4,000 words. Book notices will be short descriptions of books running no more than 500 words.

Agha said he hopes these new categories will encourage graduate students to “get their feet wet” in academic publishing.

Agha is also making plans to provide web-based “value-added” content for JLA subscribers. This might include sound recordings, photographs, videos, transcripts and other data supplementing published articles.

But his efforts so far demonstrate the limitations as well as the opportunities web publishing opens up. While JLA has offered some of these features in the past on the SLA’s journal website (www.aaanet.org/sla/jla/enhanced.htm), there are concerns about how much space AAA will extend the journal. Although the universities housing the journal website (currently U Pennsylvania) are usually generous with server space, moving the data and changing the links every time the journal changes editors is not a satisfactory solution.

The meetings are the second major activity of the SLA. This year, the program committee, chaired by Stanton Wortham, received nearly 200 submissions. About 78% were accepted.

Twenty-five sessions were submitted, of which 80% were accepted. By contrast, only 12 of 33 individually submitted papers were accepted, an acceptance rate of only 36%.

Because AAA required individual papers to be grouped into panels before being submitted, these sessions “are at a disadvantage, due to the relative lack of coherence,” Wortham said. He said the committee rejected nine papers, and compiled the remaining submissions into four sessions. “But only two were accepted,” he said.

This year SLA put out a call for submissions for invited sessions and the members responded with an unprecedented 12 symposia. “This made for a difficult decision, since only three slots were available,” Wortham said. Fortunately, the nine sessions that were not accepted as invited sessions all made it onto the final program.

Next year’s AAA theme is “Critical Intersections/Dangerous Visions.”

Please send your comments, contributions, news and announcements to SLA contributing editors Jim Stanlaw (stanlaw@ilstu.edu) or Mark Peterson (peterson2@muohio.edu).

Society for Medical Anthropology

JANELLE S TAYLOR, CONTRIBUTING EDITOR

HIV Testing Us: Colleagues Become Key Informants

By Doug Goldsmith (Chair, AIDS and Anthropology Research Group)

HIV has tested us all, stretching the fabric of our theorizing, measuring our compassion and challenging our own prejudices, and again and again revealing the yawning gaps in our risk-reduction strategies and in existing public health remedies. Many anthropologists have encountered AIDS concerns in the course of their ongoing research, or have become newly committed to study and ameliorate the impact of HIV. This work has led anthropologists to observe, at times to participate in and at times to evaluate, various interventions, such as needle exchange programs and condom distribution efforts in the cities of the US, as well as in Africa and Asia, and the many hot spots of the burgeoning AIDS pandemic.

As anthropologists in AIDS studies we often become spokespersons on AIDS issues and at times become advocates for AIDS causes. However we soon learn that without key collaborators we cannot accomplish the work that needs to be done in documenting the struggles with this pandemic, epic and mundane, and in evaluating the responses and remedies, from protest and outreach to medicine and prevention. For this we must rely on interactions with many people with whom we have developed crucial relationships.

As medical anthropologists we might find wisdom in the words of Oliver Sacks, who muses in a footnote (p 216) of his book *The Island of the Colorblind* that “An anthropologist sees cultures, one wants to say, as a physician sees patients. The penetration, the sharing, of different consciousnesses and cultures needs skills beyond those of the historian or the scientist; it needs artistic and poetic powers of a special kind.” Oliver Sacks is not satisfied with the routine way a physician may “see” a patient, and is equally not merely praising the holistic way an anthropologist might “see” culture. Indeed, seeing the “whole box” with its “working parts” necessitates a level of abstraction that makes for a gruff bedside manner in a healer, or a preoccupied ceremonial-side stance in an ethnographer.

The special kind of artistic, poetic powers—needed to truly see what is most important, and then perhaps to perceptively concoct and then realistically recommend potential solutions, while sensitively offering corroboration or solace—seem to be neither easily taught nor innate. They sometimes seem to develop, however, when we speak of our close collaboration with our colleagues—people living with AIDS, peer educators, outreach workers, the many hands-on caregivers who are embedded in the search for a cure, who perhaps, reflect empathy and humble observation, and be forged in our interactions with those who are embedded in the search for a cure, who are living the unfolding story we are trying to tell.

In Print on the Website

研讨者成为关键的 informant

By Lauren Wynne (SMA Webmaster)

研讨者常常报告旅行中艾滋病的干预措施。然而，我们不久就会知道在没有至关重要的合作者的情况下我们无法完成这项工作。我们需要在理解和评价这些回应和补救措施时，与许多人进行互动和交流。因此，我们必须依靠与我们有密切关系的人们来建立这种关系。

作为医学人类学家，我们可能会从欧文·萨克斯的书中获得启示，他在书中写道：‘‘一个医学人类学家看到文化，就像一个医生看到病人。’’

萨克斯不仅赞扬了医学人类学家的全面视角，而且也指出了医学人类学家在理解病人时需要的创作性和诗意的力量。然而，我们逐渐了解到，在没有关键合作者的情况下，我们无法完成这项工作。然而，我们需要的不仅仅是教给他们技能，而是需要运用这些技能来理解不同意识和文化的需要。这些技能需要在医学人类学家和病人之间建立的联系中得到发展，这种联系不仅有关疾病，而且还有关于疾病的治疗和预防。

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