society generally, not just those who are most directly impacted by HIV. This too is typical of terrorism, ultimately the suffering it produces is widespread across and beyond the social networks of immediate victims.

Recently, the UN Commission on Human Rights unequivocally asserted that the term "or other status" that appears in most non-discrimination provisions in international human rights texts "should be interpreted to cover health status, including HIV/AIDS." Consequently, the Commission affirms, "discrimination on the basis of HIV/AIDS status, actual or presumed, is prohibited by existing human rights standards." When permutated by state bodies and other groups for political ends, I would argue, it should be condemned, as well, as a form of egregious social

## Letter from the Editor

**Letter from the Editor:**

This first Bulletin of 2003 highlights the AARG membership with its lengthy membership list, and honors two AARG members, Reverend Ray A. Bucko, our webmaster, and activist/student Alfredo González. Reverend Bucko received the AARG Board Recognition Award (the first AARG award of this kind) and Alfredo received the AARG Service Award, an award given every other year to an AARG member whose work contributes directly to HIV/AIDS prevention and/or care. Be sure to read about these two outstanding individuals in this *Bulletin* and check out Ray's handiwork on the AARG webpage.

Congratulations to Yasmina Katsulis for her (many hours of) work compiling the AARG membership list for your perusal and networking purposes. I also want to thank Rose Jones, in particular, for her submission. Rose attended the AARG Annual meeting with many of us and has provided all of us with a thought provoking article about the pros and cons of integration vs. segregation of AIDS at the AAA and in anthropology at large.

Other submissions include a reprint written by Physicians for Human Rights regarding Bush's new commitment of increased global AIDS funding in his State of the Union address. Unfortunately, when it comes to promises like this, the devil is
always in the details.

In this Bulletin, I have summarized the results of the survey sent out in the last Bulletin to which 29 gracious members responded. Thank You! Hopefully, you will see some of your suggestions in the issues to come, and will provide submissions as well, so we can continue to improve the Bulletin and our organization in the service of AIDS work during what promises to be a notoriously eventful year.

## Alfredo González Receives 2002 AARG Service Award at AARG Annual Meeting in New Orleans

The 2002 AARG Service Award goes to Alfredo González, a PhD candidate in Anthropology at the CUNY Graduate Center in New York City, and a longtime AIDS activist. For many years now, González has been on the front line merging anthropology and HIV/AIDS advocacy, using spoken, written, and video reports as well as outright activism to address audiences where his findings can have a direct effect.

González's early activism was with the Latino Caucus of ACT UP-New York. Later, as a founding member of ACT UP-Américas, he and his co-activists confronted the President of Argentina, Carlos Saul Menem, at Columbia University and forced him to grant legal personality to Comunidad Homosexual Argentina (CHA). For ACT UP-Américas he also co-edited and wrote for the Boletín de ACT UP-Américas, which disseminated treatment information in Latin America. His activism continued with the Asociación Panamericana de Personas que Viven con VIH, as a founding member of Immigrants Fight AIDS, and as a founding member of the Audre Lorde Project.

González's research interests are urban anthropology, poverty, and sexuality. He has conducted research on sex and tourism in the Dominican Republic, and on homelessness in New York City. He currently works on the Community Wellness Project, writes for Poz en Español, is a member of the steering committee of the Queer Economic Justice Network, and is a Client Community Advisory Board member of God's Love We Deliver. He recently collected oral histories of undocumented immigrants with HIV (who spoke openly about their circumstances) for the Latino Commission on AIDS, and presented them at FORO 2000 (Latin America's AIDS conference) in Rio de Janeiro, Brazil.

The AARG Service Award is given every two years to a living anthropologist in recognition of her or his exceptionally meritorious contributions to the improvement of the health of people infected with or at risk of infection with HIV. It honors anthropologists' work in care and treatment, prevention, counseling, community organizing, and/or other activities that contribute directly to the well being and quality of life of persons infected with HIV or at risk of becoming infected with HIV. The AARG Service Award includes a $100 honorarium, a plaque, and a presentation ceremony at the business meeting of the AARG at the annual meeting of the AAA in November.

Nominees for the Service Award must be anthropologists and AAA members. Criteria for selection include the impact of the service work and the duration of the service work. The degree to which the service work promotes anthropology as a field concerned with improving the quality of human life is considered, as is the nominee's expected further contribution in the area of service, but neither promotion of anthropology nor the intent to remain in service are essential qualifications. The Service Award Committee votes by simple majority to determine the recipient of the AARG Service Award.

The AARG Service Award was instituted in 1998 and is awarded every other year (in alternation with AARG's paper prizes). Members of this year's AARG Service Award Committee were: Fred Bloom, Doug Goldsmith, Rose Jones, Pearl Katz, and Karen Kroeger. EJ Sobo chaired the committee.

## Reverend Raymond A. Bucko Receives AARG Board Recognition Award at AARG Annual Meeting in New Orleans

The newly created AIDS and Anthropology Research Group (AARG) Board Recognition Award commemorates service to building the AARG as a vital force in the promotion of AIDS research, service, policy formation and advocacy. It was created with its first recipient directly in mind. The first award was given to Reverend Raymond A. Bucko in recognition of the service he has performed on behalf of the AARG with his computer wizardry.

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Bucko created and maintains our listserve and website, which has played a major role in increasing the AARG's salience and increasing AARG members' ability to network and learn about recent HIV/AIDS-related news and scholarships. As a result of Ray's efforts, as well as those of other

**Separation versus Integration: Reflections from the AAA Meeting in New Orleans**

**Rose Jones**

I attended my first AARG business meeting in New Orleans at the AAA annual meeting in November. As a consultant whose HIV/AIDS work has always fit poorly and all too often uncomfortably between the academic and applied branches of anthropology, attending the AAA meetings, including those associated with AARG, has not typically been a high priority for me. This is no longer the case. The discussion I heard at the ARRG business meeting and the perspective I gained of AIDS at the annual meeting forced me to rethink how I approach HIV in my work and to question how I interface with my colleagues in anthropology.

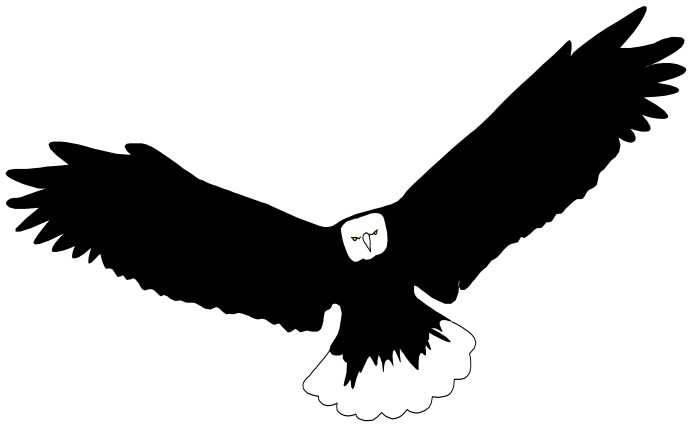
The issue that manifested in the AARG business meeting that catapulted me into a mode of self and professional reflection revolves around the notion that it is no longer necessary or even desirable to separate HIV/AIDS from the other types of work anthropologists generally present at the AAA annual meetings. Prompted by an inquiry regarding the lack of HIV/AIDS work featured at the New Orleans meeting, several AARG members enthusiastically pointed out that this only *appeared* to be the case, emphasizing that in spite of the fact that only two presentations related to HIV had been cited in the Program Guide, an error that all agreed should be heartily addressed, more than one hundred HIV/AIDS presentations were actually in place.1 Indeed, one ARRG member proudly noted that this was a stellar year for HIV/AIDS at the AAA; more work was being presented in New Orleans than had been in previous years. The fact that this work was immersed and dispersed in a multitude of theoretical, topical and geographical areas not specific to HIV/AIDS was, other members explained, a good thing; an indication that HIV/AIDS was alive and well in anthropology; that it had transcended its early lone-ranger status to be fully integrated and mainstreamed into the discipline at large. I wondered.

I recalled the late 1980s and early 1990s when HIV/AIDS was just making its debut in the discipline. I remembered the enthusiasm and stimulation and fervor of those early days; it was electric and nearly contagious. Multiple high-profile sessions devoted exclusively to the topic of AIDS were prominently featured at the annual meetings; sessions that attracted senior and junior anthropologists alike, as well as the media, were filled to capacity; and everywhere there was talk about how uniquely positioned anthropology was to address the impending AIDS epidemic. Out of this frenzy of activity, careers were made, jobs secured, funding obtained, and books and articles published. How could it be then, that within the span of a mere decade, the same decade that witnessed a violent increase in the global scope of HIV/AIDS, AIDS could move from assuming a place of prominence and exposure in anthropology to one that was innocuous and seemingly invisible? And, why had it become, as Elisa Sobo, past Chair of AARG pondered, so difficult to fill AARG offices and steering committee seats in the late 1990s?[2] I wondered.

The anthropological gap that marked my career, completing my doctorate at the height of the AIDS movement and re-entering it after the frenzy of the movement had subsided, left me with an outsider or external perspective from which to gauge this transition. Drawing upon my teaching experiences in Women's Studies, I recalled the separation versus integration debate that had manifested in gender studies during the late 1980s and early 1990s, and I wondered to what extent, if any, this perspective might shed light on the AIDS movement in anthropology. I recalled that there was one contingency, the separationists, who advocated the position that

Women's Studies must assume a distinct and separate identity and curriculum within the university; and another contingency, the integrationists, who promulgated the idea that Women's Studies must be fully and unequivocally integrated into the academic mainstream.
Arguing that women's issues would become muted and peripheral to the university, as they had historically been, if a separate curriculum and agenda were not retained, the separationists advocated that Women's Studies continue to embrace scholars, theories and actions committed to promoting women's
interests. By contrast, the integrationists, espoused a "separate can never be equal" ethos, arguing that Women Studies had already achieved its ultimate purpose. Women, the integrationists argued, now assumed a viable role in the academic curriculum and female faculty members were well on their way to securing senior level positions. Failure to move Women Studies into the mainstream would, the integrationists posited, be counterproductive in that it would eventually result in the ghettoization of women's issues and causes.

I do not know what the right path is for the anthropology of AIDS; the separation of AIDS from mainstream anthropology or the integration of AIDS into the discipline at large. I think there are pros and cons for both positions. And I suppose that our own individual work and attendant goals vis-à-vis AIDS will bias us toward one of these positions over the other. I do, however, know that there is a desperate need for this type of dialogue to transpire within the discipline. The fact that AIDS no longer generates the same type of public enthusiasm and collaborative



**Physicians For Human Rights Says President's Budget Falls Short Of Funds Needed For New Global Aids Program**

Today, Physicians for Human Rights (PHR) criticized the President's budget request for global AIDS. The President has committed $15 billion over the next five years for Global AIDS, and emphasized his goal to treat 2 million people with AIDS in Africa and the Caribbean. PHR urged Congress to frontload a considerable amount of those funds immediately into the first years of the program and to contribute more funds to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

"The funding of the new plan under the President's budget would come too slowly. He has allocated only $2 billion in fiscal year 2004, still well short of the $3.5 billion that Physicians for Human Rights is calling for on an annual basis. The money for his plan should be front-loaded to pay for the most expensive initial investment: building health infra-structure. With infrastructure in place, the treatment costs will go down," said Holly Burkhalter, PHR's US Policy Director.

Only a week before the President's groundbreaking announcement, Physicians for Human Rights had sent a letter to him urging a new commitment to combat the global AIDS pandemic (see full copy of the letter and list of signatories at www.phrusa.org). The letter, an initiative of PHR's Health Action AIDS campaign and signed by an unprecedented group of over 100 AIDS experts and other leading health professionals, outlined ways in which a more robust AIDS policy can tackle the global crisis, including a significant immediate infusion of funds.

Where will the money go?

The President's commitment to treatment, commitment to generics, and commitment to providing billions of dollars every year to fight the global pandemic is clearly welcome. It is important to note, however, that the proposal is heavily skewed

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towards bilateral funding (meaning U.S. government programs).

The budget request offers only a small increase in annual contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), a mechanism that is functioning, and with sufficient donor assistance has great potential to be the most effective means for supporting international HIV/AIDS efforts. According to the White House, the President's new plan slates a total of only $1 billion for the GFATM over the five year period, or $200 million per year (see http://www.whitehouse.gov/news/releases/2003/01/20030129-1.html).

President Bush's budget submission to Congress yesterday reflects the comparatively small commitment of resources to the Global Fund. The figure for fiscal year 2004 is $200 million - a request that is identical to the Administration's 2002 and 2003 contribution. This number is dwarfed by the Global Fund's need. PHR has consistently called for the U.S. to provide approximately 25% ($2-$3 billion) of the annual $10 billion requested by Secretary General Kofi-Annan when he established the Fund.

As proposed by the White House, the vast bulk of the new money will be for U.S. government programs. The White House has announced that the President will create a new, high-level Special Coordinator for International HIV/AIDS Assistance at the State Department to oversee all U.S international HIV/AIDS assistance, which will be delivered by
existing agencies and departments.

Neither the Department of Health and Human Services (HHS) (which is home to the Centers for Disease Control and National Institute of Health) nor the U.S. Agency for International Development (USAID) has a record of supporting treatment and care. Of particular concern is the anti-treatment position evidenced by many within USAID, including its Administrator, Andrew Natsios. Thus, it is unclear how or whether these agencies can actually meet the President's commitment to provide antiretroviral therapy to two million people with HIV/AIDS. The challenge for the new Coordinator and for USAID and HHS, both of which will receive large funding increases for work on HIV/AIDS programs, will be to craft a strategy to scale up prevention and treatment that will include a targeted amount of people to receive antiretroviral therapy.

"We are also troubled that the Administration's budget request includes cuts in child survival and infectious diseases programs. Valuable health initiatives such as these should not suffer in order to support the President's new AIDS program," said Burkhalter.

What will Congress do?

It will now be up to Congress, in negotiations with the executive branch, to design the best possible way to spend billions of dollars in additional funding so that the maximum number of lives can be saved. PHR urges Congress to push hard to have a larger portion of the new budgetary authority directed towards the GFATM. But it is clear that existing U. S. agencies will also seek a large increase in funding.

Mark up of a bi-partisan AIDS initiative (the Kerry-Frist bill) had been scheduled for Wednesday, February 5th. The bill had included $2.5 billion for global AIDS of which half was earmarked by the GFATM. Reportedly, however, the White House has pressed Senate leaders to eliminate support for the Global Fund and provide to the Administration complete authority for the dissemination of funds, presumably in line with the President's new initiative. PHR urges the U.S. Senate to hold firm in the commitment to providing $1.2 billion to the GFATM for fiscal year 2004. Founded in 1986, Physicians for Human Rights (PHR), based in Boston, MA, mobilizes the health professions to promote health by protecting human rights. Health Action AIDS is a project of PHR in coordination with Partners in Health. As a founding member of the International Campaign to Ban Landmines, PHR shared the 1997

**AARG Survey Results Summary**
Janie Simmons

Thanks to all of you who took the time to fill out the AARG survey! Surprisingly, only 3 surveys were returned snail mail. Thankfully, Ray, our webmaster, sent the survey out on the list serve as well, and I received 26 responses, for a total of 29. Clearly, AARG members prefer to communicate by email! Of the 29 received, 6 were from AARG members living outside the U.S. An academic affiliation was listed for 24 respondents. Overall, the responses were very positive. The overwhelming majority (not surprisingly) utilize the AARG web site (25) and are members of the AARG list serve (26). The majority also want to continue the Bulletin (23) and to have the email option, as well as the paper option. Of interest, are the functions of the Bulletin listed. These include: maintaining connections between members, providing information about research and conferences, as well as a forum for opinions and discussion. Listing the AAA and SfAA sessions (and other announcements) was considered a vital function, as wll as keeping ARRG members up-to-date regarding AARG activities. The functions of the website were listed as well. These functions were also seen as essential, and included obtaining bibliographic references, syllabi, biographical information on members, and as a venue for teaching about applied anthropology. Suggestions for improvement of the Bulletin were provided (with sensitivity, I might add, since most calls for improvements recognized the need for more submissions from the membership). These suggestions included engaging in broader issues, soliciting contributions from a more international community, and soliciting short progress reports on AIDS research from members. The suggestion to return to theme issues (as we did previously) and a more regular schedule was also noted. Of particular interest to me, 26 respondents noted they were willing to send in submissions! Again, thanks for the suggestions and your support. I will be contacting many of you regarding submissions, but feel free to send unsolicited ones as well. If you would like a copy of the survey results, feel free to contact me at janies@hispanichealth.com

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# F

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Haiti / TB / political economy / social justice

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prevention / evaluation / policy / USA / Zambia
HIV prevention among Zambian youth; sexual risk-taking among gay men in the U.S.; International and domestic AIDS policy; evaluation of AIDS services

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USA / France / discourse / physicians / transgender
training family physicians; transgender issues

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prevention / political economy / science studies / sexuality / Latin America
I am currently continuing graduate education in medical anthropology (with a focus on HIV/AIDS) and hope to soon begin fieldwork in Latin America.

# G

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sexuality / identity / reskilling / gender
Positive Futures Positive Lives: evaluation of reskilling programmes for HIV positive people doing well on combination therapy and wishing to return to the labour market.

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social epidemiology / latinas / condom use / China / Caribbean / immunoassays and rapid testing technology
Rapid Immuno-Dot-Binding assays; testing use cross-culturally in China; biotech transfers across cultural platforms

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injecting practices / drug milieus / transitions to injecting / heroin and cocaine use / risk behaviors

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sexuality / poverty / cities / NYC / space and place / homelessness

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drug abuse / MSMS / methamphetamines / club drugs / aging / policy / history of the AIDS epidemic

I have long standing interests in HIV/AIDS prevention, especially with drug users and MSMs; a more recent interest is in aging issues with respect to HIV/AIDS, both in terms of prevention and treatment needs. I am a Principal Investigator of a NIDA R01 which looks at the interface of HIV and methamphetamine and club drug use in several high risk populations including MSMs, women, youth, and rural populations

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treatment adherence / barriers to health care / latinos

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healthcare communication / aging / sexuality / gender / ethnicity / prevention
Healthcare communication with mature patients (50+) about aging and sexuality, STD/HIV risks, and quality of life. Senior outreach for STD/HIV prevention. Physician education to include sexuality and quality of life issues in communication with mature patients.

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HIV/AIDS / ethnicity / gender / accessing treatment
Pathways to HIV testing and care by black African and white patients in London; AIDS & Mobility: Migration and HIV/AIDS in Europe – Recent developments and needs for further action; and Exploring the views of HIV positive migrant women concerning pregnancy related interventions and postnatal care.

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social marketing / health politics / prevention / cultural constructs

Janet Gruber von Kerenshazy
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stigma / VCT / post-conflict re-construction / primary stakeholder participation
I am currently studying sexual violence and stigma in Eritrea, VCT in Kenya, HIV/STD Management in Nigeria, and HIV/AIDS + STIs in complex political emergencies and post-conflict re-construction.

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social control / stigmatization
Dynamics in the relationship health personnel-patient in HIV-aids; Fear, discrimination and stigmatizations as effect of some prevention programs.

# H

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evangelism / treatment programs / addiction / Puerto Rico

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Ongoing research on men's reproductive health in prisons, rapid assessments of rural reproductive health service organizations, and quality of life issues for persons living with HIV/AIDS

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sexuality / Mexico / Latin America / training / migration
Associate Director, Emory AIDS International Training and Research Project; working on AIDS and migration (US – Mexico)

# J

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Policy / gay men / drug users / ethnic minorities / prostitution
"Contesting knowledges: The treatment of drug users as public policy".

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Kenya / Luo Tribe / Wife Inheritance / Education / Outreach
This summer, I will be doing an internship with three health-related agencies in Kisumu, Kenya. My thesis topic is examining the role of the family structure in the spread of HIV/AIDS in Western Kenya (including practices of wife inheritance and polygyny)

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Applied medical anthropology; educational training and consultation to physicians, nurse practitioners, physician assistants, pharmacists, and social workers who work with HIV + patients in Texas and Oklahoma; development of a series of educational curriculum that address the socio-cultural implications of AIDS-related diagnostic and treatment regimes for Native American, Latino, and African-American populations.

# K

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condoms / STDs / street economy / prevention

Stephanie Kane

*(Continued on page 15)*

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prostitution / prisons / criminalization / drug use / AIDS law / global imaginary
Public Health and Criminal Justice, institutional AIDS discourse and HIV risk in everyday life.

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adolescents / risk / social construction / Mozambique / social marketing

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gender / sexuality / policing / violence / sex industry / competing risks / political economy / U.S. / Mexico
Dissertation research covers the sex industry in Tijuana, HIV and STD prevention, gender and sexuality, political economy of health; graduating PhD 2003.

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inmates / prison releases / youth / African Americans / health disparities
HIV infection in state prison populations

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access to care / education / health care providers / social services / latinos
continued education for nurses, social workers, and health educators; health services for latinos affected by and infected with HIV

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social support / quality of life / socio-economic / older adults with HIV/AIDS
I am the project director for a study on the economic

*(Continued on page 16)*

*(Continued from page 15)*
impact of HIV infection in a region of Canada. Also interested in the experiences of elder individuals with HIV.

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# L

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Thailand / alternative treatment / treatment issues / ethnography / gender
Dissertation on markets of AIDS therapeutics in the Golden Triangle region of northern Thailand

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Illness concepts / lay health belief / STD related health seeking behavior / qualitative methods / Asia / Nepal
Illness concepts and the utilization of health care; services in AIDS / STD among migrant industrial workers of Kathmandu Valley, Nepal

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Shirley Lindenbaum

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Comparison of epidemics of KURO, mad cow disease, and AIDS

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# M

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gender / education / minorities / sexual decision-making / prevention / sex and gender roles
Pilot study assession services provided to HIV+ Latinas in the Tampa area.
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gender / displacement / refugees / violence / Malawi / Mozambique
I am currently completing my M.D. at SUNY-Stonybrook

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gender and sexuality / social representations
I am presently carrying out research looking at the gendered nature of sexual risk behavior in Switzerland. I have carried out ethnographic research in Zimbabwe, South Africa, Malawi, Swaziland, Botswana, Zambia and Mozambique

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Uganda / women / vaccine trials / medical anthropology
Vaccine trials preparedness, serodiscordant couples, microbicide feasibility

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Research that examines how social violence shapes the atmosphere of risk for sexually transmitted diseases, including HIV

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Medical Anthropology / AIDS / Africa / Globalization / Social Justice

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IDU's / harm reduction / sexual cultures

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women / youth / Thailan / immigration / sexuality
women's risk for HIV and changing sexual behavior among youth in Thailand; changing marital and sexual behavior among Sri-Lankan Tamils in Toronto; sexual risk among young women in Hawaii

# N

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farmworkers / harm reduction / critical medical anthropology

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beliefs / attitudes / adolescents / health promotion / prevention / Africa
I coordinate a program for sexual health education and

Aids prevention in the Department of Rural Education, Ministry of Education. We also are planning more applied research to update our programs, which are targeted at Israeli and immigrant youth (Ethiopia, ex-USSR). I am also involved in a research on sexual abuse of adolescent girls in urban Nigeria.

# O

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Caribbean / male sex work
Caribbean studies, male sex work, the relationship between sex tourism and HIV.

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Africa / Uganda / sexuality / care and support / sexual abuse / marriage and romance / structural inequalities
How the rapid proliferation of sex talk initiated by Uganda's HV campaigns has interacted with local histories.

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sexuality / gender / policy / Brazil / international
HIV/AIDS and social movements in Brazil; Sexuality and Security at the Turn of the Century; The response to HIV/AIDS in Brazil

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latinos / minorities / gay / cultural construction of epidemics
HIV disclosure among HIV + gay latinos in the U.S

*(Continued on page 20)*

*(Continued from page 19)*
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economic development / mitigation / community mobilization
I am a first year graduate student, and I worked for 10 years in international development in the areas of community mobilization, enterprise development, and natural
resource management. For the last three years, I have focused on HIV/AIDS as a broader non-health problem of economic development (multi-sectoral approach focused on mitigation)

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# Q

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# R

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culture & sexuality / youth & HIV/AIDS / sub-Saharan Africa / political economy
I am currently coordinating a qualitative research project on sexual interactions of groups at high risk of HIV infection in four urban populations in Africa. This project, a collaborative effort of 4 research teams, focuses on the sexual behavior of adolescents and of clients of "sex workers", as well as on the (cultural) contexts in which this behavior occurs. Research sites are Kisumu (Kenya), Ndola (Zambia), Cotonou (Benin) and Yaoundé (Cameroon). Kisumu and Ndola have an explosive spread of HIV infection; Cotonou and Yaoundé are towns with a relatively low and stable HIV prevalence. I am also interested in innovative approaches of research dissemination, especially the use of popular, local media outlets and youth expressive culture.

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AIDS activism / social movements / South Africa
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Africa (Zimbabwe) / popular perceptions of AIDS / AIDS and blame / scapegoating
My research in on why individuals and groups single out particular categories of people blaming them for the AIDS epidemic in Zimbabwe. Exploratory research conducted by me discovered that at least five categories of people are singled out as culprits for the AIDS epidemic: the wealthy in the country, the political leadership, the medical profession, members of one's own network, and supernatural
beings.

Christopher Roebuck

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injecting drug use / recreational drugs / injecting rooms / gay men
I am currently working on an evaluation of a medically supervised injecting centre in Sydney, and various other drug and community related projects in Kings Cross.

# S

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adolescents / youth
I am working on UNDP projects in Southern Africa, based in Pretoria.

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Africa / global economy / interpretive anthropology / critical theory / social suffering

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Kenya / Luo / polygyny / levirate / politics

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*(Continued on page 24)*

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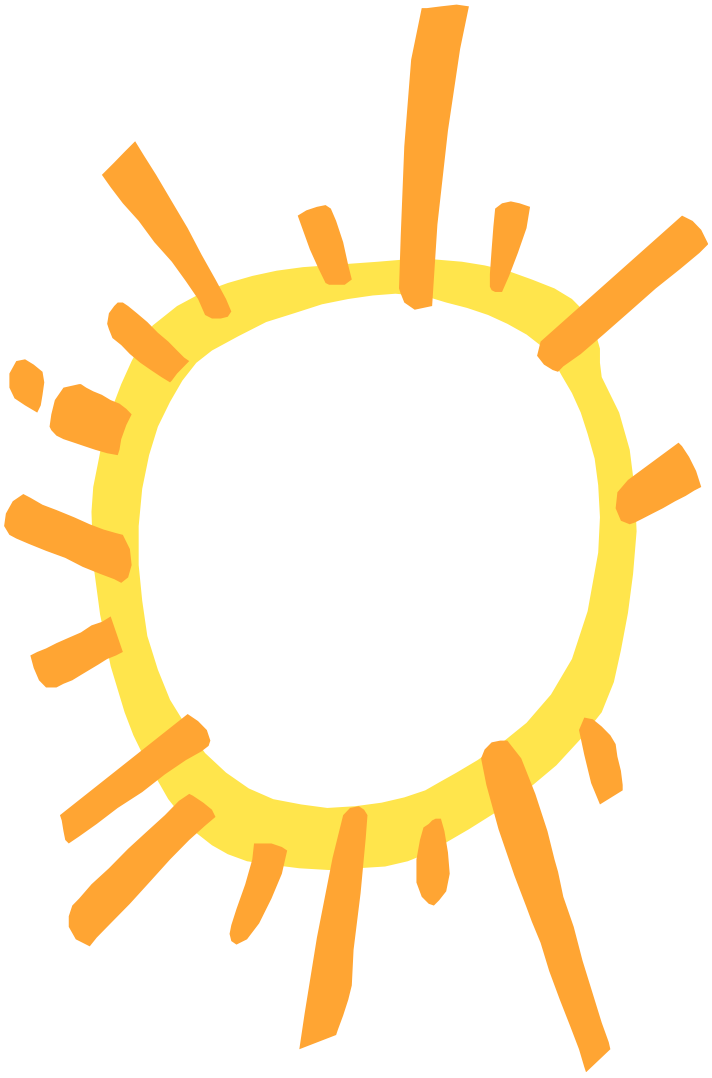

**National HIV Prevention Conference**

The 2003 National HIV Prevention Conference will be held July 27-30, 2003, at the Hyatt Regency Atlanta Hotel in Atlanta, Georgia. This conference is noted for bringing together prevention programs and science - a blend not duplicated at other meetings. Attendees include researchers, policy makers, community leaders, practitioners working to prevent the spread of HIV/AIDS, and local, regional, and national decision makers. Please help us spread the word about this conference, by mentioning it in your newsletter. Enclosed are three articles with basic information about the conference. If you need any additional information, please call the conference hotline toll-free at: (866) 277-6313 or visit the conference website at www.2003HIVPrevConf.org

**Websites of Interest**

AARG website: http://puffin.creighton.edu/aarg/

AARG bibliography: http://puffin.creighton.edu/aarg/bibliography/index.html

SMA (Society for Medical Anthropology) website at: http://www.medanthro.net

Please send in your submissions for the next Bulletin by April 7th!

Theme: Pragmatic Solidarity with International Organizations

Also send in ideas for themes for other issues!

**AIDS and Anthropology Research Group 2002 Membership Form**

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

*Please Print or Type* New Member ☐ Renewing member ☐

Name: _____ Affiliation: _____

Mailing Address:
_____

Phone: Home: _____ Office: _____

FAX: _____ e-mail: _____

Please provide up to five key words about your interest for the AIDS and Anthropology Research Group data base:

_____

Please describe your current projects and/or research interests for your fellow members:

_____

**Please send this form and a check or money order (made out to AARG in U.S. funds only) to:**
Yasmina Katsulis, Yale University, 85 Foster St., New Haven, CT 06511

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