AIDS & ANTHROPOLOGY BULLETIN

The Newsletter of the AIDS and Anthropology Research Group

Vol. 6 No. 3 September 1994

HIV Vaccine Update

by *Kate MacQueen*

The last issue of AAB summarized discussions at a conference on the social, political and ethical issues surrounding HIV vaccine efficacy trials ("AIDS Action Foundation Hosts Conference on Issues Related to HIV Preventive Vaccines in the U.S.", Vol. 6 No. 2 June 1994). In that article, Janet McGrath noted "an emerging consensus among clinical and bench scientists and epidemiologists that it is time to begin an efficacy trial of envelope protein subunit vaccines, particularly recombinant gp120." There are currently two gp120 products being tested in a NIAID-sponsored Phase II clinical trial. The products, made by the Biocine Company (Emeryville, CA) and Genentech, Inc. (South San Francisco, CA), are derived from closely related U.S. strains of HIV-1. Last April scientists from Biocine and Genentech met with a NIAID working group comprised mainly of clinical and lab scientists to evaluate the current scientific data on the vaccines. The consensus of the working group (including community representatives) was that the products should be moved into some type of expanded trial, though not necessarily one that is sufficiently powerful to detect low levels of efficacy. The rationale driving this consensus is outlined in Janet McGrath's article.

On May 29 the Chicago Tribune ran a front page story by John Crewdson titled "New doubts on AIDS vaccine: 5 study volunteers infected; U.S. debates future of trials." The story stated that the infections raised "concerns not only about how well the vaccine works but whether it may have increased the likelihood of [the participants'] infection and -- in

continued on page 2

CALL FOR NOMINATIONS

Nominations are being sought for the AARG 1995 Chair-Elect. All AARG members are eligible. Please send nominations to AARG Chair-Elect, Michael Clatts, NDRI, Inc., 11 Beach Street, New York, NY 10017. You may nominate yourself. Nominations are due by November 1.

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MEMBERSHIP LIST

We are currently in the process of updating our membership list. This process involves creating a new data base that will allow us to keep track of our members more efficiently, including making address corrections quickly and recording dues payments! In addition, the new data base will permit searches on certain key words, thus increasing the usefulness of the list. Mark Mueller (Case Western Reserve University) is working on the data base. We will keep you posted regarding the new list and how you can make requests for searches.

one case -- even accelerated the progression of disease." The story appeared in newspapers nationwide, though often in an edited form. Anecdotal reports from researchers conducting efficacy trial feasibility studies suggest that many people reading the stories were confused as to whether the vaccine caused the infections.

A subsequent press release from NIAID noted that it could not be determined whether the one case of rapid progression was related to vaccination, given that rapid progression characterized by similar rates of CD4+ T cell loss have been observed in HIV-infected people not participating in vaccine trials. It was also noted that the gp120 vaccines are incapable of causing infection, and that all of the participants infected during the trial reported engaging in behaviors that placed them at risk for HIV.

On June 17 the NIAID AIDS Research Advisory Committee (ARAC) reviewed the working group recommendation to expand trials of the gp120 products. They also heard presentations on the feasibility of conducting expanded trials, options for the design of such trials, and a detailed update on incident HIV infections among Phase I and II vaccine trial participants. The ARAC (whose membership is balanced among scientists, clinicians, and community activists) strongly recommended that NIAID continue, but not expand, current trials of the gp120 products. NIAID Director Anthony S. Fauci immediately adopted the ARAC recommendation.

The divergent recommendations of the working group and the ARAC are not surprising, given the many unknowns in HIV vaccine research. Though the infections in Phase II trial participants are discouraging, only one of the infected participants had been fully immunized. Thus, the infections are not conclusive evidence that the gp120 products are incapable of inhibiting HIV infection or disease progression. With no known correlates of immunity for HIV in humans and no satisfactory animal model to aid in the search for correlates, researchers are divided as to how to establish criteria for identifying a promising vaccine. For some, expanded testing of the gp120 products represents an opportunity to examine some of the unknowns with a vaccine of proven safety. Others argue that more basic research on immunologic responses to HIV is necessary before proceeding to large scale trials. Though the debate has temporarily subsided in the U.S., it has only begun to heat up internationally. In countries like Thailand, where HIV incidence rates are staggering, the unknowns may prove a less daunting obstacle to efficacy trials.

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NEW NEWSLETTER EDITOR SOUGHT

The Editor of the AAB, Claire Sterk-Elifson, has announced that she will be completing her term as Editor in 1995. We are looking for a new editor who has strong HIV-related experience and superb writing and editorial skills. Candidates for the position should send a letter of intent to Michael Clatts, NDRI, Inc. 11 Beach Street, New York, NY 10017. A committee will be interviewing interested persons at the upcoming AAA meeting in Atlanta.

Self-Disclosure Among HIV-Positive Individuals In the Southwest

by *Elisa J. Sobo*
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A few scholars have investigated HIV-positive people's intentions to self-disclose, and some individual cases of non-disclosure have been documented in the academic literature. But we know very little about the actual process of HIV serostatus self-disclosure. Results from only three studies focused on self-disclosure practices have been published (Hays et al. 1993; Marks, Bundek, Richardson, et al. 1992; Schnell 1992). All three studies concern homosexual and bisexual men. The data that they provide are quantitative, and suggest that the majority of HIV-positive men tell their primary partners about their seropositivity. But not all HIV-positive men do so and, moreover, most do not tell past partners or non-primary partners.

This report describes findings from the first phase of a pilot study carried out in Southern New Mexico, a rural region. The study, which is qualitative, involves focus groups of HIV-positive people in which the issues surrounding self-disclosure are discussed, and subsequent individual interviews with seropositive individuals and (when possible) their partners. The local agency serving as the research site currently has forty-three HIV-positive or AIDS diagnosed clients.

The findings reported here are preliminary and reflect the views of four hetero- and bisexual individuals in their late twenties and early thirties (as the pool of potential participants was so limited, no effort has been made to separate them according to age, infection duration, mode of transmission, sexual orientation, relationship status, ethnicity, etc.). The focus-group discussion wove back and forth around five basic topics: (a) a disclosee's need to know, (b) non-disclosure conjoined with safer sex practice, (c) disbelief and denial among the seronegative, (d) strategies for evaluating potential disclosures, and (e) rejection or acceptance by the disclosee.

Participants said that long-term partners have a need to know about one's seropositivity, especially, according to them, because of the assumptions that (a) monogamy renders HIV/AIDS risks null and void when neither partner is known to be seropositive, and (b) condoms can only be legitimately used in a monogamous relationship for contraception (see also Sobo 1993, 1995). However, self-disclosure was not mandatory. All participants promoted non-disclosure conjoined with safety measures in certain situations--generally with casual sexual liaisons--as the strategy of beneficent prophylaxis would supposedly negate a partner's need to know. Maria said, "If I was to pick up a man at a bar, which I have, I wouldn't tell him. I'd just make sure I'd use a condom." Participants assumed high levels of HIV/AIDS knowledge existed among their casual partners. But many seronegative individuals deny their own HIV/AIDS risks (see Sobo 1993, 1995). Indeed, participants reported that partners often forgo protection. They understood this as stemming from stupidity as well as, and perhaps more commonly,

continued on page 4

from informal personal choice. Joe said, "Although they may know, they'll take the risk anyway...When I have [told and] the other person knows full well and they choose not to take any safety measures, that decision is totally up to them." Deciding if, when, and how to self-disclose involves a special kind of intuition. Joe explained, "Your sense become more sharpened and more in tuned." The disclosee's responses to small bits of information are evaluated as the discloser searches for a sign that a full revelation is safe (Limandri, 1989).

As Maria said, "Acceptance and rejection. That's the two main issues." Only Joe had experienced rejection by a primary partner. Participants agreed that even those who accept them can make that acceptance conditional: they can revoke or threaten to revoke it at later points in time, sometimes obliquely (i.e., by using other issues as ruses for partial or complete rejection), often because they harbor fears. After talking about how partners' rejections can be perfidious, the discussion turned toward children. Gender notwithstanding, the views aired support previous findings regarding the childbearing decisions of HIV-positive women. Joe said, "I wanted a baby so bad that--because a child will give you the love with no strings." Maria responded, "That's right. That's why I chose to have my son."

Participants advocated self-disclosure on a need-to-know basis, and they felt that beneficent prophylaxis removed the need-to-know in certain cases, such as with causal sexual partners or when the threat of rejection meant that the cost of self-disclosing was likely too outweigh any benefit. They justified this strategy by appealing to the idea that HIV/AIDS knowledge was ubiquitous.

The research, when completed, will have limitations. For example, participants' self-selection will probably bias the data. Also, as the region is rural, the sample will be small. Despite this, the study will begin to make up for the dearth of qualitative information concerning seropositivity self-disclosure, and it will augment the few quantitative data available.

REFERENCES CITED:

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Limandri, B. 1989 Disclosure of Stigmatizing Conditions: the Discloser's Perspective. Archives of Psychiatric Nursing. 3(2):69-78.

Marks, G., N. Bundeck, J. Richardson, M. Ruiz, N. Maldonado, and H. Mason 1992 Self-Disclosure of HIV Infection: Preliminary Results From A Sample of Hispanic Men. Health Psychology 11(5):300-306.

Schnell, D., D. Higgins, R. Wilson, G. Goldbaum, D. Cohn, and R. Wolitski 1992 Men's Disclosure of HIV Test Results to Male Primary Sex Partners. American Journal of Public Health 82(12):1675-1676.

Sobo, E.J. 1993 Inner-city Women and AIDS: The Psycho-Social Benefits of Unsafe Sex. Culture, Medicine, and Psychiatry 17(4):455-485.

Sobo, E.J. 1995 Women, Relationships, and AIDS Risk Denial. Philadelphia: Univ. of PA Press (Forthcoming).

Commission on AIDS Research and Education

by *Shirley Lindenbaum,* Chair, Commission on AIDS Research and Education

The Commission on AIDS Research and Education, which held its first meeting in March, 1994, will host an Open Meeting on AIDS at the AAA Meetings on December 1st, from 12:00 to 1:30 p.m. in the Walton Room. The purpose of this special event is to provide information about the Commission's purpose and activities, and to elicit the help of anthropologists working in the field of AIDS in carrying out our mandate.

The Commission has been charged by the Executive Committee of the AAA:

1. To work with staff in designing and coordinating AAA's educational and advocacy efforts concerning AIDS research and education,

2. To set priorities for special initiatives (policy papers, research agendas, educational pieces), and to draw on expertise in the Association to carry out these initiatives, and

3. To receive and evaluate suggestions from AAA members and AIDS interest groups for AIDS-related initiatives.

In the past few months this work has begun but we need to bring together more actors, both from the AAA and internationally. We hope that the December 1st meeting will be a step in this direction. In harmony with the overall theme of this year's meetings, and in light of the current political crisis in the Caribbean, Paul Farmer has agreed to open our session with a presentation on AIDS and Human Rights in Haiti.

SfAA AIDS ADVISORY COMMITTEE FORMED

by *Douglas A. Feldman*

The President of the Society for Applied Anthropology (SfAA), J. Anthony Paredes, has appointed William L. Leap (American University) and Douglas A Feldman (University of Miami) to serve as Co-Chairs of the newly formed SfAA AIDS Advisory Committee. The purpose of the Committee will be to advise the SfAA President and the Executive Committee on AIDS-related matters and to make recommendations for SFAA policy on AIDS.

The Co-Chairs agreed that the Committee should consist of the Immediate Past Chair of AARG, the AARG Chair, the AARG Chair-Elect, and a representative from the AAA Commission on AIDS Research and Education. In keeping with this suggestion, Tony Paredes has appointed Norris G. Lang (University of Houston), Janet McGrath (Case Western Reserve University), Michael C. Clatts (Narcotic and Drug Research, Inc.), and Patricia Marshall (Loyola University of Chicago) to also serve on the Committee.

cont. on page 6

AAA Events Schedule

The following AARG events have been scheduled for the AAA meeting in Atlanta. The meetings run from November 30 to December 4. Mark your calendars now!

The Steering Committee will meet on Thursday, December 1, 1994 from 4:00-5:00 p.m, in the Strasbourg, International Room on the Third Floor. This meeting is for current Steering Committee members only.

The Annual AARG Business Meeting will be held on Thursday, December 1, 1994 from 5:45 to 7:15 p.m. in the Walton Room, Southwing, Second Floor. Everyone is welcome and encouraged to attend.

The AARG Round table will be held on Friday, December 2, 1994 from 12:00 - 1:30 p.m. in the Lisbon, International Rooms on the Third Floor. This year's round table will feature a panel of speakers (TBA) discussing the topic "Anthropology and AIDS: Research Directions for the Next Decade."

We will hold our HIV Support Group again this year on Friday, December 2, 1994 from 5:45 - 7:15 p.m. in the Vienna, International Room on the Third Floor. This group is open to everyone.

AARG will hold its annual AIDS Memorial Service on Saturday, December 3, 1994 at 7:15 p.m. in the Vienna International Room on the Third Floor. This service brings us together to put aside our differences and remember those that we have lost during the last year. Everyone is welcome.

Watch the AARG Bulletin for further updates on AAA sessions of interest to AARG members!

cont. from page 5

At the SfAA Executive Committee meeting held in Cancun, Mexico last April, Doug Feldman, on behalf of the AIDS Advisory Committee, suggested that the SfAA no longer meet in states which maintain a sodomy law, or in states that have enacted anti-gay legislation. The 1995 annual meeting had been planned for either Maryland, North Carolina, Georgia, or Florida: all states with anti-sodomy laws. The SfAA Executive meeting Committee will soon consider whether to change their policy and move the meeting to a different state (possibly Kentucky or West Virginia). He also raised the possibility that the former AAA Task Force on AIDS may wish to find a new home within SfAA, a desire expressed by some members at the last official Task Force meeting held in Washington, D.C. last December. Input has been solicited from former Task Force members to find out if they would like to see the Task Force reconstituted with the SfAA, and what the specific goals of the group would be. Watch the next issue of AAB for an update on the SfAA annual meeting location and the status of the AIDS Task Force.

PAPER REQUESTED FOR 1995 SfAA MEETING IN ALBUQUERQUE

The title of the session is: Use of Domain Analysis in AIDS-Prevention Research
Papers can be either methodological or substantive (or both) in focus. Domain analysis is interpreted broadly to include 1) any type of similarity study involving use of rank order, pile sort, triad or other similarity data followed by cluster or MDS studies attempting to aggregate either content items or subjects, 2) semantic differential studies, 3) consensus analysis, 4) network analysis, 5) propositional analysis, and 6) any other studies which use systematic methods to map cultural knowledge. Papers which report current research focused on AIDS risk behaviors such as sex or IV drug use will be particularly relevant to the session. However, researchers who have experience with the methods and are in the process of initiating AIDS-related research are also encouraged to participate.

Interested persons should contact me and/or send an abstract:

Stephen L. Eyre
415/476-8634, office
415/502-5075, fax
415/864-6406, home

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Appendix: *POSITIONS AVAILABLE*

US AID JOB DESCRIPTIONS

Associate Director, Behavior Change Communication 55,000-80,000 Arlington, VA

To develop strategies for behavior change, coordinate and manage sub-contractors and consultants providing mass media, small media, and training expertise. Requires a doctoral or master's degree in public health or the behavioral sciences; and a minimum of seven years experience in the design of behavioral change communication programs, developing country experience including at least two years experience in a supervisory capacity. Fluency in French and/or Spanish is desirable.

Associate Director, Condom Programming and Logistics Management 55,000-80,000 Arlington, VA

To manage the condom/logistics component for the development, implementation, monitoring, and coordinator of condom programming in selected countries. Requires a master's degree in business administration, social sciences, public health, education, or related areas and seven years relevant work experience with two years in a management capacity. Fluency in French and/or Spanish is desirable.

Contract Officer USAID Liaison 40,000-75,000 Arlington, VA

To manage the USAID contract function including contract proposal submission and administrative approvals from USAID. Requires a bachelor's degree in business administration, accounting, or related field, MBA preferred; and a minimum of six years demonstrated experience in USAID contract administration and knowledge of USAID regulations.

Deputy Director 55,000-80,000 Nairobi, Kenya

To assist the Regional Director in providing technical and managerial expertise in planning, implementing, and evaluating regional priority and associate country programs and to provide direct supervision for the Regional Office staff. Requires a doctoral or master's degree in social science/public health; or equivalent degree or work experience; plus a minimum of seven years program management experience to include a minimum of two years relevant management experience. Good cross-cultural skills.

Program Officer, AIDSCAP Women's Initiative 35000-65,000 Arlington, VA

To assist the Senior Advisor of the AIDSCAP Women's Initiative by facilitating and coordinating interoffice activities and communications, subagreements, and research activities and a variety of programmatic, financial, administrative, and logistic requirements. Requires a Master's in public health or the equivalent years of experience; and 3 years experience with international development programs. Fluency in French or Spanish is desirable.

Program Officer, Asia & Latin America/Caribbean, Office of Country Programs 35,000-65,000 Arlington, VA

To facilitate introduction of AIDSCAP and to monitor country program implementation in priority and associate countries in Asia and Latin America/Caribbean regions; and to ensure technical, and administrative support to regional offices for overall program design, subproject development and ongoing management, as well as to ensure Headquarters assistance to and tracking of country programs. Requires a Master's in public health or behavioral science or equivalent years experience; and a minimum of three years experience with international development programs. Fluency in Spanish, French, and/or Portuguese is desirable.

Research Officer, Field Projects 40,000-75,000 Arlington, VA

To provide expertise in the planning, implementation, and evaluation of the AIDSCAP Project behavioral research program and to assist in managing the same. Requires a doctoral degree or equivalent combination of education and expertise in the social sciences; at least five years experience implementing social research. Experience with developing country research of at least two years desired. Fluency in French or Spanish desired.

Send cover letter and resume to:
Human Resources
Family Health International-AIDSCAP
2101 Wilson Boulevard, Suite 700
Arlington, VA 22210
NO TELEPHONE CALLS ACCEPTED