AIDS & ANTHROPOLOGY
BULLETIN
The Newsletter of the AIDS and Anthropology Research Group

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Results of the Evaluation of the NIH AIDS Research Program

by Judith Auerbach (National Institutes of Health)

For over a year, more than 100 scientists from academia and industry, as well as community advocates, have been conducting a comprehensive review of the entire National Institutes of Health (NIH) AIDS research program. Their findings and recommendations have just been made public in a set of reports, commonly referred to as the "Levine Committee Report."

Background

In late 1994, the NIH Office of AIDS Research Advisory Council (OARAC) commissioned a review to evaluate how the different components of the NIH AIDS research program fit together and to determine whether the program as a whole is moving effectively toward the goal of preventing and curing AIDS. In early 1995, an Evaluation Working Group was constituted and chaired by Arnold Levine, a microbiologist at Princeton University. The Working Group subsequently established six Area Review Panels to evaluate AIDS research in Etiology and Pathogenesis; Drug Discovery; Clinical Trials; Vaccine Research and Development; Behavioral, Social Science, and Prevention Research; and Natural History, Epidemiology, and Prevention Research.

The Working Group and the Panels met regularly throughout 1995 and early 1996 to review program and budget information available through NIH databases or

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PROJECT PROFILE: Needle Use in Miami and Valencia

by Bryan Page (U Miami)

"A Comparative Study of Needle Use in Miami and Valencia" is a study funded by the Community Studies branch of the National Institute on Drug Abuse (NIDA). Bryan Page collaborates with Dr. José Salazar in Valencia, Spain in comparing ethnographic data on patterns of needle use in the two cities. The project grew out of Dr. Salazar's initiative in soliciting technical assistance from the University of Miami in the study of intravenous drug use and HIV contagion in Valencia.

While Page was delivering technical assistance in Valencia, he noticed that, despite a long history of over-the-counter syringe availability in Valencia, large catchment studies of seroprevalence among intravenous drug users (IDUs) there exceeded 50 percent HIV seropositivity. This contrasted with the HIV infection rate of 30 percent found in similar studies in Miami, where paraphernalia laws restrict the availability of

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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.

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 key words describing geographic and topical interests and check (if needed) to: Fred Bloom, CAIR, 1201 N. Prospect Ave., Milwaukee, WI 53202.

SUBMISSIONS WELCOME

Submissions for the next issue of AAB are due **September 15, 1996**. We encourage all members, **especially our colleagues working internationally**, to contribute. Submissions can include 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 sent via e-mail.** Contact: Michelle Renaud, PhD, USCM, 1620 Eye St., NW, Washington, DC 20006; (202) 861-6751; e-mail: MELRenaud@aol.com

AIDS AND ANTHROPOLOGY RESEARCH GROUP

BOOK REVIEW
AIDS IS A KIND OF KAHUNGO THAT KILLS

Review by William Leap (The American University)

Mogensen, Hanne Overgaard 1995 *AIDS is a kind of Kahungo that kills:* The challenge of using local narratives when exploring AIDS among the Tonga of southern Zambia Oslo: Scandinavian University Press. 82-00-22592-5. 135 pp. US $ 34.00.

AIDS is a kind of Kahungo that kills raises important questions about people's understandings of AIDS in settings where "people have very little or no first hand experience" (pg. 13) with HIV illnesses. At issue here are a set of rural communities in Choma district, southern Zambia, which served as sites for an experimental AIDS education project funded by the government of Denmark in 1993. Project activities sought ways to use local cultural knowledge--and culturally specific forms of education, particularly drama--to slow down the spread of AIDS in these communities. Mogensen's assignment was to assemble information which would make project activities culturally relevant, and to measure the impact of the AIDS intervention on local knowledge. This assignment required her to "gain insight into the local view on AIDS and the larger perspective within which AIDS is understood locally" (pg. 15). Building on Edward Bruner's (1986) discussion of usefulness of narratives in studying the anthropology of experience, Mogensen collected life stories and other texts from members of the Choma district Tonga communities. Then she examined these texts against the larger narratives of illness, disease, and other forms of experience which circulate within these communities, as forms of public discourse and as explanations for human experience.

One particular narrative of disease became especially prominent in this inquiry. *Kahungo* identifies a set of conditions ("coughing and wounds which can appear anywhere," as one native curer described them [pg. 46]) which are created through the violation of Tonga

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TRANSGENDERS AND HIV/AIDS

by

Nina Kammerer, Terry Mason and Margaret Connors

Transgenders' extreme vulnerability to HIV/AIDS was a central concern of the First New England Transgender Health Conference, held in Boston on June 6, 1996. Organized by Boston's Gender Identity Support Services for Transgenders (GISST), a program of Beacon Hill Multicultural Psychological Association, the conference was sponsored by the Massachusetts Department of Public Health and co-sponsored by longstanding community-based health service organizations such as AIDS Action Committee and Fenway Community Health Center.

In the words of GISST's founder, Rebecca Durkee, the goal of the conference was to give "education and training...on the health status of this critically underserved population" to providers in mental health, health care, substance abuse treatment, youth education and HIV/AIDS prevention and service. Attended by over 200 service providers and others from the New England region and beyond, the conference succeeded admirably in achieving its goal. Its focus mirrored GISST's commitment

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NIH EVALUATION (*Continued from page 1*)

provided by the NIH Institutes, Centers, and Divisions (ICDs) that conduct and support AIDS research. In addition, reviewers met with ICD Directors, key program staff, intramural and extramural scientists, representatives of community organizations, and a wide variety of experts from inside and outside the field of AIDS research. Special *ad hoc* subpanels were convened to examine cross-cutting issues, such as animal models, opportunistic infections (OIs), AIDS research centers, complementary and alternative medicine treatments, methods to increase the number of AIDS researchers, and the optimization of community involvement in the NIH AIDS research program.

Each Area Review Panel identified the scientific priorities within its domain, evaluated the current research portfolio, and developed recommendations to improve, enhance, and streamline AIDS research. The individual Panel reports document their specific evaluations and detailed recommendations. The Working Group took a broader view, identifying key issues and developing major recommendations that span scientific areas and underpin the overall NIH AIDS effort.

The Working Group report addresses issues in three main areas: scientific, infrastructure, and administrative. The scientific issues highlighted include the need to further develop research in basic human immunology, vaccine development, and prevention science (social, behavioral and biomedical). Infrastructure issues include the role and functioning of regional primate centers, repositories and databases, and research centers; and administrative issues include improving the NIH information system, developing better definitions of AIDS research for planning and budgeting purposes, and the need to preserve a strong OAR to coordinate AIDS research across NIH.

Although the Evaluation took a critical look at the NIH AIDS research program to date, the focus of the review was prospective, rather than retrospective. Consequently, most attention in both the Working Group report and the Panel reports is paid to how to move AIDS research forward, with respect both to science and to the management of the NIH program.

The process of implementing the Evaluation recommendations is underway, led by Dr. William E. Paul, the Director of the OAR, in cooperation with ICD directors and program staff. Action already has been taken to address the recommendations related to increasing the pool of investigator-initiated grants, streamlining the vaccine research program, and advancing a prevention science agenda, in particular.

Highlights from the Behavioral, Social Science, and Prevention Research Area Review Panel Report

The report of the Behavioral, Social Science, and Prevention Research Area Review Panel, chaired by psychologist, Thomas J. Coates (University of California, San Francisco), addresses research priorities and reviews the NIH programs related to Primary Prevention--Intervention Research; Primary Prevention--Basic Behavioral and Social Science Research; Consequences of HIV Infection; and Methodological Issues in (*Continued page 8*)

NEEDLE USE

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hypodermic gear. To attempt to explain this contrast, Salazar and Page prepared an application to NIDA to conduct comparative ethnographic studies in both sites. The study has been under way for ten months. One of the first findings of interest involves the use of lemon juice to mix heroin in Valencia. Page noticed in some of the early field notes that instead of using heat to make heroin dissolve in water, the injector added drops of lemon juice to help liquefy the lumps. Analysis of shooting scenarios elicited from 100 Valencian IDUs showed that the practice was widespread, practically universal, and that vinegar was used when lemon was not available. The project's consultant, Juan Gamella, says that this practice has existed for at least two decades in other parts of Spain, yet NIDA officials with over thirty years' experience in studying drug use had never heard of it in the United States.

This practice could lead to two types of contamination. The first, unrelated to transmission of HIV, involves the passing of other pathogens to injectors who use lemons discarded by previous occupants of the *chutaderos* where IDUs go to shoot up. The other type of contamination could result from the fact that users do not heat the heroin when using a lemon; it is believed that boiling the heroin for ten to thirty seconds before injecting may kill some virus, making the injection somewhat less infectious. It is also not known whether lemon juice retards or potentiates replication of the virus. We will likely test these hypotheses in our laboratories.

Much additional investigation on needle availability, patterns of interaction during shooting sessions, and disposition of used syringes remains for the project's investigative team.

For more information, contact: Bryan Page (University of Miami); (305) 234-2700 e-mail: jpage@ mednet. med.miami.edu

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CALL FOR PAPERS FOR 1997 SFAA MEETINGS

AARG members and AAB readers interested in organizing sessions for the 1997 SFAA Meetings in Seattle are encouraged to solicit abstracts through the AAB by providing a session description to the editor by the deadline for the next issue. (Information page 2)

Already, several AARG members have expressed interest in organizing and chairing sessions. **If interested in submitting abstracts for the following sessions, contact the organizers:**

AIDS, Drug Use and Sexuality: Todd Pierce (202) 483-2127

AIDS Care: Pearl Katz (301) 443-4588

Anthropological Theory and AIDS: Al Pach

Perinatal Transmission of HIV: Michelle Renaud (202) 861-6751

REPORT FROM THE FIELD: STDs AND HIV/AIDS IN THE GAMBIA

by Cheryl Tirocchi and Bill Roberts
(St. Mary's College of Maryland)

Ten St. Mary's College undergraduates traveled to The Gambia, West Africa, to participate in an experiential educational study tour led by faculty member Bill Roberts between May 25 and June 22 (with some students staying through July 4) this year. The class was offered through the College's Continuing Education summer program; students paid their own way and earned 4 to 6 elective credits in Anthropology. Prior to departure, each student chose an individual research topic to pursue after the group completed an orientation to the country, people and culture through a combination of classes, meetings with key Gambian informants and field trips. Roberts, who first went to The Gambia as a Peace Corps volunteer with the Medical and Health Department (1979-81), helped students identify resource people and research strategies for their projects. The diversity of students' backgrounds, interests and majors resulted in forging collaborative links with Gambians and expatriates working in a wide range of areas such as wildlife, fisheries, tourism, women in development, history, museums and health.

Cheryl Tirocchi, a senior with a dual major in Anthropology and Biology, chose to examine efforts to educate Gambians about HIV infection and, in particular, strategies and messages developed to increase knowledge within different social groups. Three individuals representing organizations involved in research and intervention programs helped explain the current HIV/AIDS situation in The Gambia: the manager of Gambia's National AIDS Control Program (NACP); the coordinator of the Medical Research Council's HIV/STD intervention program; and the coordinator of the Ministry of Education's Population and Family Life Education curriculum.

Professional efforts to deal with the pandemic in The Gambia began about a decade ago. The first reported case of AIDS in the country was in 1986; by June, 1994, 302 cases had been reported. The estimated seropositivity rate for HIV-1 and HIV-2 is between 1.7 and 2.2% of the population. Of the cumulative total, 94% of infected individuals contracted HIV through heterosexual contact. The next most frequent mode of transmission (5.3% of all reported cases) was perinatal transmission (Ceesay 1995).

Currently, many efforts are being made to educate the general populace about HIV prevention, with much emphasis on condom use. Target groups for education efforts include youth, religious leaders, sex workers and trade unions. However, building a prevention community through AIDS education appears to be hampered by three attitudes: 1) many Gambians do not believe AIDS exists, and efforts to have an person with AIDS "go public" have been unsuccessful to date; 2) many believe it is not their job to educate people on the topic; and 3) many (particularly women) feel uncomfortable discussing sex and related topics.

A recent (1994/95) anthropological study supported by the World Bank identified practices that contribute to the spread of HIV/AIDS in one rural area of The Gambia. Practices identified (*Continued page 13*)

POSITIONS AVAILABLE

CARE USA has three health-related overseas positions available: 1) **Health Sector Coordinator-Angola.** Responsible for the direction and performance of CARE Angola's health projects and plays a critical role in defining the sector's programme principles, objectives and operational strategies and setting standards for project design, implementation, monitoring and evaluation. Among the requirements are 5 years in health programming; a minimum of 3 years in project management; and fluency in Portuguese, Spanish, Italian or French. 2) **Project Director-Kumi, Uganda.** Ensure implementation of all components of Kumi District Health Project. Among the requirements are a post-graduate degree; 5 years in health in developing countries; and experience in institution development and team management. 3) **Project Coordinator-Kuimba District, Tanzania.** Responsible for implementation and management of the project. Among the requirements are experience in and knowledge of reproductive health issues, STD/AIDS and a community health approach; MPH; and 5-7 years experience.

To apply, send a cover letter and resume to Ann Moffett, CARE USA, 151 Ellis St., NE, Atlanta GA 30303-2439; fax (404) 577-9418.

CONFERENCES AND ACTIVITIES

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.

November 17-21: **124th Annual Meeting of the American Public Health Association (APHA).** New York. Call: (202) 789-5646; fax on demand: (202) 274-4577.

November 20-24: **Annual Meeting of the American Anthropological Association (AAA).** San Francisco. Contact: AAA, 4350 North Fairfax Dr., Suite 640, Arlington, VA 22203-1621; phone (703) 528-1902.

March 18-21, 1997: **9th National AIDS Update Conference.** San Francisco. Contact: Cliff Morrison, Program Director, 655 Corbett Ave., Suite 406, San Francisco, CA 94114.

March 4-9: **Annual Meeting of the Society for Applied Anthropology (SfAA).** Seattle. Contact: Ed Liebow; phone (206) 528-3311.

1995 AND 1996 PUBLICATIONS

AIDS, Drugs and Prevention: Perspectives on Individual and Community Action. Tim Rhodes and Richard Hartnoll, eds. Features article by AARG member Stephen Koester: "The Process of Drug Injection: Applying Ethnography to the Study of HIV risk among IDUs." London: Routledge Press. 1996.

AIDS Prevention in the Community: Lessons from the First Decade. Nicholas Freudenberg and Marc A. Zimmerman, eds. Washington, D.C.: American Public Health Association.

American Gay. Stephen O. Murray. Two chapters focus on AIDS policy and gay men: "The Promiscuity Paradigm, AIDS, and Gay Complicity with the Remedicalization of Homosexuality" and "The Initial Surrender and Eventual Tentative Reassertion of Autonomy Under the Shadow of AIDS." Chicago: University of Chicago Press. 1996.

At the Edge of Development: Health Crises in a Transitional Society. Richard L. Guerrant, M. Auxiliadora de Souza, Marilyn K. Nations, eds. Focuses on health crises in northeast Brazil. Durham: Carolina Academic Press. 1996.

Latin American Male Homosexualities. Stephen O. Murray. Two chapters focus on AIDS research and male homosexuality: "'Modern' Homosexual Behavior in Mexico and Peru" and "Homosexuality and AIDS among Latinos in the USA." Albuquerque: University of New Mexico. 1995.

Qualitative Health Research: An International, Interdisciplinary Journal. Janice M. Morse, ed. Thousand Oaks: Sage Periodicals Press.

Women, Poverty and AIDS: Sex, Drugs and Structural Violence. Paul Farmer, Margaret Connors and Janie Simmons, eds. Portraits of poor women with HIV disease from Haiti, India, the United States and elsewhere. Monroe, Maine: Common Courage Press.

NIH EVALUATION

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Behavioral, Social Science, and Prevention Research. Some general recommendations for future work in these areas include:

Primary Prevention-Intervention Research

- Continued reevaluation of populations vulnerable to HIV infection so that research can be focused specifically on their needs;
- Research focused on diverse levels of interventions including the individual, small group, institution, community, society, and policy/law;
- Further refinement of research methods and outcome assessments, including consideration of when and where biological outcomes should be employed in behavioral interventions and when quasi-experimental vs. experimental designs should be used;
- Encouragement to amplify work in cost-effectiveness and cost-utility analysis and biostatistical and mathematical modeling and;
- Continued emphasis on research that is useful to communities at risk for HIV

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TRANSGENDERS (*Continued from page 3*)

to serving the health and community needs of the most economically and psychologically vulnerable male-to-female transsexual and transgendered individuals, many of whom engage in prostitution and substance abuse.

The keynote speaker, Dr. Walter O. Bockting of the University of Minnesota School of Medicine's Program in Human Sexuality, emphasized how transgenders' search for affirmation contributes to risk of HIV infection. Participation in prostitution is a consequence, in part, of this search. Whether in the context of commercial sex work or not, "unique physical identities may complicate talking about sex" and so inhibit safer sex practices. In addition, sharing needles for injecting hormones is a risk specific to transgenders.

The three of us spoke on a panel on "Transgenders in Society: Culture and Class" about the findings of the HIV/AIDS needs assessment we conducted for GISST in 1995. Our presentations critiqued the public health concept of risk groups by mapping the ways that transgenders are embedded in risk networks that include suburban married men and others. In addition, we critiqued the concept of individual risk and the psychologization of being transgendered by detailing how social stigmatization and severe discrimination shape the behaviors such as unprotected sex and sharing needles that make transgenders so vulnerable to HIV/AIDS.

Also on the panel, Waldert Rivera-Saez, Executive Director of Centro Hispano de Chelsea and a PhD candidate in anthropology at Brandeis University, analyzed the HIV/AIDS risks of transgendered Latino immigrants. Michale Little, an African American transgender, gave a moving account of HIV/AIDS prevention outreach by transgenders for transgenders engaged in sex work that is being done by the Transgendered Program of ActionAIDS in Philadelphia.

GISST and the Transgendered Program are among a few pioneering organizations around the country that are responding to the HIV/AIDS prevention and service needs of the transgendered community. Organizations in New York City are listed in a special section on "AIDS in the Transgender Community" in the April, 1996 issue of Newsline, a publication of the People with AIDS Coalition of New York (phone: (212) 647-1415; fax: (212) 647-1419).

While the literature on HIV/AIDS and transgenders is scant, some recent reports highlight the tremendous risks, structural barriers to prevention and difficulties in obtaining appropriate services. Walter Bockting, B.R. Simon Rosser and Eli Coleman have co-authored the Transgender HIV/AIDS Prevention Program Manual (Program in Human Sexuality, Dept. Of Family Practice and Community Health, Medical School, University of Minnesota, 1300 S. Second St., Ste. 180, Minneapolis, MN 55454). Rebecca Durkee, herself a veteran of the transgendered street life of sex work and substance abuse, has written The Invisible Community : Transgenders and HIV Risks : Training Curriculum. This and our Transgenders and HIV Risk: Needs Assessment are available for purchase from GISST (14 Beacon St., Ste. 620, Boston, MA 02108; phone: (617) 720-3451).

NIH EVALUATION (*Continued from page 4*)

infection and to agencies implementing programs in those communities.

Primary Prevention-Basic Behavioral and Social Science Research

- The need for a paradigm shift to develop models that are domain-specific with regard to sexuality and drug use, and that recognize that risk behavior is embedded within personal, interpersonal, and situational contexts;
- Support for basic research on individual differences in human sexuality and drug use that takes into account cognitive, affective, cultural, and neurophysiological variables;
- Support for research on the direct effects of intoxicants on self-regulatory mechanisms; and
- Support for studies that investigate the maintenance of behavior change.

Consequences of HIV Infection-Basic and Intervention Research

- Preventing further spread of HIV by those already infected;
- Attenuating the individual distress and social stigma of either being HIV-infected or possessing the fear of being HIV-infected;
- Evaluating and managing the neurological and psychiatric disease complications of HIV infection;
- Modifying the impact of HIV infection on caregivers, loved ones, populations, and society;
- Facilitating patients' entry and retention in optimal programs of HIV care;
- Aiding patient adherence to HIV prophylactic and treatment regimens; and
- Aiding HIV clinical trials by enhancing recruitment, retention, and protocol integrity.

Methods in Behavioral, Social Science, and Prevention Research

- Developing a consensus on the appropriate outcome measures for addressing specific questions;
- Developing new analytic tools for dealing with data with non-normal properties; and
- Developing criteria for using observational, quasi-experimental, or experimental designs.

Copies of the Working Group and the Behavioral, Social Science, and Prevention Research Area Review Panel reports are available from the OAR (contact Sherri Cooper-Smith, 301-402-3555) or from the World Wide Web (www.nih.gov -- go to News and Events).

For further information about the evaluation or the OAR, contact Judy Auerbach, PhD, Behavioral and Social Science Coordinator (telephone: 301-402-3555; e-mail: judith_auerbach @nih. gov).

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expectations of cleanliness and orderliness, particularly as they overlap with sexual activity, pregnancy, childbirth, and post-partum practices. As Tonga people told their life stories and talked to Mogensen about other issues related to contemporary community life, they drew connections between the physical symptoms of HIV illnesses and *kahungo* and they used the parallels to produce explanations for the AIDS pandemic, e.g. people become HIV infected when they travel to the city; people who live in the city do not maintain Tonga rules of cultural hygiene; therefore, violations of cleanliness and orderliness produce HIV illnesses.

The connections which they constructed in these texts go only so far, however. Unlike HIV, *kahungo* is not contagious, and cannot be passed on to some second party who has not personally violated cleanliness/orderliness expectations. Moreover, indigenous practitioners can treat *kahungo* and reverse the conditions of impurity which generated it; but HIV illnesses are not responsive to their ministrations. Hence, as Tonga people describe it, *AIDS is a kind of kahungo*, but in this case, a kind of *kahungo* that kills.

Importantly, while Tonga people recognize the differences between *kahungo* and HIV-illnesses/AIDS, the differences do not prevent Tonga people from constructing this equation. Indeed, the inconsistencies generated by this equation make unavoidable the ongoing negotiation of situated, AIDS-related meanings, in terms of which the AIDS pandemic becomes culturally real for community members, even if the statistical occurrence of HIV illnesses in these communities is still quite small.

Noticeably absent from the cultural reality, as the Tonga people describe it, is attention to blame, accusation or deliberate agency. For Tonga people, Mogensen writes, "AIDS is one of these things that happen because the world has changed, because the proper order of earlier times is not respected" (pg. 91). And while Mogensen did hear some Tonga observe that "AIDS must have started because white people do not cleanse widows and women who have miscarried," their statements never suggested that Europeans deliberately "sent AIDS to Africa to harm Black people" (pg. 91). Indeed, according to Tonga explanation, "there is no reason why [AIDS] should have spread to Tonga villages had it not been for the fact that village people also started disregarding tradition and mixing with too many people with whom they should not mix" (pg. 91).

In this way, Mogensen continues, Tonga discourse on AIDS differs markedly from that constructed in rural Haiti where, as Paul Farmer explains (1992: 203 ff), people see AIDS as a consequence of a larger system of inequality which maintains an uneven distribution of power, wealth and health throughout the world, a distribution which, Haitians note, specifically benefits the USA, e.g. "Americans made AIDS in their laboratories to kill off black people and hold onto their power to rule all nations" (Farmer, 1992: 231).

Certainly Tonga people are not strangers to the displacement, disruption and oppression created by colonial rule and its aftermath. So why do they use tradition, rather than colonial

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metaphor, to anchor their explanations for HIV illness? Why do they avoid locating AIDS within what Farmer terms a "geography of blame"? Mogensen answers these questions only by suggesting that we take the "...[Tonga] story about AIDS as pollution rather than witchcraft seriously, [and] see the association of AIDS with *kahungo* as... valuable and truthful," since the narrative of *kahungo* "expresses the rural Tonga's experience with AIDS to a far greater extent" than do narratives offering other explanations for HIV illnesses (pg. 97).

But arguing in favor of the ethnographic "fit" of the *kahungo* narrative in this setting says nothing about the politics of transgression which are being metaphorized within that narrative. According to the Tonga textual material which Mogensen cites (see passages on pgs. 46-47, 51, 54, 59, 61, 62, 63), *kahungo* is, at base, a woman-centered ideological construction. The material substances which create the disruptions which *kahungo*'s "coughing and wounds which can appear anywhere" derive from women's bodies and reproductive experiences, particularly when those substances are not handled properly, not given appropriate ritual treatment, or otherwise physically "out of place." In this sense, the "truth" of the *kahungo* narrative signifies both the extent of women's power as well as to the need to restrain women's opportunity because of that power. As Bell's (1990) analysis of gender, pollution and politics in Creek society reminds us, both of these claims contribute to the ongoing negotiations which define and sustain women's status in societies where (using Mogensen's wording, pg. 29) "the prominent feature of the social organization is the matrilineal affiliation." How the appearance of AIDS coincides with, or reconfigures, these negotiations of women's status in Tonga communities is not explored in this monograph. It needs to be. The representational imagery may be different from that found in Haitian narratives, but there is "blame" here, all the same.

Morgensen never tells us how project staff incorporated these insights into local understanding of AIDS into their efforts to provide culturally sensitive HIV education. That omission will be disappointing to readers looking for practical suggestions to strengthen AIDS education efforts in other locales. The monograph does, however, offer glimpses into local understandings of the AIDS pandemic within Tonga communities, while raising questions about the ways in which outsiders can gain access to such understanding. The analysis is not fully developed, but it is a useful addition to an AIDS-related reference library.

William Leap, Department of Anthropology, American University, Washington D.C. 20016; fax: wlm@american.edu

References:

Bell, Amelia Rector
1990 Separate people: Speaking of Creek men and women. American Anthropologist 92: 332-345.

Bruner, Edward
1986 Experience and its expressions. in The Anthropology of Experience. Victor Turner and Edward Bruner, eds. pp. 3-29. Urbana: University of Illinois Press.

Farmer, Paul
1992 AIDS and Accusation. Berkeley: University of California Press.

HIV/AIDS IN THE GAMBIA (*From page 6*)

include polygyny, wife inheritance, scarification, circumcision practices and initiation celebrations, during which there is a great amount of sexual freedom (Enel 1995). In addition, the NACP's collaborative effort with the Women in Development (WID) office has led to the development of a strategy to communicate HIV/AIDS information to illiterate individuals particularly those from rural and peri-urban communities. As part of the strategy, female volunteers receive training in drama and communication skills, then present new health information in their neighborhoods through songs and skits they develop themselves.

The NACP has attempted to establish contact people within governmental institutions, trade unions and religious communities (especially religious leaders because of their important role in the community) to solicit more active involvement in conveying AIDS prevention messages to their respective groups. The NACP stresses the need for people to realize that AIDS education is everyone's job, not just the role of the Ministry of Health.

Like the NACP, the Society for Women and AIDS in The Gambia (SWAAGAM) also targets illiterate members of the community and has put together an educational flip chart about HIV/AIDS for distribution in rural villages.

The Medical Research Council has supported studies on prostitution, which is thought to be a major contributor to the spread of HIV. Although prostitution is technically illegal in The Gambia (it is legal across the border in Senegal), sex workers attend the growing number of weekly markets (*lumo*) throughout the country and provide services to locals. A higher class of sex worker provides services primarily to European tourists, who, for 35 years, have been traveling to The Gambia for the "Sun, Sea, Sand" and, reportedly, sex.

Prostitutes have been fairly receptive to educational efforts about STDs, including HIV/AIDS. Efforts are underway to monitor the movement of prostitutes across The Gambia's borders and encourage the women's involvement in local public health forums.

I observed a striking example of the difficulty of HIV/AIDS education in a fifth grade class visit arranged by the coordinator for the Population and Family Life Education curriculum. Coincidentally, on the day of my visit the teacher had invited the AIDS counselor from Royal Victoria Hospital to discuss AIDS with the students because she was too uncomfortable to talk about sex with them.

The speaker addressed the class using language that was more appropriate for the teachers, who were full of questions on the topic. As the presentation progressed, the students appeared disinterested or unable to follow the discussion. After the presentation I was given an opportunity to talk to the students. I asked the group how many knew what a virus is; two students raised their hands. Next I asked how many understood what their immune system is; again, only two students raised their hands. Following this, the speaker tried to summarize what he had previously said. When I (*Continued next page*)

was given another chance to speak I asked the students if they had any questions. I was surprised when the first question asked was, "What is sexual intercourse?".

After more discussion I think the students gained a better understanding about HIV/AIDS and how the virus is transmitted. In fact, they began asking many questions--so many that there was not enough time to answer them all. The next day I returned to the school and asked the teacher if she would ask the students to draw me a picture of what happens when a person gets HIV/AIDS. Surprisingly, most of the pictures I received had to do with HIV transmission through scarification, which, as mentioned earlier, is not a major mode of transmission there. However, because of the similarity of many of the pictures, it is possible the students discussed what they would draw before completing the assignment.

Over all, I observed a great amount of effort to educate different groups in The Gambia about HIV/AIDS. However, in some instances the programs appear to need some revision. The visit to the primary school is a great example. It appears that one of the key problems is providing information using appropriate language. Clearly, deciding on appropriate language may be a difficult task when many feel uncomfortable with the topic to begin with. Due to the short amount of time I had to work on my project I was unable to determine in great detail what measures had been taken to create appropriate messages for various target groups. I would also have liked to find out where individuals, particularly students, can go to discuss (and feel comfortable discussing) their questions about STDs, including HIV/AIDS. Some schools did have peer educators, but I don't know if peer education outside of school is being considered as a way to promote HIV/AIDS education and develop a conducive atmosphere for discussion. This type of intervention seems to be needed to encourage people to ask questions and to share their knowledge with others.

Students who participated in the St. Mary's College study tour are currently completing reports that will highlight their research experiences and findings in The Gambia. Next year, St. Mary's College, in collaboration with Gambian colleagues from a variety of Ministries and Departments, will offer a second study tour.

For more information on this or next year's study tour, contact: Bill Roberts, Department of Anthropology and Sociology, St. Mary's College of Maryland, St. Mary's City, MD 20686; e-mail: wcroberts@osprey.smcm.edu

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