These are not coincidences, but the result of a common economic policy. It was during the 1980s that the World Bank and IMF began to promote structural adjustment programs in the region. These programs have succeeded in controlling inflation, capturing foreign investment and stabilizing national currencies, but at great social cost. Anthropologists should look "up" more often, as Laura Nader suggested some time ago, and take structural adjustment into account when doing research in Latin America.

Please send short articles and photos that could be of interest to our readers to: Gabriela Vargas-Cetina, Escuela de Antropología, U. Autónoma de Yucatán, Calle 76 #655-L, Mérida, Yucatán, México; tel and fax (52999)/524-4572; gva@uantel.net.mx or gabriela_vargas_cetina@hotmail.com.

Society of Lesbian and Gay Anthropologists

BARB WEST, CONTRIBUTING EDITOR

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S E C T I O N  N E W S

Tourism and HIV/AIDS
By Kathleen Skoczen (Conn State C)

Anthropologists have begun to appreciate the role tourism plays in transmitting HIV/AIDS and to understand how infection is connected to the power relations between visitors and visited. As the tourism industry grows in the Dominican Republic (DR), I have observed the effects of the industry on the population's health and well-being. As tourism increases so has crime, mental health illnesses, STDs and HIV/AIDS. The consequences of tourism and tourism are not easily understood, and they are often ignored as they provoke questions about the wisdom of the most tangible hope for development.

The first confirmed AIDS death in the region where I work, Samán, was a European man in 1986. By the end of the 1990s, there were about 10 AIDS deaths per year in the province, with men slightly more affected than women. Last year a high school principal died of AIDS and the rumor was she contracted it from another teacher. AIDS seemingly has inserted itself into the community with little obvious connection to tourism.

Nonetheless, public health workers do connect tourism and HIV/AIDS. The Caribbean is one of the most popular tourist destinations, and it has the highest rates of HIV/AIDS outside of Sub-Saharan Africa. The DR is the top tourist destination in the Caribbean. Data indicates that one in every 500 Dominicans has HIV, and nearly 8,000 children have been orphaned by AIDS. In the DR, HIV/AIDS primarily is transmitted heterosexually, and women are more at risk than men. Puerto Plata, the country's largest tourist center and sixth-largest city, rates second in the nation for HIV infections, but first in infections among women. Nationally, among 15-19 year olds, HIV infections among girls were 3.5 times higher than for boys. However, the stigma of HIV/AIDS frustrates prevention and detection, as well as accurate morbidity and mortality counts.

Health officials agree that a major concern is prostitution linked to tourism. Underage girls "gating" foreigners concern authorities most. These young women travel frequently, staying in one town only briefly to avoid community censure and harassment from authorities. The girls refuse to see themselves as prostitutes and resist any intervention. As Samán has increased in popularity with tourists, residents are astounded by the increased presence of these young women.

Preventing the spread of AIDS is challenging because tourism is linked to notions of development. Prostitutes are disproportionately targeted, from both health and legal perspectives, as vectors, relative to the clients, who are often seen as victims rather than perpetrators. Nowadays, the innocence of this more disturbing than in the relationship of STDs, prostitution and poverty. In conditions of dire poverty, many young people seek alliances with foreigners, hoping they will lead to marriage and emigration. Many of their "clients," of course, have far more temporal designs. The lack of concrete opportunities for young people and the economic power of the foreigner make the relationship between tourism and HIV so insurmountable.

But most frustrating is convincing anyone that tourists have responsibilities. In the DR, there is no political will to target tourists—such as arresting those who have sex with underage prostitutes or who encourage such activities. Such a step would send the message that the country is serious about protecting its children and its communities. However, when I broached this possibility with an informant, she laughed and said, "Are you crazy, why do you think tourists come here? They are looking for cheap sex; it would kill the industry; the government would never stand for it."

So what can be done? The Caribbean tourism industry is a robust one, and overwhelmingly it is people from developed nations who vacation there. Among the deals is the trade in young women. Unfortunately, little can immediately change the conditions for these youths. Prostitution, right or wrong, looks leastadfast, particularly where wealthy foreigners tread. Tourists, however, do have access to information and the resources to make these encounters safe for themselves and the young people they exploit. The industry reaps the rewards of tourism, and it should be taking steps to educate tourists on HIV. But do we have the moral will to help protect the children of the developing world? While it may be idealistic to expect underage prostitution to disappear, is it really so preposterous to expect wealthy foreigners to practice sensible and safe behaviors, to protect not only the people they exploit but also themselves?

CAMA Update
Clinically Applied Medical Anthropology (CAMA) is a Special Committee of the SMA. CAMA provides a forum for communication about the application of medical anthropology to clinical issues in health (including mental health) and social services. CAMA promotes research on issues related to clinical settings and health care delivery. Members meet at the AAA Annual Meetings. CAMA is updating its member roster. If you are a member, or are interested in becoming one (membership is free), send your name, affiliation and contact information, as well as keywords describing your interests and expertise, to E J Sobo at esobo@chsd.org. Members receive a copy of the updated roster.

To submit to this column, contact Ann Miles at annmiles@mit.edu.

Society for Psychological Anthropology
KEVIN BIRTH, CONTRIBUTING EDITOR

Reflections on the Condon Prize
By Diana Smoy (Emory U)
The genesis of my paper "The Disease of Ritual" was a graduate seminar on the topic of Culture and Mind led by Bradi Shore at Emory U. I was taking the seminar to fulfill a breadth requirement, and felt a bit out of my depth. My training was in skeletal biology and bioarchaeology, and the data I am used to dealing with are lacking psychological meaning that obviously are intrinsic to all human ritual perhaps could serve to augment or disprove the hypothesis. My reading led me to consider obsessive-compulsive disorder (OCD) as the ideal test case for a theory of certain psychopathology as hyper-normal behavior, or a disease of magnitude and not of kind. I was curious to explore the possibility that ritual is a universal aspect of human nature, and is analogous to comfort behaviors performed by animals in times of stress. The layers of social and individual meaning that obviously are intrinsic to all human ritual perhaps could serve to augment or disprove the fundamental human need for physical, ordered performance as a psychological stress-reduction mechanism. If this were the case, then it was possible that OCD sufferers were experiencing a disconnect between this need for comfort and the behavior necessary to achieve it. As these thoughts were still in their germinal stage, I went to Brad and asked him what he thought. Was this a little too far out there, or could I run with this? Contrary to my expectations, he seemed delighted with my ideas, and posed a question of his own: Is it possible that the document 50-fold increase in OCD diagnoses in the past 50 years could be related to the observed decline in societally sanctioned civic rituals? The paper began to take shape.