

To the River Again: HIV Research with Richard Lee¹

MIKE CALLAGHAN

ABSTRACT

Following Professor Lee into the field to conduct HIV research is a daunting task, and one I have grappled with for several years. Not only is Namibia changing rapidly, and along with it the face of the epidemic, but Anthropology itself has evolved since Richard's first groundbreaking work in the Kalahari. I suggest here, however, that his corpus offers us a powerful, subtle and critically engaged model for future anthropological work in HIV: through a marriage of political activism and sensitive ethnography, our discipline can maintain the place that pioneers like Professor Lee have earned for it at the vanguard of HIV research.

Heracitus once remarked that we cannot wade in the same river twice. The first reason for this is that rivers, of course, flow inexorably on, such that we encounter new water every time we return to the banks. The second and less obvious reason is that people also change, perhaps every bit as inevitably as the eddies of a river, such that every time we return to the banks, we too will be different. The river, therefore, encounters us differently.

So goes the challenge of following, however modestly, in the footsteps of my mentor in HIV research, Professor Richard Lee. I first met Professor Lee several years ago; he taught me an undergraduate course when I was still majoring in English Literature and only moonlighting in one or two Anthropology courses. I am fond of recalling that although that classroom – on the ground floor of Sidney Smith hall – had stickers on the walls alerting students to the presence of asbestos in the ceiling, the room was packed well above capacity week after week. So many of his former students have related similar stories at this conference that it is almost cliché to say that by the end of that year I had abandoned the English department, enrolled in a Master's program in medical anthropology at the University of Alberta for the fall, and bought a plane ticket to join Professor Lee in Namibia as a research intern in the meantime. For someone who was on the fast-track to a career in English Literature (if there is such a thing), the decision to change my plans and follow Professor Lee to the field was a major one; I will discuss the Namibian experience at more

length below, but for the time being it should suffice to say that that one summer has shaped a great deal of what has followed in my life since.

Almost immediately upon becoming his student, I felt a genuine affection for Professor Lee; in the field I learned an immeasurable amount from him. As my own career has developed, I have grown increasingly aware of his influences in my research, and increasingly committed to foregrounding that influence. Following Professor Lee's example, however, is not easy. In fact, despite what I have chosen to interpret, in my more optimistic moments, as a set of favorable coincidences (I will note here that he and I are both frustrated amateur rock n' roll drummers and compulsive notebook carriers, who have inherited from our trade unionist fathers a certain predisposition to lean to the left) the task is necessarily impossible.

The reasons for this are twofold. The first is that Anthropology and the human world it surveys have changed a great deal since Professor Lee's famous first trip to the Kalahari. Anthropology generally and medical anthropology in particular seem to me to be in a state of perpetual identity crisis, but I think it can be said with some certainty that the research experience in our discipline has changed for the worse in many ways in the last generation. For instance, it is hard to imagine embarking today on a period of fieldwork like the one Professor Lee enjoyed during his doctoral studies: so much time free from the constant presence of e-mail, bringing news from home and, more frequently, distractions, obligations, forms to be filled out and commitments to fret over. The extent to which we are even able to become wholly immersed in our field sites – which itself constitutes a large part of how we as Anthropologists define ourselves – has been fundamentally compromised in ways that remain unexplored. Even before we leave for the field, medical anthropologists are increasingly required to justify our methods and our priorities with scientific window dressing for funders, ethics review boards and colleagues. "Participant Observation", it seems, is more difficult by the day to 'sell' to granting agencies and ethics committees as a viable and valuable way of learning about the world around us, or at any rate as equal to quantitative research, statistical analyses and PowerPoint presentations. In short, it seems an entire way of doing Anthropology – or at least, the academic and professional milieu in which our work is conducted – has been supplanted by a business model of tidy hypotheses, tidy proposals and tidy conclusions. Gone are the days of pure ethnographic exploration, when we might say, to quote Werner von Braun, that "research is what I'm doing when I don't know what I'm doing."

Conversely, and before I appear too pessimistic, I also believe that medical anthropology has changed for the better in several ways, many of which Richard himself has been central in germinating. Chief among these changes are the growing role of interdisciplinary models of research and the increased acceptance of collaborative and applied research. Medical anthropologists are now more involved in producing the sort of multi-authored work that has traditionally been the reserve of the natural sciences. Medical anthropologists can now, as my friend and colleague Leah Walz pointed out earlier in this session, both employ *and* critique the 'positivist' methods of the biomedical sciences. We are also

increasingly engaging local populations as active partners in our research, and articulating their own research objectives with ours. Applied anthropology is still an ugly cousin in many anthropology departments, but crucially, this too is changing. In a growing number of places, applied research is accepted, appreciated, and celebrated. Especially in the context of the HIV/AIDS epidemic, what is research if it is not simply an academic endeavor in pursuit of knowledge but in the service of humanity? How these changes will affect our discipline in the long term remains to be seen, but the effects at the level of student research projects, including my own, are already palpable.

As much as Anthropology has changed, Namibia has also changed a great deal since Professor Lee first traveled there. After a long and bloody struggle, the country has freed itself from apartheid, and made dramatic changes to the status of women, to its education system and many other social structures. Safari vans now carry tourists to the remotest regions of the country, and teens chat on cell phones in shopping malls in the capital. Every time I go back, things are a bit different again. The most striking change in Namibia, however, has been what might very clinically be called an epidemiological one: Professor Lee once related to me the story of sitting among a small group of locals in the Kalahari as a physician visiting from the city warned of a strange new virus, opaquely labeled AIDS, that was infecting and killing a terrifying number of Namibians. Since then, national seroprevalence climbed in short order to over 20%, and 100 000 children – out of a national population of only 2 million – have been orphaned. It is hardly hyperbole to say that every Namibian is affected by HIV. Nor is the epidemic in Namibia an unchanging monolith – I'm cautiously happy to say that seroprevalence actually decreased from 23% to 19% on the last national sentinel survey.

As a practicing anthropologist, I am part of a generation who has never known a world without the virus. Instead, the world that I inherited is one in which the specter of HIV/AIDS – as a virus and as a semiotic force – was embodied in our flesh, embedded in our landscapes, and embattled in our political economy. Equipped with tools – not only our medical technology, but our cognitive apparatus, our symbolic world – that were often relics from a time before AIDS, the academy, the media and in general the popular imagination struggled to conceptualize this modern plague. Anthropologists were among the first to critically engage the epidemic and to develop new tools to trace its emergence on the fault lines of global society. Today, a great deal of the most important and enlightening work on the epidemic is still carried out by anthropologists, though ongoing refinement of the methodological and theoretical models used for such research is urgently needed. Given how much the field of play and the rules of the game have changed, conducting anthropological research on HIV today is more complex than ever.

The second reason that I struggle with following in Professor Lee's footsteps is that, just like Heraclitus' would-be swimmer, I have changed. Due in large part to my ongoing and evolving relationship with Richard, and more generally to my constant molecular careening through the human world, I am a very different researcher and a very different person from the one who first traveled to Namibia to study HIV in 2003. I began that project

interested in the gender dynamics of antiretroviral therapy, and learned a great deal about the challenges Namibian women face in accessing and adhering to this medication.

But I am still learning. I was a very new researcher when I made that first trip, with little idea of how to construct an ethical, meaningful, beneficial project, and very different ideas about what ideas bear anthropological study in the first place. But Richard's faith in me was remarkably inspiring, and I learned quickly by being thrown into the fieldwork rite of passage head-first – with innumerable suggestions along the way. I now see different research questions in the world around me, and use different ways to answer them. I remain primarily concerned with HIV treatment, and will be traveling to Namibia again soon to begin the process of mapping out my thesis research.

In 2003, my colleague Sylvia Hamata and I studied a pilot program targeting mother-to-child transmission of HIV with Nevirapine. When women were enrolled in this study, their partners were invited to attend ante- and post-natal counseling sessions. Of the 270 women enrolled, 10 partners had ever shown up at any sessions. Nurse after nurse in the maternity ward flatly told us that 'partners are the problem.' I returned to Namibia last year and spoke with colleagues in the Academy and the NGO world who reported that the national universal rollout of drugs – which began shortly after I left in 2003 – has been largely well received, except that patients are reporting hunger. The traditionally received epidemiological wisdom once held that Africans default on medication because they are too ignorant or too superstitious to wholly partake of 'modern' medicine; a growing body of research from several fields has disproved this. My own suspicion is that if Namibian women are defaulting it is more likely because they are hungry, poor, or socially disenfranchised.

Richard might not remember a throwaway remark he made during a conference at the University of Alberta some years ago, but I have clung to it as a talisman in my own research. When an audience member asked his panel how they would go about 'fixing' the problem of AIDS in Africa, various speakers suggested elaborate geopolitical shuffles or pharmaceutical miracles. Richard deadpanned: "if you want to fix AIDS in Africa, give women jobs." And indeed, the primary axes of investigation in my current research are gender and socioeconomic status generally, and food security and livelihood strategies more specifically.

I am primarily interested in assessing the how the benefits of antiretroviral medication are distributed among a cohort of patients in coastal Namibia. My preliminary statistical analyses suggest that even with universal access to free medication and care, female antiretroviral patients actually benefit less – in terms of reduced morbidity and mortality, and increased immune function – than male patients. The same patterns seem true of illiterate and poor patients. There are no differences in the metabolism of these drugs by gender (nor by class or literacy), which suggests the limits of epidemiology: we need sensitive, engaged, and politically incisive anthropology to map the inequalities of antiretroviral roll-outs schemes.

To better answer these questions, I am especially keen to use to individual-level ethnographic detail to flesh out survey data. This research will necessarily be interdisciplinary and collaborative, involving epidemiology and nutritional science through my co-supervisor Daniel Sellen, as well as partnerships with the Government and Non-Government sectors.

I expect, of course, that the details of my interests and my methods will change, however. Anthropology is unique as a scientific endeavour in that human beings are not only its objects of study, but its primary instrument of measurement as well. The fact that our research is often quite conscious of its own subjective dimension sets it apart, and means that as I change, what I am able to see and how I see it is also bound to change.

As an undergraduate student, Professor Lee instilled in me some principles that will survive any shifts in my ideological or methodological allegiance, chief among them the belief that the best Anthropology is that which moves forward the grand project of making the world a better place. Although I take some comfort and inspiration from this as I look ahead to designing my thesis, it also makes the task the more daunting. When I return to Namibia this time, I hope to engage with local Non Government Organizations as collaborative partners in both setting the agendas for our project and carrying out the research itself. I see this as a crucial component of my design, and aim to ground my research as much in local priorities as my own curiosity. I believe that sincere and thorough collaboration of this sort is the best way to honor the lessons Professor Lee taught me and to ensure that praxis remains central to my work.

I also hope to make my own research as interdisciplinary as possible. In this respect, I am inspired by Professor Lee's early ethnographies – which are nothing if not the observations of a remarkably attentive polymath. My own early forays into the worlds of policy-making and health science – studying in the Faculty of Medicine, struggling to learn statistics, and meeting with funders and workers from the Government and Non Government sectors – have been challenging to say the least. However, I remain convinced that this method, though it requires steps well outside the traditional model of the 'lone wolf' anthropologist, will be the future of applied medical anthropology. Richard has been instrumental in encouraging this approach, though he has stopped short of helping me with my statistics homework.

So what is the way forward for my own anthropological research in HIV? I lack Professor Lee's considerable gifts –his intellectual voracity and generosity of spirit – but I do see hope. Over time I have come to believe that the best models for new anthropological research in HIV will draw many lessons from his canon. Despite the changes I have observed in our discipline and in the world around us, an approach that draws heavily on Professor Lee's political passion and ethnographic sensitivity may yet be the best instrument for critically engaging the epidemic.

All of this is a roundabout way of saying that trying to follow Richard's example is a difficult thing. He is a moving target, and so is Anthropology and the people it professes to study and study with. None of us can go back to the river again: it's true that ultimately

the waters change too much, and so do we. But there is comfort to be drawn from knowing that as we strike out to new waters, the path that has already been suggested for us is, if not the easiest one, the best one.

Notes

1. This essay is an edited version of a talk delivered at a Festschrift session for Professor Richard B. Lee at the Annual Meeting of the Canadian Anthropological Society at Toronto, May 2007.

Author contact information:
Mike Callaghan
Department of Anthropology, University of Toronto
mike.callaghan@utoronto.ca