Get Laid, Get Paid, Get High, Survive

An analytical and personal response to
Elizabeth Pisani's deconstruction of HIV and AIDS

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The Wisdom of Whores: Bureaucrats, Brothels, and the Business of AIDS explores the phenomenon of HIV and AIDS through the enduringly personal account of epidemiologist Elizabeth Pisani. Pisani's voice weaves itself energetically through what could easily become an overwhelming amount of meaningless statistics and numbers—but instead remains a compelling and eye-opening illustration of her own experience and knowledge of the global problem of HIV and AIDS, including all kinds of the personal, social, and political complications linked to the issue.

Thus, here is an powerful example of *standpoint epistemology*, which is an approach that, according to Dorothy Smith, "first, places sociologists where we are actually situated...and second, makes our direct embodied experience of the everyday world the primary ground of our knowledge". (1974) In other words, this first-person account is based on Pisani's own experience, and she is careful to record the context and shortcomings of that experience throughout the entirety of her account.

Pisani sets the tone of her book by immediately identifying her career as "sex and drugs", and then gives a brief introduction of how she moved through a degree in Chinese, a bout of investigative journalism, and a public health education, to eventually become involved with epidemiology and specifically HIV research. The main issue that she immediately saw within the field was a gap between knowledge, and communication or action. The problem of this gap is developed throughout the book, as Pisani articulates different political and social elements that function to obstruct constructive action even when we can determine exactly what should be done.

The book consists of nine distinct chapters. In the first, we are introduced to UNAIDS, the organization where Pisani got her start. Here we also begin to get a sense of the essential

value and power of language, and also the way that "political correctness" functions to slow down constructive, useful action. Furthermore, Pisani gives a very direct and self-aware explanation of "beating it up", which is the practice by which media and organizations "package" statistics and numbers to imply pre-conceived meanings. Pisani talks about this "warty truth" in a very straightforward manner, thus building accountability for herself and her representations of knowledge by clearly locating herself, her experiences and her purposes.

The chapter ends as UNAIDS has begun to successfully propagate AIDS, and as Pisani is relocated to Indonesia to work as a "HIV surveillance expert" although she has never had direct experience doing actual surveillance work. The next chapter introduces the blatantly sexy world of the "waria", who are part of Indonesia's sex trade. The waria are biological men who live and dress as women and sell sex to men. When Pisani came into the picture, the group had kind of fallen under the radar, but they turned out to be an essential part of the HIV equation due to their proliferation of anal sex.

Here with the waria begins Pisani's gritty qualitative research: the gathering of information through surveys, questionnaires, interviews, etc. Eventually this opens up the understanding that people can't be labeled as part of one high risk group or another, because the network of people involved in sex, drugs, and "high risk behaviors" is so intertwined:

> Bit by bit, I began to understand that we'd have to work towards a surveillance system that took people out of the neat boxes we had wanted to squish people into in Geneva : "male prostitute", "drug injector", "client of female sex worker". A system that at the very least redrew the boxes as overlapping circles, a great Venn diagram of sex and drugs, desires and needs, hormones and money....In most of Asia it would turn out that everything overlapped with everything else. (2008)

This understanding leads into the next chapter, where Pisani gives an explanation of "the

honesty box", another way to locate knowledge and thus make it more objectively valuable. The honesty box acknowledges the error and variation that is inherent in any human-conducted study: from checking the wrong box on a survey, to asking leading or confusing questions, to having a distractingly good-looking interviewer that interviewees want to please with their answers (known as a "desirability bias"). There are even more complicated, sometimes invisible factors affecting the integrity of gathered information. For example, Pisani's team surveyed the street waria about their habits and number of clients. Of course, later they realized that these were the waria who were not actually with clients at the time of the survey-- the more popular and active waria were occupied, and would have different answers.

Chapter four spends some time on the AIDS epidemic in Africa, "the world's greatest and most shameful monument to failed HIV prevention". This failure is largely due to political reluctance to explicitly point to sex or to appear racist, which has led to the qualification of AIDS as a problem of poverty, gender inequality, and underdevelopment -- while the obvious and straightforward catalysts of sex and drug injection receive an appalling lack of attention. Pisani takes this opportunity to re-cap the way that HIV actually spreads: most quickly through direct blood transfers, and also through small genital tears and lesions. She also explains the "web" of sexual relationship that exists in Africa (leftover from polygamous times), where it is accepted for people to have several sex partners at once. This web (more than the Western construct of serial monogamy) is conducive to the spread of HIV because everyone is connected to more people at one time.

Next we learn about the unexpected problem of treatment. Politicians with their own agendas work to provide only immediate help to the visibly pitiful and needy victims of AIDS, rather than making unpopular decisions to implicitly "support" the risky behaviors of junkies,

prostitutes and other degenerates of society by supporting harm reduction or preventative measures (like needle exchanges and distribution of accessible condoms).

> The more effective our prevention programmes are, the less treatment we will need. But the more effective our treatment programmes are, the longer people live with their infection, the healthier and more sexually active they are, the *more* prevention we will need. (2008)

For example, one unpalatable side-effect of better treatment is that people are less scared about contracting the virus and consequently become sloppier with their habits. Thus, Pisani is not saying that AIDS victims should not receive treatment, but that our priority should remain on preventing the further spread of the disease.

One sometimes controversial prevention strategy is described by Beryll Benderly as the "surgical AIDS vaccine". This is male circumcision, a procedure which has been proven over and over again to be significantly effective in the prevention of HIV since the removal of the foreskin is the removal of a place where the virus can live.

Circumcision has different cultural implications relative to place. For example, in Indonesia, circumcision is relatively common due to the large Muslim population who circumcise their boys as part of their religious beliefs. Thus, the propagation of circumcision as an HIV prevention strategy is a different story in Indonesia than in (for example) parts of Africa.

Some places in Africa do not circumcise while others have a history of pre-adolescent circumcision as part of tribal rituals of manhood. Stuart Rennie says that "It may be easier for groups that do *not* circumcise to accept non-ritualized, neonatal circumcision" as an HIV prevention strategy. (Rennie 2011, my emphasis) This is because medicalizing circumcision may change the meaning to an extent that already circumcising groups may resist. Established cultural

norms (like those that encourage the use of the same knife among a number of initiates, or that encourage sexual activity, especially with sex workers, soon after circumcision while the penis is still healing) may run counter to HIV prevention messages, and must therefore be addressed.

Generally speaking, a discussion of circumcision should avoid the extremes of on the one hand, dismissing it on the basis of male genital mutilation -- which is the situation that Benderly describes in her article, where Lloyd Schofield tries to gather signatures to make the procedure illegal in San Francisco. On the other hand, we must not assume that the evidence of effectiveness of circumcision will effortlessly bypass the social uncertainties of translating this evidence into practice and policy. Elizabeth Pisani favors propagation of medical circumcision, but with attention to the education that must exist alongside the implementation of these sorts of policies.

Beyond the issue of treatment and prevention, another myth is the myth of the "peer educator", which assumes that "people who happen to do something that puts them at risk of catching a fatal disease feel some kind of solidarity with each other", and are therefore the best people to communicate with and educate each other about the dangers of their respective situations. This is just not the case. For example, there may often be a sense of competition among sex workers, while drug injectors may feel a similar sense of self-centeredness or preservation in maintaining and chasing their addiction. Overall, the simple fact of contracting the virus does not qualify someone as a useful, empathetic counselor for other victims.

The sixth chapter gives an interesting account of the way that religious fervor (especially among Christians and Muslims) gets in the way of what we should be doing to prevent HIV and what we actually do. Pisani explains that reliance on religious ideologies instead of scientific evidence leads to irrational policies and positions by politicians who are trying to appease the

wishes of their voters.

One example is the perpetual insistence upon abstinence in the face of AIDS. In fact, loosening sexual norms which allow women to have more active (socially acceptable) sex lives and get married later -- and thus have more boyfriends --actually lead to less HIV. This is because if a boyfriend and girlfriend are only having sex with each other they are both less likely to contract HIV than if they are moving in circles of sex workers fulfilling whatever respective roles. But despite this evidence there is still great pressure to advocate abstinence.

Now, sex is a human behavior that has a limited number of objective meanings and a myriad of *attached* meanings based on varying social contexts. Ross Douthat offers a cogent argument in favor of abstinence education in America, explaining that "a high sexual ideal can shape how quickly and casually people pair off, even when they aren't living up to its exacting demands" (2011). Successful abstinence programs don't necessarily make young people wait for marriage to have sex, but they do make them wait for "somebody". Douthat cites evidence of a correlation between sexual restraint and emotional well-being, and promiscuity and depression, especially among women; then he suggests that this correlation may explain "why overall female happiness has drifted downwards since the sexual revolution".

I found this an interesting article and not without worth. I also think it is relevant that Ross Douthat is an American who has written an article entitled "Why Monogamy Matters" and published it in the New York Times. I am an American too. As a young woman with no dogmatically religious background, I have developed a personal understanding that in my relationships, levels of emotional and physical intimacy should be proportional to each other (so, consistent with Douthat’s findings, physical intimacy with a stranger conduces to discomfort and unhappiness).

I imagine that this understanding is due to my own thoughtfulness; to being in tune with my body and my feelings; to the gentle attention I give to maintaining a healthy spiritual balance in my relationships with other people. But notwithstanding any personal, spiritual, or moral standards, invisible social norms and pressures also *necessarily* contribute to what feels "right" to me. So another relevant factor that has shaped this understanding is that the country where I live has a long history of serial monogamy.

We must understand that not all places have our history. Africa has a sexual history of polygamy (as well as, in some cases, higher levels of female autonomy). If there are zero social pressures telling you to be monogamous, maybe monogamy does *not* "matter" anymore. If you can be promiscuous and have lots of sex and still remain comfortably within the respected social "norms", then you will not experience the same feelings of discomfort and unhappiness that, for example, an American girl might. What you will experience is a heightened probability of contracting an STI. But I am not convinced that the abstract nature of this risk (its scare-value) is enough to effectively combat generations of social norms and so conduce to a widespread shift to a more conservative sexuality.

What I find annoying about an insistence on a universal abstinence education is that under the pretense of some kind of objective moral standard, the education fails to locate itself in different contexts. There simply is no objective standard of the "right" kind of sex to have, or the appropriate amount of sex to have. (Or if there is, not everyone is abiding by it, so in all practicality it does not matter anyway.) Douthat identifies Planned Parenthood's larger worldview as "the most important judgment to be made about a sexual encounter is whether it's clinically safe" and goes on to say this is the enemy of conservative sexual idealism. More relevant is the fact that Planned Parenthood's (and Elizabeth Pisani's) view of sex is also the most

applicable view from a universal public health standpoint—because all other things aside, nobody wants to contract life-threatening diseases, and therefore we can work from that common ground.

Based on these two readings and my own understandings, I believe that the inclination to preach abstinence to HIV ravaged places is a solution that a) is often based on a loyalty to one's own religious or moral paradigms rather than to the actual circumstances at hand, b) does not give appropriate attention to the economic function of sex in places where sex work is institutionalized, and c) is ignorant of or to some extent disregards the complicated sexual networks and norms that exist in other places.

Thus, in monogamous America, abstinence education has *more* of a place (as one part of sex education) than it does in Africa. But even here we must somehow address the fact that people with the highest rates of HIV, like gay men, are unlikely to subscribe to conservative sexual paradigms and standards that are *by nature* oppressive to them and their own sexual values. Therefore, I do not think that abstinence education has a profoundly effective role to play as an HIV prevention strategy.

Moving forward in Pisani's book, chapter seven delves more deeply into the drug and needle side of HIV, explaining the opposing viewpoints of Drug Warriors, who want to squash all drug use, and Harm Reductionists, who want to make it safer to be involved in drugs. I find the Harm Reductionist view more encompassing because it recognizes first, that an infected injector is dangerous to more than just himself and other injectors; and secondly, that seven out of ten injectors will eventually stop using the drugs (i.e, it is a phase that they could either get through safely and move on, or in which they could become infected and risk spreading the disease to others for the rest of their shortened life). Thus, the Harm Reductionists support the

use of clean needle exchanges, and methadone programs. However, the Drug Warrior viewpoint is often the winning position based on its aforementioned political attractiveness.

Overall, the book is a gritty, sagacious and honest exploration of the problem of HIV, as thoroughly experienced by Elizabeth Pisani. Concurrently, Georg Simmel's understanding of network theory provides a supplementary explanation of this multi-headed monster of HIV and AIDS. Network theory is based on the premise that society is the sum of micro-interactions between individuals who are linked together in "interaction networks" or *associations*. This is compatible with the realization that Pisani makes when she discusses a "Venn diagram of sex and drugs" in Asia, where everything overlaps with everything else.

Other elements of network theory include the concept of the "Stranger", who can be more objective in their observations of and interactions with a group (which is why it works better for interviewers to be "strangers" rather than "peer mentors"); and the concept of the "lie", whose meaning is a function of social distance. For example, a lie between two individuals has less impact when there is more social distance between the two. Therefore, a white lie from a sex worker to a strange interviewer must be understood as relatively meaningless on a *personal* level (and so more likely to happen).

Finally, all networks have a structure, content, and function; and these elements determine whether networks are in sync or in conflict with other networks. For example, the rhizomatic network of HIV infected people functions to get people very sick and sometimes kill them. At the same time this network of individuals are also getting laid, getting paid, getting high, and surviving. The network of people and organization officially involved with preventing HIV could also be described as rhizomatic, in that it is connected and interlocking in complicated, inextricable, sometimes counterintuitive ways. This network includes people who

want money and resources to prevent HIV and also people who want HIV-delegated money for other purposes. It includes people who work from a sense of personal, moral obligation, others who work because it's part of their job, and still others who work because it will serve them in some political or otherwise removed way.

These two networks (of HIV-victims and HIV-preventionists) are occasionally in sync and often in conflict with each other, depending on the particular combination of their functions at any given time. Pisani explains the delicate, complicated nature of their interactions with honesty and spice. I thoroughly enjoyed her straightforward delivery and found it an effective, accessible way to communicate the monstrosity of AIDS to both the general public, and to people who may have more decision-making weight.

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