



AIDS & ANTHROPOLOGY

B U L L E T I N

The Newsletter of the AIDS and Anthropology Research Group

Vol.8 No.2 April 1996

AARG 1996

ELECTION RESULTS

AIDS VACCINE RESEARCH AND DEVELOPMENT NEWS

by Janet McGrath and James Spilsbury
(Case Western Reserve U)

In November 1995, the Division of AIDS of the National Institute of Allergy and Infectious Disease (NIAID) released its strategic plan for AIDS vaccine development, "NIAID/AIDS Vaccine Research and Development: Strategy and Opportunity." Below is a summary of the main points in the plan.

The NIAID has the lead responsibility at the National Institutes of Health to identify a safe, effective vaccine against HIV. Despite the unprecedented biological, social and economic challenges development of a HIV vaccine poses, results of research conducted to date (e.g., demonstration of vaccine-induced protection, inefficiency of mucosal transmission, identification of safe, immunogenic candidate vaccines and feasibility of efficacy trials among high-risk volunteers) have led to a growing optimism that an effective HIV vaccine is possible. NIAID has formulated a four-point strategy to ensure accomplishment of this task:

1. Maintain a program of scientific inquiry that integrates fundamental research and empiric development to advance a broad front of critical knowledge and a variety of vaccine designs through laboratory, animal and human research.

NIAID believes that identification of a safe, effective vaccine necessitates support for promising scientific
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AARG is pleased to announce the results of the 1996 election, which was close in all categories. The Chair-Elect is Margaret Connors. Margaret has a great deal of experience with AARG through her past role as Secretary. The new Secretary/Steering Committee member is Michele Shedlin, and the new Treasurer/Steering Committee member is Nina Kammerer. The officers will begin their duties immediately.

As outlined in the AARG By-laws (included with this issue), Margaret will become Chair in January 1997. Nina and Michele will be officers for two years and serve on the Steering Committee for three years. Stephanie Kane was reappointed Chair of the Paper Prize Committee.

AARG congratulates the new officers and thanks all nominees and the 47 members who voted. AARG also recognizes the tireless efforts of Past Chair Janet McGrath and Moses Pounds, Treasurer since AARG's inception.

AARG PAPER PRIZE

The AIDS and Anthropology Research Group is seeking submissions for the 1996 prize for the best student and professional papers on the anthropology of AIDS. The winning paper in each category will receive \$100. Submissions of 15 to 30 pages should be original and unpublished (although they may be in press or under review) and may have multiple authors.

To apply submit 4 double-spaced typed copies by September 30, 1996 to Stephanie Kane, Dept. of Criminal Justice, 302 Sycamore, Indiana U, Bloomington, IN 47405; (812) 855-9325.

AARG MEMBERSHIP UPDATE

by Robert Carlson (Wright State U and AARG Chair)

In January the AARG sent the AARG Bulletin (**AAB**) to the approximately 250 people on our mailing list. A membership renewal form and a ballot for elections were included with the Bulletin and recipients were strongly encouraged to renew or initiate their membership.

By March 1, about 70 people had returned their membership renewals. Because of this low response, we sent out a reminder letter and renewal form to all the people who had not renewed their membership for 1996. Since the letter was mailed, about 55 people have renewed their membership or joined AARG, bringing our total membership to approximately 125.

Because the AARG relies on the participation of social scientists interested in AIDS and HIV disease, it is extremely important to us that our membership increase to previous levels and that those interested receive this newsletter, which is a vital link to news, research reports and announcements about jobs, grants and upcoming conferences. Therefore, we ask you to encourage your colleagues to become members of AARG and officially join our worldwide network of researchers. **Due to changes in the membership data base, the membership list will be included with the next issue of **AAB**.**

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. Annual dues are \$20 for professionals and \$5 for students. Anthropologists who are unemployed or living in developing countries can join for free. Send check (if needed) and key words describing geographic and topical interests to: Fred Bloom; CAIR, 1201 N. Prospect Ave., Milwaukee, WI 53202.

SUBMISSIONS WELCOME

Submissions for the next issue of **AAB** are due **July 15, 1996**. We encourage all members, **especially our colleagues working internationally, to contribute**. This includes AIDS-related conferences and events, grants awarded and available, positions available, publications, obituaries of anthropologists and/or AARG members, book reviews, commentaries and letters (at the discretion of the chair and editor), research reports and paper abstracts. **Submissions longer than half a page should be on disk or e-mail**. Contact: Michelle Renaud, PhD, USCM, 1620 Eye St., NW, Washington, DC 20006; (202) 861-6751; e-mail: melrenaud@aol.com

VACCINE (continued from page 1)

endeavors regardless of their orientation. Fundamental research aimed at improving understanding of HIV and related retroviruses' pathogenesis and host-immune response as well as applied, obstacle-oriented studies to identify correlates of immune protection, develop animal models, evaluate novel antigen presentation models and elucidate behavioral determinants of risk taking and participation in vaccine trials, will generate the knowledge needed to design and study promising vaccine concepts. In addition, given the urgent need for a vaccine, the past successes of empiric vaccine development, the limited private sector involvement to date and the inability to predict which vaccine approach will be successful, NIAID supports empiric research testing the usefulness of various vaccine concepts.

II. Develop more and better-defined partnerships between NIAID and industry sponsors of vaccine development.

Because testing a variety of possible vaccine designs depends upon private-public sector partnership and vigorous industrial activity, NIAID implements a variety of activities to strengthen ties between the two sectors: research clarifying scientific risks of HIV vaccine development and facilitating prototype-vaccine design; provision of viral challenge stocks, reagents, and access to animal models to evaluate novel design and delivery methods; establishment, in coordination with WHO/UNAIDS and other international organizations, of a global research network, including specimen repositories, viral characterization laboratories and multidisciplinary research sites; research to address behavioral, ethical, and methodological issues involved in efficacy trials; and development of alternative designs expediting "proof of concept" efficacy trials of promising vaccines.

III. Identify scientific opportunities that will accelerate HIV vaccine research and development and determine resource requirements to fully exploit them.

NIAID believes that HIV vaccine research and development should receive the highest AIDS-related biomedical research priority of the NIH because: (1) the worldwide need to develop an effective vaccine becomes increasingly more urgent; (2) identification of a safe, effective vaccine will result in both financial and health benefits to people of the U.S.; (3) the long-range health interests of the U.S. demand a worldwide perspective on the need for an effective vaccine; and (4) increased NIH commitment may help booster investor confidence in a market that currently fosters an inadequate level of private sector activity in empiric research.

Several scientific opportunities presently beyond the limits of current resources would, if pursued, significantly accelerate progress toward an HIV vaccine. In the area of basic and applied research, more sensitive methods to identify symptomatic and asymptomatic persons in the acute stage of viral infection are needed as are more frequent screening and referral of newly infected persons to determine the impact of early therapeutic intervention. Identification of important host factors, particularly immune responses predicting outcome, would greatly facilitate the conduct of

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HIV SURVIVAL IN THE ENVIRONMENT

An extensive study on the survival of HIV after drying was reported by Resnik and coworkers (L. Resnik, et al. Stability and Activation of HTLV-III/LAV Under Clinical and Laboratory Environments, Journal of the American Medical Association 186; 55:1887-91). The purpose of the study was to determine the inactivation rate of HIV under experimental conditions--an objective that required the use of extremely high levels of HIV. The concentrations studied were at least 100,000 times greater than those typically found in the blood of HIV-infected persons. It is not surprising that when such high concentrations of HIV were used, the virus could be detected 1 to 3 days after drying. After examining this and other studies, however, the Centers for Disease Control and Prevention (CDC) stated that drying causes a rapid (within 1 or 2 hours) reduction in virus concentration and renders 90 to 99 percent of the virus inactive (CDC National AIDS Hotline Training Bulletin, May 25, 1994).

Other studies have shown that HIV is rapidly inactivated by a range of physical and chemical agents such as low levels of heat, pH extremes, and a variety of chemicals (SA Sattar and VS Springthorpe. Survival and Disinfectant Inactivation of the Human Immunodeficiency Virus: A Critical Review. Reviews of Infectious Diseases. 1991;13:430-47). Few data are available on pathogen die-off in wastewater collection systems, but Niedringhaus (U.S. Department of Health and Human Services. The public health implications of medical waste: A report to Congress. Atlanta, Georgia, September 1990) reports one study on HIV that reported the mean time for a tenfold decline in HIV concentration was 1.8 days in tap water, 2.9 days in sewage and 1.6 days in sea water. These observations, coupled with the enormous dilution factors in sewage systems, suggest that on-the-job HIV risk factors for sewage workers are virtually nonexistent.

[Information from Michael Howe, MSLS, AIDS Information Center, U.S. Department of Veterans Affairs and provided by Stephanie Kane (Indiana U).]

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NEW JERSEY NEEDLE EXCHANGE VOLUNTEERS IN JEOPARDY

The Chai Project, a needle exchange program in New Brunswick, NJ (the state's only such program and a grantee of the Drug Policy Foundation), has been warned that the New Jersey Attorney General may seek arrests of its volunteers. Needle exchange programs are the most important component of strategies to reduce the spread of HIV among injection drug users, their present and future sex partners and the offspring of all of the above. Nearly half of all new AIDS cases in 1994 were related to injection drug use. This threat to the Project's operations comes in the wake of a strong stand by the Governor's Council on AIDS in favor of needle exchange programs and substantial favorable publicity in the state.

The evidence overwhelmingly favors needle exchange. Major reports by the CDC, the National Research Council and Institute of Medicine and internal reviews conducted (and then suppressed) by the Clinton Administration all concluded that needle exchange programs significantly reduce the spread of HIV and do not lead to or encourage higher levels of drug use in their communities. A policy of arresting needle exchange workers will increase the spread of AIDS without reducing the drug problem. (Information on needle exchange, including the full text of some of the major research on the subject, can be found on the world-wide-web at <http://www.drncet.org/needle-exchange>.)

Concerned individuals can write to New Jersey's Office of the Attorney General to urge them to let workers continue their crucial work without state interference and to support legislation to decriminalize the sale and possession of needles. Although this issue falls under New Jersey's jurisdiction, it is so pivotal that letters from across the country are requested. Letters should be addressed to: Deborah T. Poritz Office of the Attorney General Department of Law and Public Safety CN 080 Trenton, NJ 08625; phone: (609) 292-8740; fax: (609) 292-3508. *[Information from Stephanie Kane, Indiana U]*

A LETTER FROM THE CHAIR

by Robert Carlson
(Wright State U)

It became very clear at the SFAA Meetings in Baltimore that there are many people interested in AARG that don't understand its purpose or how they can participate. The AARG holds meetings at the Annual Meetings of the Society for Applied Anthropology and the American Anthropological Association. Steering Committee Meetings are open to Steering Committee Members. The Business Meetings are open to all members and anyone interested in AIDS. (See the AARG By-Laws accompanying this issue). We encourage everyone with an interest in AIDS to attend the AARG Business Meeting at the AAA Meeting in San Francisco this fall. We also encourage members to disseminate this information to others and solicit their participation in AARG activities.

Some 25 people attended the AARG Business Meeting in Baltimore. Some of the highlights included:

- 1) Announcement of election results and new officers;
- 2) Discussion about AARG membership, which remains a crucial issue. We must
(continued page 12)

A LETTER TO AARG MEMBERS

by Mark Edberg (U of Virginia)

About That Concert... I am sorry I was unable to make the AARG meeting at the SfAA meetings in March, because I wanted to present some ideas concerning a possible HIV/AIDS benefit concert to be held at the AAA meetings in San Francisco this November. As I understand it, the general feeling was that it was an unlikely prospect, would involve too much work, and so on.

However, before you rule it out, let me point out a few of the positives. I point these out having some experience at putting these kinds of shows together--I am an active musician and have an organization, Musicians Advocating Shared Solutions (MASS), which I have used as a vehicle to put on several benefit shows in the Washington, DC and Baltimore area.

First, there is no question that putting together a benefit show requires a lot of work. But in my experience, such shows happen on the snowball model; if you can manage to get certain key players interested, the rest will follow. For instance, if you are able to interest just one "name" band, others will want to be a part because they are then assured an audience and it does them good to be there.

Second, there are a lot of potential players in the San Francisco area. I am willing to bet that if we were able to get the word out to UC Berkeley's Medical Anthropology Program or to UCSF, we would get a fair number of students, and even some faculty, who could help with logistics and preparatory work. One kind of key player is a corporate sponsor, and the San Francisco area is rich with potential. I can think of one right away: Apple Computer. They need the publicity. I am right now trying to pursue some contacts at Apple. A corporate sponsor can be useful in fronting some money to cover printing, publicity or equipment rentals.

Third, remember that AARG would not have to do all or even most of the work. It could be a co-sponsor along

with the corporate sponsor and one or more HIV/AIDS programs or organizations. When done this way, those organizations become part of the publicity machine, getting "their own" to show up and possibly helping with press contacts and other tasks.

There are a lot of other positives and potentials that I won't go into now. I think a benefit show could work. And not only would it be fun, but money would be raised for HIV/AIDS programs. It then becomes publicity for AARG as well, which only helps future efforts to do almost anything. So, I am going to proceed to see if I can find the nucleus of interested parties that will make it work. If I can, there is plenty of lead time to set it up and find a place to hold it. In terms of AAA scheduling, it could be held, for example, on Friday night so that it doesn't conflict with the usual keynote speech and dance. In any case, that is a concern for later. I will keep you informed. Once again, if a nucleus can be found, I think it would be great to give it a go. So don't rule it out just yet.

[For more information or to join Mark in this effort, contact him at: Department of Anthropology, University of Virginia, Charlottesville, VA 22903. Phone (804) 924-7044; fax (804) 924-1350.]

FIRST-EVER AIDS ARTICLE TO BE IN AMERICAN ANTHROPOLOGIST

The June 1996 issue of the *American Anthropologist* will feature an article by Robert G. Carlson (Wright State U and AARG Chair). This is the first AIDS article accepted by the journal of the American Anthropological Association. In the AAdvance Copy section of the May 1996 issue of the *Anthropology Newsletter*, the article is described as follows.

In AIDS research, "political economy" commonly refers to the holistic description of the contexts in which HIV is transmitted, as well as to a political strategy for redirecting blame from victims to powerful others. Robert G. Carlson suggests in his article "The Political Economy of AIDS among Drug Users in the United States: Beyond Blaming the Victim or Powerful Others" that a more fully developed political-economic theory should undertake a Marxian-inspired reexamination of the principles of social reproduction through which human relationships are created in capitalist cosmology.

UNAIDS SOUTH EAST ASIA HIV/AIDS PROJECT

SEA-AIDS is an electronic-mail discussion and information service aimed at connecting people building and shaping the response to HIV and AIDS in the South East Asia region. It aims to bring together a broad range of people including: those living with HIV or AIDS; those working in government ministries, non-governmental and community-based organizations and other national or international organizations; representatives of the business sector; and academic researchers.

SEA-AIDS provides its subscribers three services: SEA-AIDSLink, a way to share experiences and information using an electronic mail network; SEA-AIDSFiles, a way to access information and materials on HIV/AIDS in South East Asia; and SEA-AIDSFlash, a way to

automatically receive a bi-weekly news digest on HIV and AIDS from the region. The digest contains information about new documents, news items and forthcoming conferences and training in the region. The first issue of AIDSFlash was produced on February 1, 1996.

For more information contact:
Tim France (662) 288-2179; fax:
(662) 288-1092; e-mail: tfran@mozart.inet.co.th

CALL FOR PAPERS FOR THE 1997 SFAA MEETINGS

At the 1996 SFAA Meetings in Baltimore, several AARG members said they were interested in organizing and chairing sessions for the 1997 SFAA Meetings in Seattle. If you are interested in submitting abstracts for the following sessions, please contact the organizers:

AIDS, Drug Use and Sexuality:
Todd Pierce (202) 223-6040

AIDS Care: Pearl Katz (301)
443-4588

Anthropological Theory and AIDS: Al Pach

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vaccine efficacy trials. Development of animal models more accurately reflecting human HIV disease is also needed, as is greater understanding of mucosal immunity's role in HIV infection and methods to induce that immunity. Finally, better understanding of the extent of HIV genetic diversity worldwide and the immunologic significance of this diversity would also help.

Increased funding levels would attract more talented researchers, particularly immunologists, into the field of HIV vaccine research and development. However, even with existing resources, progress could be made if HIV vaccine research and development were explicitly identified as NIH's highest AIDS research priority because this status would allow for: (1) funding of "pilot" or short term/high risk projects through grant and contract supplementation mechanisms; (2) use of "set-aside" funds targeting high priority and high quality investigator-initiated grants; and (3) changes in the NIH peer review process to place more weight on programmatic relevance and applied research and development.

IV. Strengthen linkages with communities and other public or private organizations working in the field.

Efforts are already under way to strengthen linkages with domestic and foreign communities of individuals at risk of HIV infection. Likelihood of success will be enhanced by improved coordination and collaboration with for-profit and non-profit organizations, which bring their own unique resources and skills to the task at hand. A more closely integrated effort, capitalizing upon the strengths of private and public efforts, could provide synergistic, complementary mechanisms of support and increase efficiency, productivity and incentives for private sector investment in HIV vaccine development.

To improve its method for obtaining independent advice and guidance, NIAID will create a small group of widely

respected, committed individuals with extensive laboratory and field experience. The group will meet regularly, provide detailed guidance concerning NIAID's program (particularly the empiric components) and coordinate NIAID's work with other national and international working groups and government agencies.

[For more information contact Janet McGrath, PhD, Case Western Reserve University.]

NCIH CONFERENCE ON TRADITIONAL HEALERS AND HIV/AIDS

Globally, traditional healers are the largest and most established division of public health providers. They offer information, counseling and treatment in a personal manner and are familiar with the daily environment of their clients. Yet, they have rarely been involved in areas of HIV/AIDS prevention and care such as key decision making, action agendas and community programs. In light of this, the HIV/AIDS Program of the National Council for International Health (NCIH) will focus its annual AIDS workshop on the current and potential role of traditional healers in HIV/AIDS prevention and care. It will take place June 13 in the DC area.

(More information page 10)

**NIDA FUNDS FIRST COMMUNITY-BASED
ETHNOGRAPHY OF METHAMPHETAMINE
USE BY HIGH RISK GAY AND BISEXUAL MEN**
by Michael Gorman (U Washington)

In the fall of 1995 the National Institutes of Health, National Institute on Drug Abuse (NIDA), Community Research Branch awarded a grant for the study of methamphetamine abuse among men who have sex with men to medical anthropologist Michael Gorman, PhD of the University of Washington's Alcohol & Drug Abuse Institute. The award is the first ethnographic study of the heretofore largely hidden but growing problem of methamphetamine use and abuse as a risk factor for HIV/AIDS, particularly among high-risk homosexually active men.

Background

Many are surprised to learn that individuals diagnosed with AIDS who were both injection drug users (IDUs) and homosexually active men (MSMs), including gay and bisexual men, constituted 20 percent of all IDU AIDS cases in the United States. Approximately 32 percent of all IDU AIDS cases under 25 were also among homosexually active men. In many states (including California, Oregon, Colorado, Oklahoma, Arizona, New Mexico and others) that proportion is much greater. In the state of Washington, 61 percent of all IDU AIDS cases fall into this category.

Little research has been conducted to date (NIDA 1994) on this population despite reports that MSM/IDUs are at significantly higher risk of HIV infection when compared with characteristics of persons meeting the 1993 AIDS case definition. MSM/IDUs who inject methamphetamine may represent an especially at-risk population because of evidence that use may predispose individuals to risk due to needle sharing and high risk sexual behavior. Also, methamphetamine use is increasing and its use among homosexually active men may be contributing to a significant increase in HIV risk. Washington state and California both report six-fold increases in individuals seeking treatment for

methamphetamine abuse since 1992.

The project uses standard anthropological research methods including focus groups, contextual observation and in-depth interviewing to describe ways in which methamphetamine use contributes to HIV risk through injection drug use and unprotected sex. In this exploratory study the ethnographic team will describe factors influencing the natural history of methamphetamine injection among MSMs and characterize and describe common behaviors and social patterns that provide the contexts for drug use. The team will also identify intervention points to inform the development of intervention strategies targeted to those using methamphetamine.

The study's goals are to provide a better understanding of the dynamics of sexual and drug-related behaviors in this heretofore hidden and stigmatized population. To that end, our findings will better inform public health intervention efforts now under-way in a growing number of sites.

[For more information contact: Michael Gorman, PhD, Alcohol and Drug Abuse Institute, University of Washington, 3937 15th Ave. NE, Seattle, WA 98915.]

POSITIONS AVAILABLE

The Institute for AIDS Research at the National Development and Research Institutes, Inc. (NDRI) in New York City is seeking candidates for two full-time positions, Project Director and Ethnographer, for a project to study Puerto Rican drug users in New York and Puerto Rico to examine determinants of HIV-related risk behaviors. Experience with substance abuse and HIV research preferred. Positions are located in New York, with some travel to Puerto Rico. Candidates must be bilingual and at the PhD level. Send vita to Carmen Ortiz-Priester, NDRI, 11 Beach Street, New York, NY 10013.

The Social and Behavioral Studies Section in the Division of HIV/AIDS at the Centers for Disease Control and Prevention (CDC) is recruiting two behavioral scientists to participate in behavioral, epidemiologic and evaluation research. Applicants are being sought to design, implement and conduct HIV/AIDS behavioral research studies on women and/or children or on secondary prevention issues. The knowledge, skills and abilities identified as (M) are considered to be mandatory while those identified as (D) are desirable. One position calls for: 1) Ability to design, implement and conduct HIV/AIDS behavioral research studies with women and children (M); the other position calls for: 1) Ability to design, implement and conduct behavioral research studies related to secondary prevention issues for HIV-infected persons. Both call for: 2) Ability to manage collaborative research studies (M); 3) Knowledge of the behavioral sciences, including sociological, psychological or anthropological theory, research and statistical methods (D); 4) Ability to analyze statistical data using computer statistical packages; and 5) Ability to communicate research findings in technical publications and scientific meetings (D). Salary for both positions: \$52,419-\$68,145. Closing date: May 28, 1996. For more information contact: Janet S. Moore, PhD (404) 639-6143.

GRANT OPPORTUNITIES

The Health Resources and Services Administration (HRSA) Bureau of Health Resources Development seeks applications for Special Projects of National Significance (SPNS). The focus is on models of integrated service delivery for persons with HIV disease. Applications are due May 28, 1996. Contact: Neal Meyerson (301) 443-5906.

CALL FOR PAPER ABSTRACTS

Abstracts are requested for the upcoming conference, **Creating Partnerships and Collaborations Between Minority Populations, Researchers and Community-Based Drug Abuse Treatment and Research Programs**. It will be held July 28, 1996 to August 1, 1996 at the Hyatt Regency Hotel in New Orleans, LA. The deadline for abstracts is June 1, 1996. Contact: Adelbert Jones, PhD, Desire Narcotics Rehabilitation Center; 4116 Old Gentilly Road; New Orleans, LA 70126; (504) 821-7123.

CONFERENCES AND ACTIVITIES

June 6: **1st Annual New England Transgender Health Conference**, Boston. Contact: Rebecca Capri Durkee, Gender Identity Support Services for Transgenders; (617) 227-6216.

June 13: **Traditional Healing: A Community-based Response to the HIV/AIDS Pandemic**, Crystal City, Virginia. Contact: Kelly Forrest, National Council for International Health (NCIH); (202) 833-5900; fax (202) 833-0073. More information page 8.

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

July 25-28: **4th Annual HIV/AIDS & Chinese Medicine Conference**, West Hollywood, CA. Contact: AIDS & Chinese Medicine Institute, 455 Arkansas Street, San Francisco, CA 94107; (415) 282-4028; fax: (415) 282-2935; e-mail: 73563.2131@compuserve.com

October 10-13, 1996: **National Skills Building Conference**. Washington, DC. Contact: NSBC, 1931 13th St, NW, Washington, DC 20009-4432; (202) 483-1124.

October 11-13: **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. Contact: CODESRIA B.P. 3304 Dakar, Senegal; (221) 25.98.21; fax (221) 24.12.89; e-mail BECKER@ORSTOM-ISD.

1995 AND 1996 PUBLICATIONS

AIDS is a Kind of Kahungo That Kills: The Challenge of Using Local Narratives when Exploring AIDS among the Tonga of Southern Zambia. Hanne Overgaard Mogensen. Oslo: Scandinavian University Press. [Note to AARG members: To review this publication for *AAB*, contact Michelle Renaud. Information page 2.]

AIDS/STD News Report. Provides information about funding from federal and private resources, proposal-writing tips and advice from funding professionals as well as highlights of successful programs. Contact: (800) 666-6380.

Changing HIV Risk Behavior: Practical Strategies. Jeffrey A. Kelly. New York: Guilford Publications, Inc.

Counseling Clients with HIV Disease. Mary Ann Hoffman. New York: Guilford Publications, Inc.

Health Care for Women International. Bimonthly publication that provides an interdisciplinary approach to health care and related topics that concern women. Contact: ICOWHI, 1111 Middle Drive, (continued next page)

PUBLICATIONS (continued from page 11)

NU 451, Indianapolis, IN 46202; fax: (317) 274-2996.

Mind, Body, Spirit, Herbs, Drugs, AIDS: A Cautionary Tale. Phillip Singer. Video documentary. Contact: Traditional Healing Productions, 17280 Madison, Southfield, MI 48076; (810) 644-8079.

Plague Doctors Responding to the AIDS Epidemic in France and America. Jamie L. Feldman. Westport, CT: Greenwood Publishing Group.

Race, Sex, Drug Use, and Progression of Human Immunodeficiency Virus Disease. Article maintains that how quickly persons infected with HIV progress to full-blown AIDS and how long they survive are not related to sex, race, injection drug use or socio-economic status. Richard E. Chaisson et al. In *New England Journal of Medicine* 333(12):751-756. 1995.

Straight Talk: A Magazine for Teens. The Straight Talk program is designed to serve as a core resource for health education classes and for risk-reduction and prevention programs for youth in a multicultural environment. Features a special issue on AIDS. Contact: John Fisher, The Learning Partnership, 394 Bedford Road, P.O. Box 199, Pleasantville, NY 10570-0199.

With Pleasure: Thoughts on the Nature of Human Sexuality. Paul R. Abramson and Steven D. Pinkerton. New York: Oxford University Press.

Word's Out: Gay Men's English. William L. Leap. Topics include establishing the gay identities of "suspect gays," recollections of gay childhood, erotic negotiation in health club locker rooms and gay men's language of AIDS. Minneapolis: University of Minnesota Press. [Note to AARG members: To review this publication for *AAB* contact Michelle Renaud. Information page 2.]

SfAA (continued from page 5)

have membership forms available at all AIDS sessions at the SFAA and AAA meetings. AARG members chairing sessions can help by accepting responsibility for this.

3) The pros and cons of making the AARG newsletter available on the Internet were discussed. This will be an item on the agenda at the AAA Meeting in San Francisco.

4) Through the efforts of Michele Shedlin and Norris Lang, the AARG continues to provide AIDS support group sessions at the SFAA Meetings and the AAA Meetings. These confidential sessions are designed to provide support to anyone who is dealing with issues surrounding AIDS.

5) The AARG will hold its Steering Committee, Business and Support Group Meetings at the AAA Meetings in San Francisco. In addition, a reception open to all members and people interested in AIDS will be held.

6) The AARG is always interested in strengthening its financial base. A subcommittee was formed to explore the possibility of making AARG AIDS ribbons or buttons for sale (continued next page)

at the AAA Meetings. Committee members include: Mitchell Ratner, Todd Pierce and Kathleen Quirk. We also discussed the idea of selling AARG T-Shirts. This will be discussed at the AAA Meetings.

7) Mark Edberg offered in absentia (presented by Robert Carlson) to organize an AIDS/AARG benefit concert for the AAA Meeting in San Francisco. Participants at the business meeting felt that more lead time was needed to undertake such a venture. By a vote of 11 against, 1 abstention and 3 in favor, the motion to support a benefit concert in San Francisco was defeated. But members were interested in pursuing the idea for the AAA Meetings in Washington, DC in 1997. This will be discussed in San Francisco. (See Mark's letter to AARG members on page 6.)

The AARG Business Meeting is the primary mechanism through which our organization conducts business for members at large. We need and encourage everyone's participation.