

Indigenous AIDS Organizing and the Anthropology of Activist Knowledge

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ABSTRACT: Indigenous AIDS activists join AIDS activists worldwide today in theorizing the AIDS pandemic as a construct of social relations of power. Their anti-colonial and transnational activism holds scholars accountable to studying how power structures the production of knowledge about AIDS. This essay first examines how Indigenous AIDS activists theorize the colonial and transnational conditions of AIDS, and challenge states and international agencies to respect the sovereignty of Indigenous communities and knowledges. The essay then cites Indigenous activist knowledge as inspiration for revisiting critiques of coloniality in anthropology, and their implications for the anthropology of AIDS. Anthropologists studying AIDS can respond to AIDS activists by addressing how colonial legacies shape the processes and products of research and writing. By working within intersubjective and reflexive relationships with people and communities affected by AIDS, anthropologists can enter accountable dialogue with AIDS activists and on that basis produce anti-colonial and transnational knowledge about AIDS.

KEYWORDS: AIDS; Indigenous; anti-colonialism; transnational activism; critique of anthropology

Introduction

AIDS activists have taken leadership in theorizing how power conditions the lives of people affected by AIDS. Activists today increasingly identify colonization as a key condition of health and organize transnationally to challenge colonial legacies in global health. AIDS activists historically targeted the politics of knowledge, by shifting stories about immorality or self-harm to claim that AIDS was produced by inequalities and requires social justice responses. But if in the 1980s ACT UP arose in the US to demand treatment by challenging homophobia and the profit motive, the Treatment Action Campaign (TAC) today addresses these issues in South Africa by centering colonial histories, global capitalism, and their structuring of race,

gender, migration, and health.¹ Activist theories like TAC's are leading scholars, governments, and NGOs to study AIDS through a multi-issue analysis of colo-

1 For accounts of TAC, see the work of Mandisa Mbali (Mbali 2004a, Mbali 2004b). In this paper, "anti-colonial and transnational AIDS activism" is a gloss for projects whose diversity is contentious. One movement's anti-colonialism—say, South African denialists with whom Thabo Mbeki aligned to argue that racism and poverty cause AIDS—may counter another's, as when TAC locates colonial legacies in the poor health care that facilitates HIV and blocks treatment access. Knowing that what "anti-colonial and transnational AIDS activism" means must be judged on a case-by-case basis, I offer Native AIDS activists as a model for the particular critiques of colonial knowledge production that this essay invites.

nial and global power relations. Although this is one desired effect of current AIDS organizing, activists launched their critiques not to build up the authority of arbiters of official knowledge, but precisely to disrupt their authority and force their accountability to the renewed self-determination of historically subjugated peoples now affected by AIDS. Thus, a key effect of anti-colonial and transnational AIDS activism has been to decolonize the conditions producing AIDS, which include knowledges about AIDS and about people affected by AIDS. This decolonizing work means to alter both the *terms* on which AIDS and people affected by AIDS are known, and the *methods* producing such claims, so that people challenging AIDS and colonial and global power will be recognized as key theorists of the pandemic.

I argue that the efforts of AIDS activists to decolonize knowledge should focus the anthropology of AIDS. AIDS activist claims must be affirmed as distinct arenas of knowledge that call anthropologists to destabilize normative knowledge production. As a main case my paper examines critical theories created by Indigenous AIDS organizers in North America and in transnational Indigenous alliances.² I cite Indigenous AIDS activist literatures as leading bodies of anti-colonial and transnational knowledge about AIDS, which hold scholars accountable to conversation with Indigenous people when theorizing AIDS and indigeneity. I then ask how reckoning with these or related forms of AIDS activist knowledge repositions the anthropology of AIDS. The stakes of AIDS activists evoke historical critiques of coloniality and globalism in anthropological theory. I trace how such stakes and critiques inform anthropological research on AIDS, and I call scholars to

engage AIDS activists as key interlocutors in producing theory. Anthropologists must change if a wish to decolonize disciplinary authority is to make anthropology accountable to activist knowledges. Such knowledges will restrict anthropologists' prerogative to tell the truth about AIDS, and will require collaboration as a basis for new research and knowledge production

I make my argument in a moment of reflection on my positioning as a non-Native and white scholar of Indigenous sexual politics and AIDS organizing. I recently finished my first project, which is a critical insider ethnography of non-Native queer appropriations of Indigenous cultures, which I examine comparatively to the histories of Native GLBTQ and Two-Spirit activism, including within Native AIDS activism (Morgensen forthcoming). My ethnographic critique of non-Native sexual politics was inspired by studying the anti-colonial work of Native Two-Spirit and AIDS activists, which decenter the authority of non-Native claims—including mine—by holding them accountable to conversation with self-determined Indigenous knowledges. Reflecting the values Cherokee scholar Jace Weaver has called “communitism,” which link Indigenous activism to community survival, the theories and practices of Native Two-Spirit and AIDS activism are renewing the integrity of Indigenous knowledges and challenging non-Native authority to determine their truth (Weaver 1997). In my book and this essay, I engage the knowledges of Indigenous AIDS organizers in order to hold my writing accountable to activist conversations that neither I nor any anthropologist controls. In the moment when I write this essay, I am considering the stakes in inviting Indigenous AIDS organizers, or being invited by them to create collaborative ethnographic research on their work. The archival nature of my prior research relationships with Indigenous activists means that we only now are considering the terms of collaborative ethnography. This essay thus reviews the major stakes raised by my asking how such research might transpire. Without further referencing the details of my work (which are published elsewhere) I write this essay to reflect a particular moment in the process of configuring anthropological research against colonial

² I use “Native” and “Indigenous” interchangeably in this text, with certain qualifications. “Native” here primarily refers to the pan-tribal identity claimed by persons in Canada and the US, and its use as a descriptive term in scholarship and politics from these states. I use “Indigenous” more broadly as an analytical term that also, at times, appears as a pan-tribal identity, notably in global activism. “Native AIDS activism” thus refers primarily to projects within the US and Canada, and “Indigenous AIDS activism” to projects linking people in these states to broader organizing.

legacies, as I discuss in conclusion.³ This essay cites the integrity of Indigenous knowledges of colonization and AIDS as modelling theories and methods that can lead the anthropology of AIDS in anti-colonial and transnational directions.

Producing Indigenous Knowledge in AIDS Activism

Native AIDS organizers in the US and Canada have theorized AIDS as conditioned by a colonial governmentality in sexual cultures and public health.⁴ Such theories arose first in HIV prevention and health care texts that called Indigenous people to claim a decolonized response to AIDS. They also shaped activist demands that non-Native and Native agencies decolonize health interventions in Indigenous communities and support the leadership of Native AIDS organizers. This creation of theory from activism has been examined by Native scholars of AIDS such as Karina Walters and Irene Vernon, whose work has returned to and served further activism. In *Killing Us Quietly: Native Americans and HIV/AIDS*, Vernon joins writers for NNAAPC (National Native American AIDS Prevention Center) and NASTAD (National Association of State and Territorial AIDS Directors) in marking how the material effects of colonization on Indigenous health contextualize the spread of AIDS. They trace how historical techniques of conquest marginalized Indigenous people from the conditions of good health, as removal, containment, allotment, and assimilation disrupted the very conditions of life while making disease a weapon of war (National Alliance of State and Territorial AIDS Directors 2004; National Native American AIDS Prevention Center and the Rural Center for AIDS/STD Prevention 2004; Vernon 2001). Health

3 Multiple articles and my forthcoming book offer further reflection on my positioning in my ethnographic and historical research (Morgensen 2008, Morgensen 2009, Morgensen forthcoming).

4 I invoke here the normalizing modes of governance in colonial and metropolitan societies and institutions, in particular as they rely on the regulatory production and management of social classes and the education of racial and sexual subjectivity (Prakash 1999, Scott 1995, Stoler 1995). On governmentality, see Inda 2005.

researchers further examine the psychological effects of colonization on health, as when Karina Walters engages the work of Bonnie and Eduardo Duran to trace how “historical trauma” informs the marginality, low self-esteem, or violence in Native people’s lives that enhances vulnerability to HIV/AIDS (Duran 2004; Walters 2002). Native AIDS activists have marked institutional health care to be lacking, noting that the federal founding of the Indian Health Service remains under-funded in relation to need, while its rural and reservation locations and requirement of federally-recognized tribal enrollment overlook indigenous people living under the conditions of termination, urban relocation, or forced assimilation (U.S. Commission on Civil Rights 2003). In these contexts, activists created services to answer institutional neglect with decolonizing approaches to health that address trauma and empower Indigenous people in community. In 1989 NNAAPC formed the first national, federally-funded Native AIDS service, the Ahalaya Project, which offered “medical, mental health, spiritual, social, emergency, and educational services” within a profile “built on cultural, spiritual, and traditional healing dimensions” that fostered indigenist identity and traditional healing (Barney et al. 2004; Bouey 2000). Ahalaya also formed a site of longitudinal health research that was initiated and managed by Native AIDS activists. The Indigenous People’s Task Force, founded in 1987 as the Minnesota American Indian AIDS Task Force, integrated traditional healing methods into its health services, and grounded health education in indigenist storytelling, such as in the peer education troupe The Ogitchidag Gikinoamaagad Players that performed original sketches for Native audiences (Minnesota American Indian AIDS Task Force; Rush 1989). Such cases show Native AIDS organizers answering federal neglect—itsself a legacy of colonial violence and control—by adapting federal resources to form services that revitalize identity and community for Indigenous people as a response to their vulnerability to AIDS.

Among the forms of marginality targeted by Native AIDS activists, homophobia stood out as a key condition of the impact of AIDS for Native people, and as itself a colonial legacy. Native GLBT

communities formed in the 1970s in the US and Canada amid migration to cities that supported urban Indian and sexual minority movements. The appearance of AIDS particularly affected urban Native GLBT people, who also contributed key founders and leaders to early Native AIDS organizing (Burns 1988; Medicine 1997). Native GLBT people already were recovering knowledge of historical recognition of gender and sexual diversity in many Indigenous societies, and using this knowledge to challenge homophobia in Indigenous communities and in US society as effects of colonization. While not all Indigenous societies attested to accepting gender and sexual diversity, all had been targets of colonial education that enforced colonial homophobia in law, schools, and new religions (Hurtado 1999; Midnight Sun 1988; Thomas 1999). In 1990, at a third international gathering of American Indian and First Nations lesbians and gays, participants adopted a new identity, Two-Spirit, which in loan translation from Northern Algonquin meant the “presence of both a masculine and a feminine spirit in one person” (Anguksuar 1997). In English Two-Spirit identity served as a bridge between “*winkte, nádleeh*, and other appropriate tribal terms” for historical social roles and the GLBT identities that Native people claim today (Thomas 1999). While Native AIDS organizing always served as a site for cultivating knowledge of historical roles, such work rapidly expanded in the 1990s with the spread of Two-Spirit identity. Native health workers found that teaching about Two-Spirit histories or promoting adoption of Two-Spirit identity helped Native GLBT people respond to rejection by family or community by believing in their worth in Native societies and choosing health and survival (Kairaiuak 2002).

Such efforts to form health services by decolonizing both the institutions and knowledges conditioning AIDS led Native people to organize on the terms Maori scholar Linda Tuhiwai Smith has called “indigenous methodologies” (Smith 1999). Native AIDS organizations countered the hostility, neglect, or control of colonial institutions by adapting their resources to support Native-centred responses to AIDS. They further supported the reinvention of tradition as a health practice, as when former NNAAPC

executive director Yvonne Davis countered colonial heterosexism in non-Native and Native programs by promoting Two-Spirit identity as a decolonizing indigenous methodology for personal and collective healing (Davis 2006). Such tactics caused the material conditions and cultural logics of health, gender, and sexuality to be determined by Native AIDS activists. In doing so, they displaced a colonial governmentality in the institutions and discourses that still defined subjectivity and social life for Native people affected by AIDS. By critically identifying and then altering modes of colonial governance, Native AIDS activists practiced decolonizing methodologies that, in Robert Warrior’s terms, announced an “intellectual sovereignty” over Indigenous peoples’ relationship to AIDS and social change (Warrior 1994; Warrior 2006).

Pursuing decolonization also involved Native AIDS organizers in transnational activism, which articulated colonial histories while linking Indigenous people in border-crossing alliances. While scholars tend to use the term *transnational* to refer to global economics, politics, or cultures and the subjects traversing them, the situated anti-colonialisms of Indigenous people have been specifically transnational, and no less so in response to AIDS. In the US, colonial governance already correlates diverse Native Nations as American Indian or Alaska Native, and incorporates Kanaka Maoli as Native Hawaiians. In turn, amid radical activism and sovereignty struggles, Native became a pan-tribal identity that bridges national differences while marking shared experiences of or responses to colonization (Garrouette 2003; Smith and Warrior 1997). This mix of colonial imposition and anti-colonial claim on transnationalism frames Native AIDS organizing in the US, which has adapted federal funding (and its mandate to serve “American Indians, Alaska Natives, and Native Hawaiians”) as context for new Indigenous alliances. For instance, NNAAPC conferences linked AIDS activists from the lower 48 states, Alaska and Hawaii during the period when Two-Spirit became a key term describing Native men who have sex with men (MSM) in AIDS services. The pan-tribal gestures of Two-Spirit met their specificity when Kanaka Maoli AIDS activists encountered the term amid their

own work to reclaim the traditional Hawaiian term *mahu* as a marker of gender and sexuality diversity. NNAAPC programs fostered dialogue about Two-Spirit and *mahu* that marked their distinctions and potential alignment, a quality extended when Kanaka Maoli activists allied with Indigenous Pacific AIDS activists who were reclaiming traditional terms for Samoans (*fa'afafine*) and Maori (*takatapu*) GLBT people. Transnationalism thus shaped AIDS activism if Indigenous people adapted the authority of settler states to form alliances that challenged colonial sexual cultures and reclaimed Indigenous traditions while connecting them in new solidarities.

Indigenous AIDS organizers also marked the global dimensions of both AIDS and colonization by forming increasingly transnational movements. They already bridged differences by networking across settler states, when ties formed across the Anglophone US, Canada, New Zealand, and Australia, or by participating in global Indigenous activism such as the preparation of the UN Draft Declaration on the Rights of Indigenous Peoples. But the growth of AIDS as a pandemic and the increase in global health responses also drew Indigenous people to address AIDS in global terms, by fighting invisibility in global public health, challenging how health policies affected them as subject peoples in settler states, and forming a global voice to back local claims. Global activism arose notably in Indigenous participation in the International AIDS Conference (IAC), as unexpected meetings across great distances inspired new solidarities (Cameron 1993; Junga-Williams 2006). During the 1990s, conversations among IAC delegates led to the first Indigenous activist pre-conference in Vancouver in 1996, the International Indigenous People's Summit, which continued in later years to gather Indigenous conference delegates. Such work portrayed qualities of transnational activism, as it made conferences of international governmental and non-governmental agencies into key sites for lobbying agendas while forming new identities or movements (della Porta 2005; Keck 1998). Transnational feminist and queer theorists have critiqued the normativity of such systems of global governance and their NGOization of transnational social movements (Grewal 2005; Puar

2007). Yet they also note that the very adaptability of global power is what some local actors adapt to spaces of marginality, which can force global systems to confront the troubling effects of discrepant stakes. One such space is the recalcitrance of Indigenous sovereignty in the face of the flexibility of globalization, as argued by Indigenous delegates to the IAC. Their goals include pressuring settler states to recognize the sovereignty of Indigenous peoples in their borders. Their claims thus traverse what Kevin Bruyneel theorized in Native Studies as "the third space of sovereignty," where Indigenous demands for recognition or resources in the settler state or international law act on and trouble the boundaries of their historically colonial rule, by delimiting sovereign relationships within ongoing colonial situations (Bruyneel 2007). In such contexts, Indigenous AIDS activists invent transnational knowledges and activism in order to answer the border-crossing power relations in settler states and global systems. Such work is not identical to the local knowledges or activism Indigenous people must create to address local situations, whose distinctions can appear glossed by the pan-indigeneity of transnational organizing. Yet that organizing intends to create space for local stakes to be negotiated anew, if state or global governance can be displaced or redrawn in response to transnational demands for Indigenous sovereignty. In this sense, the transnationalism of Indigenous AIDS activists is specifically anti-colonial, as it crosses borders to hold states and global health agencies accountable to demands for sovereignty over health. This reminds that, for Indigenous people, transnationalism is not "new." International law and global capitalism reflect and extend past and ongoing colonization, while border-crossing activism today reflects longstanding efforts to join Indigenous peoples in work for decolonization.

Anti-colonial and transnational activism is the context in which Indigenous AIDS organizers produce decolonizing knowledge of AIDS and indigeneity. I offer a remarkable example of such activist knowledge: a policy statement issued by the International Indigenous People's Summit at the 2006 International AIDS Conference, entitled "The Toronto Charter: Indigenous People's Action Plan on

HIV/AIDS 2006.” I examine the Charter by inspiration of Robert Warrior’s interpretation in *The People and the Word* of the 1881 Osage Constitution, which he reads as a creative adaptation of constitutional law to establish terms on which colonial authority will be accountable to Indigenous sovereignty. The Charter writers similarly wrote in the narrative form of public policy to hold settler states and international agencies accountable to an Indigenous authority to define and manage health systems on Indigenous terms. In the two years prior to the 2006 IAC, organizers of the International Indigenous People’s Summit travelled to prepare the text “at a session of the United Nations Permanent Forum on Indigenous Issues and in numerous cities in Australia, Canada, New Zealand, and the United States,” and then submitted drafts to Indigenous AIDS organizations worldwide to request feedback (National Native American AIDS Prevention Center 2006:6). The final text was printed as a high-quality poster and announced at the Toronto conference. While elsewhere I interpret the Charter announcement as a mode of media activism, here I address its content as an intervention in normative knowledge production about Indigenous people and AIDS.⁵

The Charter opens as “a call to action” to the states, international bodies, and non-governmental agencies that manage “the provision of HIV/AIDS services for Indigenous Peoples around the world... to develop programmes that will make a real difference to Indigenous Peoples and the communities from which they come” (International Indigenous People’s Satellite 2006). The Charter first affirms that Indigenous people share the “devastating effect” of AIDS, as their related marginalization by settler states produces a “range of socio-cultural factors that place Indigenous Peoples at increased risk of HIV/AIDS,” so “in some countries, Indigenous Peoples have disproportionately higher rates of HIV infection than non-Indigenous people.” The Charter resituates this experience in a demand for affirming Indigenous peoples’ “inherent rights... to control

all aspects of their lives, including their health” and “to determine their own health priorities.” This statement asserts a sovereign relation to settler societies, reminding that health is conditioned by myriad structural factors that, to benefit Indigenous people, require self-determination. By demanding that settler states fulfill treaty, trust, and other constitutional obligations to the Indigenous peoples whose lands they occupy, the Charter clarifies sovereignty as neither assimilation within nor separation from settler society but, as Bruyneel has argued, a self-determining basis for ongoing relationship. In this mode, the Charter argues that “governments are responsible for ensuring equitable access to health services and equitable health outcomes for all” that will grant Indigenous people “a state of health that is at least equal to that of other people.” The text then sets the terms of such work in “culturally appropriate service delivery,” which will give Indigenous people “access to their own languages,” address the “physical, social, mental, emotional and spiritual dimensions” of health, and “communicate information about the prevention and treatment of HIV/AIDS that is relative to the reality in which Indigenous Peoples live.” The Charter insists that these changes will not exercise the prerogative of settler states. Rather, they would respond accountably to an authority retained by Indigenous people to define and manage their own lives amidst ongoing colonial occupation. This will include Indigenous control over the production of knowledge. It asserts that “governments must be committed to consulting with Indigenous Peoples in order to ensure that health programmes meet the needs of Indigenous Peoples,” and that “it is essential that HIV/AIDS data on indigenous peoples be collected in a manner that is respectful of the needs of Indigenous Peoples as identified by Indigenous Peoples themselves.” Governments then will “ensure the central participation of Indigenous Peoples in all programmes related to the prevention of HIV and programmes for the care and support of Indigenous Peoples living with HIV/AIDS” and will grant “resources to Indigenous Peoples to design, develop and implement HIV/AIDS programmes... so that Indigenous communities can respond in a timely and effective way to the demands placed on com-

5 I discuss The Toronto Charter as activist media in my forthcoming book, while I also discuss other uses of Native AIDS activist media in other writing (Morgensen 2008, Morgensen forthcoming)

munities by the AIDS epidemic.” All these calls to transform the practices of settler states are framed by a demand that international agencies “monitor and take action against any States whose persistent policies and activities fail to acknowledge and support the integration of this Charter into State policies relating to HIV/AIDS” while ensuring that the “participation of Indigenous Peoples in United Nations forums is strengthened so their views are fairly represented.” Hence, even as the Charter models a transnational activist tactic of calling international agencies to exert pressure on states, it marks Indigenous people’s tenuous international representation, and so holds both national and international law accountable to answering the effects of colonization.

This Indigenous activist text theorizes colonial governmentality by marking and challenging the institutional knowledges and power relations defining Indigenous people. The Toronto Charter marks Indigenous people as sovereign precisely while still subject to colonial rule, which does not erase their right to assert social difference and seek the fulfillment of state obligations. The text singles out for criticism an epistemological authority of colonial agents to determine truth, and demands conditions for Indigenous people to do so for themselves while holding colonial agents to their terms. Such claims are intensified when the text addresses AIDS. The Charter states not only that colonial rule disrupts the material conditions of health for Indigenous people, but also that fostering health requires reimagining subjectivity and community in accord with Indigenous theories and methodologies. Thus, the Charter marks the material conditions of knowledge production as a key terrain of struggle for Indigenous people in AIDS activism. In light of the Charter’s analysis, we see that how we live in a colonial situation will be determined by what we know, how we know it, and how a social order arises in relation to such knowledge and its methods of production. In particular, the text holds government agents and knowledge producers accountable to meeting Indigenous people as interlocutors by following Indigenous plans for comprehending and addressing health. The Charter thus frames ongoing translations of critical theory of culture, power, and AIDS from the everyday strug-

gles of Indigenous people into a distinctive body of activist knowledge, which means to alter the political and epistemological terms of colonial rule.

Questioning Anthropological Authority, Negotiating Ethnographic Relationships

What does it mean to anthropologists that Indigenous AIDS activists critique how AIDS is conditioned by colonial governmentality, and foreground their anti-colonial and transnational conversations as contexts in which any knowledge about them should arise? I understand Indigenous and other AIDS activist knowledges to demand that anthropologists critique colonial legacies in theory and method as a condition of studying AIDS. Specifically, I see activists arguing that a critique of colonial or global power in the lives of people affected by AIDS also must critique how that power structures scholarly knowledge. As Indigenous AIDS activists argued, colonial legacies in scholarship—and notably in anthropology—will sustain unless Indigenous people can set the terms of accounts of their lives as interlocutors in any conversation about them. (Mihesuah 1998; Mihesuah 2005; Smith 1999) If anthropologists of AIDS want to critique colonial and global power, then it will be not just what they say about power, but when, how, and to whom they say it that will determine whether they realize their goal. I now link these considerations to the anthropology of AIDS by asking how they can revitalize critiques of coloniality in anthropological theory and method. Rather than assuming that the discipline has “moved on” from such discussions, I ask how older critiques address anthropologists of AIDS to be mindful of coloniality not only in normative knowledge production but also in how they work to craft anti-colonial responses.

Current anthropology still can learn from the upheavals at the turn of the 1970s in US and British anthropology, when their complicities in colonial and imperial projects were marked for debate. My citing of this moment somewhat displaces the reflexive historiography of US anthropology in the 1980s (Clifford and Marcus 1986; Stocking 1983) in order to remind that it followed prior work to target a directly colonial formation of anthropology. Kathleen Gough’s call to make new empirical research relevant

to understanding her era's revolutionary changes also called for critiquing colonial qualities in anthropological theory and method (Gough 1968). After all, radical scholars cannot counter a form of oppression with new research if that oppression has been naturalized and reproduced in their research methods or theories. While my intellectual ancestry in anthropology traces to the feminist, Marxist, and Third World scholars who marked coloniality, nationalism, or masculinism for critique, I choose here to revisit scholars who presented a less marginal location while diagnosing anthropological thought. I do so to remind scholars like myself that our locations in the discipline—reflecting commitments to racial, economic, national, gendered, sexual, and health justice—may appear to grant us a distance from disciplinary norms that in fact is not guaranteed. In particular, I ask anthropologists of AIDS to revisit our responses to three insights from early critiques of anthropology: (1) the historically colonial contexts of anthropological research; (2) the establishment of distance as a methodological condition of anthropological research and theory; (3) and the embedded narration within stories about distance of the anthropologist's own normative audience or sense of self.

Talal Asad framed the collection *Anthropology and The Colonial Encounter* (1973) by arguing that anthropology can be practiced only by accounting for colonization as “the basic reality” enabling its historical practice, which then made it “miscomprehend” its subjects by failing to address them as products of an “unequal world” (Asad 1973:17-18). In 1991 Asad reiterated that it “is not merely that anthropological fieldwork was facilitated by European colonial power...; it is that the fact of European power, as discourse and practice, was always part of the reality anthropologists sought to understand, and of the way they sought to understand it” (Asad 1991:315). Asad offers an institutional and discursive critique of coloniality in the social worlds that anthropologists meet *and* in the knowledges they bring to those spaces. By the 1990s anthropologists modelled study of the colonial histories and discourses through which they met their subjects (Lavie 1990; Tsing 1993; Williams 1991). But Asad's critique reminds that despite the disciplinary appearance of such texts today, they and

others like them remain interventions in a historical coloniality that will never be erased or overcome in its entirety but must be marked and countered continually.

Johannes Fabian's studies of coloniality in anthropological discourse appeared in 1971 and deepened in *Time and the Other*, which traced how “anthropology contributed above all to the intellectual justification of the colonial enterprise” in its *denial of coevalness* among its own and its subjects' worlds (Fabian 1971; Fabian 1983:17). Fabian critiqued how “Time is used to create distance” when anthropologists apply the “epistemological dimension” of colonialism to make it so “not only past cultures, but all living societies [are] irrevocably placed on a temporal slope;” and he critiques the claim that scientific knowledge requires crossing spatial or cultural distance when in fact this projects temporal distance as a condition of objectivity (Fabian 1983:28; 17; 30). But he recognized that the communicative ethos of ethnography also creates an “intersubjective time” that “the anthropologist *qua* ethnographer is not free to ‘grant’ or ‘deny.’” Centring ethnographic intersubjectivity in research can interrupt anthropology's own historically colonial logics: rather than pursuing objective research by seeking out and bridging distance (but, in fact, inventing and enforcing it), scholars can create intersubjective research by entering and engaging past and present relationships (32). In this latter mode, anthropology will release its claim on exceptional knowledge and accept its positioning along a host of other knowledges that arise within relationship. In such work, “the Knower cannot claim ascendancy over the Known (nor, for that matter, one Knower over another)” because anthropologists and subjects will “only ‘know’ when they meet each other in one and the same cotemporality” (164). Fabian's call to create knowledge in dialogue rejects distancing by asking if anthropological work is coeval: Is the work not just amenable to addressing intersubjectivity, but *premised* on it? Is there not just a potential for accountable dialogue, but is work initiated *only* from within it? In this way, Fabian displaces a classic prerogative of anthropologists to determine who and what they will study, or when or how research will occur, prior to the relationships that research will examine having

been formed. Indeed, the very desire to do research, not to mention its start or end, now will be responsible to the terms of relationships that precede and exceed ethnographic study. Such qualities have come to frame collaborative ethnography, in which scholars cross differences at the behest of subjects who make ethnography useful to shared goals (Lassiter et al 2004; Naples and Desai 2002). They also inform how “insider/outsider” and “native” anthropologists, while retaining a prerogative over their work, negotiate it from within longstanding ties that compel decisions based on interdependence (Bunzl 2002; Weston 1997).

Roy Wagner’s *The Invention of Culture* proposed in 1975 that anthropologists who recognize culture as an inventive practice also mark how their own narratives invent culture as their object (Wagner 1981 (1975)). In particular, Wagner noted that grounding anthropology in bridging distance does not just project difference on its object; it also produces the terms of the writer’s normative audience and sense of self. This claim is based on a reminder that a classic conceit—that anthropological comprehension of culture hinges on the distance of being outsiders—also suggests that anthropologists first recognize the terms of their own culture when ethnography marks its uniqueness. This is the basis of his provocative statement: “In the act of inventing another culture, the anthropologist invents his [*sic*] own, and in fact...reinvents the notion of culture itself” (4). Here, by reflecting on the normative terms of research, Wagner recognizes that anthropological writing invents, at once, a distant and unfamiliar object, and a proximate and familiar sense of self and social norms. This insight calls scholars to ask how their writing is informed by desires for *self*-discovery, or how it projects cultural norms through which normative audiences then will meet difference unreflexively. Anthropologists have engaged such insight by addressing their investments in research, which Visweswaran argued for destabilizing all narration of differences by framing it as a narration of the self and of the self’s relationship to difference (Manalansan 2003; Tsing 2005; Visweswaran 1994).

Revisiting Asad, Fabian, Wagner, and their echoes in recent work reminds that the colonial con-

texts of research, reliance on establishing distance, and embedded narration of the scholar’s audience or self bear longstanding critique in anthropology. Their legacies call scholars to address colonial conditions, intersubjectivity, and reflexivity in the design and practice of their research and writing. Such stakes mesh with the demands of Indigenous and other AIDS activists that knowledge of AIDS should be produced from critically reflexive positions within the power relations of a colonial and globalizing world. I argue that for anthropologists, accounting for coloniality, intersubjectivity, and reflexivity is a precondition of being responsive to the critical theories and research directives of AIDS activists.

Anthropologists of AIDS have a long record of joining AIDS activists in marking and disrupting the power relations structuring culture and knowledge, in particular when anthropologists arose within AIDS-affected communities, or engaged them in order to make research accountable to social justice struggles.⁶ A major initial and sustained theme was study of the cultural life of marginalized people, including sexual life in particular, in order to address official knowledges in medical research or health services, and alter how they miscomprehended or restigmatized people affected by AIDS (Adam et al. 2000; Bolton 1992; Bolton 1994). Some anthropologists specifically applied their cultural and political knowledge of AIDS to evaluating the institutional mediation of AIDS, knowledge, and power in order to offer policy recommendations (Farmer 1999; Parker 1994; Parker 2000). Anthropologists who bore such applied interests also produced ethnographic studies of communities affected by AIDS, in order to characterize their social lives, their experiences of marginalization and social disruption amid AIDS, and how research can inform AIDS activism (Balin 1999; Carrillo 2002; Rubin 1997). Such studies also bridged into

6 The most complete citation list in the anthropology of AIDS is the bibliography of the AIDS and Anthropology Research Group of the American Anthropological Association, available on-line at <http://groups.creighton.edu/aarg/research/index.html>. I limit my citations in the following paragraph to a tiny set of sources representing key topics I wish to highlight. The global locations of my research and of the AARG are evident in these citations overwhelmingly representing US-based research.

ethnographic research specifically on the historical roots or political formation and mediation of communities mobilized in AIDS activism (Adam 1997; Booth 2003; Brown 1997; Epstein 1996). Each of these methods presented scholarly interventions in the politics of health and knowledge that engaged AIDS and knowledge about AIDS as structured by power relations.

Yet these critical agendas by anthropologists of AIDS varied in their application to the epistemologies of research or writing, as became visible in particular in their relation to disciplinary authority. For instance, many radical implications for anthropology and knowledge about AIDS followed Paul Farmer's inspiring and highly-regarded ethnography *AIDS and Accusation: Haiti and the Geography of Blame*. Farmer argued that disease and health are conditioned by inequality and that medical anthropology must respond pragmatically. He linked this analysis to a scathing critique of the colonial legacies shaping Haiti and careful reporting of how rural Haitians narrated AIDS and inequalities, all within an account of a long-term medical venture managing a local health clinic for people living with HIV/AIDS. Farmer reflects on his positionality by noting the harm caused in Third World countries by the development interventions of First World states and their citizens, and he holds himself to not repeating them. His claims are grounded in promoting anthropology as a basis for creating unique scientific knowledge—itself a reflection of how anthropologists of AIDS in the 1980s challenged disciplinary marginality by arguing the extreme need for their work. But this turn to discipline-building stabilizes anthropology's authority as an arbiter of global knowledge about people in poverty or people affected by AIDS. By implicitly addressing this claim to US academic, medical, and policy professionals, Farmer's book does not account for why this is his audience; nor does the book examine at length how he did, or could have communicated his project in equal detail to Haitian officials, teachers, activists, or anyone other than the non-Haitian professional circles to which the book is written. Thus, the book's radical claims appear in a form that ultimately privileges knowledge produced by and for globally powerful readers. Its very critiques

of colonial history and its promotions of coeval and reflexive ethnography thus reinforce anthropology's authority to determine and manage truth for its subjects. I do not mean to single out Farmer's text for critique, but to recognize in his popular work qualities that are much more widespread. Admittedly, this early text publishes his dissertation, a form that forces young scholars to demonstrate disciplinary knowledge to a privileged academic audience. But more importantly, defending the distinctiveness of anthropological knowledge is common to anthropologists who commit their research to social justice and then cite the authority of science to ground and justify that work. But based on my work as a non-Native scholar engaging Indigenous AIDS activism, Native Studies, and the critique of anthropology, I argue that reasserting an authority in anthropological knowledge blocks anti-colonial, coeval, and reflexive relations from arising among anthropologists and people who work with them, who have a chance to create knowledge by mutually and critically engaging the conditions of a colonial and transnational world.

Models of research that displace authority while arising within such relationships also appear in the anthropology of AIDS and other interdisciplinary work by scholars and activists. Writing as members and observers of AIDS-affected communities, Michael Brown, Nancy Stoller, and David Román use ethnography and related methods in sociology and performance studies to examine radical cultural and political responses that set new terms for knowledge production. Steven Epstein and Cathy Cohen turned similar analyses to explain the power relations that historically constrained or enabled community responses as a basis for theorizing AIDS, power, and knowledge (Brown 1997; Cohen 1999; Epstein 1996; Román 1998; Stoller 1997). By locating their interested readings in a range of accounts by AIDS activists, these researchers intersected scholarship by activists who documented the politics, theories, and modes of healing communities produced while holding readers accountable to their stakes (Bérubé 1996; Dangerous Bedfellows 1996; Rubin 1997). All such qualities align when scholars address the colonial and global conditions of AIDS and knowledge production. Cindy Patton has positioned her crit-

ical theories as reflecting AIDS activist histories, when she accounts for how her comrades' locations within US queer activism let them enact the colonial and globalist discourses on AIDS she critiques. From this reflexive position, Patton theorizes the colonial relations that produce AIDS, communities, and knowledge while opening the authority of her claims to question. All this work pushes her and her readers past the comfort zones of habitual thought to foster new communication across differences (Patton 1990; Patton 2002). In turn, Irene Vernon's *Killing Us Quietly: Native Americans and HIV/AIDS* argues that colonization conditions how Native people experience AIDS and mobilize activism, notably by framing the lives and work of Native Two-Spirit people, women, and youth as inspirations for decolonizing the conditions of health. In contrast to Patton's complex prose, Vernon writes in a manner that will be accessible to non-academic Native audiences, even while she creates sophisticated theory from and for Native people by citing knowledge produced in Indigenous AIDS organizing as an Indigenous intellectual history of colonial governmentality and AIDS (Vernon 2001).

Together, these works suggest that scholarship on AIDS will benefit once scholars study and write from accountable relationships with—or as—AIDS activists who mutually produce knowledge about AIDS. I know research on AIDS activism itself cannot be the sole topic or method that anthropologists of AIDS will pursue. But its relative marginality in anthropology vis-à-vis interdisciplinary fields suggests that anthropologists are not being encouraged to conduct work whose key effect, if not intent, is to displace the authority of scholars and their claims. I remind here that displacement is not a synonym for dismissal: one's research is taken *more* seriously if its subjects or interlocutors block it from becoming pre-eminent over all other knowledge, and instead engage it in critical conversation. Displacement in research is a situating practice that also constitutes a key step towards dialogue. The anthropology of activist knowledge guarantees that opportunities for displacement will arise. Among other reasons, this is why I argue that AIDS activism needs to be made central to the

anthropology of AIDS, in order to align research with the methodological critiques that appear both in anthropology and in the public stakes of AIDS activists.

Both Vernon's work and my reading of research on AIDS remind of the claims by Indigenous AIDS activists that framed this essay, and to which my work is a response. As noted, I write this essay in a moment when I am negotiating possibilities for anti-colonial ethnographic research with Indigenous and other AIDS activists worldwide. This essay let me account for what I learned from Indigenous activists and scholars and consider the stakes in my pursuing ethnography with them. For many years I have been located as a non-Native interlocutor in relation to Native Two-Spirit and AIDS activists, notably as a scholar of the histories of their organizing. To date, my writing on Indigenous AIDS activist knowledges reflected a process of citation: I have studied Indigenous claims while participating in conversation with activists about what I have read and written. I submitted my prior writing on this topic to journals and presses publishing in Native Studies, and I distributed that writing to activists and scholars linked to Native AIDS organizing, all in order to increase its availability to critical engagement and my capacity to respond. Thus, I will learn whether I will pursue further research based on how Indigenous AIDS organizers respond—and not just to this or any particular text, but in context of our ongoing relationships. Any work we imagine together will arise within those relationships and will remain accountable primarily to them.

I offer this glimpse into my research to reinforce a point implicit in this essay, and ever more explicit in the work of collaborative anthropologists. Anthropology must become a site where the *process* of knowledge production is itself a subject of study, as it has become in this essay. If we think of relationships as the processual spaces where accountable ethnography can arise, then we might say that the process of knowledge production is the heart of good anthropology, and offers the best measure of whether anthropologists have created a good product. Only a process committed to being reflexive,

coeval, and anti-colonial with research collaborators will lead anthropologists to a product that matches those stakes.⁷

Thus, to centre again the lessons of Indigenous AIDS activists, their anti-colonialism demands that the anthropology of AIDS arise in creative and critical response to the colonial legacies within anthropological research and writing. In turn, their transnationalism demands that anthropologists undermine globalism in their methods by situating themselves and their claims in the very transnational power relations that AIDS activists inhabit and critique. Directly addressing the anti-colonial and transnational conditions of knowledge production then will displace anthropological authority, affirm an integrity in AIDS activist knowledges, and make collaborative knowledge production possible. Doing so also will shift anthropologists' scholarly agendas from cohering disciplinary knowledge to engaging dialogically in multiple and relational modes of theory. All such work will open possibilities for anthropologists in communities affected by AIDS or who seek links to them to create new knowledge together, in decolonizing and border-crossing engagements with AIDS and AIDS activism.

⁷ Current directions in collaborative ethnography are examined in the contributions by Joanne Rappaport, Les Field, Deepa Reddy, and many more in the inaugural issue of *Collaborative Anthropologies*, edited by Luke Lassiter (Lassiter 2008).

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