

Social Misery and the Sanctions of Substance Abuse: Confronting HIV Risk among Homeless Heroin Addicts in San Francisco



Philippe Bourgois; Mark Lettiere; James Quesada

Social Problems, Vol. 44, No. 2 (May, 1997), 155-173.

Stable URL:

<http://links.jstor.org/sici?sici=0037-7791%28199705%2944%3A2%3C155%3ASMATSO%3E2.0.CO%3B2-R>

Social Problems is currently published by University of California Press.

Your use of the JSTOR archive indicates your acceptance of JSTOR's Terms and Conditions of Use, available at <http://www.jstor.org/about/terms.html>. JSTOR's Terms and Conditions of Use provides, in part, that unless you have obtained prior permission, you may not download an entire issue of a journal or multiple copies of articles, and you may use content in the JSTOR archive only for your personal, non-commercial use.

Please contact the publisher regarding any further use of this work. Publisher contact information may be obtained at <http://www.jstor.org/journals/ucal.html>.

Each copy of any part of a JSTOR transmission must contain the same copyright notice that appears on the screen or printed page of such transmission.

JSTOR is an independent not-for-profit organization dedicated to creating and preserving a digital archive of scholarly journals. For more information regarding JSTOR, please contact support@jstor.org.

Social Misery and the Sanctions of Substance Abuse: Confronting HIV Risk Among Homeless Heroin Addicts in San Francisco*

PHILIPPE BOURGOIS, *San Francisco State University*

MARK LETTIERE, *University of California, Davis and San Francisco State University*

JAMES QUESADA, *San Francisco State University*

Participant observation fieldwork among street-level heroin injectors in San Francisco demonstrates the need for contextualized understandings of how power relations structure individual behavior in the transmission of HIV. Problematizing macro/micro dichotomies, we explore how externally-imposed power constraints are expressed in everyday practices constituting differential HIV infection rates within distinct population groups. The pragmatics of income-generating strategies and the symbolic hierarchies of respect and identity shape risky behavior. The political economy and symbolic representations of race, class, gender, sexuality, and geography organize chronic social suffering and distort research data. Traditional paradigms of applied public health elide power relations and overemphasize individual behavior. Ignoring the centrality of power prevents a full understanding of the who, why, how, and where of HIV infection.

By the second decade of the AIDS epidemic, public health research has compiled a large epidemiological data base on the propagation of the HIV virus in the United States (Centers for Disease Control 1996; National Research Council 1993). HIV-prevention researchers, however, still confront major questions on how and why the epidemic spreads in different geographic and social patterns (Coates et al. 1990; Laumann et al. 1994). The precise behavioral dynamics facilitating HIV transmission among vulnerable people are inadequately understood and subject to bitter polemics. The often technical debates express deep ideological schisms regarding biology and public policy, identity politics, and cold war discourses on citizenship and individual rights (Bolton 1992, Broadhead and Margolis 1993; Caldararo 1996; Duesberg 1995; Epstein 1996; Fernando 1991; Fumento 1990; Schepher-Hughes 1993). The very methods and paradigms that the public health community relies upon to conceptualize HIV risk and treat substance abusers prevent us from understanding how AIDS is propagated. Bio-medically oriented researchers have an underdeveloped theoretical framework for addressing the prolonged everyday suffering and ecstasy of street addicts. More specifically, the power relations that constitute unsafe practices do not enter into epidemiological correlations. Following the tenets of methodological individualism and psychological behaviorism, most researchers treat unsafe practices as instances of individualized decision-making writ

* We are indebted to Steve Koester for drawing our attention to "indirect sharing" in late 1980s. Mike Agar obtained pilot funds for this research from the Community Epidemiological Working Group (NOIDA-3-5201) directed by Nick Kozel at the National Institute on Drug Abuse (NIDA). The project subsequently was funded on an interim basis by Public Service Contract 263-MD-519210 administered by Susan Coyle in Richard Needle's office at NIDA's Community Research Branch. It received NIDA grant (R01 DA10164-01) in March, 1996 when James Quesada joined the project as co-Principal Investigator and Mark Lettiere became the Principal Ethnographer. We thank Maxwell Burton, Joelle Morrow, Raul Pereira, and Jeff Schonberg for their part-time ethnographic input.

large, when in fact such behaviors are contradictory outcomes of politics, economics, ideology, and culture. Our critique of public health research operates on two related levels: 1) the methodological, in which we argue for participant-observation and offer concrete ethnographic descriptive analyses of risky practices; and 2) the theoretical, in which we conceptualize these everyday risky practices as intricately woven into the fabric of macro-power relations. Power refers here to the distribution of resources, the exercise of agency, and the institutionalization of social control in the production of social inequality. With respect to substance abuse, this points to the politics of social sanctioning and stigma around the uses and misuses of pleasure (Foucault 1980; Goffmann 1963). Ethnography is well situated to build on the insights provided by sociologists who problematize the relationship between insider and outsider knowledge claims and the ownership of social problems (Best 1990; Gusfield 1981; Reinerman and Levine 1989; Spector and Kitsuse 1977).

Our theoretical concerns with the centrality of power relations in propagating HIV have pushed us to link our ethnographic data on micro-level network-based hierarchies to macro-structural dynamics of constraint and resistance. In collapsing these macro-to-micro, structure-to-agency, and theory-to-method distinctions, we have found Foucault's work especially insightful — specifically his conceptualizations of 1) bio-power (1978:140-144; 1980:139-140); and 2) power/knowledge (1980). Bio-power refers to the ways historically entrenched institutionalized forms of social control discipline bodies. In the context of HIV and substance abuse a wide range of laws, medical interventions, ideologies, and even structures of feeling express bio-power (Caputo and Yount 1993; Dean 1994; Fitzpatrick 1992; Foucault 1982:208-226; Ong 1996; Williams 1977). With respect to heroin addicts, this ranges from: the prescription of methadone addiction; to such popular rhetoric and political campaigns as "just say no," and "three strikes and you're out"; the social scientific claim that "addiction is a disease"; and even more subtly, the ways taboo pleasures are pursued. Power/knowledge refers to the emergence of academic, medical and juridical disciplines as central components of social control through the construction of epistemological frameworks defined as legitimate science and health. The power/knowledge insight is particularly useful for our methodological/theoretical critique of public health's reaction to the HIV epidemic. It addresses how moralizing judgements define "normal" permissible behaviors and "worthy" categories of individuals, in both scientific and popular discourses.

The Power of Ethnography

One does not have to cite Foucault or privilege post-structural debates about history, the state, and discursive practices to be dissatisfied with the inadequacies of applied HIV prevention research and outreach. Even though public health researchers treat individual behavior as the crucial unit of risk analysis, they cannot explain or even document with any certainty the relative risks of specific behavioral practices. The quantitative research designs of most HIV-prevention studies do not measure accurately the intimate practices of vulnerable people. From a straightforward positivist perspective, it is naive to expect to generate valid data bases by administering questionnaires that pay addicted respondents to self-report socially stigmatizing behaviors. Indeed public health researchers have vigorously debated the limitations of self-report accuracy (Hahn et al. 1992, Haverkos and Jones 1994, Jones et al. 1994; Huang et al. 1988; McNagny and Parker 1992; Schepher-Hughes 1993; Watters et al. 1992). This is part of a larger critique of epidemiological methods and their theoretical limitations (Davey et al. 1990; Krieger and Zierler 1996; Susser 1994; Trostle and Sommerfeld 1996).

Quantitative analysis predominates in substance abuse research; there has been virtually no substantial dialogue between quantitative and qualitative researchers. The intimate practices of vulnerable populations rarely have been rigorously documented in their indigenous,

natural contexts through direct observation. Although dozens of epidemiological and survey-based qualitative studies incorporate ethnographic components, none of these major research initiatives systematically collect participant-observation data (Carlson et al. 1994; Dunlap et al. 1990; Koester 1996; Wiebel 1988). Anthropology's version of ethnography, predicated upon participant-observation involving long-term, organic immersion does not appear in public health publications. Even such compromised versions of ethnography as qualitative interviewing are invariably subordinated to the primary goal of collecting statistical data in a probabilistic sampling framework (see critique by Trotter et al. 1995). Indeed ethnography is sometimes referred to as a handmaiden for statistics (Agar 1996; Koester 1992; Singer 1996).

The marginal role that participant-observation research has played in the AIDS epidemic sharply contrasts the initially influential ethnographies of drug subcultures in the 1950s through the 1970s (Agar 1973; Becker 1953; Feldman et al. 1979; Finestone 1957; Preble and Casey, Jr. 1969; Weppner 1977). None of the old literature, of course, addresses HIV. What little recent literature exists confines itself to the descriptive empiricism of structural functionalism, symbolic interactionism, and ethnomethodology (Williams 1992; Adler and Adler 1983).

Within the positivist paradigm of constructing testable hypotheses, epidemiological researchers fail to consult ethnographers to help them explain the plethora of counter-intuitive data that they sometimes publish; instead, they frequently report anomalistic statistics as puzzles, uncertainties, or "noise." Ethnographers might be able to reinterpret the information in a contextualized processual framework, to explain it as the result of predictable distortions in self-report bias, the outcome of systematic sampling discrimination, or evidence of proxy variables revealing other important social dynamics (see Bolton 1992, Elison et al. 1995). For example: 1) rinsing syringes with bleach has been described as ineffective because injectors report they have safe sex and always rinse their needles with bleach, yet they still seroconvert (Vlahov et al. 1994:765); 2) bleach use and needle sharing do not correlate with HIV status (Moss et al. 1994:226); 3) needle exchange patrons have higher seropositivity than non-exchangers (Bruneau et al. in press; Hankins in press); 4) intravenous drug-using African Americans share needles less than whites yet have significantly higher infection rates (Guydish et al. 1990; Watters et al. 1994a:118-119), including up to four-times higher seroconversion rates (Moss et al. 1994); 5) sexual- and injection-related variables are irrelevant to the HIV status of female injectors (Watters et al. 1994a); 6) studies disagree about whether crack use does (Zolopa et al. 1994) or does not (Watters et al. 1994b) correlate with HIV infection among African Americans in San Francisco; and (7) several San Francisco studies find suspiciously high rates of condom and bleach use among injectors (Watters 1994; Dorfman et al. 1992).¹

Despite the methodological and theoretical limitations of most public health research, we do not suggest that applied research concerns be jettisoned. The positivistic questions around the who, how, and why of HIV infection are worthwhile — even urgent — for street addicts. HIV infection rates differ dramatically across the social categories that organize power in most societies and across the globe: ethnicity, class, gender, sexual orientation, age, and geographic location. Instead of limiting ourselves to a biomedical explanation of asynchronous viral introduction into demographically localized populations marked by differential individual behavior patterns, a theoretical understanding of the political economy and symbolic violence of these social markers might allow us to explain, for example, why African Americans have disproportionately high HIV infection rates, or why Latino — especially Puerto Rican —

1. For example, an epidemiological, self-report study documents that bleach use rose from 3% to 89% among injectors in San Francisco between 1986 and 1992 with 52% using bleach 100% of the time in 1990 (Watters 1994). Rarely have we seen bleach used during our three years of intensive ethnographic immersion among street addicts in San Francisco, despite observing well over one thousand injections.

seroprevalence is spiraling upwards (Centers for Disease Control 1996). Regretfully, epidemiological researchers primarily document trends, rather than explain processes, and they do not engage central debates in social science theory. This is reflected in the types of questions they ask and the modest, descriptive explanations they usually tender.

Substance abuse literature that examines power dynamics critically is relegated to journals or edited volumes outside the purview of public health and rarely receives federal research funds. For example, a critical perspective has emerged among medical anthropologists, who address the interface between structural constraints and individual action (Farmer 1992; Singer 1994; Singer and Baer 1995). Drawing from political economy (Carlson 1996; Koester 1994), but also sensitive to social constructionism and postmodernism, these critical perspectives examine social marginalization under the broadened rubrics of "embodied social suffering," "everyday violence," and the "politics of trauma" (DiGiacomo 1992; Kleinman 1996; Quesada in press; Scheper-Hughes and Lock 1987). Critical researchers interrogate the inappropriate categories of public health and the inadequacy of conceptualizing individual risk factors for contracting HIV (Herdt and Lindenbaum 1992).

Research Site

In November 1994, the principal author (Bourgois) immersed himself in the shooting galleries and homeless encampments of a network of heroin addicts living in the bushes of a public park in downtown San Francisco.² In 1996, this expanded into a federally-funded ethnographic team project charged with documenting risky injection practices. After two years of almost daily visits and occasional overnight stays we have developed a warm, respectful rapport with over two dozen homeless heroin addicts who run and inhabit the shooting encampments, and who sell drugs to a larger cohort of some 75-100 addicts and "chippers" (occasional injectors). We have around-the-clock access to the shooting encampments, full permission to tape record, photograph, videotape, and otherwise observe and interview the core network of addicts. This allows us to document the complex dynamics of intensive heroin addiction: from overdoses, to middle-of-the-night heroin and alcohol withdrawal symptoms, to early morning sickness and craving fits. It exposes us to the subtle interpersonal power hierarchies, hidden income-generating strategies, and the repeated mutual betrayals and everyday violence that organize their precarious lives.

During the first year most members of the core network were white, middle-aged males, although there were several Latinos, one Asian Pacific Islander, and a peripheral cohort of African Americans. Subsequently, five African Americans established themselves full-time in the core network's main shooting encampment. All primary network members have physical and emotional dependencies on heroin and most also drink large quantities of fortified wine (Cisco Berry brand). Almost all binge on crack when they have surplus cash, but their drug of choice and physical necessity is heroin. They all identify themselves as "dope fiends" (Preble and Casey 1969) and occasionally insult one another for being "wannabe dope fiends" and "winos," or, in the case of the African Americans, "crackheads" and "crack monsters." In other words, they construct their self-respect around illegal heroin addiction — not legal alcohol or illegal crack — despite often having physical or psychological addictions to all those substances simultaneously. They invariably exaggerate their levels of physical dependency on heroin. In fact, they are both proud of and aghast at being heroin addicts. They generate most of their income through a combination of day labor, panhandling, recycling, and petty survival crime (primarily shoplifting and car and warehouse burglary). As we will

2. This research is protected by a Federal Certificate of Confidentiality and all identifying names and locations have been changed.

demonstrate, economic constraints and conceptions of self-respect influence the risks an individual is likely to take on any particular day.

Logistical Contexts for Risky Injection Practices

Network members share ancillary paraphernalia almost every time they inject heroin. Usually this takes the form of sharing water from the same cup, and a cotton filter from the same "cooker" (the bottom of a crushed aluminum can, a metal bottle top, or a spoon) in which the heroin is stirred and dissolved in water while being heated over a match or candle flame. We have seen the lowest-prestige members of the core network re-use the still-warm, blood-contaminated syringes of their companions without rinsing them with water. They sometimes sell or give as a favor to one another loaded syringes that occasionally contain visible traces of blood. When we try to stop them or warn them of the risks involved, they usually ignore us or become angry at us for interrupting them. It is noteworthy that all network members have been contacted by community-based health outreach workers who admonish them not to share any injection paraphernalia whatsoever, including cookers. They also patronize San Francisco's needle exchange program on a semi-regular basis; it is their primary source of clean syringes.

Initially, we suspected that this network of homeless users was anomalous because of the extent of their paraphernalia sharing. After further contextualizing the logic for why they share so regularly, and after consulting comparative literature, however, we found that the urgent necessities of fragile income-generating strategies mandate these risky practices (cf. Connors 1994; Koester 1996; Page et al. 1990). It is important to differentiate our power perspective on the logics and meanings of sharing from the early symbolic interactionist interpretations of needle sharing as an exotic bonding ritual (Des Jarlais 1986).

Until 1996, when prices dropped in half on San Francisco streets, heroin was sold primarily in \$20 units of "Mexican black tar." The product is approximately half the size of a standard pencil eraser and is referred to as a "quarter gram" even though it inevitably weighs considerably less. The awkward consistency of black tar heroin (something between wax and tar) makes it a difficult substance to partition with a knife or razor blade as it is brittle when cold and gooey when warm. The only accurate way to divide a "bag" of black tar is to dissolve the entire portion that is being shared in a communal cooker using a measured quantity of water. The cooker is briefly heated and its contents are stirred with the tip of the plunger of a (not-necessarily-clean) syringe to ensure that the heroin is fully dissolved. The solution is then drawn into separate syringes so that the portions can be carefully calibrated and compared. Each injector receives the precise number of liquified units proportional to the amount of money he or she contributed toward the purchase of the bag. If one person draws too much heroin solution, the extra contents of his/her not-necessarily-clean syringe are dumped back into the communal cooker for others to share. Thus, accuracy, fairness, and generosity all augment risk. Homeless street injectors, especially those dependent on some form of panhandling, recycling, or petty shoplifting to generate their income, usually are unable to accumulate \$10 or \$20 before they are overwhelmed by physical and emotional urges to inject heroin. Consequently, many of San Francisco's street injectors pool resources with one or more "running partners" to "share a bag" several times a day. Even when running partners do not pay for their share, they incur moral debts in a complex gift-giving economy (Bourdieu 1996) obliging them to contribute a "taste" of heroin in the near future. The only other way of saving a portion of a bag is to draw the dissolved contents into a syringe, recap it, and hide it in a sock for future use. In addition to placing addicts at risk of arrest should they be stopped and searched by the police, storing heroin in ready-to-inject form is difficult when one is overwhelmed by a desire for the drug.

On a daily basis, consequently, risky needle practices are an integral part of the micro-strategies that street addicts use to prevent themselves from becoming "dope sick," to minimize the risk of arrest, and to construct reliable social networks. They have to calculate how much heroin to inject at each session and at what time intervals. Ideally, they attempt to dose themselves in small enough portions to maximize the efficient absorption of heroin into their bodies without raising their habits. They frequently discuss the status of their physical addictions and criticize "greedy" network members who increase their body's physical tolerance by shooting large quantities alone. Most addicts can keep the physical and emotional pains of heroin withdrawal at bay by injecting only half or even a third of a standard street bag of heroin. By sharing, consequently, they wittingly or unwittingly ensure that four to six hours later they will still have money (or a debt obligation from a reliable partner) for another share of heroin. In contrast, when they inject an entire bag alone they often go into a heavy heroin nod for three to four hours, reducing their capacity to hustle effectively and leaving them six to eight hours later with intense cravings, but no money or debt obligations. Another dynamic in the complex pragmatics that encourage addicts to inject in social groups is the risk of overdose due to the variable quality of illegal street heroin. Only after Bourgois was forced to provide mouth-to-mouth resuscitation to a peripheral network member who overdosed did we begin to understand the survival imperative of the often ignored street dictum "never fix alone."

Identity, Income Generation, and the Details of Risky Behavior

The micro determinants of risky everyday practices are not self-contained. They reflect a complex panoply of macro-power dynamics. The politics of illegal syringes and the precariousness of income-generation strategies in the underground economy affect everyday risk-taking practices (Carlson et al. 1994; Koester 1994). A crucial nexus of these micro-politics of survival defines the notions of personal respect that organize social interaction on the street. Indeed, the search for respect and economic security are central organizing dynamics of street culture that shape the propagation of HIV (Anderson 1978; Bourgois 1995; Finestone 1957; Hughes 1977; Wacquant in press).

Ironically — but not surprisingly — street-based identity hierarchies are reflected in popular discourses of individual worth and public health outreach modalities of behavior modification. Moralizing narratives of individual responsibility reveal themselves in the absolutist public health messages put forward by even the most sensitive, street-based outreach programs that miscalculate the prevalence of risk-taking among street addicts. Ethnographic immersion in shooting encampments reveals the "normalcy" with which needles and paraphernalia are routinely shared in homeless street scenes. Indeed, as participant-observers spending long hours in the shooting encampments, we found ourselves seduced by the routinization of HIV risk and often ceased noticing potentially risky health behavior.

Pragmatic reasons and internal logics abound for why drug users who are fully aware of the risk of AIDS and of the mechanisms for HIV transmission share ancillary paraphernalia on a regular basis and even use dirty needles on occasion. Virtually all the core members of our network admit that when they suffer from heroin withdrawal — or even anticipate it — they use "any old needle; hell! Even a Bic pen if it's around" (see also Connors 1994). Sometimes up to four people must pool resources in their desperation to ward off withdrawal symptoms, especially at early morning and late-night injection sessions.

On the street, the standard public health outreach messages of "bleach it" or "never share water, cookers, cottons or needles" insult addicts who cannot maintain their dope fiend identity and "stay well" (both physiologically and emotionally) if they do not share ancillary paraphernalia on a daily basis several times a day. These hypersanitary outreach messages

exemplify how the medical establishment morally rebukes street addicts by promoting unrealistic slogans laden with symbolic violence that relegate street addicts to the category of self-destructive other — hence, the utility of Foucault's concept of bio-power. In our tape recorded conversations on several occasions, we were forced into an awareness of ourselves as agents of this no longer nebulous bio-power, as we offended network members with the mildest outreach messages:

Philippe: What about sharing? You know of the risks?

Hogan: Ain't no dope fiend out here gonna turn down no forty units [a syringe filled with 40 units of heroin] if he's sick. I mean, I'm serious, he just ain't gonna fuckin' do it.

Philippe: But don't you worry about HIV?

Hogan: Yeah [pause] . . . But fuck no! [Silence]. You give any motherfucker out here a motherfuckin' taste of forty units, and even if the man has any kind of knowledge about you having AIDS or something, he ain't gonna give a fuck. If he's sick, he's gonna fix that motherfucker. I'm sorry, that's the gospel fuckin' truth.

Philippe [turning to Butch]: Has that happened to you?

Butch: Oh, c'mon, man, you know! Don't ask me that question. [Angry] You know damn well it has, man! Happens to everybody a million times. Okay?

Philippe: Okay, okay I'm sorry, man . . . didn't mean to offend you. We were just trying to get our AIDS prevention rap out. Sorry.

Butch [putting his hand on Philippe's shoulder and calming down]: Yeah, yeah. I'm sorry; that's cool. We know you're in the health AIDS business and all. It's okay. I mean most of us try to be careful most of the time.

Even politically committed harm reduction activists unconsciously impose what Foucault calls "normalizing judgements" on street addicts (Dreyfus and Rabinow 1982:156-158). Their well-meaning self-help messages of harm reduction resonate with middle class users, but further alienate street addicts. The extreme marginality imposed on anyone who becomes a full-time homeless "dope fiend" confines them to a social universe of mutual betrayal and auto-destruction that most middle class harm reducers do not empathize with and prefer to deny.³ Although individual heroin addicts — like everyone else — construct complex visions of their own moral authority, they virtually all recognize that a dope fiend in withdrawal has the right to use any means necessary to obtain a dose of heroin. Running partners — even lovers — regularly rip one another off on the street. Such behavior is considered intelligent, "street-wise" prowess.

For example, when Manny stole a loaded syringe that Butch had left unattended at a shooting encampment, Butch subsequently admitted, "Hell, I might'a done the same thing if I was sick too." His first reaction had been to attempt to beat Manny with an axe handle, but he allowed the other network members to hold him back while Manny escaped. The network members considered Manny's theft legitimate because Manny suffered from two painful abscesses on his buttocks that prevented him from walking around and panhandling on the street. In fact, they considered Manny to be smart and crafty for having executed the theft successfully while dope sick, without even leaving the encampment. The fact that the syringe that Manny stole had previously been used, and may have contained traces of Butch's blood, was considered irrelevant. Dope fiends do not have the luxury of refraining from stealing carelessly waylaid syringes out of fear of HIV infection when they are suffering from full-blown heroin withdrawal pains.

Biological and emotional imperatives mandate the frequency of risk-taking. We have witnessed network members succumb to extraordinarily painful seizure-like vomiting, which they casually refer to as "fish-flopping" or "doing the tuna." Under such conditions of physical and emotional duress, it is simply impossible for them to obey the dictates of sanitary

3. Despite these critiques of harm reduction, it is imperative to recognize that needle exchange in the mid-1990s was the most useful public health modality for curbing dirty needle use.

medical practices and refuse a syringe-full of heroin, no matter how obviously dirty or potentially HIV infected it may be.

Most network members take pity on running partners suffering from intense withdrawal pains and treat them for free to what is called a "cotton shot." This introduces the important dimension of the differential risks members incur during the same injecting session depending upon the effectiveness of their hustling strategy and their status within the social network. A cotton shot consists of the heroin and blood residues "pounded" out of a cotton remnant (sometimes an old cigarette filter) that was used in a previous injection session to filter heroin solution as it was drawn out of the cooker into each injector's syringe. The used cotton filter is re-wetted with water inside the same previously used cooker. The water used to re-wet the cotton and dissolve whatever heroin and blood residue still clings to the bottom of the cooker is also potentially dirty since it may have been used as rinse solution in earlier injection sessions.

Not all members engage in high-risk cotton shots with the same frequency. Only a low-prestige, economically unsuccessful member begs cotton shots regularly. Members with more successful income-generating strategies claim they never "pound cottons" and often humiliate those who regularly are reduced to "doing cottons." In fact, the lowest prestige member in our network is referred to disparagingly as "no-hustle-Hogan, the cotton bandit." He must assume a humble demeanor in front of the other network members to continue generating their gifts of dirty cottons.

Another small cohort within our network who are not necessarily low-prestige members, but who frequently engage in cotton shots, are those who establish independent shooting galleries in their encampments. Unlike New York City, where shooting gallery managers charge an officially recognized two dollar admission fee for access to the premises and paraphernalia rental (Bourgeois 1992), San Francisco Bay Area shooting galleries are less formal (Waldorf et al. 1990). The standard payment is "a taste" of whatever a client happens to be injecting. This taste usually takes the form of a "watery cotton," i.e., five to ten units of heroin solution left over in the bottom of the cooker in addition to the used cotton filter. The only advantage managers of shooting galleries have over those who beg cotton shots is that they sometimes succeed in developing special relationships with outreach workers or volunteers from the city's needle exchange program, allowing them to maintain a cache of clean syringes for their personal use even when only dirty ones are available for lending to visitors. Indeed this kind of needle exchange outreach relationship with a shooting gallery manager was what facilitated our initial entry into our research site.

Shooting gallery managers often engage in and promote risky practices when visitors arrive with bonus supplies of diverse drugs and alcohol and initiate binge sessions. During binges, the gallery manager is treated to exceptionally large portions of whatever is being consumed, and this can degenerate into chaotic needle use — especially when cocaine or crack is involved. Addicts often engage in bloodier methods of injection during binges as they publicly express their companionship in their search for ecstasy. For example, individuals who normally inject intra-muscularly often will attempt to strike a vein ("direct deposit") during a binge session, thereby filling their syringes with exceptional amounts of blood as they probe for several minutes into their collapsed veins. Others with strong veins often "boot" and "jack" their injections under the appreciative eyes of their fellow bingers (i.e., draw blood in and out of the syringe upon registering in a vein) in their communal celebration of ecstasy: "Moby Dick! Thar' she blows! [as blood flows into the syringe]."

Rather than understanding binge sessions as merely pathological rituals of deviant individuals, we need to situate them within the power dynamics that produce such everyday practices. For example, binge sessions are "regulated" and promoted by state institutions. During the first few days of each month, and to a lesser extent in the middle of the month, federal and state transfer payments (General Assistance [GA], Social Security Insurance [SSI],

and Food Stamps) energize the street economy.⁴ Overjoyed at suddenly having cash street addicts often celebrate generously by treating one another to drugs and alcohol. This leads to a proliferation of binge sessions and gift exchange obligations where individuals engulfed in opportunistic pursuits of ecstasy often take risks that they would not routinely engage in simply because the drugs are free and immediately available. Bingeing is exacerbated during seasonal holidays when panhandling and shoplifting are facilitated. On a deeper level, the binge impulse itself can be understood as a resistance to society's disciplining the uses of pleasure — hence the outlaws' ecstatic commitment to overstimulating their bodies: "Everyday is Christmas. Get it while the gettin's good."

Race, Class, Gender, and Sexuality

Despite a superficial veneer of multi-ethnic interaction in street drug scenes, our ethnographic data reveal that addicts harbor bitter divisions across ethnic divides, especially between African Americans and other ethnic groups (Anglos, Latinos, and Asians). The core members of our social network, for example, remain largely ethnically segregated at the level of social interaction. During the first year-and-a-half of our fieldwork, African Americans rarely visited the shooting encampments, even though the immediately surrounding community is primarily African American. This quasi-apartheid organization became even more dramatic during our fieldwork's second year when an African-American customer of the main dealer moved into one of the shooting encampments. As if replaying the patterns of white flight in middle class suburban communities, within two months, the four white injectors who formerly inhabited this particular encampment moved to another site, and three new African-American injectors took their place. Two months later, the Latino dealer still residing in the original encampment also moved out and joined the white encampment, complaining matter-of-factly, "the niggers have taken over."

In contrast to the more broken down beggar/wino identity that the white dope fiends cultivate, both male and female African-American addicts in our network embrace a more oppositional outlaw identity. Their income-generating strategies are less dependent upon panhandling and involve riskier forays of burglary and shoplifting. This renders them more effective at obtaining windfall profits which they often spend on all-night speedball (heroin and cocaine) injections and crack-smoking marathons.⁵

African-American addicts in our network usually strive to make direct deposits from their syringes into their veins, rather than diffusing them intramuscularly. In contrast, most of the white injectors simply "muscle" their shots due to their collapsed veins. They do not even roll up their sleeves, instead injecting right through their clothes. One African American who has weak veins in his arms prefers to inject into the jugular vein in his neck, rather than dissipate the ecstasy by an intramuscular injection. He refuses to accept the social status of "broken down dope fiend who muscles." Direct depositing visibly increases the amount of blood in syringes, and consequently augments the potential of HIV. Furthermore, the African Americans are more likely to "jack" their speedballs, or their binge doses of heroin, i.e., draw blood in and out of their veins several times during their injection:

4. It is important to specify that the faltering institutional remnants of the U.S. safety net for the indigent homeless also provide avenues for reducing risk and violence. Addicts who regularly receive SSI, GA, and/or Food Stamps usually enjoy greater stability, commit less crime, and are often better able to engage in positive social interaction and personal harm reduction than those who are completely independent.

5. Because crack rather than powder cocaine is primarily available in black street scenes the African-American addicts dissolve the crack they purchase back into injectable cocaine hydrochloride form by adding lemon juice extract to their cookers.

Lady in red, give daddy some head . . . come back little Sheba [drawing blood into the syringe]; Hit the road Jack, [partially reinjecting] and don't you come back . . . no mo' . . . no mo' . . . [redrawing blood into the syringe].

The white addicts, in stereotypical essentialist language, define jacking and neck injections as "something niggers do."

More subtly, the African-American addicts in our network invest more energy than the whites to portray themselves as effective and autonomous street hustlers. They are prouder of being thieves than of being beggars and they desperately attempt to prove this to themselves and to one another by taking more dramatic risks. The effective hustler occupies a particularly central symbolic place in African-American street culture (Anderson 1976, Malcolm X 1964), expressed on a daily basis in intimate and public constructions of self-respect. They invest money and energy in fashionable clothes; take pride in committing larceny ("hitting a lick"); engage in more frequent displays of violent bravado; celebrate their confrontations with the police; and triumphantly cultivate binge behavior around crack use and speedballing. Two African Americans in the core network and several additional African American addicts on the network's periphery openly claim that they are still sexually active in contrast to all of the core white network members who admit being impotent. The whites dismiss our attempts to steer conversation towards sexual activity with the trite dismissal, "my lady is heroin." When we tried to distribute condoms early in our fieldwork, we were rebuked with "What do you want us to do with them? Have a balloon party?"

The interface of the African Americans with supportive public institutions is more precarious, from GA, Food Stamps, and SSI to San Francisco's Needle Exchange Program, its Methadone detox clinics, and the local public hospital. African Americans are more frequently searched or harassed by local police patrols, rendering it more dangerous for them than for whites to carry a clean syringe. They spend more of their daylight hours inside their encampments, coming out after dark on the street, when it is most necessary to cultivate a tough outlaw demeanor. While maintaining their autonomy and dignity they refuse to succumb to police practices and to generalized social depreciation, sometimes even taunting the authorities openly and challenging the general public. For example, they drink their fortified wine without a paper bag wrapping or shout at passing motorists who do not respect their right of way at crosswalks. They are less subservient panhandlers, sometimes crossing the line into overt aggression. All these complex factors ranging from definitions of personal identity and drugs of choice, to modes of defiance and experiences with institutional racism and illegal income-generating strategies, increase African-American HIV risk in our network. It also renders them more vulnerable to institutional repression and social exclusion.

Gender is a more partial and complex boundary maintaining mechanism that accelerates HIV transmission. Women primarily enter our network as subordinated partners to men but, conversely, they strategically hustle drugs and money through their acts of subordination. Although officially they are called "girlfriends" and sometimes engage in peripheral sex work, they usually do not have sexual relations with the men in the encampments, whose heroin habits have largely incapacitated them sexually. None of the men serve as intermediaries in the women's occasional sex work. On the contrary, the women extract more drugs and economic resources from the men than vice versa. Women often strategically frequent the encampments and shooting galleries when binge episodes are most likely to occur, such as when Social Service transfer payments are received. As noted earlier, opportunistic bingers are at particularly high risk of HIV infection.

The women in our network conceal the fact that they take advantage of the men's income by symbolically exaggerating subordination to "their old man." This protects them from being sexually harassed by peripheral members of the network who might still be aggressive sexually, and legitimizes access to boyfriends' drugs during binges. Another rape resistance strategy among women on the periphery of our network is "to act crazy and be all

dirty and smelly" (cf. Eighner 1993). This is especially the case for the crack addicts who fend for themselves without an "old man." All women who regularly have frequented our social network over the past two-and-a-half years symbolically reaffirm their subordination by claiming to be unable to administer their own injections. Their boyfriends, or trusted network members have to administer their heroin injections every time they use.⁶ This lack of physical control over needles and paraphernalia further increases their gender-specific risk-taking. Additionally, because most of the women also engage in occasional sex-work to maintain their habits, they are already at higher risk of HIV and STD infections. Significantly, their sex work customers are largely ethnically segregated, concentrated among the crack and alcohol users in a contiguous African-American network of non-injectors that congregates in the immediate neighborhood. Yet again, ethnicity, drug-use of choice, and gender articulate in crucial ways around risky practices.

Social class is probably the most monolithic, but least understood boundary maintaining mechanism in our social scene. Virtually all the addicts, including most of the peripheral ones, come from working-class, or even lumpen family backgrounds. Because of the extraordinary growth in California's economy since World War II, several parents of the white addicts now live middle class lifestyles, but the childhoods of all the addicts were universally working class or poorer. No middle class users regularly frequent the shooting encampments, even though several dozen middle class clients occasionally purchase from network members. Significantly on the few occasions when we have observed middle-class addicts or chippers inject in the street, they were trying to conceal their substance abuse from an employer or from friends and family. In other words, they were forced into unsanitary shooting galleries not because of economic constraints, but by the sanctions of substance abuse. Once again, we see the subtleties of bio-power in action: Heroin is not merely illegal and expensive, but also taboo, thereby fostering self-destructive oppositional identities of "wannabe dope fiend."⁷

Finally, in the male-dominated, homophobic street culture adhered to by the members of our network, openly gay or lesbian identities are forbidden. Nevertheless, we have been able to document two long-term gay relationships within the network. One is camouflaged as a "running partner" relationship between a duo who sold heroin together. The other was camouflaged at first by the two male lovers "running" with a lesbian who allowed one of them to pretend he was her boyfriend. Other male members of the network have confided that they generated income as gay sex workers in their youth, even though they "hated faggots." Significantly, the "passive" members in the male partnerships cannot inject themselves and rely on their partners to administer their doses of heroin in a re-creation of the symbolic gender subordination that pervades compulsory heterosexual relations. Despite these sometimes contradictory sexual identities, open discussions of homosexuality precipitate physical confrontation. We could not even begin to access data on this taboo subject until over a year into the fieldwork. Indeed, it was not until our third year that tales and accusations of gay activities became a routine part of conversation. The standard pattern is for network members to accuse those who have departed for long periods of time — usually due to incarceration — of being "that way."

6. The notable exception confirming the rule is Tammy who is able to inject herself intramuscularly but has a network member administer her direct deposits during binge sessions.

7. Middle-class chippers are especially susceptible to overdosing because of their inexperience in gauging street quantities and because irregular use fluctuates their physical tolerance for opiates.

Demystifying the Power of Epidemiology

At the very minimum, ethnography can increase the "accuracy" of information collected in large-scale surveys of risky behavior that rely on self-reporting. Currently many surveys are not even asking the right questions; they simply miss the central dynamics of HIV risk. For example, local epidemiological HIV-prevention projects have interviewed a main dealer in our network several times, yet they did not address the fact that he has a heavy "dealer's habit" with an irregular clientele at a precarious income-generating site that frequently causes him to be dope sick thereby forcing him to pool resources desperately. Instead, embarrassed by their questions about needle sharing, the dealer soft-pedaled his risk taking. Paid self-report scientific protocols designed to sample large numbers of street addicts are unable to document crucial social dynamics because of their single-minded pursuit of quantifiable variables. By forcing the behavioral sciences to mimic natural science paradigms, epidemiological protocols usually elide power relations and obfuscate the most significant parameters of social processes. Research questions become focused around discrete variables that are technocratic at best or completely arbitrary at worst. Despite an ideology of scientific neutrality, these analytic techniques reinforce a focus on individuals and pathology. This is most concretely expressed in public health's applied mandate of "individual behavior change." Public health researchers contact substance abusers through a questionnaire interview process that reaffirms social hierarchies and value judgements between knowledge experts and aberrant individuals. Street addicts usually do not want to appear stupid or offensive to a friendly interviewer. In fact they usually have at least partially internalized society's normalizing judgements and are depressed, ashamed, or ambivalent about their marginality. No matter how resistant they may be to these bio-power dynamics, deep down inside, they know they are failures. This is exacerbated when interviewers tell them that it has been clinically proven that HIV is spread by dirty cookers and that no one should ever share any ancillary paraphernalia.

The confessional context of paid self-report interviews and well-meant outreach messages humiliate addicts. Foucault has documented how a "discourse of science" and medicine imposes a "millennial yoke of confession" on Western bodies and minds, thereby marginalizing those who fail to discipline their abnormality (1978:61-64). If street addicts listen carefully to outreach workers or answer cross-checked self-report questionnaires honestly, they are made to appear self-destructive and irresponsible to both themselves and the interviewer. Virtually all our network members have told us that they distort their risky behavior on questionnaires. Often their motives are straightforwardly instrumental: "When I answer 'no,' it takes care of five pages right there." More subtly, they filter outreach messages through avoidance or cognitive dissonance. Hogan, who probably takes more injection risks than any other network member, reported to us the outcome of one of these paid, would-be confessional, intervention interviews:

Hogan: I said, yeah, I share rigs occasionally. You know. . . only if it is somebody I know that is clean — and this and that. I said I went down and took an AIDS test with them, we came back clean: so I said I shared with them.

Philippe: Why did you say that?

Hogan: Well, I thought it sounded good. Which is the truth, you know. . . . But not that I could really tell if they were HIV.

In fact, of course, Hogan shares ancillary paraphernalia every day, usually several times a day, and sometimes directly shares needles. He liked the researcher administering the interview protocol, so he tried to respond in what he thought was a socially appropriate manner. He participated in the dominating confessional ritual of the self-report interview protocol precisely because of the goodwill of his street-sensitive interviewer. On another occasion Hogan was more resistant; he told an interviewer that he only shared needles with his "Old

Lady." When we asked him why he bothered to make up this bizarre detail (he has not socialized intimately with a woman for over a decade), he protested: "Well it's true. I have been faithful to my Old Lady thirty years and she's heroin. I love her." Hogan was not making fun of his interviewer by fantasizing about his Old Lady Heroin. He was just trying to celebrate the dignity of his dope fiend reality by resisting the "truth imperative" of the self-report protocol (Foucault 1978:58-63).

With a fuller understanding of what takes place physically, socially, and emotionally in street-based injection scenes, we can begin to explain the actual processes that are reflected in epidemiological correlations in an effort to ascertain why, how, and when HIV is transmitted. Currently, for example, we simply do not know how risky it is to share ancillary paraphernalia, although given San Francisco's relatively low HIV infection rates among injectors (9 to 13%), we suspect that cookers, cottons, and water are not particularly effective routes for HIV transmission as compared to needle sharing without rinsing or to receptive anal sex without a condom. We will never learn the answers to these important public health questions if paid self-reporting on survey forms remains the standard methodological tool for collecting data on HIV risk-taking behavior.⁸ Of course, if paraphernalia laws are reformed and syringes become legal and publicly subsidized for street addicts in all states (as they are in Canada and in almost all European countries), then the question of the potential lethality of ancillary paraphernalia or of the relative prophylactic qualities of bleach versus water rinses becomes much less important.

Many street addicts are genuinely incapable of responding accurately to self-reports on direct and indirect sharing. The reality of their practices are too overwhelmingly dangerous and self-destructive for them to admit cognitively to themselves, or to anyone else, the extent of the risks they regularly engage in to maintain identities and bodies as dope fiends. "Denial" is a crucial defense/coping mechanism that enables them to survive proudly, and self-destructively as "righteous dope fiends." Indeed, denial may represent resistance to the yoke of confession (Foucault 1978:61). In any case, denial should not be understood as a reductionist psychological construct, but rather as the deployment of agency within a socially imposed survival strategy.

The need for denial to maintain oneself on the street as a full-time "hope-to-die-with-my-boots-on" dope fiend is intricately tied with the social coercion around substance abuse. The illegality, not just of heroin, but also of syringes in the case of California — as well as the laws against public intoxication or against sleeping in public — push addicts to inject their drugs in the unhealthiest possible nooks and crannies (Lettiere 1995). Laws and moralizing judgements prevent most addicts from maintaining stable income-generating strategies. It forces them to become "beggars and thieves" and isolates them in abusive social networks (Fleisher 1995). More subtly, the social repression of drug use encourages obsessive-compulsive binge behavior and violent interpersonal relations. It promotes unsanitary injection practices on the run in dark alleys or behind bushes. Indeed, it imposes the dope fiend identity on those surviving addiction on the street. The dramatically arbitrary contrast between legal methadone and illegal heroin illustrates the pharmacologically inconsistent logic of the medical establishment: the same employed, housed individuals who are rewarded and even subsidized by the state to become physically addicted to methadone will be fired if heroin is detected in their urine, despite the fact that there is no significant difference in the coordination or cognitive abilities of an individual mildly high on methadone versus one mildly high

8. Criminologists have elaborated graphs and equations to represent the greater disparity in crime self-report rates between African-American and white delinquent males (Hindelang et al. 1981:171). In one study "white males reported 90% of the offenses on their records while black males reported only 67% of the offenses listed on their official records, a ratio of 1.5:1 . . . (1981: 177-178)."

on heroin. The Swiss public health establishment's experiments with legal heroin maintenance in the mid-1990s suggest that heroin addictions may be as relatively manageable as methadone addictions (Nadelman 1996).

Risky Business: Promoting Public Health or Private Infections

Traditional public health research methods reflect the class and cultural biases of academia, medicine, and social services. Participant-observation among socially marginal substance abusers obliges researchers to confront a wide range of uncomfortable phenomena, from distressing odors and human pain to interpersonal violence, legal dangers, and the acute sexism and racism of street culture. It is only normal for intellectuals — like most stable middle class individuals — to be unwilling or unable to engage in the non-judgmental, culturally relative interaction required for effective ethnographic data collection among addicts on the street.

Ethnographic methods in and of themselves are obviously no panacea for HIV-prevention research. Data on everyday social suffering must be viewed through a theoretical lens that privileges power. Otherwise detailed accounts of the misery of daily life merely contribute to an exotic voyeurism that becomes yet another murky reflection in a scientific hall of mirrors that demeans the socially vulnerable. Conversely, theoretical analyses of power are all too often enmeshed in tangled webs of abstraction that may appear sophisticated but have little contact with social practices. If we are to intervene effectively in the AIDS epidemic in a manner that does not reproduce social suffering and the sanctions of substance abuse, we have to confront the multiple dimensions of power examined in this paper, being careful not to remove ourselves from concrete settings.

The challenge is not merely to access, document, and explain the dynamics of everyday suffering; but also to translate it into meaningful interventions that do not unconsciously reproduce structures of inequality and discourses of subordination. There are no technocratic quick fixes. Bleach and condoms, for example, will never definitively stem the tide of HIV infection because they are as much expressions of a repressive medical discipline as they are rationally implementable solutions. The spread and prevention of AIDS among substance abusers in the United States reaches to the heart of the collective experience of extreme social misery.

References

- Adler, Peter, and Patricia A. Adler
 1983 "Shifts and oscillations in deviant careers: The case of upper-level drug dealers and smugglers." *Social Problems* 31:195-207.
- Agar, Michael
 1973 *Ripping and Running: A Formal Ethnography of Urban Heroin Addicts*. New York: Seminar.
 1996 "Epnography? Ethnodemiology? Towards an epidemiology of the subject." Paper presented at conference "Integrating Anthropological Approaches in Epidemiological and Prevention Research on Drug Abuse and HIV/AIDS: Current Status and Future Prospects." National Institute on Drug Abuse and the American Anthropological Association, Washington D.C., Sept. 24-25.
- Anderson, Elijah
 1978 *A Place on the Corner*. Chicago: University of Chicago Press.

- Becker, Howard
1953 "Becoming a marijuana user." *American Journal of Sociology* 59:235-242.
- Best, Joel
1990 *Threatened Children: Rhetoric and Concern about Child-Victims*. Chicago: University of Chicago Press.
- Bolton, Ralph
1992 "AIDS and promiscuity: Muddles in the model of HIV Prevention." *Medical Anthropology* 14(2/4):145-185.
- Bourdieu, Pierre
1996 "Unwrapping the gift: On interest and generosity in social life." Colloquium delivered to the Anthropology Department, University of California, Berkeley, April 8.
- Bourgois, Philippe
1992 "Une nuit dans une shooting gallery: Enquete sur le commerce de la drogue a East Harlem." *Actes de la Recherche en Sciences Sociales* 94:59-78. [English version printed as "Just Another Night in a Shooting Gallery" Occasional Paper #18, Russell Sage Foundation, New York, 1991.]
1995 *In Search of Respect: Selling Crack in El Barrio*. New York: Cambridge University Press.
- Broadhead, Robert, and Eric Margolis
1993 "Drug Policy in the time of AIDS: The development of outreach in San Francisco." *The Sociological Quarterly* 34(1):3(1):497-522.
- Bruneau, Julie, Eduardo Franco, François Lamothe, Nathalie Lachance, Marie Desy, and Julio Soto
in press "High rates of HIV infection among injection drug users participating in needle exchange programs in Montreal: Results of a cohort study." *American Journal of Epidemiology*.
- Caldararo, Niccolo
1996 "The HIV/AIDS epidemic: Its evolutionary implications for human ecology with special reference to the immune system." *The Science of the Total Environment* 191:245-269.
- Caputo, John, and Mark Yount
1993 "Institutions, normalization and power." In *Foucault and the Critique of Institutions*, John Caputo and Mark Yount (eds.), 3-26. University Park: The Pennsylvania State University Press.
- Carlson, Robert
1996 "The political economy of AIDS among drug users in the United States: Beyond blaming the victim or powerful others." *American Anthropologist* 98:2:266-278.
- Carlson, Robert, Harvey Siegal, and Russell Falck
1994 "Ethnography, epidemiology, and public policy: Needle use practices and HIV risk reduction among injecting drug users in the Midwest." In *Global AIDS Policy*, Douglas Feldman (ed.), 185-214. Westport, Conn.: Bergin & Garvey.
- Centers for Disease Control
1996 *HIV/AIDS Surveillance Report: Year-end Edition 1995*. Atlanta, Ga.: Centers for Disease Control.
- Coates, Thomas, Don Des Jarlais, Heather Miller, Lincoln Moses, Charles Turner, and Dooley Worth
1990 "The AIDS Epidemic in the Second Decade." In *AIDS: The Second Decade*. Heather Müller, Charles Turner, and Lincoln Moses (eds.), 38-80. Washington D.C.: National Academy Press.
- Connors, Margaret
1994 "Stories of pain and the problem of AIDS prevention: Injection drug withdrawal and its effects on risk behavior." *Medical Anthropology Quarterly* 8:1:47-68.
- Davey, Smith G., Mel Bartley, and David Blane
1990 "The black report on socioeconomic inequalities in health 10 years on." *British Medical Journal* 301:373-377.
- Dean, Mitchell
1994 *Critical and Effective Histories: Foucault's Methods and Historical Sociology*. London: Routledge.
- Des Jarlais, Don, Samuel Friedman, and David Strug
1986 "AIDS and needle sharing within the IV drug use subculture." In *The Social Dimensions of AIDS: Method and Theory*, Douglas Feldman and Thomas Johnson (eds.), 111-125. New York: Praeger.

- DiGiacomo, Susan M.
1992 "Metaphor as illness: Postmodern dilemmas in the representation of body, mind and disorder." *Medical Anthropology Quarterly* 14:109-137.
- Dorfman, Lorie, Pamela Derish, and Judith Cohen
1992 "Hey girlfriend: An evaluation of AIDS prevention among women in the sex industry." *Health Education Quarterly* 19(1):25.
- Dreyfus, Hubert, and Paul Rabinow
1982 *Michel Foucault: Beyond Structuralism and Hermeneutics*. Chicago: University of Chicago Press.
- Duesberg, Peter
1995 "Is HIV the cause of AIDS?" *The Lancet* (Nov. 18) 346:8986:1371-1372.
- Dunlap, Elois, Bruce Johnson, Harry Sanabria, Elbert Holliday, Vicki Lipsey, Maurice Barnett, William Hopkins, Ira Sobel, Doris Randolph, and Ko-Lin Chin
1990 "Studying crack users and their criminal careers: The scientific and artistic aspects of locating hard-to-reach subjects and interviewing them about sensitive topics." *Contemporary Drug Problems* 17(1):121-144.
- Eighner, Lars
1993 *Travels with Lisbeth: Three Years on the Road and on the Streets*. New York: St. Martin's Press.
- Ellison, B.J., A.B. Downey, and Peter Duesberg
1995 "HIV as a surrogate marker for drug use — a re-analysis of the San Francisco men's health study." *Genetica* 95(1-3):165-171.
- Epstein, Steven
1996 *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Berkeley: University of California Press.
- Farmer, Paul
1992 *AIDS and accusation: Haiti and the geography of blame*. Berkeley: University of California Press.
- Feldman, Harvey, Michael Agar, and George Beschner, eds.
1979 *Angel Dust: An Ethnographic Study of PCP Users*. Lexington, Mass.: Lexington Books, D.C. Heath.
- Fernando, Daniel
1991 "Fundamental limitations of needle-exchange programs as a strategy for HIV prevention among IVDUs in the U.S." *AIDS and Public Policy Journal* 6:116-120.
- Finestone, Harold
1957 "Cats, kicks, and color." *Social Problems* 5:13-13.
- Fitzpatrick, Peter
1992 *Sociology of Law and Crime: The Mythology of Modern Law*. London: Routledge.
- Fleisher, Mark
1995 *Beggars and Thieves: Lives of Urban Street Criminals*. Madison: University of Wisconsin Press.
- Foucault, Michel
1963 *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Random House.
1978 *The History of Sexuality. Volume I: An Introduction*. New York: Pantheon Books.
1980 *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977*. Edited by Colin Gordon. New York: Pantheon/Random House.
1982 "The subject and power." In Michel Foucault: *Beyond Structuralism and Hermeneutics*, by Hubert L. Dreyfus and Paul Rabinow, 208-226. Chicago: University of Chicago Press.
- Fox, Kathryn
1991 "The Politics of prevention: Ethnographers combat AIDS among drug users." In *Ethnography Unbound: Power and Resistance in the Modern Metropolis*, Michael Burawoy, et al. (eds.), 35-57. Berkeley: University of California Press.
- Fumento, Michael
1990 *The Myth of Heterosexual AIDS*. New York: Basic Books.

- Goffmann, Erving
1963 *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, N.J.: Prentice-Hall.
- Gusfield, Joseph R.
1981 *The Culture of Public Problems: Drinking-Driving and the Symbolic Order*. Chicago: University of Chicago Press.
- Guydish, Joseph, Al Abramowitz, William Woods, Dennis Black, and James Sorensen
1990 "Changes in needle sharing behavior among intravenous drug users: San Francisco, 1986-88." *American Journal of Public Health* 80(8):995-997.
- Hahn, Robert A., Joseph Milinare, and Steven Teutsch
1992 "Inconsistencies in coding race and ethnicity between birth and death in U.S. Infants." *Journal of the American Medical Association* 267:259-63.
- Hankins, Catherine A.
in press "Syringe exchange in Canada: Good but not enough to stem the HIV tide." *International Journal of the Addictions*.
- Haverkos, Harry, and T. Stephen Jones
1994 "HIV, drug-use paraphernalia, and bleach." *Journal of Acquired Immune Deficiency Syndromes* 7:741-746.
- Herdt, Gilbert, and Shirley Lindenbaum, eds.
1992 *In the Time of AIDS: Social Analysis, Theory and Method*. London: Sage.
- Hindelang, Michael, Travis Hirschi, and Joseph Weis
1981 *Measuring Delinquency*, vol. 123. London: Sage Publications.
- Huang, Karen, John Watters, and Patricia Case
1988 "Psychological assessment and AIDS research with intravenous drug users: Challenges in measurement." *Journal of Psychoactive Drugs* 20:191-195.
- Hughes, Patrick
1977 *Behind the Wall of Respect: Community Experiments in Heroin Addiction Control*. Chicago: University of Chicago Press.
- Janes, Craig, Ron Stall, and Sandra Gifford, eds.
1986 *Anthropology and Epidemiology*. Dordrecht: D. Reidel.
- Jones, Stephen, Harry Haverkos, and Beny Primm
1994 NIDA/CSAT/CDC workshop on the use of bleach for the decontamination of drug injection equipment, Special Issue of the *Journal of Acquired Immune Deficiency Syndromes* 7(7):741-776.
- Kleinman, Arthur
1995 *Writing at the Margin: Discourse Between Anthropology and Medicine*. Berkeley: University of California Press.
- Koester, Steven
1992 "Ethnographic contributions to substance abuse research." Paper presented at the 54th Annual Meetings of the College on Problems of Drug Dependence, Inc. and the International Narcotics Research Conference, Keystone, Col., June 23-27.
1994 "Copping, running, and paraphernalia laws: Contextual variables and needle risk behavior among injection drug users in Denver." *Human Organization* 53:287-295.
1996 "The process of drug injection: Applying ethnography to the study of HIV risk among IDUs." In *AIDS, Drugs and Prevention: Perspectives on Individual and Community Action*, Tim Rhodes and Richard Hartnoll (eds.), 133-148. London: Routledge.
- Krieger, Nancy, and S. Zierler
1996 "What explains the public's health? A call for epidemiologic theory." *Epidemiology* 7(1):107-109.
- Laumann, Edward, John Gagnon, Robert Michael, and Stuart Michaels
1994 *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press.
- Lettiere, Mark
1995 "Is your quality of life in violation?: San Francisco's homeless and the construction of criminality." Paper presented at the 61st annual meeting of the American Society of Criminology, Boston, November.

- Malcolm X
 1966 *The Autobiography of Malcolm X*. New York: Grove Press.
- McNagny, S., and R. Parker
 1992 "High prevalence of recent cocaine use and the unreliability of patient self-report in an inner-city walk-in clinic." *Journal of the American Medical Association*. 267:1106-1108.
- Moss, Andrew, Karen Vranizan, Robert Gorter, Peter Bacchetti, John Watters, and Dennis Osmond
 1994 "HIV seroconversion in intravenous drug users in San Francisco, 1985-1990." *AIDS* 8(2):223-231.
- Nadelman, Ethan
 1996 "Switzerland's heroin experiment." *National Review* (July 10):46-47.
- National Research Council
 1993 *The Social Impact of AIDS in the United States*. Washington, D.C.: National Academy Press.
- Ong, Aihwa
 1995 "Making the biopolitical subject: Cambodian immigrants, refugee medicine and cultural citizenship in California." *Social Science and Medicine* 40:1243-1257.
- Page, Bryan J., David Chitwood, Prince Smith, Normie Kane, and Duane McBride
 1990 "Intravenous drug use and HIV infection in Miami." *Medical Anthropological Quarterly*. 4(4):56-71.
- Preble, Edward, and John Casey, Jr.
 1969 "Taking care of business — the heroin user's life on the street." *The International Journal of the Addictions* 4(1):1-24.
- Quesada, James
 in press "Suffering child: An embodiment of war and its aftermath in post-Sandinista Nicaragua." *Medical Anthropology Quarterly*.
- Reinarman, Craig, and Harry L. Levine
 1989 "Crack in context: Politics and media in the making of a drug scene." *Contemporary Drug Problems* 14(4):535-577.
- Scheper-Hughes, Nancy
 1993 "AIDS, public health, and human rights in Cuba." *The Lancet* 342:965-967.
- Scheper-Hughes, Nancy, and Margaret Lock
 1987 "The mindful body: A prolegomenon to future work in medical anthropology." *Medical Anthropology Quarterly* 1(1):6-41.
- Singer, Merrill
 1994 "AIDS and the health crisis of the urban poor: The perspective of critical medical anthropology." *Social Science and Medicine* 39(7):931-948.
 1996 Introductory remarks at the conference: "Integrating Anthropological Approaches in Epidemiological and Prevention Research on Drug Abuse and HIV/AIDS: Current Status and Future Prospects." National Institute on Drug Abuse and the American Anthropological Association, Washington D.C., Sept. 24-25.
- Singer, Merrill, and Hans Baer
 1995 *Critical Medical Anthropology*. Amityville, N.Y. : Baywood Publishing Co.
- Spector, Malcolm, and John I. Kitsuse
 1977 *Constructing Social Problems*. Menlo Park, Calif.: Cummings.
- Susser, Mervyn
 1994 "The logic in ecological. II. The logic of design." *American Journal of Public Health* 84:830-835.
- Trostle, James A., and Johannes Sommerfeld
 1996 "Medical anthropology and epidemiology." *Annual Review of Anthropology* 25:253-274.
- Trotter, Robert, Richard Rothenberg, Richard Needle, and Susan Coyle
 1995 "Drug abuse and HIV prevention research: Expanding paradigms and network contributions to risk reduction." *Connections* 18(1):29-46.
- Vlahov, David, Jacqueline Astemborski, Liza Solomon, and Kenrad Nelson
 1994 "Field effectiveness of needle disinfection among injecting drug users." *Journal of Acquired Immune Deficiency Syndromes* 7(7):760-766.
- Wacquant, Loic
 in press "Inside the zone: The craft of the hustler in the black American ghetto." In *The Poverty of Society*, Pierre Bourdieu (ed.). Stanford, Calif.: Stanford University Press.

- Waldorf, Dan, Craig Reinerman, and Sheigla Murphy
1990 "Needle sharing, shooting galleries, and AIDS risks among intravenous drug users in San Francisco: Criminal justice and public health policy." *Criminal Justice Policy Review* 3(4):391-406.
- Watters, John
1994 "Trends in risk behavior and HIV seroprevalence in heterosexual injection drug users in San Francisco, 1986-1992." *Journal of Acquired Immune Deficiency Syndromes* 7:1276-1281.
- Watters, John, Michelle Estilo, George Clark, and Jennifer Lorvick
1994a "Syringe and needle exchange as HIV/AIDS prevention for injection drug users." *Journal of the American Medical Association* 271(2):115-152.
- Watters, John, Michelle Estilo, Alex Kral, and Jennifer Lorvick
1994b "HIV infection among female injection-drug users recruited in community settings." *Sexually Transmitted Diseases* 21(6):321-328.
- Watters, John, Richard Needle, Norman Weatherby, Robert Booth, and Mark Williams
1992 Letter to *Journal of the American Medical Association* 268(17):2374-2375.
- Weppner, R. ed.
1977 *Street Ethnography: Selected Studies of Crime and Drug Use in Natural Settings*. Beverly Hills, Calif.: Sage Publications.
- Wiebel, Wayne
1988 "Combining ethnographic and epidemiological methods in targeted AIDS interventions: The Chicago model." In *Needle Sharing Among Intravenous Drug Abusers: National and International Perspectives*, Robert J. Battjes and Roy Pickens (eds.), 137-150. National Institute on Drug Abuse Research Monograph 80, Rockville, MD: National Institute on Drug Abuse.
- Williams, Raymond
1977 *Marxism and Literature*. Oxford: Oxford University Press.
- Williams, Terry
1992 *Crackhouse: Notes from the End of the Line*. New York: Addison-Wesley.
- Zolopa, Andrew, Judith Hahn, Robert Gorter, Jeanne Miranda, Dan Włodarczyk, Jacqueline Peterson, Louise Pilote, and Andrew Moss
1994 "HIV and tuberculosis infection in San Francisco's homeless adults." *Journal of the American Medical Association* 272(6):455-461.