INTRODUCTION

Global Convergences:

Emerging Issues in International HIV Risk, Prevention, and Treatment

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The purpose of this reader is to present cutting-edge research and emerging issues in HIV research, advocacy, and policies at both the U.S. and international scales. Using primarily original manuscripts, this volume presents work from established scholars, international policymakers, activists, and people living with HIV. In this way, we hope to provide a fertile ground for discussing the emerging, and sometimes controversial, issues about HIV in the classroom setting. This book uses globalization and global processes as a lens to interpret the current underpinnings of HIV theory and vulnerability as well as the emerging debates and future issues. The three editors of this volume represent different disciplinary approaches to the HIV/AIDS pandemic and thus bring various perspectives to this collection, and indeed to the evolution of research, policymaking, and activism surrounding HIV globally.

A hitherto unnamed cancer (Kaposi’s syndrome) became the first alert to the epidemic over 25 years ago when it began to be detected in a small group of homosexual men in the western United States (Currant 2006; Centers for Disease Control and Prevention 2006). It was soon thereafter that HIV was isolated and named in France and found in other parts of the world. Quickly, the “4-H’s” were assigned to describe those
who suffered from HIV (hemophiliacs, homosexuals, heroin addicts, Haitians). However, after this original naming of risk groups, the definition of HIV vulnerability shifted to behavior, and then once again more recently to encompass structure and ecology in terms of risky conditions. Now, with important work by Farmer (2005), Patton (2002), and others (D’Adesky 2004, Engels 2006), we see that behavior is couched in terms of social and built environments as well as structural forces that can contribute to risk (Frye et al. 2006).

As AIDS became truly global by the late 1980s (Patton 2002), social scientists and critics responded to the various social movements to call attention to the fact that HIV was, more than anything else, a disease of marginalization (Kramer 1994). Even when new drugs were beginning to be developed in the late 1980s and early 1990s, the issue of access, and thus social and economic marginality, particularly in the United States, became pivotal. It was eventually protests in front of prominent buildings in the U.S. that opened up access to the first round of protease inhibitors (refer to Kaiser Foundation timeline on the cover of this book; Crimp 1988; Rimmerman 2007).

This expansion in focus followed HIV’s progression as a localized population-specific phenomenon to a global pandemic. Instead of men who have sex with men being the most vulnerable group, we now see that some of the most vulnerable people around the world are those who identify as heterosexual. Within this group, women have become increasingly more vulnerable for biological, social, and political reasons (Go et al. 2003; Kelly et al. 2004; Thomas et al. [this volume]; Turmen 2003; Weiss and Gupta [this volume]). The regional impact of HIV has shifted as well. While sub-Saharan African countries continue to be hit hardest by this modern plague, India and China are emerging
as areas of concern, as the HIV rates are rapidly increasing in those countries and more
data has become available. Another emergent region is Central Asia and the former
Soviet republics, as two authors in this volume describe (Hankivsky and Atlani-Duault).
Thus, it is impossible to pigeonhole risk groups or risky regions given the widespread
diffusion of the virus.

HIV/AIDS scholarship in the last quarter century has developed from a literature
of discovery to one that highlights the role of AIDS as an “epidemic of signification”
(Treichler 1987). Dilger deftly expands on this framework in this volume, spotlighting
the moral and political economies of gendered HIV negotiation in the Tanzanian context.
Treichler and others have illustrated that AIDS is not just a biological phenomenon, but
also a disease that exploits social ills and social marginalization. Indeed, Santana (1997)
relates AIDS to an X-ray that highlights the strengths and weaknesses of society.
Whether we look at the household scale or expand the lens globally, it is the weakest
members of local or global communities that are most at risk for acquiring HIV (Currant
2006).

Thus, an important framework for this book is the necessity of examining HIV
transmission and risk at various scales from the very local (household) to the
international (including international organizations, such as UNAIDS, the Global Fund,
and the international economy) (DeCock and Weiss 2007; Garrett and Rosenstein 2005).
Another important thing to highlight is the intersections of these chapters. While the
sections were organized to maintain balance and present global impacts on the pandemic,
the reader will notice that there are authors in different sections that present similar ideas.
This should be viewed as a reflection of how HIV research in the behavioral and social
sciences has developed, leading to enriched debates about HIV transmission, prevention, and treatment.

Having stated that marginality (economic, political, social, sexual orientation) is one of the primary reasons for HIV transmission, we must delve deeper into social structures to understand why women, who are certainly not a minority in the world, are the most at-risk to contract HIV in most societies. Indeed, women have traditionally played the role of villain in the spread of HIV, as they can be considered the “fifth H” in the “4-H” category of risk groups—hookers. Women in the early epidemic were relegated to the roles of prostitutes (and later, more accurately, commercial sex workers) as “reservoirs of disease,” waiting to infect unsuspecting males (Chan and Reidpath 2003; Gilman 1988; Sacks 1999). Later, this locus of blame expanded to include their reproductive role (mother-to-child transmission through childbirth and breastfeeding). As the virus has spread beyond social boundaries, though, women are becoming infected with greater frequency. And it is not just women in these marginalized social settings, but women who represent traditional gender norms, such as those in what they see as monogamous or stable relationships. By virtue of their roles, they often acquire the virus from their male partners’ behaviors, whether sexual or otherwise.

In conjunction with marginalization, the second social epidemiological fact of the epidemic has become the growing shift from an acute to a chronic disease. Given that more people living with HIV/AIDS (PLWHA) are gaining access to increasingly improved antiretroviral medications, there is and will continue to be enhancement in longevity, health, and sexual desire in these infected individuals. This in turn will increase the likelihood of further viral spread and further psychosocial complexity to
prevention. This is particularly true with around 40 million people currently living with the virus. Given the genetic make-up of the virus and the facility with which it mutates, there is no evidence that a vaccine will become the panacea needed to save many people and several countries in the world (Cohen 2001). Indeed, the traditional issue of lack of access to health care in the poorest countries will continue to affect lack of access to HIV medications as well.

While this message sounds dire, we made sure this reader included articles that present some positive evolution of HIV research and activism. For example, Berkley-Patton highlights in her manuscript that there are people living with HIV who have perfected the pill regime. This is a turnabout from many reports that indicated that it a forbidding difficulty to adhering to treatment protocols. Gallo states that “The remaining problems and needs are evident: bringing therapy and better health infrastructure to poor nations; continuing to develop new treatments because of the need for life-long therapy and the associated drug side effects and HIV resistance; continuing and advancing education; global monitoring of the different strains of HIV for changes in their virulence, transmissibility and drug resistance; and development of a preventive vaccines which provides sterilizing immunity (or close to it)” (2006:5).

We realize that HIV books can become quickly out of date since information surrounding the virus changes rapidly, HIV research has become more popular, and research funding has increased exponentially since the early days of the epidemic. Given the number of publications on HIV, as editors, we understand that it is a daunting task for students or new researchers to even find a place to begin their work. We also acknowledge that there is no single reader that can accurately depict all facets of HIV.
Taking these three concerns into account, we decided to focus on intersections of the social and behavioral sciences, emphasizing global contexts and concerns. While biological advancements are beginning to emerge because of the genomic revolution, significant translation into pharmacological remediation and clinical settings has not yet resulted, leaving the social and behavioral sciences as a core anchor for prevention research and for understanding the myriad complicated and overlapping concerns that individuals living with HIV deal with on a daily basis. Also, thematically, we decided on these sections as they are fertile ground for some of the most exciting research and activism currently taking place.

The volume starts with Section 1 where the authors present contemporary theories and case studies of harm reduction and HIV risk. While heroin addicts were accused as being one of the risk groups causing diffusion of HIV in the early 1980s, literature on this behavior has become more theoretical and multidisciplinary. Burris’s framing essay contextualizes the section with a social ecological model that highlights the importance of structural interventions internationally. Duke et al and Clair et al. provide case studies from emerging epidemics in China and Brazil, respectively. Brazil will continue to be a country of interest as the government has refused United States’ economic aid for HIV programs due to several onerous provisions, including requiring a faith-based (Christian) model, promoting abstinence, and targeting sex workers (D’Adesky 2006).

As part of Section 1, it must be mentioned that syringe exchange programs (SEPs) are increasingly important for harm reduction among injection drug users. Syringe exchange programs (SEPs) can be conceptualized as the prototypical harm reduction intervention for injection drug users (Ksobiech and Malow, 2005) and international
evidence reviewed in (Semaan et al 2007) and Wodak and Cooney (2006) indicates strong support for this approach in reducing HIV and other Sexually Transmitted Infections. Given that cost-effectiveness (such as societal savings for infections averted through SEP services) has been well documented (Ksobiech and Malow, 2005), a crucial next step is to begin governmental funding of SEPs, and associated programs, to reduce harm to IDUs personally and the community overall. This is now occurring in many locales (e.g. San Francisco, New York, Amsterdam, Rio de Janeiro). However, there has been considerable resistance to this effort at the federal level in the United States. Although certain locations have initiated programs, solutions to public and political concerns have not been adequately focused on by public health professionals and elected officials. Problem-solving models from other contentious public policy domains, such as natural resource management, need to be utilized in this effort, in order to shift the dialogue from conflict to negotiation. Public health models such as Community Readiness, discussed in chapter 19, could also be applied to this effort.

Section 2 focuses on Gender, Sexuality, and HIV Risk globally. This theme has continued to evolve and influence research and policymaking since the 1980s. The chapters address women’s vulnerabilities for HIV, as well as issues of masculinity and HIV transmission. The framing essay, by Gupta and Weiss, set the context for preventing HIV in women who have sex with men and lays out a framework for addressing gender inequalities within the context of HIV prevention programming. Through the focus on HIV globally, the inherent or potential dangers of women’s traditional roles have come to the forefront. Rosenberg and Malow contribute to the discussion by highlighting that biology, in addition to social structures, must be understood to properly flesh out
arguments about, and programs on, women’s vulnerability to HIV. Orchard et al., highlight one such gender-forward effort in rural India working with female sex workers. The authors describe the cultural systems of Karnataka and Rajasthan that produce sex work as a community sanctioned occupation. The articulation of sexuality, gender, and ethnicity is salient in Dilger’s work in Tanzania. Both Hankivsky and Atlani-Duault highlight Central Asia, although with different foci. Hankivsky’s case study addresses the growing needs of HIV positive women in Ukraine, while Atlani-Dualt uses a socio-historical framework to analyze how Central Asian men who have sex with men have been targets of social and legal discrimination. However, paradoxically, the pandemic there has also provided an opportunity for self-identified homosexual men to fight for civil rights. Also focusing on men, Thomas et al. discuss the Philippines as an example of a country with limited resources which can serve as an example of how to maintain a low HIV rate.

Section 3 examines the intersections of biomedicine and more recent literature addressing the development, starting in 1996, of a new generation of HIV medication, protease inhibitors. Jones provides an overview of HIV antiretroviral drugs (ARVs) from AZT and HAART in the 1990s to more recent ARV medications. Sylla and Kaplan offer the possibility of Microbicides as another technological advance to decrease women’s risk for HIV. Particularly important is the fact that women would be able to use Microbicides as an undetectable method to protect themselves from possible HIV and other Sexually Transmitted Infections. This offers an alternative to male–based technologies, like condoms. Durvusala, et al. highlight some of the most cutting-edge interdisciplinary research in biology and behavioral sciences by showing that HIV
decisionmaking can be impacted by the spread of the disease throughout the biological system, by a drug regimen, or co-infection with other diseases, such as tuberculosis. Simoni, et al. provide an overview of adherence issues worldwide, followed by Berkley-Patton, who offers a case study of success stories about ARV adherence.

Section 4 focuses on intervention and prevention programs from different cultural contexts around the world. The framing essay by DiClemente et al. highlights recent scholarship on an often-overlooked population, adolescents. The authors anchor HIV in terms of other sexually transmitted infections and the effect worldwide of these infections among adolescents. McCoy et al. examine the Community Readiness Model of HIV prevention as applied in the U.S. Virgin Islands, while Devieux et al. examine sociocultural barriers to care among Haitians living with HIV, discussing not only prevention programs but also treatment protocols. Haiti is a particularly important country to examine because of its central role in the history and stigmatization of HIV. Ibembe also highlights an important and controversial program of the ABC HIV prevention strategy (abstain, be faithful, use condoms), using his perspective as a Ugandan policymaker. Goggin et al. provide the first published data showing the importance of traditional health providers for the treatment of South Africans. The authors highlight that traditional and allopathic healers must work together in a complementary, rather than a contradictory, manner to improve HIV treatment adherence.

Section 5 deals implicitly with the idea of structural responses to HIV, which were highlighted in the first section of the introduction. This section shows that social, economic, political, and historical structures are at the heart of transmission, prevention,
and treatment. In the framing essay, by White, Pope, and Malow, the interplay of economic policies and structural responses are examined in terms of how they contribute to a social justice framework. Craddock continues with a social justice paradigm by examining whether the patterns of this pandemic, as dictated by political, economic, and pharmaceutical structures, can be deemed genocidal in sub-Saharan Africa. Craddock uses the example of the TRIPS program, which requires all countries to buy HIV drugs from certain pharmaceutical companies by 2020. Bayer and Oppenheimer continue the section’s themes, using ethnographic techniques to highlight the personal experiences of structural constraints of ARV therapies in South Africa, while Frasca examines the structures that have lead to HIV transmission in Latin America. Unlike Africa, Latin America has received relatively little international media attention and global funding. One of the reasons is the relatively low rates of HIV compared with other affected regions, but Frasca argues that there are still communities with high rates of HIV that cannot go overlooked. Padamsee discusses the national policies of the United States and the United Kingdom, highlighting that different health care systems and cultural philosophies lead to the creation of different programs. Estrada and Estrada also utilize a structural framework, but in a unique context, the U.S.-Mexico border. As the longest border between an economically developing and developed country, this border is a focus of contested policy debate on immigration and related health and social policy concerns. The U.S. side receives federal funding for building more border walls and increasing the border patrol presence, but it receives very little funding for health care or other social services required by HIV-positive individuals living in the area.
Section 6 takes a different look at HIV by examining how the media portrays HIV/AIDS and the influence of media globally in prevention and treatment practices. Noar’s framing essay traces the history of “old” and “new” media by examining mass communication campaigns and newer computer and Internet-based interventions. Thomas looks at media in a different way by showing how photojournalist Gideon Mendel’s photographs of people living with HIV/AIDS were a way to contest the South African government’s portrayal of HIV/AIDS. Barker examines yet another route of communication, the soap opera, and its effects on individuals across the globe. Finally, Cheng, in a very moving personal narrative, tells of becoming involved with the Cambodian media after she discovers she is infected with HIV.

Section 7 examines a topic that is going to become increasingly important as more research reveals the relationship between vulnerable populations and geography, whether geography means living in environmentally susceptible areas (such as hurricane and earthquake zones) or living in or near war zones. Culbert et al. and Westerhaus, et al. research conflict zones in Africa and present evidence that individual behavior modification must be couched in culturally and historically-specific terms. Repercussions of war not only lead to widespread rape of women (and thus an important transmission route to consider), but also hinders the development of a sound health care system and transportation routes. This section also addresses another influential geographic aspect, migration. This last topic is addressed by McLean, who calls for more attention to adolescents and other groups in the Caribbean who are mobile.

As more individuals become infected with HIV, it is important to use their experiences to create effective prevention and treatment programs, and also to understand
transmission routes. The authors in Section 8 advocate for integrating the experiences of people living with HIV/AIDS (PLWHA) into policymaking at local, national, and global levels. Faubion’s framing essay captures the most recent publications contextualizing the various meanings that living with HIV has taken around the world, as well as the roles of stigma in susceptibility to HIV. Mary Fisher, a well-known artist and AIDS advocate, first came into the U.S. national spotlight as a keynote speaker during the Republican National Convention in 1992. Her work for this volume emphasizes the need for advocates and policymakers to work together to create innovative responses to the pandemic. Aspaas uses rural East African communities to show another side of living with HIV, that of the caregivers. These caregivers illustrate the resilience of individuals in regions and communities with a high rate of HIV and how they must form a safety net for orphans in lieu of state programs. Mayer provides a personal narrative of his experiences working in Ghana with patients who have HIV and also suffer from additional health concerns. He shows that a connection between academia and advocacy is possible. The final chapter of the section, by Moore, also takes place in Africa. She presents results from a study exploring the meanings that seropositive parents and seronegative caregivers give to their experiences as a way of coping effectively with the physical and mental challenges of caregiving.

The final section, Section 9, deals explicitly with globalization, providing an anchor for this book. Each author highlights the importance of dealing with local constraints and opportunities when addressing HIV. Each of these authors provides a lens through which to view processes of transmission from an international scale. Friedman, for example, writes in his framing essay about globalization and other large-scale social
and economic processes affecting transmission. These processes include wars (addressed by others in Section 7), falling profit rates, sociopolitical transitions, and even global warming, among others. Meyers and Kearns use a health geography framework to explore the HIV-positive body as a site of struggle, leading to newer understandings of the role of globalization on conceptions of the body and its place (literal and metaphorical) in New Zealand society. Patton highlights another aspect of globalization, that of managing the different levels of how to deliver HIV ARVs in the World Health Organization’s 3X5 Program. She highlights the challenges in reconciling different levels of frameworks (community through international) when translating biomedical science into public health policy. Sufian uses a regional approach to highlight an area that is often overlooked in HIV research and funding, the Middle East and North Africa. The little attention the region has received has focused recently on a case in which foreign doctors and nurses worked in a Libyan hospital where HIV was transmitted to children. The doctors and nurses were sentenced to death before an international negotiating team was able to get them extradited to their home countries. However, there is a dire need for more research in this region, particularly given the misconceptions about religion, gender, and cultural constructions of meanings about HIV. The final essay in this book, by Nguyen, serves as a cornerstone for this volume. Nguyen highlights the different ways in which policy responses to HIV enhance and reproduce processes globalization. In this way, he uses a lens that turns much of this volume on its head. Not only does globalization produce the circumstances for the transmission of HIV around the world, but HIV itself serves as a way to increase international interaction.

**Future Research Directions intoGlobalization and HIV**
Since globalization is a dynamic phenomenon, and the AIDS pandemic affects everything from the macro-structural to the individual levels, it would be impossible for this book to provide an exhaustive review of the emergent issues and hot spots of HIV incidence. For example, recent research about the MSM community and re-emerging HIV is important to examine. There is evidence that the new generation of gay men, particularly in Western Europe and North America, feel removed from the virus and the political and social action of elders in their community (Fenton and Imrie 2005).

One of the newest, and most controversial, prevention methods to be espoused by the World Health Organization includes male circumcision. The controversy highlights an important issue in HIV research and prevention policies globally—a fissure between public health officials and those concerned with the implications of colonialism and imperialism on the male African body, a history that began with colonialism and may be perpetuated with this sort of policy (Aggleton, 2007; Niang and Boiro, 2007). One of the most neglected resources for the international community in addressing the meanings and safety of circumcision is in the public health and medical research in Israel, which not only has a long history with the procedure, but also a rare experience of diverse immigrant experiences, particularly from Africa (Schenker 2007; UNAIDS 2006; Weiss and Polonsky 2007). Interestingly, an emerging issue that has received very little attention to date is female circumcision, and the repercussions that using dirty razor blades or scissors may have on HIV transmission.

Another important development is the co-infection between tuberculosis, hepatitis, and HIV. Recent clinical research has begun to explore whether co-infection results in the emergence of a drug resistant strain of HIV. There have been news reports
of such a super strain in New York City since 2005, but recent research indicates that, while virulent, it appears to be more difficult to transmit (Russell 2005).

We also would have liked to cover the newer faith-based approaches in more depth. The United States has launched a multi-year $15 billion HIV-reduction and prevention globally initiative. This has the potential to make ARVs more accessible to people in the most affected regions of the world. However, there has been expressed concern that a donor’s political and theological stances could impede the success of programs.

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