



AIDS & ANTHROPOLOGY

B U L L E T I N

The Newsletter of the AIDS and Anthropology Research Group

Vol.7 No.3 September 1995

This issue of **AAB** focuses on action. In the past few months, many ground-breaking meetings were convened, numerous publications were released, several important grants were announced, the first Institute on Sexuality, Culture and Society was launched and significant AIDS-related policy and funding issues were addressed. We highlight examples of these advances in AIDS research, prevention and care in the following pages.

OVERVIEW OF SUMMER 1995 MEETINGS

Summaries of themes that emerged during several summer meetings follow.

HIV Prevention Research: Current Status and Future Directions by Michelle Lewis Renaud

The third science symposium on HIV prevention was held at the Northern Arizona University (NAU) in Flagstaff August 16-18. Sponsored by the National Institute on Drug Abuse (NIDA), the Office of AIDS Research at the National Institutes of Health (NIH) and NAU, the conference brought to the fore several issues: the importance of assessing the cost-effectiveness of research and interventions, the need to consider interventions that are community-centered and the potential for technology to complement or, in some cases replace, more traditional intervention methods.

Several of these themes emerged during the opening plenary on Federal HIV prevention research efforts, dur-
(continued on page 3)

STREET OUTREACH FOR HOMELESS YOUTH

by Michael Clatts
(National Development and
Research Institutes)

Homeless youth are an extremely vulnerable population, at high risk for repeated exposure to STDs and high rates of unplanned pregnancies, untreated TB, and HIV infection. Use of drugs, including injected drugs, is very prevalent. Lack of a stable income, and the resulting dependency on the street economy, result in frequent involvement in commercial sex work. Finally, and of particular concern in the context of the street youth population in New York City, is the fact that these youth interact behaviorally with two other populations--adult gay men and adult drug injectors--in which HIV seroprevalence is already quite high. These youth are also particularly difficult to engage for prevention services, as the stress and emotional trauma that characterize their everyday lives renders them distrustful of, and often without the requisite skills to access,
(continued on page 6)

1995-96 AARG CHAIR-ELECT SELECTED

Congratulations to Robert Carlson, PhD, who was selected as AARG Chair-Elect for 1995-96. Dr. Carlson is Assistant Professor and Director of Ethnography on the Dayton/Columbus AIDS Prevention Research Project based in the Substance Abuse Intervention Programs, Wright State University School of Medicine. He received his PhD from the University of Illinois at Urbana-Champaign and has worked among the Haya of northwest Tanzania and among injection drug and crack-cocaine users in Ohio. His primary interests include medical anthropology, psychoactive drugs, AIDS, political economy and structural and symbolic analysis. Dr. Carlson will take office January 1, 1996.

AAB SUBMISSIONS WELCOME

The deadline for submissions for the next issue of **AAB** is **December 1, 1995**. We welcome AIDS-related news such as upcoming conferences and events, grants awarded and available, positions available, recent publications, and obituaries of anthropologists and/or AARG members. We also accept book reviews (under 200 words), commentaries (200-500 words), research reports and paper abstracts (300-600 words). Please send submissions to **AAB** Editor Michelle Renaud, PhD at The United States Conference of Mayors, 1620 Eye St., NW, Washington, D.C. 20006 USA; phone (202) 861-6751; fax (202) 887-0652; e-mail melrenaud@aol.com.

JOIN AARG TODAY

The AIDS and Anthropology Research Group (AARG) is a special committee of the Society for Medical Anthropology, a unit of the American Anthropological Association (AAA). **AAB**, the official newsletter of AARG, is published quarterly. Join AARG today and receive our December issue featuring papers from the AAA meetings. The annual dues is \$20 for professionals and \$5 for students. Anthropologists who are unemployed or living in developing countries can join for free. Send a check and letter (with name, address,

affiliation and interests) to: Janet McGrath, PhD, Dept. of Anthropology, Case Western Reserve U, 11220 Bellflower Rd, Cleveland, OH 44106.

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AARG PAPER PRIZES

Each year AARG awards one prize for a student paper and one for a professional paper. The purpose of the prizes, which are one hundred dollars each, is to encourage HIV-related research and publications by anthropologists. The **deadline for the 1995 competition is September 30, 1995**. Papers should be original, 15-30 pages double-spaced, and the first author must be an anthropologist or anthropology student. Send 4 copies of your manuscript to: Chair of 1995 AARG Paper Prize Committee, Stephanie Kane, PhD, Department of Criminal Justice, Indiana University, 302 Sycamore Hall, Bloomington, IN 47405; (812) 855-9325.

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UPCOMING DEADLINE FOR SFAA MEETINGS

October 15 is the deadline for submission of panel ideas and abstracts for papers, posters and films for the Society for Applied Anthropology (SfAA) Meeting in Baltimore March 27-31. (*Contact information page 11.*)

MEETINGS (continued from page 1)

ing which representatives of Federal agencies described current activities and future directions. Dr. Ellen Stover, Director of the Office on AIDS at NIMH, pointed to three areas emphasized there: primary and secondary prevention, effects of the virus on the central nervous system and the range of mechanisms to support research. Of projected HIV/AIDS research directions at the institute, she mentioned relapse prevention, brief interventions, family-oriented AIDS prevention strategies, information dissemination and cost-effectiveness of HIV programs.

Dr. Zeda Rosenberg, Senior Scientist for Adult Prevention Research in the Division of AIDS at the National Institute of Allergies and Infectious Diseases (NIAID), listed the institute's current priorities. These include interest in initiating one or more vaccine efficacy trials, conducting clinical trials of topical microbicides, conducting clinical trials of new vaginal microbicide products (and determining their safety for rectal use) and conducting studies on perinatal transmission, including clinical trials of HIVIG, the potential for maternal HIV immunization, and antiviral therapy among women.

Dr. Judith Auerbach, Behavioral and Social Science Coordinating Chair in the NIH Office of AIDS Research, said the office, which is in the office of the Director of NIH, is involved with all of NIH's twenty-four constituent units. She spoke of a need to identify and document the fundamental mechanisms of behavior and behavior change, to ensure that research findings are provided to those who can benefit directly from them, to understand the consequences of HIV on infected individuals (by examining types of behaviors in which they engage, ways to enhance their quality of life, the impact of stigmatization and ways to cease stigmatization), to improve methods of behavioral research and to develop means to ensure the validity of self-reported data.

Dr. Harry Haverkos, Director of NIDA's Office on

AIDS, called for a public health service-wide effort to better coordinate research efforts. He chose to focus his presentation on two barriers to prevention efforts. The first barrier is the antagonistic nature of HIV prevention messages. On the one hand are messages encouraging sexual abstinence and advocating drug abuse treatment. On the other hand are promotions of latex condoms and emphasis on "harm reduction." He characterized this adversity as "politics versus science" and "ideology versus common sense" and provided examples of successful research in the areas of smoking cessation and prevention of adolescent drug abuse. Contributing to the second barrier, said Dr. Haverkos, are current HIV prevention messages that are "simple" and presented in "sound bytes" that often contradict each other. He noted that successful programs incorporating complex messages do exist, such as those intended to prevent heart disease.

Reporting the activities of the Centers for Disease Control and Prevention (CDC), Associate Director for HIV/AIDS Dr. James Curran identified CDC's four AIDS-related foci: behavioral science, epidemiology, surveillance and evaluation. He added that the CDC plays two major roles in HIV
(continued on page 5)

SUMMER PROGRAM STUDIES SEXUALITY AND CULTURE IN AMSTERDAM

by William Leap (American U)

AIDS was a key theme in the lectures and discussions at the first Institute on Sexuality, Culture and Society, held at the University of Amsterdam July 17-August 14, 1995 and sponsored by the Departments of Anthropology at the University of Amsterdam and American University.

Bill Leap (American) and Gil Herdt (Chicago) joined Han ten Brummelhuis, Lorraine Nensel and Mirjam Schievelde (UvA) as faculty for the four-week program. Student participants included 15 undergraduate and graduate students from U.S. universities and 8 graduate students from UvA and other Dutch universities. Morning classes began with three introductory sections-- Anthropology and Sexuality (Herdt), Sexuality of Women (Nensel) and Language and Sexuality (Leap)-- followed by an advanced research seminar for graduate students taught by all Institute faculty. The afternoon class (Schievelde) focused on Sexual Cultures of Amsterdam and used field trips and guest speakers to highlight issues relevant to lesbian and gay life, prostitution, transgendered experience and immigrant sexuality as they play out in daily life in that city.

Students arranged their own funding to attend the Institute and earned six hours of undergraduate/graduate credit from American U by completing Institute requirements.

UvA and American U will sponsor a second Institute in summer 1996. Next summer's curriculum includes a more varied set of course options, a weekly speaker series highlighting the work of internationally recognized researchers in culture and sexuality and participants from Southeast Asia and West Africa as well as Europe and the USA. For more information on the 1996 program, contact the Institute for Sexuality, Culture and Society, Department of Anthropology, American University, Washington, D.C. 20016; e-mail: wlm@american.edu. (See page 7 for information on a related conference.)

OVERVIEW OF 1995 U.S. AIDS POLICY ISSUES

by Lynne Greabell
(National Alliance of State and
Territorial AIDS Directors)

Many key policy issues affecting HIV prevention and care in the U.S. have been in the spotlight this summer. Following is an overview of their impact on current and future activities.

Reauthorization of the Ryan White CARE Act

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was enacted in 1990 to establish a program of primary care and support services for people with AIDS. This five-year federal program must be reauthorized by Congress this year in order for the program to continue. In July, the Senate passed Senate bill 641 to reauthorize the CARE Act after it was voted out of the Senate Labor and Human Resources Committee without amendments in March. In the House, the Commerce Committee passed its version of the bill without amendments in July, and it is expected that the full House may begin consideration of the bill this month. Once the House passes their bill, the Senate and House will meet in conference to iron out the differences between their respective bills. (continued p.16)

MEETINGS (continued from page 3)

prevention across the country. One is to support HIV prevention programs by providing funding and technical assistance to health departments nationwide. An example of this is HIV Prevention Community Planning, CDC's recent initiative requiring health departments to convene planning groups representing infected and affected communities in their jurisdictions (see the June 1995 AAB for details.) The second role is to provide funding and technical assistance to non-governmental organizations at community and national levels.

Dr. Curran encouraged researchers to continue their efforts at full stride despite the "conservative environment" in which we are operating. "The agenda of fiscal conservation is saving money, not lives. Our vision has to go well beyond what is feasible, because what is feasible may be inadequate," he said, urging the audience to "make sure the efforts you're involved in are externally valid...that you fit your research to the needs of the people we're targeting and that you fit your research to changing the environment we now face."

Throughout the conference, presenters explored variations of these themes. Dr. Kevin O'Reilly, Chief of the Prevention Research Unit for the Global Programme on AIDS at WHO, stated that there is often a "mismatch between what we do and what we should be doing." He spoke of a need to expand attention to the context of risk instead of focusing exclusively on individual factors. Among the successful programs is the 100% condom policy in brothels in Thailand. Brothel owners are required to enforce the policy, which entitles commercial sex workers to withhold service from clients who will not wear condoms. In Zambia, an innovative project designed to protect female fish traders from "exploitative sex" has just begun. Recognizing that the women often pay fishermen with sex (sometimes by choice, but often by coercion), the intervention will be implemented by economic cooperatives that will assist the women by negotiating fish prices with the fishermen. In this way, the project will forge a partnership between the arenas of

HIV prevention and rural development. Also, like other WHO-supported interventions in Brazil, the Dominican Republic and Cote d'Ivoire, these regard risk reduction as "a function of the community" and exemplify the ways in which "we should be addressing the structure and context of risk, not just motivating individuals to change," said Dr. O'Reilly.

Elaborating on the need to determine the cost-effectiveness of HIV prevention efforts, Dr. David Holtgrave (CAIR) said that players at all levels need to balance costs and benefits of their prevention activities, especially in times of severe budget limitations. For example, because entities like CDC's HIV Prevention Community Planning grantees must consider these issues when prioritizing interventions, it is increasingly vital for organizations vying for prevention funds to assess and address the cost-effectiveness of proposed projects.

Among the many interventions highlighted during the conference, two stood out for their use of technology. Exploring the benefits of group counseling by telephone in reducing barriers to AIDS prevention, Roger Roffman (U Washington) outlined an approach in which men who have
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HOMELESS YOUTH (continued from page 1)

existing mainstream service delivery systems. Moreover, street youth have marginal access to mainstream services. Many do not use health services, for example, until they have an acute medical condition.

Street outreach programs targeted to these youth were established in the early 1980's on the assumption that they could serve as a bridge between youth and the mainstream service-delivery system. Until recently, however, there has been little empirical data with which to substantiate the assumption that outreach accomplishes this goal, and hence little evidence upon which to guide the allocation of prevention resources.

Funded by the Centers for Disease Control and Prevention as part of the AESOP Cooperative Agreement, the Youth At Risk Project was initiated with the goal of acquiring empirical data regarding the impact of street outreach among homeless and runaway youth. This paper reported data on the impact that street outreach has in enhancing youth's access and utilization of prevention-oriented services, services that have been demonstrated to serve as critical protective factors in the process of reducing risk for HIV infection and other poor health outcomes. Between February 1993 and July of 1994, four rounds of street-based cross-sectional survey interviews were conducted using a time-by-location targeted sampling plan (N=929). Eligibility was restricted to youth between the ages of 12 and 23 who were homeless and/or dependent upon the street economy—paralleling the criteria on which outreach services are focused. Chi-square analyses were employed to compare the effects of street outreach with other forms of health promotion.

About forty percent of the youth surveyed reported having had contact with some kind of street-based services. This included contact with a formal street outreach project as well as with a wide range of other kinds of street-based services that had paid some attention to prevention, including religious groups, soup

kitchens, mobile HIV testing vans, self-help programs, and needle exchange. About half of the overall contacts were made by one or more of the five street outreach programs that are specifically targeted to street youth. Thus, only about one quarter of the youth on the streets are receiving formal outreach services. Clearly the need is much greater than the supply.

A second goal of this study was to assess the impact that contact with street outreach has on increasing the protective factors that are been associated with utilization of health promotion services. Compared to contact with other forms of street-based services, for example, contact with youth-oriented street outreach programs had significantly better service-related "outcomes." Youth contacted by street outreach are roughly twice as likely to have sought services in local drop-in centers where a wide range of more intensive prevention services are available—79% vs. 38% ($p < .001$), more likely to have sought health care services—58% vs. 42% ($p < .05$), more likely to have sought AIDS testing and counseling services—56% vs. 37% ($p < .01$), and more likely to have sought treatment for an STD—48% vs. 28% ($p < .01$). It is noteworthy that all of these
(continued page 16)

UPCOMING AAA MEETINGS

The 94th Annual Meeting of the American Anthropological Association (AAA) will take place November 15-19 in Washington, D.C. and will feature a variety of AIDS-related events and papers. AARG's Steering Committee will meet Thursday, Nov. 16 from 3:15-5:00 in the Hamilton Room on the Terrace Level. The AARG Business Meeting will take place Friday, Nov. 17 from 12:15-1:30 in the International Ballroom. AIDS-related sessions include: "Theory to Practice: Anthropological Approaches to HIV/AIDS Prevention" (Thursday 8:00-9:45); "Cultural and Ethical Issues in AIDS Vaccine Trials" (Thursday 10:15-12:00); "Adolescent Risk Behavior Reconsidered: Implicating Policy" (Friday 8:00-11:45); "Subjects and Objects of Desire: Toward an Anthropology of Sexual Cultures" (Saturday 8:00-11:15); "Social Networks and the Meaning of Community in the Prevention and Treatment of AIDS" (Saturday 1:45-3:30); and "Risk Assessment and the Prevention and Treatment of HIV/AIDS" (Sunday 12:15-2:00).

WORKING CONFERENCE ON CULTURE AND SEXUALITY TO PRECEDE AAA IN DC

The American University will hold a one-day working conference on Culture and Sexuality. It will take place November 14, one day before the beginning of the annual AAA meetings in Washington, D.C. Conference activities will include presentations by Carol Vance and John Gagnon, open exchange of research concerns and goals, small group discussions by anthropologists with similar interests in sexuality studies and planning for an international conference on Culture and Sexuality to be held at the University of Amsterdam in the summer, 1997. Contact: Gil Herdt, Committee on Human Development, University of Chicago, Chicago IL 60604.

AAB SURVEY RESULTS

AARG greatly appreciates the feedback provided by the eleven members who returned the member survey disseminated with the AAB in June. Although the response rate was low, the results are telling. While interest in populations is fairly balanced, with nearly equal numbers of votes for and rankings of drug use, prisons, women, gay and bisexual men, adolescents and racial ethnic minority groups, respondents' ranking of issues reveals strong interest in three primary areas: policy issues, evaluation and research methodology. A second cluster of issues includes sexuality, medical and support services and AIDS-related theory. The other two issues, alternative treatments and drug treatment, received few votes and low rankings. In addition to filling out the survey, several respondents offered suggestions for future articles, including examination of the dual risk of male IDUs who have sex with men; decisions facing HIV positive women who are, or wish to become, pregnant; media portrayal of AIDS, AIDS advocacy; and increased attention to international issues and activities. *[It is not too late to send the survey to the editor. Information is on page 2.]*

U.N. SEEKS NEW EFFORT ON AIDS
(Based on an article in the Philadelphia Inquirer)

As approximately 6,000 people become infected with HIV each day, the United Nations (U.N.) is trying to restructure its battle against the epidemic. The organization's goal is to coordinate the work of six international agencies in one program, called UNAIDS, and present a united front against the disease. For years, the World Health Organization (WHO) led the international campaign. However, the WHO was criticized for doing too little at the grass-roots level and for focusing too narrowly on medical problems and vaccines. When other agencies moved to fill in the gaps, overlapping, confusion, and competition ensued. UNAIDS was designed to combine the WHO's Global Program on AIDS; the U.N. Children's Fund; the U.N. Population Fund; the U.N. Educational, Scientific, and Cultural Organization; the U.N. Development Program; and the World Bank. Representatives from the six agencies met in June to fine-tune the program and approve its budget, which UNAIDS leader Peter Piot estimates will be \$70 million per year for technical and support work.

SATELLITE TELECONFERENCE PLANNED

A new book focusing on the psychological and social impact of the AIDS epidemic has prompted the University of Wisconsin-Stout to sponsor an interactive training seminar, "The Second Decade of AIDS," to be broadcast live via satellite to sites across the U.S. and Canada on September 20. The teleconference will provide a live training forum on the most current issues in the psychosocial aspects of the epidemic. Michael Shernoff, a co-editor of *The Second Decade of AIDS* (Hatherleigh Press), will serve as moderator. Contact: Kevin Moran (212) 355-0882.

**AIDS AND
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GRANT OPPORTUNITIES

NIMH has published a major call for research on **women's health, including specific emphasis on AIDS issues**. The institute encourages research on homeless women and women who are at risk, are HIV positive or have AIDS. The agency provided several examples of topics, including qualitative and quantitative methods to describe women at risk or living with HIV, influence of HIV stigma among women, factors contributing to high-risk sexual behavior among adolescent girls, acceptance and implementation of female-controlled methods of reducing or preventing STDs and HIV and impact of treatment on effectiveness and service use. Contact: Delores Parron, Associate Director for Special Populations, NIMH, 5600 Fishers Lane, Room 17C-14, Rockville, MD 20857; (301) 443-2847; e-mail: delores_parron@nih.gov.

NIDA and NIMH are supporting **basic social and behavioral research on women's HIV risk and/or protective behaviors and community-level intervention strategies** aimed at understanding and preventing HIV/AIDS in women whose drug and sex practices put them at high risk of HIV infection. Applications may be submitted by foreign and domestic, for-profit and non-profit organizations, such as universities, colleges, hospitals, laboratories, units of state and local governments and eligible agencies of the Federal Government. To request the announcement (PA 95) and obtain further information, contact Susan Coyle, PhD (301) 443-6720 at NIDA or Willo Pequegnat, PhD at NIMH (310) 443-6100.

Three agencies have called for studies on **substance abuse in rural America, with several potential topics on HIV**. Topics of interest include: documentation of the health, social-legal and economic consequences of drug and alcohol abuse; and research to integrate drug and alcohol abuse prevention with interventions aimed at other behavioral and societal problems such as violence, teenage pregnancy, school dropouts, HIV and STDs. Contact: Peter Hartsock, Division of Epidemiology and

Prevention, NIDA, 5600 Fishers Lane, Room 9A-53, Rockville, MD 20857; (301) 443-6720; e-mail: ph45z@nih.gov.

NIDA invites applications for research projects on the **social and environmental factors influencing the drug-injecting and sexual HIV risk behaviors of drug users and their sexual partners**. Examples of areas of interest include: assessing the roles of social networks and peer community influences in initiation of drug injection; examining injection patterns, sharing of needles, gender roles and location for drug use; and physiologic effects of using drugs and their interaction with psychological, social and environmental factors in determining drug use and HIV-risk behavior. Contact: PA-95-057, Dr. Richard Needle, Community Research Branch, NIDA, 5600 Fishers Lane, Room 9a-30, Rockville, MD 20857; (301) 443-6720.

AIDS IN RURAL COMMUNITIES VIDEOCONFERENCE

A national satellite videoconference, "AIDS in Rural Communities: Education for Prevention," will take place **September 19, 2:00-4:00 EST**. Contact: William Yarber, H.S.D. (812) 855-7974.

POSITIONS AVAILABLE

A **University of California, San Francisco** project studying **ethnic diversity of gay youth** seeks two ethnographers to conduct research with African American and White gay male youth in San Francisco. Two years of support are available starting July, 1996. The study focuses on cultural knowledge of social behavior related to sex. Methods emphasize use of participant observation and ethnographic interviewing. Ethnographers will participate in an ongoing research seminar. This is an opportunity for dissertation fieldwork and/or publication. Contact: Stephen Eyre, U of California, Adolescent Medicine AC-01, San Francisco, CA 94143-0374; (415) 476-8634; e-mail: steve_eyre@quickmail.ucsf.edu.

AIDS Action Council announces the availability of two administrative assistant positions. The first, in **public affairs**, requires a minimum of two years experience working in an administrative position, excellent WordPerfect, Microsoft Word and database management skills and six months to one year experience working with press clippings. The second position, in **government affairs**, requires at least two years of secretarial experience. Candidates must have competence in WordPerfect 5.1, exceptional organizational and communication skills, good editing/proofreading skills and ability to work effectively under pressure. Send resume and cover letter to PA AA position or GA AA position, AIDS Action Council, 1875 Connecticut Ave. NW, Suite 700, Washington, D.C. 20009.

CONFERENCES

September 17-22: **Third International Congress on AIDS in Asia and the Pacific**, Chiang Mai, Thailand. Contact: Dr. Chanpen, Choprapawon, Thailand Health Research Institute, 1168 Phaholyothin 22, Phaholyothin Rd., Ladyao, Jatujak, Bangkok 10900, Thailand; (662) 939-2239; fax (662) 939-2122.

September 22-24: **HIV, AIDS and Women: Third Western Regional Conference**, San Diego, CA.

Contact: University of California, San Diego School of Medicine, COME, 0617, 9500 Gilman Dr. La Jolla, CA 92093; (619) 534-3940; fax (619) 534-7672.

September 26-28: **The U.S.-Mexico Border Conference on Women's Health**. South Padre Island, Texas. Contact: The University of Texas System, Texas-Mexico Border Health Coordination Office, 1201 West University Drive, Edinburg, Texas 78539-2999.

October 19-22: **Fifth Annual National Skills Building Conference**, Los Angeles, CA. Contact: Craig Wilkinson, Conference Registrar, 300 Eye St. NW, Suite 400, Washington, D.C. 20002-4389.

October 27-28: **Sexual Attitude Reassessment: Program in Human Sexuality**, Minneapolis MN. Contact: Department of Family Practice and Community Health, Medical School, University of Minnesota, 1300 S. 2nd St., Suite 180, Minneapolis, MN 55454; (612) 625-1500; fax (612) 626-8313.

October 28: **Eighth Conference on Social Aspects of AIDS**, London. Contact: Michael Stephens, Sigma Research, Unit 64, Eurolink Centre, 49 Effra Rd., London SW2 IBZ; (44 171) 737-6223; fax (44 171) 737-7898.

CONFERENCES (continued from page 10)

October 29-November 2: **American Public Health Association Annual Meeting**, San Diego, CA. Contact: Anna Keller, APHA, 1015 15th St. NW, Washington, DC USA 20005; (202) 789-5600.

November 9-12: **Society for the Scientific Study of Sexuality 38th Annual Meeting**, San Francisco. Contact: Conference Coordinator, SSSS, P.O. Box 208 Mount Vernon, IA USA 52314-0208; (319) 895-8407.

November 15-19: **American Anthropological Association 94th Annual Meeting**, Washington, D.C. Contact: AAA, 4350 North Fairfax Drive, Suite 640, Arlington, VA 22203 USA; (703) 528-1902.

November 26-December 1: **9th International Conference on AIDS Education: Interventions in Multi-cultural Societies**, Jerusalem. Contact: Conference Secretariat, PO Box 50006, Tel Aviv 61500, Israel; (972 3) 514-0014; fax (972 3) 517-5674.

December 10-14: **IX International Conference on AIDS and STD in Africa**, Kampala Uganda. Contact: Uganda AIDS Commission, 30 Bombo Rd., PO Box 10779, Kampala, Uganda; e-mail G Tembo@mukal.gn.apc.org.

January 17-19: **National Women and AIDS Summit**, New Orleans. Contact: NWAP, 710 Eye St. SE, Washington, D.C. 20003.

March 23-26: **Prevention 96 Conference: Prevention for All -Challenges, Opportunities and Strategies**, Dallas, Texas. Contact: Meetings Manager, Prevention 96, 1660 L St., NW, Suite 206, Washington, D.C. 20036-5603.

March 27-31, 1996: **Society for Applied Anthropology**, Baltimore, MD. Contact: SfAA Business Office, PO Box 24083, Oklahoma City, OK 73124; (405) 843-5113. Registration forms and abstracts for standard sessions,

posters, films and ideas for panels are due **October 15** to Timothy Finan, PhD, Anthropology Bldg., 317 A, Tucson, AZ 85721; (602) 621-6282.

July 7-12, 1996: **XI International Conference on AIDS**, Vancouver, Canada. Contact: PO Box 48740, 595 Burrard St., Vancouver, British Columbia, Canada V7X 1T8; (1 604) 668-3225; fax (1 604) 668-3242.

October 11-13, 1996: **Fifth Display of the Entire AIDS Memorial Quilt**, Washington DC. Contact: The Names Project Foundation, 310 Townsend St., Suite 310, San Francisco, CA 94107; (415) 882-5500.

**WORLD AIDS DAY
DECEMBER 1**

The World Health Organization announced the theme for World AIDS Day: **Shared Rights, Shared Responsibilities**. For a poster or newsletter, contact the PAHO office in countries outside the U.S. or write AAWH, 1129 20th St. NW, Suite 400, Washington, D.C. 20036.

1995 PUBLICATIONS

AIDS and the New Orphans: Coping with Death. Barbara O. Dane and Carol Levine, eds. A compilation of works by several authors who examine the different developmental stages in relation to coping with death.

AIDS, Identity, and Community: The HIV Epidemic and Lesbians and Gay Men. Gregory M. Herek and Beverly Greene, eds. Second volume in the annual series on "Psychological Perspectives on Lesbian and Gay Issues." Sage.

AIDS Prevention in the Community: Lessons from the First Decade. Nicholas Freudenberg and Mark Zimmerman, eds. Offers case studies on more than fifty AIDS prevention and service programs funded by the Robert Wood Johnson Foundation.

Communications for Behavior Change--A Developing Country Perspective. Free to those in developing countries. Health Com, AED, 1875 Connecticut Ave. NW, Washington, D.C. 20006.

Culture and Sexual Risk: Anthropological Perspectives on AIDS. Han ten Brummelhuis and Gil Herdt, eds. Contains papers originally presented at the 1992 conference on AIDS and Culture at UvA by a host of AARG members. Gordon and Breach.

Economic and Social Impact of AIDS in Europe. David Fitzsimons, Vanessa Hardy, Keith Tolley, eds. Cassell.

Hidden in the Blood: A Personal Investigation of AIDS in the Yucatan. Carter Wilson. Personal account of the citizens of Merida--gay, straight and bisexual. Columbia University Press.

HIV & AIDS: The Global Inter-Connection. Elizabeth Reid, ed. Stories of people around the world who are living with HIV and working to stop its spread. Kumarian Press.

National Women and HIV/AIDS Agenda and Survey Results. Results of the National Women and HIV/AIDS Summit. NWAP, 710 Eye St. SE, Washington, D.C. 20003.

Out of the Shadows: Building an Agenda and Strategies for Preventing HIV Infection and AIDS Among Street and Homeless Youth. Population Options/Advocates for Youth, 1025 Vermont Ave. NW, Suite 210, Washington, D.C. 20005.

Science in the Bedroom. Vern Bullough. Looks at the major figures who risked their academic reputations to work in a stigmatized field. BasicBooks.

Sexual Attitudes: Myths and Realities. Vern Bullough and Bonnie Bullough, eds. Explores the many assumptions humans harbor about sexuality. Prometheus.

NEW AIDS JOURNAL

AIDS and Behavior, a quarterly, peer-reviewed publication, will debut in 1997. The journal's editor is Thomas L. Patterson, PhD. For submissions, contact him at: University of California, San Diego, Dept. of Psychiatry (0680), Clinical Sciences Building Rm 249, La Jolla, CA 92093-0680. For subscription information, call (800) 221-9369.

MEETINGS (continued from page 5)

sex with men were involved in fourteen sessions of cognitive intervention. Although materials were provided to clients by mail, the sessions took place entirely by conference call. Attesting to their comfort with the process, 92% eventually consented to confidential participation even though they could have remained anonymous. Roffman concluded that the sessions appeared effective in reducing risks and reaching a range of people, including individuals who were less likely to describe themselves as gay.

Similarly, John DeLamater (U Wisconsin-Madison) reported on an "experiment embedded in an intervention," in which he analyzed the effectiveness of a video-taped intervention and compared it to a face-to-face intervention, both targeting black male adolescents. He found that while both strategies improved clients' sense of self-efficacy, expectations that face-to-face health education had a greater impact on the youth's perceived risk of becoming infected with an STD were confirmed. Still, he said, the video-scripted and performed by black adolescents--could complement other strategies and be used in situations where in-person education is not possible.

Anthropologists and Activists at the Northeast Conference on Drugs, Sex and Harm Reduction by Doug Goldsmith (NDRI)

Several anthropologists spoke at the conference, held at City College in New York City June 9-10. The conference delved into the practical aspects--and potentially contentious issues--of implementing local harm reduction practices to reduce the spread of HIV and other dangers among drug injectors and their loved ones and communities. Michael Clatts asked "Who's Got the Power? Conceptual Foundations of Harm Reduction." Allen Feldman presented "Harm Reduction Perspectives on Indigenous Risk Management, Policing and Spatial Violence" in NYC. Doug Goldsmith spoke about "Reducing Harm in the Path of Danger: Shooters,

Sniffers and Basers avoiding HBV, HIV and TB in NYC." Andy Hamid lamented "The Failure to Separate Marijuana and Crack and the Destruction of 'Smoke-shops' in Bedford-Stuyvesant," NYC. Stephen Sifaneck praised "The Separation of Hard and Soft Drug Markets as a Harm Reduction Strategy" in the Netherlands. Beth Wolgemuth (and Pauline Marianchuk) described "The Prostitute's Safe Sex Project" in Toronto.

More notable than any academic aspects was the overwhelming user/activist presence and participation in plenaries, workshops and discussions. As conference organizers reflected, "this conference added a great deal of momentum to the movement, and provided a much-needed platform for a harm reduction dialogue and networking opportunities." The conference promoted a sense of the continuity of harm reduction as a practical and compassionate way of ameliorating dangerous conditions with other struggles for tolerance and civil rights.

13th Annual AIDS/HIV Forum

by Michelle Lewis Renaud

The forum and the 17th National Lesbian and Gay Health conference were held in
(continued next page)

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Minneapolis June 17-21. Among the AIDS-related activities was the "HIV Prevention Research Development Meeting," which brought together individuals involved in prevention research, program implementation and program funding. Prominent issues discussed include the need to: facilitate communication and collaboration between and among people at all levels, from grass-roots to research to grant-making; to "reinvent" prevention messages to reduce the implication that unprotected sex is always "bad" or "dangerous"; to identify sexual behaviors that are safe and highly eroticized in other cultures; to increase research and funding for HIV prevention among transgendered individuals; to acknowledge that efforts to change behaviors among immigrants requires attention to individuals' level of acculturation; to be realistic about NGOs' capacity to carry out program evaluations; and to recognize that quantitative and qualitative research are complementary rather than exclusionary.

Third USAID HIV/AIDS Prevention Conference by Elizabeth Kresse (USCM)

The United States Agency for International Development sponsored the conference in Washington, D.C. August 7-9. The conference, which was attended by HIV/AIDS professionals from around the world, including a number of developing countries, was designed to provide a forum for the exchange of U.S. and global HIV prevention-related perspectives and experiences. To that end, in addition to plenary sessions and paper presentations, roundtable working groups met daily to discuss specific topics and develop consensus-based statements which were reported the last day of the conference.

Key topics discussed during plenary sessions include: HIV/AIDS advocacy and human rights; HIV/STD and reproductive health; comprehensive HIV/STD prevention programs; expansion of the United Nations' response to the epidemic; the role of high-risk settings in HIV transmission; sexuality and gender relations; and

sustainability of HIV/STD programs. Among the highlights was a presentation by Dr. Daniel Tarantola of the Harvard School of Public Health, who noted the growing realization among HIV/AIDS professionals that HIV transmission takes place within specific socioeconomic, political, cultural and gender-related contexts that influence individual vulnerability. Addressing "structural" problems such as economic disparity and gender inequity will require long-term solutions at societal, national and international levels, he said. Geeta Rao Gupta of the International Center for Research on Women addressed the evolving discourse on gender and AIDS. She stressed that HIV prevention information and interventions should strive to foster gender equality and transform stereotypes about men's "dangerous sexuality" and women's "powerlessness." To address women's HIV prevention needs, she recommended linking HIV prevention interventions with existing economic interventions and advocating increased access to education for women.

Conference organizers will produce a publication containing many of the papers presented at the conference. For more information write: Third USAID AIDS Prevention Conference, *(continued next page)*

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2101 Wilson Blvd., Suite 700, Mailstop 731A,
Arlington, VA 22201.

Partnerships in HIV/AIDS Prevention

by Lynne Greabell
(National Alliance of State and
Territorial AIDS Directors)

The Center for AIDS Intervention Research (CAIR) of the Medical College of Wisconsin held its first Annual Conference in Milwaukee August 17-18. The well-attended meeting brought together HIV/AIDS researchers and community-based experts to discuss innovative HIV prevention approaches for populations particularly impacted by HIV/AIDS and focused on the following topics: reducing sexually-transmitted HIV in African American adolescents; community-level interventions for women; HIV prevention for homeless mentally-ill men and women; HIV and addiction; re-mobilization of gay men; and community-level prevention for gay men (Dr. Jeff Kelly's Popular Opinion Leader Model).

A particular feature of the conference was its format: all participants attended plenary sessions on a particular topic then broke out into a number of smaller groups to discuss the topic in depth. Themes that emerged include the importance of proving interventions effective through evaluation, the need to understand the culture of target populations and the necessity of involving members of target populations in all aspects of intervention design and implementation.

The featured speakers for the plenaries and the opening session included a mix of researchers from CAIR presenting results of their intervention studies and experts from other parts of the country. Dr. Ellen Stover, Director of the Office of AIDS Programs at the National Institute of Mental Health (NIMH), noted the importance of pairing researchers with people in communities to allow communities to inform researchers about the issues in need of examination. NIMH funds CAIR as well as

two other prominent AIDS research centers: the Center for AIDS Prevention Studies (CAPS) in San Francisco and the AIDS Center for Clinical and Behavioral Studies in New York City. Sandra Singleton McDonald, President of OUTREACH in Atlanta, brought the house down with her presentation on learning to live with HIV and addiction. She spoke of her approach to clients in her programs. When researchers approach interviewees and say "Tell me a story," the former learn to ask fewer questions and listen more carefully. This, she said, is the way to truly empower people to take charge of their lives. CAIR Director Dr. Jeff Kelly was the final plenary speaker. He presented the Popular Opinion Leader Model and described his work with gay men in eight cities.

CAIR plans to make conference minutes available this fall. For more information, contact: Tami Payne, CAIR News Senior Administrative Assistant, CAIR, Dept. of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, WI 53226.

HOMELESS YOUTH (continued from page 6)

statistical differences remained even when controlling for differences in frequency of contact.

Data on the costs of street outreach are very limited. However, the alternative costs incurred by not providing preventative services are fairly clear. For example, in New York City it costs only \$489 per year to provide outreach services to the average street youth. If a youth is forced to live in the illegal street economy, he or she is likely to be arrested. It costs \$84,235 a year (\$239 per day) to supervise, feed and house a youth in jail. Note that this does not include the costs associated with property damage, police enforcement, and prosecution. If a street youth has a child, it costs more than \$20,000 per year to care for a child in foster care. The lifetime medical costs of caring for someone with AIDS is estimated to exceed \$100,000. Clearly the scope of existing resources is woefully inadequate relative to the scope of the population and the complex needs that many of these youth exhibit. It is reasonable to expect that increasing resources for street outreach would result in better use of prevention services. To the extent that utilization will continue to be associated with risk reduction, and therefore with improved individual health-related outcomes, it is reasonable to conclude that street outreach can and does make a substantial and cost-effective contribution to public health.

[This article was based on the paper, "The Public Health Impact of Street Outreach Among Homeless Youth in NYC: Implications for AIDS Education and Prevention," presented in Flagstaff August 17, 1995.]

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CDC Guidelines for Counseling and Testing Pregnant Women

On February 21, 1995, the Centers for Disease Control and Prevention (CDC) released Draft Guidelines for Counseling and Voluntary Testing for Pregnant Women,

developed in response to the results from the NIH AIDS Clinical Trial 076 (ACTG 076) indicating that zidovudine (AZT) therapy could reduce perinatal HIV transmission from some infected women to their babies by as much as two-thirds. The NIH ACTG 076 was halted in February of 1994 when the results of the trial were clear (they were published in New England Journal of Medicine in November 1994). The Food & Drug Administration approved the use of AZT for pregnant women in August 1994, and the US Public Health Service issued guidelines on using AZT during pregnancy. After a public comment period this spring, CDC modified the guidelines and published the "US Public Health Service Recommendations for HIV Counseling and Voluntary Testing for Pregnant Women" in the July 7, 1995 edition of the Morbidity and Mortality Weekly Report.

Suspension of Survey of Childbearing Women

In May, Assistant Secretary for Health Dr. Phil Lee asked all states to immediately suspend the CDC HIV Survey of Childbearing Women (SCBW). The SCBW is an epidemiological study conducted in 45 states, the District of Columbia, Puerto Rico and the Virgin Islands. It
(continued next page)

U.S. AIDS POLICY (continued from page 16)

is a blinded study whereby samples are obtained from leftover blood specimens collected for routine newborn metabolic screening, and all personal identifiers are removed. The survey detects HIV antibodies indicating infection in the mother. It is not indicative of the status of the newborn, as all newborns have their mothers' antibodies; only about 25% of babies born to HIV positive women are actually infected. Despite the fact that the SCBW provides the most accurate and valuable data on the extent and trends of the HIV epidemic in women and has enabled state health departments to plan and implement prevention and service programs for women infected and at risk for HIV, the Public Health Service decided to suspend the survey this spring due to concern that legislation to mandate testing of pregnant women being proposed in response to the results of the NIH 076 trial would cloud the importance of the prevention message emphasizing routine counseling and voluntary testing (proposals included requiring states to disclose the HIV status of newborn infants to legal guardians, thereby unblinding the survey).

CDC Reorganization

Last December, CDC Director Dr. David Satcher announced that CDC would be reorganizing its HIV/AIDS programs, citing the need to better coordinate program efforts and improve the science base of prevention programs. All AIDS activities, which had previously been handled through a matrix management system, will now be consolidated into one division. Recommendations provided to Dr. Satcher by an internal implementation team resulted in his decision to form a new center organized around disease-specific divisions for HIV/AIDS, STDs, and TB. Within this Center, the Division of HIV/AIDS Prevention will include HIV prevention, surveillance, epidemiology, and behavioral science functions. Laboratory functions and programs for youth will remain separate. This reorganization has led to a number of shifts in personnel and offices and has created considerable challenges for CDC staff as well as

the organizations with whom they work.

Family Privacy Protection Act

Federally sponsored research may be jeopardized by the Family Privacy Protection Act of 1995 (H.R. 1271). This bill, which would prohibit minors from participating in research activities without written consent from their parents, passed the House by an overwhelming majority and is now pending in the Senate. This bill applies not just to programs through the Department of Education, but to all federally sponsored research programs on minors.

AIDS HEALTH CARE TRAINING FUNDS AWARDED

Fifteen AIDS Education and Training Centers in the U.S. will receive \$15.7 million in federal funds this year to train health care workers to help prevent HIV transmission and to counsel, diagnose, treat and manage the care of individuals with HIV/AIDS. The grants will also help finance HIV/AIDS information dissemination activities at the centers. The regional centers, which serve the 50 states, the Virgin Islands and Puerto Rico, are located in cities and suburban areas with high numbers of people living with HIV/AIDS.