BOOKS & ARTS

A fluid approach to HIV

A readable anthropological account of social networks in South Africa and Uganda explains differences in the spread of sexually transmitted diseases in those countries, finds **Karunesh Tuli**.

Unimagined Community: Sex, Networks, and AIDS in Uganda and South Africa
by Robert J. Thornton
University of California Press: 2008.
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Despite safe-sex campaigns, AIDS is harder to prevent in South African communities than in Uganda.

"Abstain," said our hostess as we got off the bus to spend a week in Zwelethemba, a township in Western Cape, South Africa. She added that for her grown-up children, her message is different: "Be wise, condomize." A few days later, our group of students and teachers, visiting the country from the United States to learn about how South Africans handle health problems, was interviewed by some local journalists. After their questions dried up, we asked them what was the biggest problem facing their community. "AIDS," they replied.

Stories about AIDS and violence are often part of the same narrative in South Africa. In *Unimagined Community*, Robert Thornton describes the 2006 rape trial of Jacob Zuma, South Africa's deputy president until 2005. The Johannesburg High Court found him not guilty but the hearings provided Thornton with fertile material for anthropological analysis. Zuma's accuser, a family friend and an AIDS activist, was HIV-positive. Zuma told the court he had unprotected sex with her even though he knew her HIV status; he followed it with a shower to prevent infection.

Unimagined Community is the latest publication in the California Series in Public Anthropology. Robert Borofsky, the series editor, challenges anthropologists to write for a popular audience, inspired by Jared Diamond's much-read *Guns, Germs, and Steel* and Anne Fadiman's *The Spirit Catches You and You Fall Down*. Both writers used anthropological approaches but lack formal training in the field. Thornton reaches out to a general readership with a fresh interpretation of a pressing social problem. With his vigorous and imaginative writing, he succeeds admirably.

Thornton suggests that, in South Africa, sex is more than a personal quest for pleasure. It can be viewed community-wide as an exchange of fluids between males and females, part of a broader flow of objects and services between sexual partners. The men and women are hubs in large sexual networks that are regional and even countrywide. HIV follows the same paths as the flow of sexual fluids.

Traditional healers are reluctant to prescribe condoms. Thornton attended a workshop on HIV/AIDS for healers where the facilitator asked them to recommend condoms to their clients. Yet the attendees assembled a formidable case against the advice, saying, for example, that condoms could lead to illness in the man by causing a backup of semen, or could slip off and disappear inside his partner. Many South Africans believe that damming the flow of fluids disrupts a vital exchange and damages social networks.

Repelling a woman's sexual advances is akin to denying her "human right to sex", as Zuma declared in his defence, claiming his accuser had enticed him. He yielded to help her preserve her sanity and health. His shower may not have warded off HIV, but it was a "ritualistic act of cleansing and strengthening", says Thornton.

Uganda's HIV story offers a more pleasant contrast to South Africa's slow response. South Africa heads global HIV prevalence tables and has little to show in its fight against the virus. Uganda reduced HIV prevalence by two-thirds during the 1990s. Causes continue to be debated. Thornton points to the nature of Ugandan sexual networks. The South African sexual web is similar to information-technology networks with built-in redundancy: when one transmission node in the Internet breaks down, others take over and information continues to flow. The Ugandan network, Thornton believes, is more fragile. Government and community initiatives knocked out key transmission hubs and the whole network collapsed.

Uganda, even with the recent upsurge in infections, can justifiably look back with pride at its track record of HIV management. 'More of the same', with some fine-tuning as the epidemic evolves, is an adequate prescription. South Africa can learn much from Uganda's success.

What should the rest of the world do? Estimates of annual HIV infections have moved dramatically up and down in many countries in recent years, not because of actual changes in the number of new cases, but owing to refinements in the techniques used to measure them. However, the HIV epidemic seems to have peaked years ago in the United States and parts of Asia. The dreaded generalized epidemic of the South African kind has not, and probably will not, come to pass in populous China and India. HIV/AIDS prevention advocates, especially those who work for the Joint United Nations Programme on HIV/AIDS, are being cast as villains who are diverting resources away from other medical problems, such as diarrhoea

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and pneumonia, that continue to kill millions. Meanwhile, even if global HIV transmission comes to a complete halt tomorrow, bills for the treatment of those who are currently infected will keep coming in and will need to be paid for decades by governments, donors, family members or patients themselves. Prevention efforts continue to make economic and humanitarian sense: an infection prevented today equals a lifetime of medical costs saved.

Unimagined Community shows how "social butterflies" and "open skies" are equally important for the transmission of HIV. The transmission networks are sustained by highly mobile infected people who change their sexual partners frequently. Thornton makes a strong case for uncovering the social factors that power these networks, and for developing new prevention efforts to counter them. Sex is a social act, not just a behaviour, so it follows that social interventions are necessary to curb the flow of infection.

The failure of ABC messages — "Abstain, Be faithful, use Condoms if you must graze" — to interrupt HIV transmission must be viewed in the light of Thornton's study. Sexual networks need to be understood and targeted alongside individual behaviour change. It is time to recruit anthropologists with the training and experience to carry out a professional analysis. ■

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Patients must have confidence in vaccines to maintain high levels of protection against disease.

Injecting trust into vaccines

Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure
by Paul A. Offit
Columbia University Press: 2008. 328 pp. $24.95, £14.95

Paul Offit's distinguished academic credentials and long-standing advocacy for vaccines in the United States provide the weight behind this forceful book. *Autism's False Prophets* focuses on the people and events in that country that were central to the claimed link between vaccination and autism. Written with passion, authority, bluntness and literary skill, it largely lives up to the back cover's promise of a 'page-turner'.

The text is rich in heroes and villains. The villains include litigious parents, publicity-seeking journalists, politicians, lawyers and environmental activists, lobbyists and expert witnesses. An assortment of quacks, zealots and incompetents, frequently from within the medical or allied professions, complete the roll-call of 'false prophets'. No wonder the public struggles to use good science as the sole arbiter for rational behaviour.

Offit does not underestimate the emotional and financial strains on parents whose children have autism, their compulsion to apportion responsibility for presumed damage, or their rich and positive experiences with their autistic offspring. He is sympathetic to parents who, impatient with the "glacial pace of medical research", all too often succumb to fashionable cures that fail to deliver. He dismisses the 300 or so US physicians who practice alternative and sometimes damaging 'remedies' for autism as "a cottage industry of false hope".

Two chapters cover the measles, mumps and rubella (MMR) vaccine controversy in the United Kingdom. In 1998, physician Andrew Wakefield published a highly flawed study in *The Lancet* proposing a 'link' between the MMR vaccine and autism. At a preceding press conference, he advocated the separation of MMR into three vaccines until the issue of safety was 'resolved'. Offit lays bare the weaknesses of Wakefield's discredited assertions and the questionable ethical practices associated with his work as a physician. Offit also covers the extensive, often uncritical reporting of Wakefield's view by the UK press, which collectively promoted the unwarranted public anxiety still responsible for the dangerously diminished uptake of the MMR vaccine in the United Kingdom.

Later chapters tell the tale of the mercury-containing compound thimerosal, used since the 1940s as an effective, convenient vaccine preservative. By the late 1990s, some vaccine scientists in the United States were calling for the precautionary abandonment of thimerosal. They feared the rare possibility of subtle neurological and psychological effects from the preservative, although evidence is negligible. In 1999, the US vaccine authorities announced the removal of thimerosal from vaccines, using tortuous sentiments to reassure: "The current levels of thimerosal will not hurt children, but reducing those levels will make safe vaccines even safer." In a chapter entitled 'Mercury Rising', Offit vividly describes how such weasel words opened the floodgates of public concern. Here, he misses an opportunity for international comparisons of scientific and public attitudes — thimerosal anxiety was mainly a US fixation, even though the same preservative was used in the United Kingdom and other countries.

Public belief that vaccines cause autism soon escalated, fuelled by environmentalists, lawyers, politicians and opportunistic scientists publishing in journals of mixed repute. The chapter 'Mercury Falling' describes how the accumulating scientific evidence, from more than 200 epidemiological and other analyses, led scientists to refute the notion that thimerosal causes autism. A major factor was that even after the abandonment of thimerosal, rates of autism continued to increase. Over time, the preservative was exonerated to the satisfaction of most critics.

In bemoaning today's withdrawal of trust

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