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Introduction

The Exotic and the Mundane

At about 6 A.M. on June 26, 1982, Solange Eliodor expired in Jackson Memorial Hospital in Miami. When not in the hospital, the twenty-six-year-old Haitian refugee spent her final year in a rickety boat, which reached the shores of Florida the previous July, and in prison, as the reluctant ward of the U.S. Immigration and Naturalization Service (INS). The Dade County Medical Examiner denied that the young woman showed any signs of tuberculosis—"She didn't have it. Period."—although the INS had initially maintained otherwise. The medical examiner also said that "there was no sign the woman suffered a blow to the head," an allegation raised by the director of the Haitian Refugee Center. Other Haitians interned in the Krome Avenue INS detention facility may have been dealt blows to the head, but Solange Eliodor was not one of them. The verdict was toxoplasmosis of the brain, a parasitic infection that, though common, is usually rendered harmless by immune defenses. The woman's death merited a headline in the June 30 edition of the *Miami Herald*: "Krome Camp Detainee Died from Infection Transmitted by Cats."

The details of the entire grisly story—the flight from Haiti in a boat, INS detention, the newspaper headline, the mistaken accusations of both tuberculosis and a blow to the head—are of a piece with a single, if complicated, narrative. Early in the AIDS pandemic, a number of

Haitians, including Solange Eliodor, fell ill with opportunistic infections characteristic of the new syndrome. Some of the ill Haitians lived in urban Haiti; some had emigrated to the United States or Canada. Unlike most other patients meeting diagnostic criteria for AIDS, the Haitians diagnosed in the United States denied homosexual activity or intravenous drug use. Most had never had a blood transfusion. AIDS among Haitians was, in the words of North American researchers, "a complete mystery." In 1982, U.S. public health officials inferred that Haitians *per se* were in some way at risk for AIDS, and suggested that unraveling "the Haiti connection" would lead researchers to the culprit. In a sample of the melodramatic prose that came to typify commentary on Haitians with AIDS, one reporter termed the incidence of AIDS in Haitians "a clue from the grave, as though a zombie, leaving a trail of unwinding gauze bandages and rotting flesh, had come to the hospital's Grand Rounds to pronounce a curse" (Black, in Abbott 1988: 254–255).

The Haitian cases and subsequent "risk-grouping" spurred the publication of a wide range of theories purporting to explain the epidemiology and origins of AIDS. In December 1982, for example, a physician with the U.S. National Cancer Institute was widely quoted as announcing that "we suspect that this may be an epidemic Haitian virus that was brought back to the homosexual population in the United States."¹ This theory, although unbolstered by research, was echoed by other physicians and scientists investigating (or merely commenting on) AIDS. In North America and Europe, other commentators linked AIDS in Haiti to "voodoo practices." Something that went on around ritual fires, went the supposition, triggered AIDS in cult adherents, a category presumed to include the quasi-totality of Haitians. In the October 1983 edition of *Annals of Internal Medicine*, for example, physicians affiliated with the Massachusetts Institute of Technology related the details of a brief visit to Haiti and wrote, "It seems reasonable to consider voodoo practices a cause of the syndrome."²

Why, precisely, would it be "reasonable to consider voodoo practices as a cause of the syndrome"? Did existing knowledge of AIDS in Haiti make such a hypothesis reasonable? Had voodoo been previously associated with the transmission of other illnesses? Careful review of the scholarly literature on AIDS and on voodoo would lead us to answer these three questions with "No reason," "No," and "No." The persistence of these theories represents, in fact, a *systematic misreading* of existing epidemiologic and ethnographic data. But ideas about the Haitian

cult seemed to resonate with emerging notions about AIDS. Such a resonance might have been predicted decades earlier: "Certain exotic words are charged with evocative power," wrote Alfred Métraux in 1959. "Voodoo is one. It usually conjures up visions of mysterious deaths, secret rites—or dark saturnalia celebrated by 'blood-maddened, sex-maddened, god-maddened' negroes" (Métraux 1972: 15).

Although further acquaintance with the syndrome made it difficult to posit a Haitian origin for AIDS, armchair theorists were reluctant to let go of voodoo altogether. The *Journal of the American Medical Association* published a consideration of these theories under the fey title, "Night of the Living Dead." Its author asks, "Do necromantic zombiists transmit HTLV-III/LAV during voodooistic rituals?" Tellingly, he cites as his source not the by then substantial scientific literature on AIDS in Haiti, but the U.S. daily press:

Even now, many Haitians are voodoo *serviteurs* and partake in its rituals (*New York Times*, May 15, 1985, pp. 1, 6). (Some are also members of secret societies such as Bizango or "impure" sects, called "cabrit thomazo," which are suspected to use human blood itself in sacrificial worship.) As the HTLV-III/LAV virus is known to be stable in aqueous solution at room temperature for at least a week, lay Haitian voodooists may be unsuspectingly infected with AIDS by ingestion, inhalation, or dermal contact with contaminated ritual substances, as well as by sexual activity. (Greenfield 1986:2200)

Social scientists were also seduced by the call of the wild. In a heroic effort to accommodate all the exotic furbelows available in the American folk model³ of Haitians, the following scene is depicted by Moore and LeBaron (1986:81, 84): "In frenzied trance, the priest lets blood: mammal's [sic] throats are cut; typically, chicken's [sic] heads are torn off their necks. The priest bites out the chicken's tongue with his teeth and may suck on the bloody stump of the neck." These sacrificial offerings, "infected with one of the Type C oncogenic retroviruses, which is closely related to HTLV," are "repeatedly [sic] sacrificed in voodoo ceremonies, and their blood is directly ingested by priests and their assistants." The model is completed with the assertion that "many voodoo priests are homosexual men" who are "certainly in a position to satisfy their sexual desires, especially in urban areas."

Similarly lurid scenarios were taken up in the popular press, which drew upon readily available images of voodoo, animal (and even human) sacrifice, and boatloads of "disease-ridden" or "economic" refugees. Such articles had a considerable impact on Haiti, which once

counted tourism as an important source of foreign currencies. But the AIDS association affected Haitians everywhere, especially those living in the United States and Canada. Gilman (1988a:102) might not be exaggerating when he suggests that "to be a Haitian and living in New York City meant that you were perceived as an AIDS 'carrier.'" Many of the million or so Haitians living in North America complained that speculations about a Haitian origin of AIDS had led to a wave of anti-Haitian discrimination.

What gradually became known about the new syndrome in Haiti seemed to have far less impact on popular and professional "AIDS discourse" than did preexisting conceptions of the place. The link between AIDS and Haiti seemed reminiscent of a North American folk model of Haitians. The contours of the model are suggested by a recent study of Haitians living in New York. It recalls the image Haitians found waiting for them when, in the 1970s, many emigrated to the United States: "Haitians were portrayed as ragged, wretched, and pathetic and were said to be illiterate, superstitious, disease-ridden and backward peasants" (Glick-Schiller and Fouron 1990:337). Historical study shows that Haiti has long been depicted as a strange and hopelessly diseased country remarkable chiefly for its extreme isolation from the rest of the civilized world. This erroneous depiction fuels the parallel process of "exotification" by which Haiti is rendered weird. According to a journalist writing in 1989 in *Vanity Fair*, "Haiti is to this hemisphere what black holes are to outer space." Or consider the epithet given Haiti by a U.S. news magazine: "A bazaar of the bizarre."⁴ Over the past decade, AIDS has been incorporated into that folk model so that, now, AIDS is every bit as necessary as any of the preceding referents.

Fieldwork in Haiti, 1983–1990

This study is based in large part on fieldwork in rural Haiti. Although both the folk model about Haitians and the nature of AIDS-related discrimination against them could best be studied in North America, an interest in AIDS in Haiti mandated research on the island. HIV did not only affect Haiti indirectly, through the prejudices of North American scientists, employers, landlords, and tourists. In 1983, the country was in the first years of its own substantial AIDS epidemic. The featured topic of that year's conference of the Haitian

Medical Association was “the new syndrome.” It was not clear at that time just what was causing AIDS, but many experts were already betting on a retrovirus that attacked the immune system, eventually rendering its host vulnerable to infectious agents. At the conference, several Haitian clinicians presented case material that put the quietus on any doubts whether or not the syndrome seen in Haiti was the same as that encountered in the urban United States. Clinical presentations, suggestive of immune deficiency and subsequent opportunistic infection, were often strikingly similar in these very disparate settings.

What was more striking, however, was the accusatory tone of much of the symposium. Blame and counterblame were a prominent part of these usually sober scientific gatherings. Haitian researchers claimed that North American physicians and scientists had erroneously painted Haiti as the source of the worldwide AIDS pandemic. The Haitian scholars asserted that such a hypothesis reflected North American racism, and countered that the syndrome had been brought to Haiti by tourists from the United States—and not *vice versa*, as had been claimed. Haitians were not “mysteriously” at risk for AIDS, they argued, documenting the role of international homosexual prostitution, bisexuality, and a contaminated blood supply in shaping the contours of the Haitian epidemic.⁵

The debates in Port-au-Prince soon made it to the front page of the *New York Times*, where the president of the Haitian Medical Association attacked the “unscientific and racist attitude” of epidemiologists from the U.S. Centers for Disease Control.⁶ He was seconded not only by his colleagues on the island, but by hundreds of Haitian community leaders living in North America. Several deplored an epidemic not of AIDS, but of AIDS-related discrimination against Haitians. There were reports of American mothers who would not permit their children to attend school with Haitian-born students; of families “with black skin and French names” evicted from rented housing; of Haitian cab drivers who had learned to maintain that they were from Martinique or Guadeloupe (ironically, islands with higher AIDS attack rates than Haiti); of endless quests for jobs for which Haitian applicants were “just not right.” Accusation, it was fast becoming clear, was a recurrent theme in debates born of the AIDS pandemic.

A similar dynamic would later be played out in the village of Do Kay, where the majority of the ethnographic research presented in this study was conducted. A community of fewer than 1,000 people, Do Kay stretches along an unpaved road that cuts north and east into

Haiti's central plateau. By the end of the summer of 1983, a careful survey had revealed that no one in Do Kay had AIDS. In fact, when I initiated research there the word *sida*, as AIDS was termed, was just beginning to work its way into the rural Haitian lexicon.⁷ In Do Kay, illnesses are usually the topic of much discussion; *sida* was not. Some villagers had never heard of the disorder already held to be responsible for the ruin of the once important urban tourist industry; others had only vague ideas about causation or typical clinical presentation.

But HIV, the silent precursor of AIDS, was probably already present in Do Kay. If villagers were then aware of but uninterested in *sida*, interest in the illness was almost universal a scant three years later. By 1987, one of the villagers was dying from AIDS, and another was gravely afflicted. Further, ideas about the disorder and its origin had changed drastically. This was only to be expected. If no collective representation of *sida* existed in 1983, when the subject elicited little interest and no passion, it is not surprising that some sort of consensus began to emerge when what was at stake was nothing less than the life or death of a fellow villager. There resulted a profusion of illness stories; active debate about what constituted the key features of *sida*, its course, and its causes was suddenly the order of the day. These narratives substantially shaped nascent understandings of *sida*, and helped to place a new disorder in the context of much older understandings of sickness and misfortune.

And there had been plenty of sickness and misfortune in the area around Do Kay. Indeed, the advent of a new and fatal disease was, in the words of one who lives there, "the last thing." The last thing, that is, in a long series of trials that have afflicted the region's rural poor. When people from Do Kay speak of *sida*, it is quite often in the same breath as other afflictions, past and present, that have rendered life in rural Haiti a precarious enterprise. It is almost a cliché now to note that Haiti is "the poorest country in the hemisphere," and "one of the twenty-five poorest in the world." An officially reported per capita annual income of \$315 in 1983 misrepresented the situation in the countryside, where it hovered around \$50. Expert opinion on Haiti has long been given to grim assessments and dour predictions.

With each passing year, it seemed in rural Haiti that simple survival was becoming increasingly difficult. The years between 1983 and 1990 were dramatic ones in which to be doing fieldwork there. The advent of HIV was often upstaged, first by the popular revolt that in 1986 helped to bring down the Duvalier family dictatorship, in place for

thirty years, and then by vicious efforts to repress an embryonic popular movement. The years following 1985 have been punctuated by six *coups d'état*, several politically motivated massacres, and the striking irruption of the previously silent poor. These years have been rife with the Machiavellian pronouncements of a diverse cast of characters including unreconstructed Duvalierists, returning exiles, and representatives of the United States embassy. As will become clear in the following chapters, these "large-scale" events and commentaries regularly impinged upon the lives of those living—and dying—in Do Kay.

Framing Analysis in Medical Anthropology

Caribbean ethnography has for decades been replete with reminders of the local effects of large-scale change, and Do Kay offers an extreme (if inapparent) example. During the rainy season, the journey from Port-au-Prince can take several hours, adding to the impression of isolation. That impression, however, is misleading. The village owes its existence to a project conceived of in the Haitian capital and drafted in Washington, D.C. Do Kay is actually a settlement of refugee peasant farmers displaced over thirty years ago by Haiti's largest hydroelectric dam. Before 1956, the village of Kay was situated in a fertile valley, near the banks of the Rivière Artibonite. For generations, these families had farmed the broad and gently sloping banks of the river, selling rice, bananas, millet, corn, and sugar cane in regional markets. Harvests were, by all reports, bountiful; life there is now recalled as idyllic.

After the valley was flooded, the majority of the local population was forced up into the hills on either side of the new reservoir. Kay became divided into "Do" (those who settled on the stony backs of the hills) and "Ba" (those who remained down near the new waterline). By all the standard demographic measures, both parts of Kay are now exceedingly poor; its older inhabitants often blame their poverty on the massive buttress dam a few miles away, and bitterly note that it brought them neither electricity nor water.

The study of affliction in Do Kay, the unintentional by-blow of a "development project," poses sharp questions about the ways in which analysis is framed in medical anthropology. As often as not, these afflictions speak of connections to the "outside world." HIV is no exception.

There is, first of all, the obvious fact that Haiti is part of an island. A virus (in a human host) must cross water and international boundaries to reach Haiti. Second, the residents of Do Kay who had fallen ill with AIDS had each lived in Port-au-Prince, and it was likely that they had been exposed to HIV there. Third, repercussions of the debates born of the risk-grouping of Haitians were being felt throughout Haiti. Fieldwork in the Kay area revealed, to my surprise, that the North American folk model had an effect on nascent Haitian understandings of *sida*, as did, more predictably, other explanatory frameworks long in place.

In fact, the advent of AIDS highlighted many important connections between Haiti and the United States. In March 1986, one of my rural informants often spoke of a cousin working in New York. Madame Jolibois, a poor market woman, recounted that her relative was "fired because she is Haitian. . . . They said she carried AIDS, which was not true. She had a test and it was negative, her blood was fine, but still they wouldn't give her back the job."⁸ The loss of this job was experienced as a hardship and a humiliation for the woman living in New York. And it had several repercussions of which the cousin's employer will never be aware. This bad news was announced to Mme. Jolibois in a letter devoid of its usual contents: U.S. dollars. Within months, Mme. Jolibois's eldest daughter was obliged to drop out of school.

This book offers a theoretical argument for the best way of approaching the study of a new sickness in a world in which the loss of a job in New York can so drastically alter the life of a girl in a Haitian village. The ties that bind Haiti to urban North America have a historical basis, and they continue to change. These connections are economic and affective; they are political and personal. One reason this study of AIDS in rural Haiti returns again and again to urban Haiti and the United States is that the boundaries separating them are, at best, blurred. The AIDS pandemic is a striking reminder that even a village as "remote" as Do Kay is linked to a network that includes Port-au-Prince and Brooklyn, voodoo and chemotherapy, divination and serology, poverty and plenty. Indeed, the sexual transmission of HIV is as eloquent a testimony as any to the salience—and complicated intimacy—of these links. Often, the links are the manifestations of the large-scale forces of history and political economy not readily visible to the ethnographer (or physician) and yet crucial to an understanding of AIDS and social responses to it. It is the task of anthropology to under-

score these interconnections and seek to bring into focus the effects of large-scale forces on settings like Do Kay.⁹

But what brand of anthropology is appropriate to the task? Ethnography will have a privileged position in any effort to understand a previously undescribed phenomenon, and a solid interpretive anthropology would stand the ethnographer in good stead. Few would dispute that AIDS has been charged with peculiarly dense and often contradictory meanings. At the outset, the study of AIDS in Haiti called for inquiry into the complex and charged terrain of sexuality. The subject was further enmeshed in the life-and-death politics of an impoverished nation in the throes of revolutionary turmoil. An investigation of AIDS and Haitians also examined rapidly changing social and cultural phenomena (for example, the evolving understanding of the causes of illness in a Haitian village), as well as the more slowly changing preexisting networks of meaning (for example, North American folk models of Haiti). An interpretive approach was clearly indispensable in order to investigate what Treichler (1988b) has termed "an epidemic of signification."

But it is equally clear that a thorough understanding of the AIDS pandemic demands a commitment to the concerns of history and political economy: HIV, it shall be shown, has run along the fault lines of economic structures long in the making.¹⁰ Among the many research questions posed by the advent of AIDS in Haiti, several are of particular importance: How does one come to be "at-risk" of exposure to HIV in Haiti? What are the means by which HIV-related disorders came to be, in the space of a decade, a leading cause of death in Haiti, especially in urban areas? Even "interpretive" questions require a historical approach. If *sida* came to be integrated into long-standing ways of understanding illness, can historical research reveal anything about the development of these understandings? Will a time-conscious approach tell us much about the ways in which health and illness are socially constructed in rural Haiti? Will it tell us about social responses—including those registered in North America—to a new and deadly disorder?

These questions are addressed in this volume, in an attempt to comprehend an essentially new phenomenon—HIV and responses to it—as it is embedded in long-standing structures of meaning in which all novelty must take shape and from which the new must take meaning. Historical perspectives, especially those attuned to political economy, are useful when attempting to address such questions:

A look through the lens of history shows the way a people—a social group, a subculture, a community, or a whole country—is laid open by the course of important economic, political, and ideological changes to new perception, new patternings of behavior and belief, new ways of seeing what is happening to them. (Mintz 1960:253)

So it is with the village of Kay, and Mintz's expression "laid open" is apt. It captures both the violence and the vulnerability that characterize the life of Haitians, especially rural and poor Haitians. It is they who are the pawns in large development schemes, such as the one that suddenly inundated the houses and fields of Kay. And it is they and their urban kin who have fallen ill with a new illness that has moved along the fault lines of an international order linking them to such far-off cities as New York and Miami.

Neither the dam nor the AIDS epidemic would exist as they do today if Haiti had not been caught in a web of relations that are economic as well as sexual. That these conditions have been important in the lineaments of the American epidemics is suggested by comparing Haiti with a neighboring island. In 1986 in Cuba, only 0.01 percent of one million persons tested were found to have antibodies to HIV (Liautaud, Pape, and Pamphile 1988:690). Had the pandemic begun a few decades earlier, the epidemiology of HIV infection in the Caribbean might well have been different. Havana might have been as much an epicenter of the pandemic as Carrefour, the nexus of Haitian domestic and international prostitution.

Ethnography and the Anthropology of Suffering

The transmission of HIV also serves as a reminder that AIDS is embodied most literally in individual experience. At this writing, three villagers from Do Kay have been mortally afflicted with AIDS. Their experiences, their words, and the words of those who lived with them are important to the ethnographic portions of this study.¹¹ As Kleinman and Kleinman (1989:4) have recently observed, "Anthropological analyses (of pain and passion and power), when they are experience-distant, are at risk of delegitimizing their subject matter's human conditions." In seeking to attend closely to the experience of persons with AIDS, one hears Manno, a young schoolteacher who had

come to Do Kay from another village in the Central Plateau. Some time after learning that he had AIDS, he said of his disorder: "They tell me there's no cure. But I'm not sure of that. If you can find a cause, you can find a cure." Manno's search for a cause was the search for the enemies who had cast a spell on him. Later his widow vowed to wreak revenge on those who had not only "sent an AIDS death" to her husband but had also zombified him for future use. "They gave him a poison," insisted Manno's wife. "To make him rise [from the grave], they had to give him poison."

One also hears the voice of Anita. Even younger than Manno and a native of Kay, she was not a victim of sorcery. In contrast to the etiologic theories advanced by Manno and his family, Anita felt that she had "caught it from a man in the city." The rest of her analysis was much more sociological, however, as she added that the reason she had a lover at a young age was "because I had no mother." Anita's mother, who had lost her land to the rising water, died of tuberculosis when Anita was thirteen:

When she died, it was bad. My father was just sitting there. And when I saw how poor I was, and how hungry, and saw that it would never get any better, I had to go to the city. Back then I was so skinny—I was saving my life, I thought, by getting out of here.

Anita was equally insistent about the cause of her family's poverty. "My parents lost their land to the water," she said, "and that is what makes us poor." If there had been no dam, insisted Anita, her mother would not have sickened and died; if her mother had been living, Anita would never have gone to the city; had she not gone to Port-au-Prince, she could not have "caught it from a man in the city."

Dieudonné was the third villager to fall ill with AIDS. His analysis recalled elements of both of those who had died before him. Like Manno, he was a victim of sorcery. Like Anita, he tended to cast things in sociological terms. Dieudonné voiced what might have been termed "conspiracy theories" on the origins of AIDS. On more than one occasion, he wondered "whether *sida* might not have been sent to Haiti by the United States. That's why they were so quick to say that Haitians gave [the world] *sida*." When asked why the United States would wish such a pestilence on Haitians, Dieudonné had a ready answer: "They say there are too many Haitians over there now. They needed us to work for them, but now there are too many over there." In an interview shortly before his death, Dieudonné observed that "*sida* is a jealousy

sickness.” When asked to explain more fully what he intended by his observation, Dieudonné replied,

What I see is that poor people catch it more easily. They say the rich get *sida*; I don't see that. But what I do see is that one poor person sends it on another poor person. It's like the army [firing on civilians]: brothers shooting brothers.

Dieudonné's story, like that of Manno, casts *sida* as a “jealousy sickness,” and a disorder of the poor. Anita reminds us that certain events, such as the flooding of a valley, help to make people poor and jealous. Their observations and their experience of AIDS, tuberculosis, and poverty serve to affirm ethnography—based on long periods of participant-observation rather than on “rapid ethnographic assessment”—as an indispensable tool for understanding the social construction of AIDS.¹² But even an experiential approach to ethnography leads us back to a “macro” analysis: for many in Do Kay, observations about *sida* are worked into stories that relate how misfortune is manifest in the lives of individuals, communities, and even a nation.¹³ Attending closely to these stories leads one to an analysis that reveals many interconnections.

AIDS and Theory in Medical Anthropology

The above discussion may seem far from the internecine debates within medical anthropology, which, as the largest subfield of the discipline, has generated its own rather arcane disagreements. Its rapid growth has not led to a unified theory, or even to agreement about what constitutes its appropriate subject of inquiry. In a recent polemic, Browner, Ortiz de Montellano, and Rubel (1988:681) bemoan medical anthropology's focus on meaning as one of the reasons why that subfield “still follows a particularistic, fragmented, disjointed, and largely conventional course.”¹⁴ Other recent assessments of medical anthropology (for example, Greenwood et al. 1988) concur about the absence of authoritative paradigms, but argue that this ferment and division is a sign of the subfield's strength.

Similar claims have been made for anthropology as a whole. Recent attempts to take the pulse of anthropology note a certain loss of faith in the paradigms that once claimed the loyalties of most anthropologists. As no grand theory has supplanted functionalism, structuralism,

or other totalizing frameworks, anthropology is, for the moment at least, postparadigm. In a review of these debates, Marcus and Fischer (1986:8) qualify this disarray as "the intellectual stimulus for the contemporary vitality of experimental writing in anthropology." Of relevance to the argument advanced here is one of their chief conclusions: "An interpretive anthropology fully accountable to its historical and political-economy implications thus remains to be written" (Marcus and Fischer 1986:86).

This book is an attempt to constitute an interpretive anthropology of affliction based on complementary ethnographic, historical, epidemiologic, and political-economic analyses. Part I, "Misfortunes Without Number," offers a brief ethnographic history of Do Kay, a village mired in the deep poverty of rural Haiti. In Part II, "AIDS Comes to a Haitian Village," the advent of a new sickness is recounted as the unfolding drama it really was for the inhabitants of Do Kay, the author included. The focus here is on the lived experience of the afflicted and their families. These two sections are fundamentally descriptive, and leave unanswered many questions central to an understanding of AIDS: Were Manno, Anita, and Dieudonné representative victims of AIDS in Haiti? If so, how did they come to be at risk for exposure to HIV? If not, how do they differ from the majority of HIV-infected persons? Also unanswered are the perennial "why" questions: Why might poor Haitians have been particularly vulnerable to an epidemic of a new infectious disease? Why did the people of Do Kay respond to *sida* in the way that they did? Why do they speak of *sida* in the way that they do?

The next two sections of the book attempt to fill these explanatory lacunae by turning to other disciplines: epidemiology, history, and political economy. Cautious recourse in drawing on these disciplines is part of the "responsible materialism" of the anthropologist who would study an infectious disease that has spread throughout the world in predictable ways. Part III, "The Exotic and the Mundane: HIV in Haiti," attempts to reconstruct a socioepidemiological history of HIV in Haiti, and to answer the following questions: How did HIV come to the island, and when did it arrive? How far has HIV spread in Haiti? How is the virus transmitted in Haiti? Who is at risk for acquiring HIV infection? Why are sex differences in the incidence of AIDS diminishing, and why are "accepted risk factors" denied by more and more patients, even as the quality of epidemiological research improves? Why are other patterns of risk changing? What is the future likely to hold?

After examining the Haitian epidemic in the context of the Caribbean area, AIDS in this region may be best understood as a pandemic of the "West Atlantic system," a socioeconomic network centered in North America (see Patterson 1987). Haiti's changing role in the emerging West Atlantic system is described in Part IV, "AIDS, History, Political Economy." Committed to the analysis of historical transformations, how far back does one go? Among the conditions facilitating—or failing to prevent—rapid spread of HIV were the political arrangements in vigor at the time of its introduction. As Trouillot (1986, 1990) has shown, the rise of Duvalierism—indisputably the sociopolitical context of the present study—is to be understood as the "formalization" of a crisis that began early in the nineteenth century. What is more, the precursors of the chief variables of the contemporary equation—actors, products, modes of production—were present as early as the sixteenth century. Thus the spread of HIV across national borders seems to have taken place within our lifetime, but the conditions favoring the rapid, international spread of a predominantly sexually transmitted disease were established long ago, further heightening the need to historicize any understanding of the pandemic.

In examining nineteenth-century Haitian commerce or the Caribbean misadventures of the U.S. Marines, we are again far afield of the initial arena of inquiry. But Part IV is based on the belief that such digressions are necessary for a rich understanding of HIV in the Caribbean. Although similar readings of Haitian history can be found elsewhere, it is in juxtaposing this history with contemporary responses to AIDS that much is revealed about the true nature and origins of these responses. Part V, "AIDS and Accusation," consists of four interpretive essays drawing on both the ethnographic and historical chapters. Three essays examine the principal forms of accusation encountered in the preceding chapters: sorcery in Haitian villages, AIDS-related discrimination in North America, and "conspiracy theories" generated by Haitians in both places. A fourth essay compares the form and content of these competing social responses to AIDS. An interpretive anthropology fully cognizant of process and power can illuminate a number of phenomena, events, and patterns that remain obscure without such perspectives. The significance of such a position for medical anthropology is taken up again in the Conclusion. Although the discussion is framed to address anthropological investigations, there is much of relevance for social history, epidemiology, clinical medicine, and, especially, community-based efforts to prevent HIV infection.

Taken together, the following chapters permit certain conclusions. One of them will be advanced at the outset. Many believe that HIV is here to stay. Experience with other deadly infectious diseases suggests that, even if vaccines and effective treatments are developed, HIV infection is not likely to be eradicated. It will become, rather, a disease of the poor, of people like Anita, whose coffin cost more than her annual income. And when the illness has settled in on those social strata, research on HIV infection and its prevention will be marginalized, stimulating relatively little interest in the world's centers of medical investigation.

Although AIDS currently remains a topic of great interest in the international research community, shifts in infection rates like those just predicted have already been registered. In the United States, for example, HIV infection is becoming increasingly a condition of poor (and uninsured) city-dwellers, most of whom are people of color. In many regions, AIDS is the leading cause of death among young adults in the inner city. Among young black women living in New York state, AIDS has recently become the leading cause of death (CDC 1990). Between 1981 and 1986, deaths among women in the fifteen-to-forty-five age group increased 154 percent in New York City and 225 percent in Washington, D.C.; in low-HIV-prevalence areas like Idaho, no such increase was reported (Anastos and Marte 1989:7).¹⁵ And as the morbidity rate among poor women continues to climb, so too does that among children: by 1988, AIDS had become the leading cause of death among Hispanic children living in New York and New Jersey; it was the number two cause of death among black children of this age group (Fuller 1991:5).

Among those already infected, poverty hastens the development of AIDS. In a recently published study of U.S. AIDS epidemic trends, an "AIDS deficit" was noted: beginning in 1987, "AIDS incidence departed abruptly" from projections based on steady, nationwide trends. But the striking deficit, attributed to antiviral therapy with zidovudine (AZT), was not seen among all groups studied:

Preliminary data suggest that groups which might be expected to have relatively good access to medical care exhibit AIDS deficits. These groups include gay men, hemophiliacs, transfusion recipients, and gay IVDUs. Most gay IVDUs are white and live outside the Northeast. Conversely, groups that might be expected to have relatively less access to medical care exhibit no appreciable deficits. These groups include IVDUs, persons infected through heterosexual contacts, and persons from a "Pattern II" country, such as Haiti. Among per-

sons with AIDS, blacks and Hispanics constitute 80 percent of IVDUs, 71 percent of persons infected through heterosexual contact, and over 99 percent of persons from "Pattern II" countries. (Gail, Rosenberg, and Goedert 1990:305)

Among poor women, people of color, and others without easy access to appropriate care, there was no deficit; there was, rather, an AIDS surplus. "The awful theme woven through their paper," wrote Osborn (1990:295) of the study, "is the documentation that, as of 1987, it mattered more than ever who you were, who you knew, and what you earned." In Haiti, similarly, early pronouncements suggesting that AIDS-afflicted people from all economic backgrounds had to be abandoned as AIDS became, like other infectious diseases, a disorder disproportionately striking the poor.

It is my devout wish that *AIDS and Accusation* might move North Americans involved in community-based and academic responses to HIV to enlarge their own frames of analysis. Although HIV is a very cosmopolitan microbe, AIDS discourse, already so abundant as to be overwhelming, has always been provincial. Were Manno or Anita or Dieudonné to hear the North American debates triggered by AIDS they might find them elitist struggles over goods and services long denied to the poor.¹⁶ Or they might deem such debates unreasonably abstract in the face of great suffering. Above all, these debates would suggest to them a vast distance, when, from an intracellular parasite's point of view, the distance between us is microscopic.