Globalization, political economy, and HIV/AIDS

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Conceptualizing AIDS

The rapid spread of HIV means that AIDS[1] is looming as a huge threat to most developing countries, particularly in Africa and south Asia, where it threatens to assume epidemic proportions far beyond the resources of governments to control. Responsible United Nations officials have compared AIDS to the great plagues of history, with some countries close to an adult infection reate of 25 percent;[2] and the U.N. Population Division estimates that life expectancy is falling in 29 African countries due to AIDS.[3] The particular nature of the transmission of HIV through intimate personal connections raises immediate questions about appropriate public health responses, and the balance between human rights and respect for existing religious and cultural norms.[4] In developing countries particularly AIDS poses central challenges to existing social, economic, and gender relations. For all these reasons the unprecedented degree of involvement of community-based activity in United Nations AIDS programs has implications for both the creation of new forms of global co-operation and the idea of global citizenship.

The dominant paradigms in "social" research around HIV/AIDS have been psychological, focusing heavily on questions relating to "risk," individual behavior and how to change it. Although writings on HIV/AIDS in poor countries have tended to have a larger appreciation of the social and economic contexts, they tend to focus on the development of programs for behavior change, less commonly on care and support for those already infected.

However there is another strand of analysis that seeks to place HIV/AIDS within far broader categories, to link its spread, impact, and

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governance to the sociopolitical changes of the post-Cold War world and to the rapidly developing literature of "globalization." It is the argument of this article, first, that the rapid spread of AIDS to become a global pandemic can only be understood within this larger picture, and, second, that AIDS is a remarkably useful case study through which to understand the diverse meanings of "globalization."

This argument is important, because how we conceptualize the epidemic will determine what sort of response we apply. For example, in explaining the different rates of infection in various countries, some will stress patterns of sexual behavior, while others stress the importance of mobility and migration. The "Jaipur paradigm" seeks to explain susceptibility and vulnerability to AIDS by reference to the level of wealth and the social cohesion of any given country,[5] while one analyst has stressed "the transformation of the Thai work force from agriculture to wage labor" as the main determinant of HIV infection.[6] Many in the community sector would stress the fragility of human rights and the extent to which HIV remains stigmatized. I assume that a full explanation will include both cultural and socioeconomic factors, as well as those more usually invoked by epidemiologists.[7]

As early as 1988 the political scientist A. J. Fortin discussed the relations among AIDS, the response of international agencies, and the dominant world order, writing of: "the use-value the epidemic possesses for an expansionary development 'establishment,' as well as for the international power relations between the West and Third World that this sector has traditionally mediated through its development program."[8] Perhaps the first attempt to relate HIV/AIDS explicitly to globalization came in a 1990 paper by John O'Neill, who referred to AIDS as "a potential Globalizing panic on two fronts; namely (a) a crisis of legitimation at the level of global unisexual culture; and (b) a crisis of opportunity in the therapeutic apparatus of the welfare state and the international medical order."[9] (O'Neill uses the term, "a global unisexual culture" to mean "a same-sex culture whose technological infrastructure is indifferent, benign or emancipated with respect to its male and female protagonists," an odd use which need not detain us.)

This remains an uncommon perspective. Caroline Thomas has remarked that: "Disease is a transnational phenomenon which pays no heed to territorial state boundaries; yet it rarely features in the discussion of International Relations."[10] More explicitly, Kelly Lee and Anthony Zwi have noted that: "Little attention has been devoted to

health in the international relations field, and even less to AIDS."[11] At best AIDS is mentioned in throwaway lines as yet another symptom of the social and political disintegration associated with the "new world order."[12] There are some exceptions in work now emerging from both public health and international relations.[13]

If students of international relations have thought little about AIDS, the reverse is equally true: by and large there is massive disinterest amongst AIDS researchers in such macro-analyses of the epidemic. As a member of the Program Committee for the XI International AIDS Conference in Vancouver in 1996, I recall only one abstract, among the six-to-seven thousand submitted, which dealt explicitly with either political economy or globalization, despite the enormous impact of structural adjustment and other aspects of global macro-economic policies on AIDS programs.[14] There was some discussion of these issues, but largely due to panels established by invitation.

There exists, therefore, a considerable need to bring together two strands of academic discourse, and, indeed, to integrate them with a third, the language used by community-based and people with HIV/AIDS organizations as they seek to develop and strengthen their activities. I have written at length elsewhere about the role of the non-government sector in AIDS[15]; for the purpose of this article, I treat the development of that sector as part of the larger question of how AIDS both reflects and strengthens globalizing trends.

Globalization and the AIDS epidemic

There is, of course, a vast literature on "globalization," and it has become a term used loosely to encompass every aspect of social, political, economic, and cultural life. At its simplest, globalization means, to quote Paul Kennedy: "the inter-connectedness of capital, production, ideas and cultures at an increasing pace."[16] In a globalizing world, it is argued, time and space themselves take on different meanings,[17] and no aspect of life is untouched by global forces. The impact of multinational firms, able to move capital and factories across the world in search of both markets and cheap workers, of electronic media, of the vast apparatus of consumerism, means that increasingly national boundaries are unable to contain either ideas or money. In general, they remain more successful at containing populations, despite the vast movement of people, both legal and illegal,

which is itself a marker of globalization, whether in the form of mass tourism or of large numbers of people moving from south to north in search of economic survival.

Most writers agree that globalization involves the simultaneous strengthening and weakening of national and state boundaries. As Morley and Robins say of media: "On the one hand, technological and market shifts are leading to the emergence of global image industries and world markets.... On the other hand there have been significant developments towards local production and local distribution networks."[18] At the same time, it can be argued that globalization is merely another term for the further stage of capitalism, and the incorporation, through neo-liberalism and international institutions such as the World Bank and World Trade Organization, of larger parts of the world than ever before.[19] This is largely the approach of William Greider in his *One World, Ready or Not*, where he writes: "The market process is, as its advocates claim, a source of vast creative energies – the sales-and-profit incentive that leads individuals and enterprise to invent and multiply output. Yet this same mechanism also generates the brutal swings and manic excesses – the herds of reckless investors, the false hopes of producers, the relentless drive to maximize return – that create so much destruction and human suffering, subordination and insecurity."[20] That Greider seems to be echoing the language of nineteenth-century Marxism merely indicates that such analysis is more relevant today than many post-Marxists wish to acknowledge.

Ironically, globalization is often taken to mean a certain homogenization of cultures just when the influence of post-modern thought is to focus on difference, hybridity, pastiche.[21] Yet the point is not that globalization abolishes difference as much as it redistributes it, so that certain styles and consumer fashions are internationalized, while class divides are strengthened, often across national boundaries. The yuppie business woman with her portable phone in Kuala Lumpur or Sao Paulo has more in common with her counterpart in Stuttgart or Minneapolis than either do with the rural or urban poor of their own societies. (In his last book, the American historian Christopher Lasch fretted over what he saw as the loss of national cohesion and the development of international elites without any sense of patriotism.[22])

I use the term "political economy" to signal that globalization is multi-faceted, and impacts on all areas of human life. The impact of globalization includes the *economic*, as the complex mix of growing

affluence and greater inequality allows – and forces – new ways of organizing "private" life; the *cultural*, as images of different ways of life are rapidly diffused across the world; and the *political*, in that state regulation plays a crucial role in determining the limits within which new social structures and identities will be developed. To take an example closely related to HIV/AIDS, it is clear that globalization impacts upon sexuality in all three ways. Economic changes mean that sexuality is increasingly commodified, whether through advertising or prostitution, which, as in the nineteenth century, is closely linked to economic dislocation and change. Cultural changes mean that certain ideas about behavior and identity are widely dispersed, so that new ways of understanding oneself become available that often conflict bitterly with traditional mores. (No wonder that sex is often the terrain where conservatives seek to stem globalization, whether in Mahathir's Malaysia or Jesse Helms's America.) And the political realm will determine what forms are available for sexual expression, so that there is a far more overt "gay" world in Manila than in Singapore, despite the considerable gap in wealth, in part because of different political regimes.

It is difficult to grasp fully the ways in which the emotional and "inner life" are altered by the larger changes wrought by political economy. If Giddens is right, "globalization" is "a short-hand [term] for a whole series of influences that are altering not just events on the large scale but the very tissue of our everyday lives."[23] This is reflected in the breakdown of extended families, in the growth of self-conscious gay and lesbian identities and communities, even in actual changes to bodies, as western-influenced norms are reflected in the growth of beauty contests in the former Soviet Union[24] or the development of gym cultures among urban young men in Bangkok and Buenos Aires.

How does AIDS fit these various understandings of "globalization"? I would suggest in a number of ways, including its epidemiology, the mobilization against its spread, and the dominance of certain discourses in the understandings of the epidemic.

Reports of a new infectious and potentially fatal disease date from 1981, when young men were diagnosed as suffering from severe immune deficiency on both coasts of the United States. It is almost certain that HIV/AIDS had long existed in Africa.[25] Its rapid spread in the past two decades is closely related to the forces of "development," and to global population movements. It is probable that the virus was spread beyond its original home through urbanization and

population shifts, and that its rapid dispersion across the world is closely related to the nature of a global economy. HIV followed the huge population movements of the contemporary world, whether these be truckers moving across Zaire and India,[26] women taking up sex-work as a means of survival as old communities and social order crumbled, men seeking work on the minefields of South Africa and Zimbabwe, or tourists (for example Americans in Haiti), refugees (Haitians fleeing to the United States), and soldiers (Cubans serving in Angola) moving across national boundaries. To take one example almost at random, the early spread of HIV in Honduras, which has the highest AIDS figures in Central America, has been attributed to the interaction of prostitutes and American soldiers at the U.S. base at Comayagua.[27]

Thus, AIDS ironically linked the least developed and the most developed regions of the world, and despite attempts to close borders to its spread (as in the restrictions on entry of HIV-positive people applied by many countries) the spread of the virus made a mockery of national sovereignty. Speaking of the greater Mekong region – which covers China, Burma, Thailand, and Laos – Doug Porter has written: "The nexus of HIV transmission across this territory is a metaphor for the globalisation of investment, trade and cultural identity. Although the dominant realist tradition in international relations studies conceives national territorial spaces as homogenous and exclusive, what is referred to as the 'new global cultural economy' has to be seen as a complex, overlapping, disjunctive order, which cannot be adequately understood in terms of centre-periphery, inner-outer, state border models of the past."[28]

The growing internationalization of trade in both sex and drugs has played a major role in the diffusion of HIV, and its rapid spread into almost every corner of the world. It has been argued that "patterns of use of illicit drugs are becoming globalized and 'standardised.'"[29] Note, for example, the rapid spread of HIV in countries in both Southeast Asia and South America where the U.S.-led "war on drugs" has meant that injection practices have partly replaced traditional opium smoking. AIDS is both a product and a cause of globalization: thus while it is usually thought of as "spread through prostitution" (a formulation that repeats the usual demonization of the sex-worker while ignoring the client), it is also true that fear of AIDS itself changes the nature of the international sex-trade. It is often claimed that AIDS has played a role in increasing demand for younger (and presumed uninfected)

prostitutes, often from rural areas, which has meant an increased demand for young Burmese women in Thailand and Nepali girls in India, etc.[30]

Moreover, the very policies urged by international bodies and economic theorists to promote faster development have added to the conditions that make people vulnerable to HIV infection. Under conditions of social dislocation, poverty, and the absence of health services, HIV will spread much faster (it is known that other untreated sexually transmissible diseases increase susceptibility to HIV infection). As Gita Sen points out: "Globalization itself, in the sense of unregulated privatization, [means] open season for pharmaceutical companies, health sector cutbracks, and a weakening of concern for health equity poses enormous barriers to the fledgling reproductive and sexual rights agenda"[31] – to which one might add the prevention of HIV and other sexually transmissible diseases. There is an irony in the World Bank putting increasing sums of money into AIDS work in countries such as Brazil and India where the Bank's own policies had helped weaken the health structures that might have already helped prevent the spread of HIV.[32]

The development of international responses to HIV/AIDS forms part of the globalization of human welfare, one of the six "vectors" identified by Hopkins and Wallerstein in their discussion of the developing world system.[33] In this respect, the global response to HIV/AIDS is part of a familiar pattern; less often discussed is the globalization of certain biomedical and socio-behavioral paradigms. Global mobilization around the demands of a biomedical emergency has inevitably meant the further entrenchment of western concepts of disease, treatments, and the body. I happen to believe that the western rationalist view of AIDS as essentially caused through infection by a retrovirus is correct, but to adopt this as the basis for global programs is also to undermine other and different ways of viewing medicine and the body. In some societies there has been resistance to western conceptions of AIDS, often linked to the interests of traditional healers. Such resistance has been comparatively weak in face of the homogenizing impact of global biomedical science.

The first significant international response to the new epidemic came in 1986 when the World Health Organization established the Global Program on AIDS (GPA), based in its Geneva headquarters. GPA had three clear achievements: the establishment of an international

discourse around HIV/AIDS that stressed the language of empowerment and participation; technical support for a number of developing countries in a range of policy and program areas; and mobilization of donor countries to support a multilateral response to the epidemic.[34]

It was in large part due to the Global Program that the non-government sector was recognized as legitimate internationally. There are some tensions between the various groups that could be fitted under the umbrella of "NGOs," whether between those who are seropositive and negative, between those who stress activism as against service delivery, or between small community-based organizations and large international development NGOs.[35] The exploration of these tensions lies outside the scope of this article, but is an important theme in the developing links between "civil society" and international organizations more generally.

Building on the strength of local and national community organizing around AIDS, GPA encouraged the formation of networks such as the Global Network of People Living With AIDS (GNP Plus), the International Council of AIDS Service Organisations (ICASO) and the International Community of Women Living with HIV/AIDS (ICW).[36] These networks are now reaching the end of their first decade of existence, and more recently UN agencies working in the AIDS area have recruited staff through contact with these networks. Interestingly the networks have heavily dependent on the technology of globalization: the international response to HIV/AIDS is unimaginable without faxes, e-mail and 747s. (It is also true, as Connell has pointed out, that "the AIDS network is centred in the metropole, though the great majority of people infected are in Africa.[37]) At the same time these networks enabled links to be made with other trans-national social movements, particularly among gay/lesbian organizations, sex-worker groups and some women's organizations.

Equally a particular set of discourses were universalized by the actions of state and international agencies.[38] These included the basic biomedical analyses that explained AIDS through infection by bloodborne transmission of a retrovirus – a form of explanation quite alien to the "commonsense" understandings of many societies and epistemologies – as well as an emphasis on education and various forms of community mobilization to counter the spread of infection.

In most cases this has been accompanied by both the diffusion of a particular language around sexuality and sexual identities that have further entrenched western assumptions. As Carol Jenkins has pointed out: "Conceiving of a sexual domain which requires taxonomic efforts is rather new, and decidedly Western. The traditional peoples of Papua New Guinea generally did not have specific terms to designate one type of sexual orientation as opposed to another, although a term suggestive of an altered gender identity can be found in at least a few of the nation's 868 or more languages."[39] Programs around HIV/AIDS have done a great deal to further the spread of identities such as "sex worker" or "gay men" / "bisexuals" / "men who have sex with men," and the further globalization of movements based on such identities.[40]

There is a close connection between the surveillance and prevention strategies associated with HIV/AIDS and the rapid growth of new identities in many parts of the world. To quote from one example, a report from Proyecto Girasol, an HIV prevention program in El Salvador:

> When the work started in 1994, few people imagined that this kind of organizing would be accepted or could have an impact. But the space was opened and defended with organization and visibility, and the project built self-esteem within the sex-workers and gay community, "changing their self-destructive image into a constructive one." For the first time a positive self-identified gay community was established in El Salvador.[41]

Allowing for the inevitable self-promotion of such a report, it does point to something that has been remarked upon across the world over the past ten years, namely the development of a sense of identity and assertion among people who come together through a common sexuality or (as in the case of sex-workers) a shared relationship to the economy of sex. This does not deny that such developments can be read as either/both emancipatory or neo-colonial; for the moment I am concerned only to recognize them.

As programs are developed to encourage "safe" (or safer) sex, they also tend to spread the reach of the state apparatus – even though the agents of such programs are often NGOs with their own complex relations to state authority – and hence of a globalizing set of discourses and behaviors. One of the consequences of HIV is to speed up dramatically the diffusion of condoms, already in use in a number of countries as family-planning devices. In some countries – though very

rarely outside the developed world – there has been a modification of anti-drug campaigns to recognize the importance of harm minimization through methods such as needle exchange.

In similar ways the dominance of Western discourses around HIV/AIDS meant the introduction of human rights as a major issue, often linked to the so-called "new public health" based on ideas of empowerment and community control. In general most observers have seen this as a positive step, although the American anthropologist Nancy Scheper-Hughes has criticized the dominance of this particular paradigm as "founded on a phallocentric sexual universe that ignores the especially vulnerable position of women, children, transvestites, and other sexual 'passives' vis-à-vis the dominant, aggressive, and active conquistador male sexuality"[42] and has seen some virtue in the more repressive responses essayed by Cuba.[43] While I think she is wrong (and there are examples in Africa of HIV leading to a major questioning of existing practices that maintain the structural subordination of women[44]), it is certainly necessary to interrogate the applicability of American concepts of individual rights in societies with very different social, economic, and cultural resources.

Much of the prominence of human rights as part of the discourse on AIDS is due to the work of the founding director of the Global Program on AIDS, Jonathan Mann. Mann claimed there has been a loss of the original solidarity,[45] and it is probably right that there has been a move from overall commitment to developing new programs to the protection of particular stakeholders (a move that in a number of countries has been identified as the corporatization of AIDS politics[46]). However, some of what he himself fought for – especially a recognition that the protection of human rights is a basic component of an effective AIDS strategy – has been enshrined into international rhetoric, if not always governmental practices.

Again in part due to pressure from international bodies, two major government summits have been called to discuss the epidemic, both in Europe: the first, in 1988 in London and the second in 1994 in Paris. In addition, AIDS has been an item for discussion at various international meetings: at a special session of the United Nations General Assembly in October 1987 and on World AIDS Day in 1996, at various World Health Assemblies but also at meetings of government leaders such as the Group of Seven, the European Community, the Organisation of African Unity, the Commonwealth of Nations, and ASEAN.

Often such international activities act as displacements for national problems: the Paris Summit was undoubtedly connected with the domestic embarrassment for the French government surrounding allegations of failures to move sufficiently swiftly to protect blood recipients from HIV infection.[47] Yet under considerable pressure from the French government representatives of forty-two countries were persuaded to sign a declaration pledging, among other things, global collaboration that embraced "a greater involvement of people living with HIV/AIDS" and the strengthening of "national and international mechanisms that are concerned with HIV/AIDS related human rights and ethics."[48] An ICASO study of the impact of this Declaration has shown, as many of us cynically anticipated, that at best "the Declaration has had a positive influence in some circumstances."[49]

Equally international activity can focus attention on the domestic, as when the speech of a positive openly gay Japanese at the Opening Ceremony of the 1994 International Conference in Yokohama in the presence of the Crown Prince and Prime Minister focused extraordinary media attention on both HIV and the position of gay and PWA groups in Japan, both of which had been largely invisible to this point.

During the 1990s there was increased involvement of other UN agencies – especially the United Nations Development Program and more recently the World Bank – and growing dissatisfaction among some donor governments with the workings of the GPA, seen as hamstrung by its place within WHO and unable to work cooperatively with other UN agencies. Thus, a number of donor countries proposed the creation of a "joint and co-sponsored program" of the United Nations, UNAIDS, which began operations in 1996. UNAIDS is meant to coordinate the activities of seven of the international agencies involved in AIDS work – the World Health Organization; the United Nations Development Program; the United Nations Children's Fund; the United Nations Population Fund; UNESCO; the World Bank, and the UN International Drug Control Program. As its Mission states, UNAIDS is meant to act as "the main advocate for global action on HIV/AIDS."

The Program Co-ordinating Board (PCB), which oversees the operations of UNAIDS, contains representatives of the NGO sector, specifically including People with AIDS. This the first time a United Nations agency has included representatives of affected communities on its governing body. (This move was opposed by some governments, notably China, for fear of the precedent it might set to other interna-

tional agencies.) While women's and environmental issues paved the way for NGO involvement in international organisations,[50] this has been taken further in the case of the United Nations' response to AIDS.[51] The incorporation to an unprecedented degree of NGO involvement and the attempt to act as a coordinating body across the United Nations system makes the creation of UNAIDS an experiment with implications for the entire international system. This could be seen as bearing out the rather optimistic comments of Hirst and Thompson that with globalization: "States ensure that, in a very mediated degree, international bodies are answerable to the world's key publics, and that decisions backed by the major states can be enforced by international agencies because they will be reinforced by domestic laws and local state power."[52]

The relevance of political economy

A Canadian expert in health promotion, Ronald Labonte, has written that: "Most of what creates 'health' … lies beyond organized health care sectors. Poverty, income inequalities, social inequalities, environmental pollutants/degradations, violence and other complex social phenomena are far more important health determinants than access to health care services."[53] I want to tease out this argument as it might apply to HIV/AIDS.

I have already suggested that "development" is often a major determinant of the spread of HIV. In the same way HIV impinges on economic growth, both slowing it and distorting the allocation of resources because of the demands it places on health and care systems. There exists a limited amount of analysis of the economic impact of HIV, most of it concentrating on the decline in life expectancy and production in some key sectors of the economy. For example, UNAIDS has calculated that: "In Botswana life expectancy, which rose from under 43 years in 1955 to 61 years in 1990, has now fallen to levels previously found in the late 1960s"[54] and elsewhere it has been claimed that: "In Zimbabwe all the gains in life expectancy of the last 40 years have been lost."[55] Some work has been done on the effect of large-scale illness and death among young adults and a resulting increase in disrupted families and the number of orphans requiring care.[56] There exists some speculation about the relationship between very high rates of HIV and civil disturbances in places such as Zaire and Rwanda, although almost nothing has been published on this connection.[57]

More generally attempts to combine political and economic analysis are largely underdeveloped in respect of AIDS.

Clearly the resources available for HIV/AIDS prevention and treatments will reflect larger economic and political realities. The economic crisis in some southeast Asian economies from the end of 1997 have meant severe cuts in HIV programs, to the extent that in Indonesia screening of blood supplies has been affected because of the cost of imported chemicals[58] and there are fears that the successful "100% condom use" campaign among Thai prostitutes has been imperilled by pressures to cut costs and the importation of cheaper workers from outside Thailand.[59]

A political economy approach would stress the significance of political as much as economic factors: the extraordinary importance of political space for the discussion and articulation of ways to respond to the threats of HIV, as well as the need for sufficient resources to support these responses.[60] In many parts of the world, the greatest problems are a compound of a lack of political will, the existence of barriers (usually religious or cultural in origin) against admitting the causes of infection and addressing them in practical ways, the severe stigma directed against both those with HIV and those from groups associated with AIDS (sex workers, needle-users, homosexuals, etc.) and – often underlying all of these – the pressure for survival on large numbers of people who are poor, homeless, and ill educated.

In some countries, non-governmental organizations have worked in ways that are inimical to AIDS control, for instance religious objections to the provision of condoms or clean needles. Cardinal Sin, one of the leaders of the popular movement that helped bring down the Marcos regime in the Phillippines, has also been a strong voice against certain measures intended to help strengthen AIDS prevention, thus emphasizing the impact of particular cultural and ideological positions on HIV/AIDS. In the same way, church opposition to condoms in a number of Latin American and African countries has been a major problem for anti-HIV interventions.[61] Equally Islamic opposition to discussion of sex is a major problem in a large range of countries, and condom promotion and discussion of homosexuality or even extra-marital heterosexual intercourse is extremely difficult in most Muslim countries.

In short, effective AIDS interventions depend upon a number of variables most of which are outside the control of those immediately concerned with HIV/AIDS programs and their delivery. These center around the resources available to mount both prevention and care programs, resources in this case encompassing cultural and political factors as much as economic. Indeed Jonathan Mann argued that there is a basic link between a strong civil society that protects human rights and vulnerability to HIV infection.[62] Yet in many countries it is not the absence of civil society that is involved, but rather the reality that the organizations that civil society comprises will not necessarily be in agreement.

Once infected, one's access to effective treatments is increasingly a matter of economic resources and access to expensive and sophisticated pharmaceuticals. Recent advances in AIDS treatments have accentuated the gulf between rich and poor, with a minority of people with HIV now seemingly able to live for long periods without major disease, while the majority of infected people face a series of debilitating and painful illness en route to a reasonably rapid death. A report for the World Bank has warned that antiviral therapies are both expensive and uncertain, claiming that even if the costs were reduced to "*one-hundredth* of current costs … they would still be several times the total annual per capita expenditure on health in many low-income countries."[63] One should note that most people with HIV do not have access to even common drugs used to treat opportunistic diseases nor to palliative and terminal care.[64]

This argument is likely to be politically unattractive as rapid improvements in health due to sophisticated anti-retrovirals are widely reported in both the medical and lay press. At the 1996 International AIDS Conference in Vancouver there was a strong activist push to demand that drug companies make their latest therapies available to everyone, irrespective of cost, and in 1997 the French government threw its weight behind a campaign to make new treatments widely available in Africa. The French government, UNAIDS, and the French organization AIDES have been working together since 1997 to make new treatments accessible in some of the poorest countries of Africa, although it is not clear how successful these moves will be.

Access to antiviral treatments has become the crucial question for most PLWHA activists over the past several years. There was considerable protest in Israel in 1997 when government regulations were interpreted

to prevent the subsidy of new HIV drugs (agreed to by the government the following year). Two cases in late 1997 led the Costa Rican Supreme Court to order the National Health system to pay for antiviral drugs for four persons with HIV, following agitation by gay and AIDS activists.[65] In other countries of Latin America, e.g., Panama and Venezuela, the question of access to therapy has become a significant political issue that tests the limits of the social system. (In late 1997, for example, an attempt was made in the Mexican Congress to win a special budget to guarantee therapy for all those infected with HIV.) The World Bank Report points to the new inequities that result if those with HIV receive more subsidy for health care than those with other medical needs.[66]

Given that UNAIDS estimates that only 10 percent or so of people currently affected with HIV are aware of their status, it is clear that treatments cannot be made available effectively in the absence of a system of large-scale testing and counseling. One might also point out that without such testing it becomes very difficult to mobilize those with HIV to demand a response from the health system. Under pressure from PWHA groups and some governments, UNAIDS has now established a pilot program aimed at both providing drugs and improving the medical infrastructure in four countries (Chile, Cote d'Ivoire, Uganda, and Vietnam). For this program to work there will need to be considerable cooperation between the private and public sectors, as well as an investment by relevant governments that they may not be willing or able to make.[67]

There is little doubt that some of the worst affected countries, particularly those in tropical Africa, could not provide effective medical care for the majority of those infected with HIV even if the entire government budget were devoted to that end. Much richer countries – Thailand, say, or South Africa – do not possess the necessary resources to meet the standards of care now available in most of the first world. Even rich countries have constantly make decisions about the allocation of resources for – and within – their health sectors, and these decisions will directly determine who will live, and under what conditions others will die. One estimate in late 1997 suggested that: "In Zimbabwe it would at current funding levels take 12 years worth of the public drug budget to treat the HIV-positive population for a single year, while in Cote d'Ivoire the bill would amount to 18 years worth of current spending."[68]

But as in the case of effective prevention, access to treatments is not purely a question of economics, unless we recognize that economic choices are in the end politically determined. Even in rich countries access to treatments is not evently distributed. (The most effective AIDS activist group, the American ACT UP, did a great deal to focus attention on the inequities of treatment access within the United States.[69]) Except for the very poorest of countries, national governments have real choices about how much of their resources to devote to healthcare and how to divide up those resources within the health sector; India, for example, which is one of the worst affected countries, could make a political choice to spend far more on AIDS care and prevention by reducing significantly its enormous military expenditures. Indeed, better coordination and protection against corruption would have a huge impact on India's AIDS programs, even in the absence of more money.

The common rhetoric around inequality in access to healthcare tends to reflect a rather simplistic analysis of imperialism, in which "developing" countries are seen as powerless in face of the dominant capitalist order. There is some support for this view in the ways in which "structural adjustments" imposed by the World Bank and the IMF have both increased the vulnerability of many to infection and limited the resources available for public health.[70] In recent years the Bank has itself admitted the validity of some of these criticisms, and indeed a major loan from the World Bank to Brazil has made it possible to provide considerable therapeutic support for those with HIV. Moreover, current international trade and patent laws prevent the production of appropriate drugs more cheaply in a number of affected countries (e.g., Thailand, India, South Africa).

But too often governments use global inequality as an alibi to excuse their own failings. Poor countries differ dramatically in their response to the epidemic, particularly in their willingness to admit the seriousness of the epidemic and to encourage effective measures to address it. Compare, for example, the support for effective intervention in Uganda against the general denial at government level in Kenya,[71] or the much stronger support for HIV programs in the Philippines as against Indonesia. (In the latter case the existence of far stronger and more independent community organizations in the Philippines is almost certainly a factor.[72]) We badly need research that might suggest what factors make for an effective government response, taking into account available resources. Such factors would undoubtedly include

some respect for human rights of the sort Mann stressed. It would also include a willingness to adopt a pragmatic approach to certain behaviors, both sexual and drug-related, which infringe dominant religious and cultural norms. It is tempting to argue that both of these factors require something like a liberal democratic system, which allows for the free organization of community groups. But it may well be the case that the more authoritarian mobilization of populations associated with governments such as those of Vietnam or China might allow for a more systematic response than an apparently "open" society such as, say, India. It is probably more accurate to suggest that both low corruption and tolerance of sexual diversity are significant factors in the control of AIDS.

Around the provision of treatments, the example of Costa Rica and perhaps other Latin American countries, as well as the UNAIDS and French initiatives, suggest that the political arena may be as significant as financial restraints in determining what sort of treatments are made available and to what extent. A fuller analysis would need to incorporate the role of the large pharmaceutical companies in drug development and marketing; at an earlier stage in the epidemic they were demonized as the primary target of much AIDS activism, particularly in the United States. (This comment is not intended to defend the companies, only to point out that unequal access to treatments in the United States was as much due to the absence of universal health insurance as it was to the greed of drug manufacturers.) And there is the further complication of pressure from some groups – including some PWHAs – who remain extremely sceptical of the claims of orthodox biomedicine and advocate a far greater reliance on alternative and traditional therapies.[73]

The irony of seeing AIDS as a global epidemic is that in practice the global response is largely at a rhetorical level. At the 1996 International AIDS Conference in Vancouver (whose slogan was "One World, One Hope") one plenary speaker pointed out that the cost of bringing her to speak for twenty minutes could have supplied food and medicines to her and her family for a year. Indeed, the constant advances in biomedicine's ability to manage infections, leading to a lengthening life span for those who are positive *and who have full access to the latest medical technologies* is increasing the gaps between two epidemics, one for the rich and one for the poor. These gaps raise practical and moral questions both for official and non-official response to the epidemic, and, indeed, for theories of globalization themselves.

AIDS and theorizing globalization

If both the spread of HIV and the response to the epidemic are linked to globalization, what does a closer examination tell us about theories of globalization? That many of the features of the contemporary world linked to globalization-economic "development" – population movements; the breakdown of "traditional" ways of life; also further the spread of HIV could be read as a warning against too celebratory a view of the process and an argument for greater awareness of the unintended consequences of globalization.

I argue that three key propositions stem from this study of HIV/AIDS: that the political/cultural arena remains as important as the economic in understanding processes of globalization; that globalization impinges on everyday life through the ways we create and understand identities and emotions; and that globalization urgently requires the creation of effective mechanisms for international governance in areas other than those traditionally viewed as global security or economic concerns.

1. There is a tendency to see globalization as not only leading to an integrated world market but in the process obliterating cultural and political differences. This is a view generally associated with celebrants of globalization, such as Francis Fukyama's rewriting of Daniel Bell's "end of ideology" thesis. Although I would equally reject the pessimistic views of those like Samuel Huntington who speak of inevitable cultural clashes between apparently monolithic cultural blocs, it is certainly true that the processes of globalization simultaneously reinforce cultural differences while they disseminate certain images and consumer goods that create the appearance of homogenization.

Although the *vulnerability* of people to HIV varies greatly and is closely linked to their socioeconomic status, the *response* to AIDS is closely related to cultural and political factors. Thus Thailand, which was the first country in Asia to experience a major epidemic, was also able to mobilize a reasonably effective response. This mobilization was due to a number of factors, including strong commitment by several senior government figures, a culture that allowed comparative freedom in discussing sexuality, and sufficient resources to finance an effective intervention program.[74] Even allowing for the relative scale of the epidemic, not all rich countries can match Thailand's achievements.

Implicit in most discussion of HIV/AIDS is the view that there is a huge gap between the epidemic in "developed" and "developing" countries. In terms of access to the increasingly sophisticated and apparently effective drugs now available against HIV, this is true. Yet in other areas of AIDS policy, such as education interventions and prevention of discrimination, the correlation between "development" and policy options is less clear. Japan, which is one of the richest countries in the world, has strong taboos against the official recognition of homosexuality and therefore the development of effective "safe sex" campaigns, which seem particularly odd given the presence of homosexual references in both traditional and popular Japanese culture. (The injecting of drugs is even less openly acknowledged.) Equally the impressive grassroots interventions for AIDS education in the United States cannot be fully successful in the absence of a coordinated national approach that would allow widespread promotion of condoms, the easy institution of needle exchange, and a school-based campaign against homophobia.[75]

2. Richard Parker has written: "In little more than a decade the rapid spread of the international AIDS pandemic has profoundly changed the ways in which we live and understand the world. Never has a common, global problem so clearly drawn attention to the important differences that shape the experience of diverse cultures and societies. And nowhere is this more true than in relation to our understanding of human sexuality."[76] AIDS has entered the global imaginary, using this term in Appadurai's sense of "a constructed landscape of collective aspirations … the imagination as a social practice."[77]

This is clearest in the growth of community-based politics around HIV and the corresponding push to construct universal identities around HIV status, sexuality, drug use, and sex work. I have already pointed to the way in which GPA and then UNAIDS supported the creation of international networks around the epidemic. Most interesting perhaps is the growth of the concept of the "Person Living With HIV/AIDS." The creation of the "person with AIDS" as a specific identity clearly drew on earlier gay models of "coming out" and has been a significant factor in breaking down the medical dominance of the epidemic. While there is some disquiet about the relevance of this model in non-western societies – I have heard Africans argue that to emphasize positive identity leads to divisions within families and communities – it is a term that has been taken up in most of the official responses to the epidemic and was given international status at the 1994 Paris Summit in commitment to "the greater involvement of People with AIDS."

In the same way the internationalization of sexual identities, above all "gay" identities, have been hastened by the requirements of HIV surveillance and prevention. The example from El Salvador already cited can be duplicated across the world, as pressure for peer education and community development produces the phenomenon John Ballard has described: "Categories take on a life of their own as they become socially and politically useful for those who are ascribed or assume an … identity."[78] Here the specifics of the epidemic meet larger forces of globalization, such as the rapid diffusion of media images (and of the English language), the movement of peoples and the growth of middle classes, in promoting a universalization of particular sorts of identities and identity politics.[79]

Equally, particular images of the epidemic have been universalized through global media, ironically often leading to false perceptions given the very different epidemiological patterns in different parts of the world. The dominant literary and cinematic response is gay and North Atlantic – in the late 1980s I met a young man in Kuala Lumpur who told me he "knew all about AIDS" from the American telemovie *An Early Frost*. Indeed responses to AIDS provide rich examples of the thesis that globalization is just another word for Americanization – think for example of the widespread international use of the red ribbon, of the AIDS Quilt, of films such as *Philadelphia* or the plays *Rent* or *Angels in America.* There are many counter-examples, such as the widespread use of existing cultural forms to convey HIV prevention messages. Yet it remains true that in most parts of the world the dominant media images of the epidemic are unlikely to reflect the local situation accurately, thus allowing claims that "AIDS couldn't happen here…" or that it is spread by foreigners. At the same time the proliferation of particular western constructs of the self, implicit in organizing around sexuality, sex-work, or sero-status, means changes in the emotional lives of those involved, even though they are never as simple as merely duplicating what happens elsewhere. One of the traps in the signs of globalization is that we too easily assume that the Nike sneakers or baseball caps carry the same meanings in the slums of Jakarta that they do in Bedford-Stuyvesant.

3. AIDS might seem to bear out Bryan Turner's comment that "there are no national solutions to world problems, precisely because it is difficult to imagine what a 'national problem' would look like."[80] Yet states do deal with AIDS as if it were a national problem, seeking to insulate themselves from outside forces even where they receive considerable foreign assistance.

Thus the political dilemma posed by globalization: it weakens the powers of the state without offering any effective substitute. In a globalized world, the state is increasingly squeezed between international capital and local holders of power, so that in some parts of the world NGOs and international agencies provide the only effective governmental structure. Laurie Garrett has claimed: "Most of the achievements in infectious disease control have resulted from grand international efforts such as the expanded program for childhood immunization mounted by UNICEF and WHO's smallpox eradication drive. At the local level, particularly in unstable poor countries, few genuine successes can be cited."[81]

This might seem good news for defenders of the non-government sector. There is, however, a danger, which the World Bank Report points to: "Only governments have the means and mandate to finance the public goods necessary for the monitoring and control of the disease … have a unique responsibility to intervene to reduce the negative externalities of high-risk behavior, while preventing discrimination that would inhibit behavioral change…. The government role extends to ensuring equity in access to HIV prevention and treatment for the most destitute."[82] When the economic recession of 1997–98 swept through southeast Asia, Russia, and parts of Latin America it meant significant cutbacks to HIV/AIDS programs just as the factors increasing vulnerability to infection were increasing.

UNAIDS is an attempt to make the international system work more effectively, but its major role is in pushing, cajoling, and advising governments around their response to HIV. The dilemmas it faces in trying to bring together the various parts of the United Nations system merely highlight the weakness of that system, and the system's failure to develop appropriate mechanisms of coordination and unified action. In the same way UNAIDS' commitment to the involvement of infected/affected communities, symbolized by their membership of the Program Coordinating Board, merely underscores how far the system has to go to develop effective means of supra-national representation that would allow for anything we might call "global governance."

The rapid spread of HIV, particularly in southern Africa, south and southeast Asia, and the Caribbean represents for many of the countries involved a major threat to their social and economic fabrics, and hence to their very survival. Increasingly the world will face issues like AIDS/HIV, which by their very nature go beyond the ability of

national governments to control, and require coordinated and well-funded international responses. Similar arguments could be made around environmental issues, narcotics, and crime, or the ability of capital to move rapidly across the globe without meaningful restraints or supervision. Whether the attempts to create new international structures to meet the challenges of the AIDS epidemic succeed will have implications for areas far beyond those of the epidemic.

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Notes

1. While HIV is the basic cause of AIDS, there are some problems in the way in which the two terms are conflated. See Anthony Smith, "AIDS is…," *International Journal of Health Services* 28/4 (1998): 794.
2. Laurence Altman, "AIDS Is on Course to Ravage Africa," *International Herald Tribune* (24 June 1998).
3. On the epidemiology of HIV/AIDS, see J. Mann and D. Tarantola, editors, *AIDS in the World II* (New York: Oxford 1996) and regular updates from UNAIDS.
4. See, for example, M. Ankrah, "AIDS and the Social Side of Health," *Soc Sci Med* 32/9 (1991); Paul Farmer, *AIDS and Accusation: Haiti and the Geography of Blame* (Berkeley: University of California Press, 1992).
5. Alan Whiteside and Tony Barnett, "AIDS in Africa: Socio-economic Determinants and Development Impact," *IAS Newsletter* no.9 (March 1998): 8–11.
6. A. Pramualratana, "HIV/AIDS in Thailand," UNAIDS Position Paper (January 1998).
7. See M. Carael, A. Buve, and K. Awusabo-Asare, "The Making of HIV Epidemics: What are the Driving Forces?" *AIDS* no. 11 (1997) (Suppl. B) S27.
8. A. J. Fortin, "AIDS and the Third World: The Politics of International Discourse," paper presented at the XIV World Congress of the International Political Science Association, Washington, D.C. (1988), 22.
9. J. O'Neill, "AIDS as a globalizing Panic," *Theory, Culture and Society* 7 (1990): 334.

10. Caroline Thomas, "On the Health of International Relations and the International Relations of Health," *Review International Studies* 15 (1989): 273.
11. K. Lee and A. Zwi: "A Global Political Economy Approach to AIDS: Ideology, Interests and Implication," *New Political Economy* 1/3 (1996): 355–373.
12. See, e.g., R. Burbach, O. Nunez, and B. Kagarlitsky, *Globalisation and Its Discontents* (London: Pluto, 1997). Note too the remark by Benjamin Barber that: "Microbes Don't Carry Passports" in *Jihad versus McWorld* (New York: Random House, 1995), 12.
13. See Roger Choate, Chadwick Alger, and Ronnie Lipschutz, "The United Nations and Civil Society: Creative Partnerships for Sustainable Development," *Alternatives* 21/1 (Jan.–March 1996): 108–109; Paul Farmer, "Social Inequalities and Emerging Infectious Diseases," *Emerging Infectious Diseases* 2/4 (1996); David Fidler, "Globalization, International Law and Emerging Infectious Diseases," *Emerging Infectious Diseases* 2/2 (1996): 77–84, and "The Globalization of Public Health," *Indiana Journal of Global Legal Studies* 5/1 (1997): 11–51.
14. As Co-Convenor of Track D of the Conference, I saw at least the titles of all abstracts submitted to that track (which encompassed social science, etc.). The one exception was a paper from Brazil: R. Parker, R. Barbosa, J. Galvao, and V. Terto, Jr.: "Community Activism, AIDS Control Programs and the World Bank: An Evaluation of HIV/AIDS Policy in Brazil."
15. See Dennis Altman, *Power and Community: Organizational and Cultural Responses to AIDS* (London: Taylor & Francis, 1994).
16. Paul Kennedy, "Forecast: Global Gales Ahead," *New Statesman & Society* (31 May 1996): 28.
17. See, e.g., David Harvey, *The Condition of Postmodernity* (Oxford: Blackwell, 1989).
18. D. Morley and K. Robins, *Spaces of Identity* (London: Routledge, 1995), 1–2.
19. There are many examples of this sort of argument. See, e.g., Stephen Gill, "New Constitutionalism, Democratisation and Global Political Economy," *Pacifica Review* 10/1 (February 1998): 23–38.
20. William Greider, *One World, Ready or Not*, "Conclusion."
21. See the discussion of this in Joel Kahn, *Culture, Multiculture, Postculture* (London: Sage, 1995), 128–135.
22. See C. Lasch, *The Revolt of the Elites* (New York: Norton, 1995).
23. A. Giddens, "Dare to Care, Conserve and Repair," *New Statesman & Society* 29 (October, 1994): 18.
24. See Elizabeth Waters, "Soviet Beauty Contests," in Igor Kon and James Riordan, *Sex and Russian Society* (Indiana University Press, 1993).
25. See M. Grmek, *History of AIDS* (Princeton: Princeton University Press, 1990).
26. See Ted Conover, "Trucking through the AIDS Belt," *New Yorker* (16 August 1993).
27. Richard Stern, "AIDS Taking Grim Toll in Poverty Stricken Honduras," message from Triangulo Rosa, Costa Rica (27 July 1998).
28. Doug Porter, "A Plague on the Borders," in L. Manderson and M. Jolley, *Sites of Desire/Economies of Pleasure* (Chicago: University of Chicago Press, 1997).
29. See "The Hidden Epidemic," *Asian Harm Reduction Network Newsletter* no. 10 (Jan./Feb. 1998).
30. One reader of this manuscript has questioned whether this is a new phenomenon. It is certainly widely claimed to be: see, e.g., "The Flourishing Business of Slavery," *The Economist* (21 September 1996): 49; Rita Brock and Susan Thistlethwaie, *Casting Stones: Prostitution and Liberation in Asia and the United States* (Minneapolis: Fortress Press, 1996), 138–139.

31. Gita Sen, "Globalization and Citizenship: Health and Reproductive Rights," paper at Globalization & Citizenship Conference (UNRISD Geneva, December 1996), 18–19.
32. For a graphic account of the impact of structural adjustment on Mozambique – a country very vulnerable to HIV – see Mark Whitaker, "Mean Streets," *New Internationalist* (Jan./Feb. 1997): 19–20.
33. T. Hopkins and I. Wallerstein, *The Age of Transition* (London: Zed, 1996).
34. On GPA, see J. Mann and K. Kay, "Confronting the Pandemic: The WHO's GPA 1986–9," *AIDS* 5/Suppl. 2 (1991): S221–229; D. Tarantola, "Grande et petite histoire des programmes sida," *Le journal du sida* no. 86/7 (June/July 1996): 109–116.
35. Some of the various forms of "NGOs' are discussed in William Fisher, "Doing Good? The Politics and Antipolitics of NGO Practices," *Annual Review Anthropology* 26 (1997): 439–464.
36. See Altman, *Power and Community*; L. Gordener, et al., *International Cooperation in Response to AIDS* (London: Pinter, 1995); J. O'Malley, V. K. Nguyen, and S. Lee, "Nongovernmental Organizations," in Mann and Tarantola, *AIDS in the World II*, 341–361.
37. R.W. Connell, "Notes on the World Intelligensia," *UTS Review* 3/1 (1997): 84.
38. For further discussion of the creation of dominant discourses on AIDS, see Dennis Altman, "Globalization and the 'AIDS Industry,'" *Contemporary Politics* 4/3 (September 1998): 233–246.
39. Carol Jenkins, "The Homosexual Context of Heterosexual Practice in Papua New Guinea," in P. Aggleton, editor, *Bisexualities and AIDS* (London: Taylor & Francis, 1996), 192.
40. See Dennis Altman, "Political Sexualities: Meanings and Identities in the Time of AIDS," in R. Parker and J. Gagnon, editors, *Conceiving Sexuality* (New York: Routledge, 1994), 97–106.
41. Report from Support Proyecto Girasol, NGO Workshop on HIV/AIDS and Human Rights (Geneva: June 1998).
42. Nancy Scheper-Hughes, "AIDS and the Social Body," *Soc Sci Med* 39/7 (1994): 991–1003.
43. For a less supportive view, but written from a position not unsympathetic to the government, see Marvin Leiner, *Sexual Politics in Cuba* (Boulder: Westview Press, 1994).
44. See, e.g., Maxine Ankrah, "AIDS and the Social Side of Health," *Social Science & Medicine* 32/9 (1991): 972.
45. See Jonathan Mann, "Solidarity and the Future of the Global AIDS Movement," Lecture at XI International AIDS Conference (Vancouver: July 1996).
46. See Alison Rawling, *Corporatism, Risk and the Construction of Australian HIV/AIDS Politics and Policy*, Ph.D. thesis (University of Sydney: 1997). The lack of more discussion of the relevance of corporatism underlines the general paucity of political analysis of HIV/AIDS.
47. Norbert Gilmore, "Blood and Blood Product Safety" in *AIDS in the World II*, 289.
48. Declaration of the Paris Summit, 1 December 1994.
49. International Council of AIDS Service Organisations: "Study on the Influence of the Paris Summit Declaration at the National Level" (Ottawa: June 1996), 39.
50. See for example, J. Krause, "Global Inequalities and Feminist Politics in a Global Perspective," in E. Kofman and G. Youngs, *Globalization: Theory and Practice* (London: Pinter, 1996); J. Pettman, *Worlding Women* (Sydney: Allen & Unwin,

1996); D. Stienstra, *Women's Movements and International Organisations* (London: Macmillan, 1994).

51. See, for example, Peter Piot interviewed in *AIDS Treatment News* 258 (San Francisco: 1 November 1996); Peter Soderholm, *Global Governance of AIDS* (Lund: Lund University Press, 1997).
52. P. Hirst and G. Thompson, "Globalization and the Future of the Nation State," *Economy and Society* 24/3 (August 1995): 431.
53. R. Labonte, "Health Public Policy and the World Trade Organization," speech delivered in Melbourne, 1997 (http://www.vichealth.vic.gov.au/docs/wto.htm).
54. UNAIDS Press Release, 26 November, 1997.
55. Martha Ainsworth and Mead Over, "AIDS and Development: The Role of Government," *IAS Newsletter* no. 9 (March 1998): 12.
56. See some of the chapters in M. Essex, S. Mboup, P. Kanki, and M Kalengayi, *AIDS in Africa* (New York: Raven Press, 1994); D. Bloom and P. Godwin, *The Economics of HIV and AIDS: The Case of South and Southeast Asia* (Delhi: Oxford University Press, 1997).
57. One exception is in S. M. Bertozzi, "The Impact of Human Immunodeficiency Virus/AIDS," *Journal of Infectious Diseases* (1996): 174 (Suppl. 2).
58. Adam Schwarz, "A Nation Sinks Under a Leader's Weight," *Washington Post* (22 March 1998).
59. Tania Ewing, "AIDS Fear the Price of Sex Tourism Crisis," *Sunday Age* (Melbourne: 25 October 1998).
60. Such an approach fits the research agenda called for by Stephen Gill in his *Gramsci, Historical Materialism and International Relations* (Cambridge: Cambridge University Press, 1993).
61. See, e.g., "Chile: Public Health or Church Morality," *The Economist* (10 May 1997).
62. J. Mann, "Solidarity and the Future of the Global AIDS Movement."
63. The World Bank, *Confronting AIDS: Public Priorities in a Global Epidemic* (New York: Oxford University Press, 1997), 179.
64. For a discussion of the dimensions of care in HIV, see Charles Gilks, et al., "Care and Support for People with HIV/AIDS in Resource Poor Settings," Health & Population Occasional Paper Dept. for International Development (London: 1998).
65. This is based on information from Association Triangulo Rosa, San Jose.
66. World Bank, *Confronting AIDS*, 202–203.
67. See Sheila Madhani, "New Drug Initiative Announced," *AIDSLink*, National Council for International Health no. 48 (Washington: 1997).
68. Figures presented to the ad hoc thematic meeting of the PCB, Nairobi (November 16–18, 1997), UNAIDS/PCB (5)97.6.
69. See Steven Epstein, *Impure Science* (Berkeley: University of California Press, 1996).
70. See Sheena Asthana, "Economic Crisis, Adjustment and the Impact on Health" in D. Phillips and Y. Verhasselt, *Health and Development* (London: Routledge, 1994); Antonio Ugalde and Jeffrey Jackson, "The World Bank and International Health Policy: A Critical Review," *Journal of International Development* 7/3 (1995): 525–540.
71. See, e.g., "Serial Killer at Large," *The Economist* (7 February 1998).
72. See Fernando Aldaba and Josefa Petilla, *Governance and HIV: A Case Study from the Philippines* (New Delhi: UNDP, 1997).

73. Damien Ridge and Jim Arachne, "From Pharmaceuticals to Alternative Treatments," *Health Care Analysis* 5/4 (1997): 275–282.
74. There is an extensive literature on HIV in Thailand. See, e.g., Y. Porapakkham et al., *The Evolution of HIV/AIDS Policy in Thailand: 1984–1994* (Arlington AIDSCAP/Family Health International, 1996); A. Pramualratana, "HIV/AIDS in Thailand"; Wiput Phoolcharoen et al., "Thailand: Lessons from a Strong National Response to HIV/AIDS," *AIDS* 12 (1998) (Suppl. B): S123–235.
75. See Michael Merson, "Returning Home: Reflections on the U.S.A.'s Response to the HIV/AIDS Epidemic," *The Lancet* 347 (15 June 1996): 1673–1676.
76. R. Parker, "Sexual Cultures, HIV Transmission and AIDS Prevention," *AIDS* 8, Suppl. 1 (1994): S312.
77. Arjun Appadurai, *Modernity at Large* (Minneapolis: University of Minnesota Press, 1996), 31.
78. John Ballard, "The Constitution of AIDS in Australia: Taking 'Government at a Distance' Seriously," in M. Dean and B. Hindess, editors, *Governing Australia* (Melbourne: Cambridge University Press, 1998).
79. The debate about these issues is extensive, especially in relation to gay issues. See, e.g., Peter Drucker, "'In the Tropics There is no Sin': Sexuality and Gay–Lesbian Movements in the Third World," *New Left Review* 218 (July–August 1996) and his forthcoming edited book *Different Rainbows* (London G.M.P.); Dennis Altman, "Rupture or Continuity? The Internationalization of Gay Identities," *Social Text* 48 14/3 (Fall 1996): 77–94, and the sources cited.
80. Bryan Turner, *Orientalism, Postmodernism and Globalism* (London: Routledge, 1994), 113.
81. L. Garrett, "The Return of Infectious Diseases," *Foreign Affairs* (Jan./Feb. 1996).
82. World Bank, *Confronting AIDS*, 284–285.