



# AIDS & ANTHROPOLOGY

B U L L E T I N

The Newsletter of the AIDS and Anthropology Research Group

Vol.8 No.1 January 1996

## RESEARCH ON HIGH-RISK BEHAVIOR GROUPS IN NICARAGUA

by

Michele G. Shedlin, PhD (Sociomedical Resource Associates) and Rita Arauz Molina (Executive Director, Fundación Nimehuatzin)

Research has recently been completed in Nicaragua on the attitudes and behavior of groups at high-risk for HIV/AIDS: female sex workers; clients of sex workers; gay-identifying men; and men who have sex with men (MSMs) who do not identify as gay. The research was funded by Family Health International (FHI) (AIDSCAP) and was carried out by Fundación Nimehuatzin, the country's leading HIV/AIDS organization which for many years has been dedicated to prevention and services in Nicaragua. The objective of the research was to inform the development of AIDS prevention information and communication strategies for the country.

Fifteen focus groups and sixty-six in-depth interviews were carried out in Managua and three port cities: Puerto Cabezas, Bluefields and Corinto. These cities represented coverage of the Atlantic and Pacific coasts as well as the English-speaking Black (Caribbean) and indigenous Miskito populations of the country. In addition to high-risk behavior individuals, interviews and a focus group with medical professionals and policy makers were included in the research design.

The information obtained from the sex workers showed  
*(continued on page 6)*

## AARG PAPER PRIZE AWARDED

Congratulations to Ronald Frankenberg (U of Keele), who received the AARG 1995 paper prize for professional work in AIDS and anthropology. A summary of the winning paper is on page 9.

---

## AARG ELECTIONS

AARG strongly urges all members to vote for three AARG positions--Chair-Elect, Secretary and Treasurer--on the enclosed ballot. Votes must be sent to chair Robert Carlson by **March 1, 1996.**

---

## 1996 MEMBERSHIP LIST COMING NEXT ISSUE: TIME FOR REGISTRATION AND RENEWAL

A new membership list will be mailed with the next issue of *AAB*. The list and future *AABs* will be sent *only* to current members and new members who send in the enclosed form and dues (when applicable) to Janet McGrath by **Feb. 15, 1996.**

## RESEARCHER KILLS MYTH OF SHARED SYRINGES

by Daniel Goleman

(New York Times Sept. 20, 1995)

Steven Koester's big break came the day the police stopped him on a dingy Denver street frequented by heroin users and demanded to know what he was doing there. As it happens, Dr. Koester had been trying to win the trust of heroin users so he could study their drug habits.

"When they saw the cops stop me and check my I.D., it changed their attitude toward me," said Dr. Koester, an anthropologist at the University of Colorado Health Sciences Center in Denver. "After that they let me in. I could watch them buy, shoot up, everything."

Dr. Koester's field work led to an insight that reverberated within the halls of the Federal Centers for Disease Control and Prevention and eventually was cited as a reason for a recommendation yesterday by an expert panel of the National Research Council that clean syringes be made available to heroin addicts to stop the sharing of needles. Such sharing can spread HIV, the virus that causes AIDS.

"It became clear to me that these heroin users had good reason to share," Dr. Koester said. "The laws against having syringes made it too risky to carry them on the way to get heroin. It created an artificial scarcity. They were sharing because they had to--not because of some ritual for bonding."

The misguided notion that heroin users shared needles because it was a "bonding ritual" of the drug subculture "was current in health policy circles at the time," said Dr. Stephen Jones, a medical epidemiologist in the division of HIV/AIDS Prevention at the centers.

That belief seems to have originated decades ago, with a report on heroin users in the Haight Ashbury District in San Francisco in the heyday of the hippies in the early

1970's. The notion of needle sharing as a bonding ritual somehow acquired the status of conventional wisdom, though its applicability to today's heroin users had been untested.

Nonetheless, that assumption led public health officials to inform addicts of the health risks of sharing needles and to urge them not to do so, assuming that would be enough. That effort has proved largely futile.

"There were a lot of misconceptions about what made drug users do something so risky as share a needle," Dr. Koester said. "But it wasn't because they didn't know it meant the risk of getting hepatitis or HIV."

Rather, Dr. Koester found, the sharing was an act of desperation. "Users have to go out on the street to get their dope," Dr. Koester said, "but anti-paraphernalia laws make it too risky to carry their own syringes. And they don't want to be caught carrying the dope after they buy it. So they go to the closest place where they can have privacy and get a syringe."

Typically these are "shooting galleries," apartments or alley ways where, for a small fee, they can get privacy and a needle to use. Those needles, however, are usually contaminated from  
*(continued next page)*

## CALL FOR PAPERS ON LIVING WITH AIDS

Fred Bloom (CAIR) and Elisa Sobo (U Durham) are organizing a session for the 1996 AAA meetings. The session is entitled "Living with HIV/AIDS." Assembled papers will cover not only a wide range of the issues associated with this theme but also a wide range of regions and social groups. **To participate, contact Fred or Elisa immediately.**

Fred Bloom Center for AIDS Intervention Research, Psychiatry and Mental Health Services, 1201 N Prospect Ave., Milwaukee, WI 53202; e-mail: frb@post.its.mcw.edu; (414) 287-4680; fax (414) 287-4683, Elisa Sobo, U Durham, Dept. of Anthropology, 43 Old Elvet, Durham DH1 3HN; e-mail: e.j.sobo@durham.ac.uk; (44) 191-374-2846; fax (44) 191-374-2870.

---

## AARG BUSINESS MEETING AT AAA

During the AAA meetings in Washington, D.C. November 15-19, the AARG Steering Committee met and an AARG business meeting was held. Among the several announcements made during the business meeting was that an election will be held to fill three new AARG positions (ballot enclosed) and that the AARG will serve as a Technical Interest Group (TIG) of the Society for Applied Anthropology.

Reporting on AARG finances, treasurer Moses Pounds said that all outstanding debts have been paid, including those from previous years. Regarding income to the AARG in 1995, Moses said that the 1994 balance was \$1,307 and that \$1,340 in dues for 1995 was received. Expenses during 1995 included production and mailing of the AARG Bulletin for \$350 on two occasions and award of the 1995 AARG paper prize of \$100. As of November 17, 1995, the balance was \$1,847.

## RESEARCHER KILLS MYTH

(from page 2)

previous use.

That previous use also renders the needles blunt, making them painful to use and more likely to damage a vein, something addicts do not like about used needles. "Good injectable veins are invaluable," Dr. Koester said. "Every time you inject you're using up part of your vein."

In addition, since disposable syringes are designed for just one use, they clog up or lose their suction with multiple injections. For all these reasons, Dr. Koester said, "If new needles were available, they'd use them."

Dr. Jones, on hearing of Dr. Koester's work with heroin addicts, invited him to present his findings at the centers. His conclusions, and similar findings by other investigators, dispelled the assumption that needle-sharing "was a bonding rite, not something forced on them by circumstances," Dr. Jones said.

(This article was also highlighted in the *Anthropology Newsletter*, December 1995)

## IN MEMORY

*Submitted by Helen A. Robbins, University of Arizona*

**Henry M. Hufford**, 46, of Tucson, Arizona, died June 14, 1995 of complications related to AIDS. Henry was a graduate student in anthropology at the University of Arizona, lawyer and prominent local AIDS activist. After graduating from Yale in 1970, he moved to Tucson where he graduated from the University of Arizona College of Law in 1975. He practiced corporate law in Tucson and then in Long Beach, CA.

When Henry discovered that he was HIV-positive he was motivated to leave his successful career to pursue a life-long interest in anthropology. Hufford, who served last year as vice president of the People with AIDS Coalition of Tucson, was a militant activist who regarded his illness as an opportunity to help educate society, friends and colleagues about homosexuality and AIDS. He was also active in the Tucson AIDS Project and with Wingspan, a community organization for gay and lesbian youth. As a cultural anthropology major and linguistics minor, Henry sought to integrate his sexuality and his interests in law with anthropology. He provided a much-needed perspective in anthropology classes on gay/lesbian topics, AIDS and human issues. At the time of his death, he was working on a legal anthropology project and had proposed to do his dissertation research on gay men's body image in American culture.

He is survived by his mother and stepfather, Caroline Hufford-Anderson and Delwin M. Anderson of Arlington, VA; brothers Stephen S. and Frederick H. of Arlington, Nicholas S. of Harrisonburg, VA and Mark T. of Columbus, NC; and eight nieces and nephews. Henry will be remembered by friends and colleagues at the University of Arizona for his resounding laugh, unshakable humor and determination.

---

### **AAB SUBMISSIONS WELCOME**

The deadline for submissions for the next issue of **AAB** is **March 15, 1996**. 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 Lewis 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 today (using the enclosed form) and have your name included on the membership list in March. Annual dues is \$20 for professionals and \$5 for students. Anthropologists who are unemployed or living in developing countries can join for free. Send the membership form and check to: Janet McGrath, PhD, Dept. of Anthropology, Case Western Reserve U, 11220 Bellflower Rd, Cleveland, OH 44106.

## AAA MEETING AIDS SESSION HIGHLIGHTS

by Elizabeth Kresse (American U and USCM)

The 94th Annual Meeting of the American Anthropological Association (AAA) took place November 15-19 in Washington, D.C. Following are summaries of selected papers presented in three AIDS-related sessions. They illustrate the wide-ranging interests and contributions of anthropologists working in the HIV/AIDS field in the United States and abroad.

In a session entitled "Social Networks and the Meaning of Community in the Prevention and Treatment of HIV/AIDS," Jennifer Furin (U. California - Los Angeles) examines the use of alternative AIDS therapies among gay men living with AIDS in West Hollywood. Entitled "*The Treatment Vigilantes: Alternative Therapies and AIDS Activism in a Gay Community in Los Angeles*," Furin's paper discusses her discovery of eighty-nine alternative therapies which she defines as "treatments not approved by the Food and Drug Administration for treatment of HIV and related infections at the time the study began in 1992." A majority of study participants (69.2%) were using some type of alternative therapy, most in conjunction with Western biomedical therapies. The most popular alternative treatments among study participants were vitamins, diet changes, exercise, meditation, marijuana and stress reduction.

Furin attributes the high use of alternative AIDS therapies among gay men to the activist, take-charge climate fostered in the gay community as a result of the government's inadequate response to the epidemic. Beyond seeking relief from symptoms, gay men are turning to alternative therapies as a way to "fight back." In Furin's view, "Alternative therapy use can be seen as a type of AIDS activism, both on a societal and individual level."

In her paper entitled "*Theory to Practice: Anthropological Approaches to HIV/AIDS Prevention in* (continued on page 15)

## NEW AARG MEMBERSHIP OFFICER APPOINTED

Welcome to newly-appointed AARG membership officer, **Fred Bloom** (CAIR), who will replace Janet McGrath in the three-year position.

---

## HCFA TO HELP WOMEN PROTECT INFANTS FROM HIV

The Health Care Financing Administration (HCFA) will work with four states to inform pregnant women of the benefits of HIV counseling and voluntary testing and educate HIV-infected women about treatment with AZT to reduce transmission of HIV to their babies.

Using materials based on recent National Institutes of Health findings that AZT can reduce the risk of HIV transmission from infected mothers to newborns by as much as 67%, HCFA will begin projects in Delaware, Florida, New Jersey and Rhode Island. These states were selected due to large Medicaid populations and high rates of HIV infection among women of childbearing age.

For information, contact Alexis Andrianopoulos in Delaware (302) 577-4501; Jeanne Pruyn in Florida (904) 414-6249; John McKeegan in New Jersey (609) 292-3703; and Bill McQuade in Rhode Island (401) 464-3363.

## NICARAGUA ( from page 1)

a clear awareness of the risk of HIV/AIDS and other STDs and of the importance of condom use with clients. While prostitution is not sex-for-drugs, as in many cities of "developed" countries, poverty, nevertheless, is as driving a force in motivating their transactions. Where sex workers in other countries may accept sex without condoms because they are drug-sick, Nicaraguan sex workers are influenced to accept unprotected oral, anal and vaginal sex (called "los tres platos," the three courses) when they have hungry children to feed. To add to their risk, anal sex appears to be a routine practice in heterosexual encounters as well as homosexual sex. Drugs appear to be easily available in Managua and the port cities, and use in this population is reported to be growing. We were able to identify little needle drug use. However, alcohol, cocaine and crack are routinely used by clients and increasingly by sex workers.

Although clients spoke very negatively about prostitution, their frequent transactions with them demonstrate an institutionalized double standard. While they appear to be aware of HIV/AIDS, most of the clients interviewed reported that they protected themselves more by a careful selection of women and check of their health and hygiene than by using condoms. Some clients also reported sex with men, which they stated they did for money, not pleasure. (In Nicaragua, only "pasivo," or passive, men are termed "homosexual." Homosexuals pay MSMs, "activos" and heterosexual men for insertive sex.)

The gay communities in each city researched appear fragmented by age, social status and sexual behavior. Those "in the closet" ("solapado") are both "activo" and "pasivo," hiding their sexual preference from a society they consider strongly "machista" and homophobic. The homosexual groups spoke of "fear," "prejudice" and "obsolete traditions" affecting homosexuals and MSMs, as well as living with inhibitions "carried inside." They eloquently described many ways in which the rejection of family and society affected their lives and personalities.

The routine use of alcohol and drugs at social gatherings, for example, are reported to accompany and lead to sexual relations.

Not surprisingly, gay men in Managua, the capital city, have more correct information about HIV/AIDS than those in the smaller cities. Behavior change such as condom use appears to be related to their perception of decision-making power and feelings of control in their lives as well as information about AIDS and STDs.

In the Final Report prepared by Fundación Nimehuatzin for FHI, a number of important issues for future research were identified: 1) power relations and patterns of negotiation and payment for sex by clients of female sex workers and by homosexuals to "straight" men; 2) the ritual of checking for disease and criteria for acceptance and refusal by clients and sex workers; 3) the underestimated importance of poverty, confidence and "almost" (doing something) as risk factors in disease transmission; 4) the past and current influence of the churches on homophobia and the stigmatization of homosexuality; 5) the real behaviors of men considered "activo" (active/insertive partner) and "pasivo" (passive/receptive partner) and implications for disease  
*(continued next page)*

## EIGHTH SOCIAL ASPECTS OF AIDS CONFERENCE

by Elisa J. Sobo (U Durham)

The eighth Social Aspects of AIDS Conference, organized by Drs. Peter Aggleton (U London), Peter Davies (U Portsmouth), and Graham Hart (U Glasgow), was held October 28, 1995 at South Bank University in London. About 250 HIV/AIDS scholars and health and social service workers attended.

In addition to my own paper, which concerned self-disclosure narratives, I attended presentations by J Crawford (MacQuarie U, Sydney), V Blakey (Health Promotion Wales), F Steward (La Trobe U, Melbourne), and K Maxwell (London). As the affiliations indicate, the conference, in which social and cultural factors took center stage, drew international participation. Belgium, Germany, Mexico, Norway, Poland, Australia, the USA and UK countries were among those represented.

Crawford and colleague S Lawless are investigating HIV-positive people's experiences of serostatus self-disclosure to sexual partners. As Crawford pointed out, there is at present a dearth of qualitative research in this area. However, if the fact that three of the day's twenty-five presentations concerned self-disclosure is any indication, this may not be the case for long.

Blakey described an HIV prevention program for female prostitutes, noting that selection of an appropriate outreach worker was key to the program's success. When challenged in discussion that HIV was not a big problem for these women because their rates of infection are low relative to rates in other populations, Blakey agreed; however, she noted that the health authorities had, for a variety of reasons, made HIV prevention a priority, so funding was available.

Stewart's presentation, based on material for her PhD dissertation, focused on self-perceptions of sexual independence among teenage women.

*(continued on page 8)*

## NICARAGUA (from page 6)

transmission; 6) the apparent demand, practice and acceptability of anal sex in Nicaraguan society; 7) the danger of operating with a "closed group" concept; and 8) "risk group" as applied to MSMs, "activos" and bi-sexual men who have unprotected sexual relations with men and women.

The obvious importance of this research is in the identification of cultural norms, behaviors and practices which will cause HIV to be spread among the **general population** as well as the country's high-risk behavior groups. The data illustrate that attention must be focused on the borders and seaports where Nicaragua meets the world, as well as through the **bi-sexual bridge** between the gay and heterosexual communities. Utilizing this group- and country-specific information, prevention planning and interventions can address both the context of risk behaviors as well as their practice. Nicaragua, with timely, informed and appropriate interventions, can still hope to control the spread of HIV and prevent an epidemic within its borders.

## LONDON AIDS CONFERENCE (from page 7)

Maxwell, whose presentation was also on young people, is a student as well. In fact, her research, carried out with young gay men, was undertaken as an undergraduate. Among other things, Maxwell suggested that because the boys in her sample had girls and not boys for best friends, it might be beneficial to enlist girls in peer education campaigns for gay boys. Maxwell also noted that boys just coming into their gayness often prematurely conceived of dates as indexing relationships, which heightens their risk for HIV infection because of the common but erroneous association between sex within a relationship and safer sex.

The conference also featured papers on the Europe Against AIDS summer campaign targeting tourists (L Thomas); professionalism and sexual identity among AIDS workers (K Deverell); treatment activism in Britain (P Lyster-Todd); gay men's understandings of sex (P Flowers); and programmes for the African community in the UK (N Amamoo). The wide variety of research represented was not reflective of what appears to be an almost wholly gay male focus in most HIV/AIDS work done in the UK. Still, the organizers scheduled papers to cover various interests without washing gay men out of the center spotlight or, as people here would say, without "de-gaying" AIDS.

Conference attendees were provided a pamphlet of abstracts, a buffet lunch, morning and afternoon tea and a book edited by the organizers (a 1995 addition to the Taylor and Francis *Social Aspects of AIDS* line, which began with the first of these conferences and has broadened to include a wider range of HIV-related topics). The fee for the one-day event and these perks was fifty pounds (about \$80 U.S.).

## AIDS AND ANTHROPOLOGY RESEARCH GROUP

### Officers:

Chair: Robert Carlson  
Past Chair: Michael C. Clatts  
Membership: Fred Bloom  
Treasurer: Moses B. Pounds  
Secretary: Margaret Connors

### Steering Committee:

Stephen L. Eyre  
Douglas A. Feldman  
Stephanie Kane  
William L. Leap  
Susan Scrimshaw  
Michelle L. Renaud  
Fred Bloom

### Past Chairs:

Douglas Feldman (1986-89, 92)  
Norris G. Lang (1988-90, 93)  
Ralph Bolton (1991)  
Janet McGrath (1994)

### AIDS and Anthropology Bulletin

Editor: Michelle L. Renaud

### Associate Editors:

Ralph Bolton  
Michael C. Clatts  
Douglas A. Feldman  
Norris G. Lang  
William L. Leap  
Janet McGrath  
Moses B. Pounds  
Claire Sterk-Elifson



**AARG PAPER PRIZE  
LEARNING FROM AIDS:  
THE FUTURE OF ANTHROPOLOGY**

by  
**Ronald Frankenberg (U of Keele)**

Summary by Elizabeth Kresse  
(American U and USCM)

Ronald Frankenberg is the winner of the AARG 1995 paper prize for professional work in AIDS and anthropology. No student prize was awarded this year. Frankenberg's paper was one of four professional papers reviewed by a panel of three judges headed by Stephanie Kane. The paper, "Learning from AIDS: The Future of Anthropology," was recently published in a collection of essays entitled *The Future of Anthropology*, edited by A. Ahmed and C. Shore (Atlantic Highlands, NJ: Athlone Press). In it, Frankenberg reflects upon anthropologists' experiences with HIV/AIDS issues and suggests that these experiences are transforming the practice of anthropology.

Frankenberg frames his discussion of the anthropological encounter with the AIDS epidemic by contrasting the practice of social anthropology in general and medical anthropology in particular with the practice of biomedicine. As Frankenberg explains, biomedicine is concerned with diagnosing and treating disease; anthropology aims toward understanding the context in which illness takes place. Methodologically, the medical practitioner's approach is to ask patients standard questions within the set discourse of biomedicine and to find answers to those preset questions. By contrast, the anthropologist, working within the discursive frameworks of his or her interviewees, begins by examining a set of interviewees' answers and attempts to devise corresponding questions.

These two diverging approaches sometimes clash as epidemiologists and others working within traditional biomedicine increasingly enlist anthropologists to help them understand the sociocultural factors affecting HIV

transmission. Frankenberg recounts the experiences of several anthropologists working in the HIV/AIDS field whose work was at best misinterpreted or ignored, and at worst misused. For example, Sophie Day's finding that prostitute women in London were unlikely to infect or be infected by their clients with HIV due to their consistent condom use was later used as an argument for cutting preventive, welfare and clinical services for the women.

Frankenberg argues that these experiences and anthropologists' general inability to address adequately the problem of HIV/AIDS have created a "crisis of confidence in the key concept of culture itself." The challenge for anthropologists is to resolve this crisis. Frankenberg's proposed solution is for anthropologists to "take sides and to present material in such a way that it enables the people...to act for themselves, to choose *their* own agenda, rather than to enable and empower those who, however well meaning, want to act on or for them."

---

**HIV PREVENTION  
COMMUNITY PLANNING  
AND ANTHROPOLOGY**

For a discussion of the ways anthropologists can contribute to implementation of the CDC initiative, see page 14.

## POSITIONS AVAILABLE

The Division of STD/HIV of the **Mississippi State Department of Health** is recruiting an **applied anthropologist for a full-time research position in STD/HIV prevention**. Objectives of the ethnographic research component of a multidisciplinary community-based intervention include examining the social and cultural context of syphilis transmission and defining local knowledge and beliefs. Candidates should possess a PhD and have formal training in applied medical anthropology and public health. Contact: Carol Langley, MD, MPH, Division of STD/HIV, Mississippi State Department of Health, 2423 North State St., Jackson, MS 39215-1700; (601) 960-7725; fax: (601) 354-6061.

Northern Arizona University, Department of Anthropology, **Multicultural AIDS Prevention Program** is seeking a **PhD-level ethnographer**. Experience with **substance abuse research, HIV issues and field research** preferred. Send letter of interest, vita and names of at least three references to Robert T. Trotter, II, Flagstaff Multicultural AIDS Prevention Program, Department of Anthropology, Northern Arizona University, Flagstaff, AZ 86011.

**Research assistants** are wanted for an NSF-supported project to examine **women's social networks, social support and health-seeking behavior in Mali** in January 1996. Contact Sarah Castle, Population Studies and Training Center, Box 1916, Brown U, Providence, RI 02912; (401) 863-7283.

The **Center for AIDS Intervention Research (CAIR)** within the Department of Psychiatry and Behavioral Medicine at the Medical College of Wisconsin is recruiting additional **faculty members, open rank, for tenure-track positions**. Candidates with established research records with HIV-vulnerable populations and a background in theories of behavior change and behavior change maintenance are preferred. Interested persons should submit a cover letter describing research interests,

a c.v. and copies of reprints and preprints to: Jeffrey A. Kelly, Ph.D.; Director, CAIR, Medical College of Wisconsin, 1201 N. Prospect Ave., Milwaukee, WI 53202.

**AIDS Action** is seeking candidates for four positions. The **Deputy Director for Community Outreach** would organize and coordinate a national grassroots effort directed at community-based organizations. The **Policy Associate-Medicaid** is a temporary full-time position to assist in the implementation of a Medicaid/AIDS federal contract in legislative and grass roots advocacy efforts to preserve the federal Medicaid program. The **Communications Manager** would oversee handling of media relations and organizational publications. The **Development and Membership Associate** would plan and implement annual membership, direct-mail and telemarketing campaigns.

**Information due January 29, 1996**. Specify position and send resume, cover letter and salary requirements to AIDS Action, 1875 Connecticut Ave., NW, Suite 700-AM, Washington, D.C. 20009; fax (202) 986-1345 Attention: Human Resources Department.

---

## GRANT OPPORTUNITIES

The **NSF Cultural Anthropology Program** funds projects in **Medical Anthropology** and all other subfields. NSF is interested in projects that explain human behavior in the context of a disease or health condition and that generalize to or reach beyond the specific disease situation to more general aspects of human nature. Contact: Stuart Plattner, Cultural Anthropology Program, Room 995, NSF, 4201 Wilson Blvd., Arlington, VA 22030; (703) 306-1758; e-mail: splattne@nsf.gov.

**Minority Mental Health Grants for AIDS Research** are available through the **National Institute of Mental Health**. NIMH invites applications for the development, conduct and maintenance of research projects focusing on the mental health of minority populations and the impact of HIV/AIDS on those populations. The deadline is June, 1996. For guidelines, call (301) 443-5158 then dial 960007 to receive them by fax. Contact: Dr. Leonard Mitnick, Office of AIDS at the number above.

The **Walgreen Giving Program** funds **AIDS projects** in suburban Chicago and in other parts of the country where the drug-store chain operates. There is a rolling deadline. Walgreen, 200 Wilmont Rd., Deerfield, IL 60015; (708) 940-2920.

The **UNUM Charitable Foundation in Portland, Maine** funds **AIDS-related projects** primarily in Maine but will consider funding projects outside the state. The foundation looks for projects that potentially find other funding sources and collaborate with other community organizations. Deadlines are December 1, March 1 and June 1.

**NIDA** invites applications for research projects on the **International Epidemiology of Drug Abuse** (Program Announcement #PA-95-072). International research is sought on drug abuse, factors influencing the initiation, progression and cessation of drug abuse and social and

health consequences, including **HIV transmission**. Comparative studies with U.S. populations are encouraged. Contact: Moira O'Brien, Epidemiology Research Branch, NIDA, 5600 Fishers Lane, Room 9A-53, Rockville, MD 20857; (301) 443-6637.

---

### CALL FOR PAPERS: ANTHROPOLOGICAL APPROACHES TO HIV/AIDS PREVENTION

A conference entitled, "From Theory to Practice: Anthropological Approaches to HIV/AIDS Prevention" will be held following the NIDA Conference in Puerto Rico in late June. The purpose of the conference, sponsored by NIDA and Wenner Gren and stemming from an AAA session of the same name, is to explore the special contributions of anthropology to the development of alternative routes to AIDS prevention. **One-page abstracts, due by Feb. 9**, should focus on the use of anthropology or anthropology-related theory in the development of AIDS prevention models or programs. Contact: Merrill Singer, PhD, Hispanic Health Council, 175 Main St., Hartford, CT 06106; (203) 527-0856.

---

## CONFERENCES AND ACTIVITIES

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

March 19-22: **8th National AIDS Update Conference: HIV and the Changing Health Care Environment**, San Francisco. Contact: Cliff Morrison, Program Director, 655 Corbett Ave., #406, San Francisco, CA 94114; (415) 206-1644; fax (415) 206-0796.

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 26-April 1: **Immunopathogenesis of HIV Infection**, Hilton Head, South Carolina. Contact: Keystone Symposia, Drawer 1630, Silverthorne, CO 80498; (303) 262-1230; fax (303) 262-1525.

March 27-31: **Society for Applied Anthropology**, Baltimore, MD. Contact: SFAA Business Office, PO Box 24083, Oklahoma City, OK 73124; (405) 843-5113.

April 1-7: **National Public Health Week 1996: "Celebrating Success"**. Contact: Eleanor Dixon Terry at ASTHO (202) 546-5400.

July 7-12: **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.

July 13-17: **18th Annual National Lesbian and Gay Health Conference and 14th National AIDS Forum**, Seattle, WA. Contact: NLGHA (800) 367-1481.

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.

November 4-8: **Social Sciences and AIDS in Africa: Review and Prospects**, Saly Portudal, Senegal. (Information below.)

---

### PAPER SUBMISSIONS FOR INTERNATIONAL SYMPOSIUM IN AFRICA DUE JANUARY 15

Papers for the Codesria-Orstom International Symposium, Social Sciences and AIDS in Africa Review and Prospects are due January 15, 1996. The basic objective of the symposium, which will take place in Senegal **Nov. 4-8**, is to bring together social scientists from different disciplines and countries working on AIDS in Africa, thereby promoting exchanges which seldom take place in major conventional international symposia. Contact: CODESRIA B.P. 3304 Dakar, Senegal; (221) 25.98.21; fax (221) 24.12.89; e-mail BECKER@BELAIR-ORSTOM.SN; ORSTOM-ISD, 15-21 Rue de l'Ecole de Medecine, 75006, Paris, France; (33-1) 43.29.77.99; fax (33-1) 46.34.22.31; CODESRIA@GEO 2.POPTEL.ORG.UK

---

## 1995 PUBLICATIONS

**AIDS, Drugs and Prostitution.** Martin Plant. An international collection of studies from AIDS researchers examining the interrelations between prostitution and HIV infection. Routledge.

**Flexible Bodies: The Role of Immunity in American Culture From the Days of Polio to the Age of AIDS.** Emily Martin. Boston: Beacon Press.

**Social Aspects of AIDS Series.** Includes: *AIDS: Safety, Sexuality and Risk*, edited by Peter Aggleton, Peter Davis and Graham Hart; *Organizing AIDS: Workplace and Organizational Responses to the HIV/AIDS Epidemic* by David Goss and Derek Adam-Smith; *Sexual Interactions and HIV Risk: New Conceptual Perspectives in European Research*, edited by Luc Van Campenhoudt, Mitchell Cohen, Gustavo Guizzardi and Dominique Hausser; *Bisexualities and AIDS: International Perspectives*, edited by Peter Aggleton; and *Sexual Behaviour and AIDS in the Developing World*, edited by John Cleland and Benoit Ferry. Bristol, PA: Taylor & Francis.

**Networking AIDS Services.** Vincent Mor, John A. Fleishman, Susan M. Allen and John D. Piette. Description of the lessons learned from the community-based health and social services programs funded by the Robert Wood Johnson Foundation to improve access to social and medical services for persons living with AIDS. Health Administration Press, 1021 East Huron St., Ann Arbor, MI 48104-9990; (313) 764-1380.

**Challenge and Innovation: Methodological Advances in Social Research on HIV/AIDS.** Mary Boulton, ed. Bristol, PA: Taylor & Francis.

**AIDS: Effective Health Communication for the 90s.** Scott C. Ratzan, ed. Bristol, PA: Taylor & Francis.

**AIDS: Individual, Cultural and Policy Dimensions.** Peter Aggleton, Peter Davies and Graham Hart, eds.

Bristol, PA: Taylor & Francis.

**Power and Community: Organizational and Cultural Responses to AIDS.** Dennis Altman. Bristol, PA: Taylor & Francis.

**Sexuality, Politics and AIDS In Brazil: In Another World?** Richard Parker and Herbert Daniel. Bristol, PA: Taylor & Francis.

**AIDS Funding (4th Edition).** A guide to giving by foundations and charitable organizations. The Foundation Center, 79 Fifth Ave., Dept. AQ, New York, NY 10003-3076; (800) 424-9836.

**The Impact of Homophobia and Other Social Biases on AIDS.** AIDS Stigma Report, Public Media Center, 466 Green St., San Francisco, CA 94133; (415) 536-3313.

**Young People at Risk: Fighting AIDS in Northern Tanzania.** Knut-Inge Klepp, Paul M. Biswalo and Aud Talle, eds. Cambridge, MA: Scandanavian University Press North America and Oslo, Norway: Scandinavian University Press.

**ANTHROPOLOGISTS NEEDED TO ASSIST IN  
HIV PREVENTION COMMUNITY PLANNING**  
by Liisa Randall (Michigan Dept. of Public Health)

HIV Prevention Community Planning was highlighted in the June, 1995 edition of the AIDS and Anthropology Bulletin. In brief, the mission of this national initiative is to ensure the implementation of culturally competent and science-based prevention programming that is responsive to the priority needs of affected communities. To achieve this goal, all states, cities and territories are required by the Centers for Disease Control and Prevention (CDC), to convene at least one community planning group (CPG). CPGs, in partnership with state and local health departments, are responsible for developing epidemiologic profiles, compiling inventories of prevention resources, conducting comprehensive needs assessments, identifying and prioritizing prevention needs and determining appropriate methods to address those needs. This planning process is to result in a comprehensive plan, which is the foundation for all federal funding applications for HIV prevention.

*A Need for Behavioral and Social Scientists*

I recently had the opportunity to participate in the CDC External Review of HIV Prevention Continuation Applications, held November 12-16, 1995 in Atlanta. Among the goals of this review was to assess, at the state and national level, progress in implementing HIV Prevention Community Planning and to identify technical assistance needs in support of community planning or prevention programming. In all, I reviewed applications from eleven states and/or cities. Based on these applications and discussions with numerous colleagues, it is clear that CPGs are experiencing difficulty incorporating and applying social science to the planning process, which is required in the Guidance for HIV Prevention Community Planning issued by the CDC.

Clearly, some CPGs have established relationships with social scientists, particularly through colleges and universities. However, in many cases these individuals were hired to complete various planning tasks and may

not have participated in the process on an ongoing basis. In other cases, social science methods and theory were employed, but an examination of methods and findings indicates that these activities were undertaken by individuals and groups without appropriate expertise and experience.

*Possible Roles*

Anthropologists and other social scientists can bring valuable skills and experience to HIV Prevention Community Planning. Conversely, the process presents a unique opportunity, particularly for students, to gain research experience and expand professional experience. For instance, anthropologists can assist CPGs in addressing issues of cultural diversity and communication, including conflict management and resolution on the CPG; they can conduct needs assessments and evaluations; and they can serve as valuable resources to CPGs by analyzing and interpreting various sources of data and applying findings to programming decisions.

In addition to the ongoing activities listed above, anthropologists can become involved at an early stage of the process by identifying states convening multiple planning groups in January 1996 for the first time. These new CPGs will  
*(continued next page)*

## COMMUNITY PLANNING (from page 14)

require support in accomplishing all their planning tasks.

### *The Need for Self-Marketing*

CPGs, health department staff, the CDC and consultants providing technical assistance in the planning process have expressed frustration in identifying resources in the social and behavioral sciences. In fact, many do not understand clearly the role that social science could and should play. For these reasons, it is important that anthropologists and other social scientists "market" themselves, describing, in concrete terms, how their skills are vital to the science-based process. Because state health departments are responsible for coordinating efforts, I strongly encourage those with interest and experience in HIV issues to contact the HIV/AIDS program in your state health department to determine how you and/or your students might contribute. For further information, please contact me at HAPIS/Michigan Department of Public Health, P.O. Box 30035, Lansing, Michigan 48909; (517) 335-8012 ; fax (517) 335-9611.

---

## AAA MEETINGS (from page 5)

*the Hills of Northern Thailand*" presented during a session entitled "Theory to Practice: Anthropological Approaches to HIV/AIDS Prevention," Patricia Symonds (Brown U.) reminds us that practice continuously tests and informs theory.

While working on an HIV/AIDS education project among Hmong hill tribes in Northern Thailand, Symonds discovered that the effectiveness of the project's educational messages were tempered by certain Hmong cultural notions rooted in social and economic reality. For example, for Hmong men, who are members of a cultural and linguistic minority, purchasing the services of a Thai prostitute--a member of the dominant majority--increases social status. In addition, it has been found that sharing needles while injecting heroin is a new--and deadly--extension of traditional opium pipe sharing

practiced by the Hmong. Clearly, attempts to change HIV-related risk behaviors must take into account Hmong cultural constructions.

In a session on "Cultural and Ethical Issues in AIDS Vaccine Trials" Jeanine Coreil (U. of Southern Florida) presented a paper entitled "*The Cultural Feasibility of AIDS Vaccine Trials in Cité Soleil, Haiti*," that underscores the importance of expanding the scope of feasibility studies conducted prior to AIDS clinical trials to include attention to sociocultural, behavioral and ethical issues. Traditional feasibility studies ask scientific questions such as, "Can such a trial be conducted and maintain high standards of scientific research?" cultural feasibility studies add, "Is it both ethical and culturally appropriate to implement the study in the proposed manner?"

Coreil illustrates her support for cultural feasibility studies with a discussion of a case study she and a research team conducted in preparation for a clinical trial to reduce perinatal HIV transmission in Haiti. The study investigated the feasibility of a double-blind trial administering HIV immune globulin (HIVIG) to infants of HIV positive mothers. Data were drawn from focus group discussions with parents and in-depth interviews  
*(continued next page)*



**"Anthropologists! Anthropologists!"**

---

### **FIRST WHITE HOUSE CONFERENCE ON AIDS**

On December 6, 1995, President Clinton held the "first ever" White House Conference on HIV and AIDS. The conference included more than 130 individuals from across the U.S. who are knowledgeable about and have experience with the many challenges that HIV and AIDS present.

---

### **AAA MEETINGS**

(from page 15)

with mothers and key informants such as health care workers and community opinion leaders. The research team was concerned with cultural issues such as the level of understanding prospective clinical trial participants have about HIV and perinatal transmission, their receptivity to allowing their infants to participate in such a study, and community attitudes toward the trial. The team also was concerned with parents' ability to understand the notion of a double blind clinical trial in which they would not know which treatment their infants received until the end of the study.

The research team made the following recommendations: the proposed trial should be preceded by in-depth educational preparation of parents of prospective infant subjects and educational preparation should be followed by a formal assessment of parents' understanding of key trial components such as inclusion criteria and double-blind procedures.

---