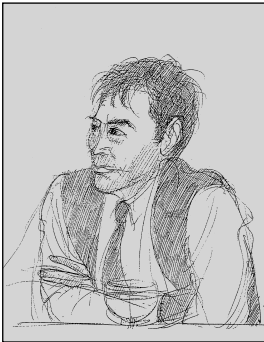


Vinh-Kim Nguyen

From an Ethnography of the AIDS Industry in French West Africa to a Critique of Biomedical Knowledge and Practice



Vinh-Kim Nguyen is associate physician at the Immune Deficiency Treatment Centre of the Montreal General Hospital and Assistant Professor in the Faculty of Medicine at McGill University. He is clinically specialized in the care of patients with HIV disease and teaches in the Faculties of Medicine and Arts and Science on clinical and psycho-social aspects of HIV/AIDS. He is involved in clinical research and care at the Immune Deficiency Treatment Centre of the McGill University Health Centre and with community-based projects in West Africa. He was born in London and trained in Montréal and Paris. Publications: "On Medical Experience, Transcultural Psychiatric." *Research Review* 32 (1995): 385–393. "Non-governmental organizations." (with J. O'Malley and S. Lee) In *AIDS in the World II*, edited by Jonathan Mann and Daniel Tarantola (London, 1996). *Entre le global et le local, entre la violence et la guérison. Spirale* 154, 10 (1997). – Address: Centre de traitement de l'immunodéficience, Immune Deficiency Treatment Centre, A5-123 Hôpital général de Montréal, Montréal, Québec, Canada H3G 1A4.

I was honoured to receive a fellowship to attend the Wissenschaftskolleg zu Berlin for the 2000/2001 academic year as a member of the AGORA project. This year offered a valuable respite from clinical duties in Montréal to concentrate on my doctoral dissertation in Medical Anthropology.

The research project concerns the HIV/AIDS epidemic in West Africa as a case study of the relationship between epidemics and social change.

My work in Burkina Faso and Ivory Coast began with involvement in the efforts of nongovernmental organisations to respond to the epidemic there. Gradually, I became interested in the gap between the official rhetoric and programming of international AIDS agencies and the local reality of the epidemic.

As a result, my anthropological research project studied the development of a response to the AIDS epidemic in Burkina Faso and Ivory Coast. Through fieldwork with community groups organizing against the epidemic in both countries and in a biomedical research centre in Abidjan, I studied how the discourses of international organizations were received and implemented by local actors. The notion of “self-help”, drawn from earlier feminist and gay American social movements, is the cornerstone of these discourses. This notion is enacted through “participatory” pedagogical techniques and confessional practices by Western actors eager to “empower” their African counterparts, who remain socially and physically vulnerable. The manner in which they translate these discourses and practices in search of resources and practical solidarity demonstrates the various strategies through which these discourses are able to reconfigure local politics.

This work of translation occurs in an intermediary social space. This is not a “non-space” in the sense of Augé, despite its homogenous appearance wherever it is found. Rather, it is an *interzone*, where culture is negotiated and transformed into local knowledge according to what is at stake for local actors; it is a zone of exchange and transformation of knowledges, practices, and bodies. In this way, these interzones are analogous to the prophetic spaces, voluntary associations, and new sites of agricultural production of the colonial period. These were constituted on the margins of the state, and were characterized by cultural hybridity and the emergences of the discourses and practices by which Africans appropriated modernity for themselves. After the euphoria of independence, globalization shrank the social imagination and the effectiveness of the state. As a result, we now witness an expansion of these interzones, which proliferate around humanitarian issues such as refugees, the oppression of women, the exploitation of children, and AIDS. These are hybrid political spaces; intermediary zones that remain sites of social change and knowledge production; however, with the arrival of biomedical treatments for HIV infection, as we shall see, they also become sites of biological change.

The arrival of effective treatments for HIV infection in 1996 transformed clinical practice in the North and sharpened awareness of North-South disparities in health. Despite their exorbitant cost, these antiretroviral treatments circulate in Africa through various networks: activists, UN

projects, and licit and illicit commerce. People with HIV who belong to activist groups, as well as a few others with the right connections or financial clout, are the first to benefit. The biological efficacy of these treatments allows those who are ill to recover their health and transforms their experience of the disease as well as the representations they and their entourage have of it. However, this efficacy remains fragile, because supply is difficult and intermittent. Data collected in previous fieldwork indicates biological failures of treatment, which indicate the emergence of antiretroviral resistant strains. The rate of failure varies according to the mechanism by which drugs were accessed, demonstrating the biological impact of these networks, the interzones which they define, and the social capital they mobilize.

Drawing on this work, I began to look backwards at mechanisms and sites of social change in colonial French West Africa. Concurrently, an ongoing debate on the origins of the epidemic in West Africa stimulated my interest in relating social and biological change.

The notion of interzones allowed me to articulate macrosociological phenomena with the strategies and experience of individual actors. With the goal of examining the links between globalization and the evolution of infectious diseases, it offers a valuable perspective on the question of the origins and determinants of the epidemic. The debate on the origins of the AIDS epidemic, as well as new epidemiological studies, suggest that the emergence and the propagation of HIV epidemics owes little to individual behaviour; rather, supra-individual factors play a far more determining role. For example, epidemiological studies demonstrate that sexually transmitted infections (STIs) are statistically more important in explaining the development of HIV epidemics than the number of sexual partners. The origin of the epidemic in Central Africa in the 1930s can be explained only by the biological and social changes wrought by colonialism: destruction of the tropical forest, forced migration, and perhaps widespread inoculation practices.

The notion of interzones allowed me to bring together diverse historical forms of social change – practices of the colonial state, the expansion of the plantation economy, youth movements, religious revivals such as prophetic cults, and so on – with the goal of examining 1. their relation with the evolution of infectious diseases such as trypanosomiasis and yellow fever in Ivory Coast 2. the evolution of the use of biomedicine to treat bodily afflictions and 3. their contribution to the evolution of sexuality in urban areas. My hypothesis at this point is that the conjuncture of sexual mobility and a decrease in the state's capacity to treat STIs ignited the epidemic in Ivory Coast.

My broader argument is that local configurations of macro- and micro-power – such as state and international policies and the way these are appropriated, resisted, or negotiated – are of determining importance in the evolution of infectious diseases. It is worth underlining here that the vast majority of programmes addressing the AIDS epidemic aim to change individual behaviour, despite mounting evidence that suggests that this is a minor determinant of epidemics. By attempting to understand why the fight against AIDS remains on a path that is proving to be a failure and by exploring the bio-social determinants of the epidemic, this study aims to critically reorient the struggle against AIDS.