

EPILOGUE

Theresa lived near the AIDS Care Centre, and so I often ran into her in 2013, my final year of fieldwork for this project. During one of our chats she looked at me and said hesitantly, “I am feeling normal now. Normal. So I want to get a blood test.” It took me a second to understand what she was implying. We were both silent. I think neither of us wanted to put her delicate hopes into words for fear they might be crushed. “To find out what?” I finally asked. She replied:

Well, because I feel normal now. Before I had a small problem (that is, she had experienced some HIV-related symptoms), but now I’m feeling normal. So I just want to check my blood and find out. [“And the medicine?” I asked, because I was worried that if she was feeling “normal” she might have stopped taking her ARVs, a response that was not characteristic of the women I interviewed, but somewhat characteristic of the men.] Yes, I’m taking the medicine, but I feel normal now. And the members of my church all say I look normal and that I must be praying really well, and that God is hearing me because I look normal now. So I’ll get a blood test, and then I can go to Australia and meet one of my phone friends. I’m sick of PNG. I want to move to Australia. So I need a blood test (she meant an HIV antibody test).

Theresa’s family received regular payments from PJV for a large number of the pylons carrying electricity from Hides to Porgera, and through the payment meetings, and through living in Porgera for a few years, she had come to know some of the Australian PJV staff. She was very attractive, laughed easily, and spoke English well, despite not having completed many years of school, so I was only a little surprised to learn that she been able to parlay her PJV connections into a couple of male phone friends in Australia. One of them sent her money from time to time and had said he would pay her way to Australia. But she knew that even if he

sponsored her by applying for a prospective marriage visa, she would almost certainly be denied if she was HIV-positive.

After she had left her Porgeran policeman husband and moved back to Tari, she had fallen into a lifestyle of partying with Huli politicians and businessmen, sometimes accepting invitations to stay with them at hotels in Mendi and Mt. Hagen. But upon testing HIV-positive, she had *senisim pasin bilong mi* (changed my ways): she took her medicine as directed, had given up smoking and drinking, wistfully said no to requests from her former businessman friends, brought the clinic nurses small gifts of food, had started going to church every week, had announced her HIV-positive status to the congregation, and even hosted small prayer groups in her home. And now she felt “normal.” Wasn’t it possible, she wondered, that she had, in fact, “become normal”? Only a blood test, she knew, could answer this. But she kept putting it off and putting it off, afraid of how she would feel if she still tested HIV-positive. It was better to keep her dreams of moving to Australia alive, even if it meant perpetual deferral.

Theresa’s hope that she might have sero-converted to HIV-negative—a hope so precious and fragile that she didn’t want to crush it by saying it plainly—was expressed by only a few of the women that I interviewed. Most accepted with resignation health workers’ assertions that this was impossible until a biomedical cure was discovered. However, Theresa’s feelings of vigor and well-being, her aspirations for the future, and her determination to sustain her hopeful state of mind—even if it meant denying certain inevitabilities—reflected the mood of many people in Hela in the early 2010s.

The construction of the LNG, the status of Hela as a new province, and the work of transforming Tari into a provincial capital meant that there were hundreds of jobs available. Tari’s main market, though basically a huge stretch of mud strewn with trash and sucked-dry, spat-out sugarcane, bustled with hundreds of sellers and customers every day. PMVs went safely back and forth to Mendi and Mt. Hagen, and brought back astonishing new items for purchase: one year, wigs in various colors and styles seemed to be the fashion of the day for women. Tari had relied for decades on a temperamental hydroelectric plant built years before by missionaries, and it had finally given up the ghost in the late 2000s, leaving the town without power. But because Tari was now a provincial capital, PNG Power, the national electric company, was finally erecting power lines and connecting businesses and government buildings to the national grid. And, because of the well-paid jobs provided by the LNG, many households were able to buy small generators, which they used to turn a profit charging people’s mobile phones. Other people had money to spend because businesses were buying up land on the fringes of Tari town with the aim of building bank branches, small fast-food shops, and even a car dealership. Word that Tari was the place to be for those with an entrepreneurial spirit had spread: I had long talks in my guesthouse with a hairdresser

who had come all the way from Goroka by herself, hoping to find a site where she might establish her own business keeping provincial officials and their families looking stylish (she was not able to make a go of it). She could scarcely believe that Tari—with its few squat buildings and dirt roads—was even considered a town, let alone a provincial capital. Certainly, it resembled no provincial capital she had ever been to before.

But despite the elation of the moment, it was also a time of foreboding. Whenever I visited Hides or Nogoli (LNG project areas), people there expressed distrust, resentment, and censure. The expatriate LNG workers “hid inside” their fenced compounds, people said, and only came and went by vehicle. They never actually walked around and talked to local people, which the latter found both mystifying and insulting. The relocation packages were grossly insufficient, given that people were giving up their land and homes. Jobs with ExxonMobil or Oil Search were available only to those willing to bribe or do sexual favors for the men in charge of hiring—indeed, one friend of mine was informed by a gatekeeper to employment that not only would she be required to have sex with him, he also expected her to provide her cell phone number and some photos that he could share with friends. Long-haul trucks, too large for the narrow dirt roads, drove too fast, nearly killing people and raising clouds of dust that made them sick. Lots of money was being paid in underhanded ways to defuse dissent, but very little was being invested in community or women’s development: “The men who set up roadblocks and threaten to sabotage the project get paid thousands of kina to disperse, and we get cooking demonstrations,” one woman said scornfully. And, most worryingly, people were extremely unhappy about the landowner identification process, which they described as rushed, incomplete, and problematic (see also Main and Fletcher 2018). The identification of some clans as LNG project area landowners, and some not, was causing a great deal of frustration, which people predicted would only get worse once the gas was finally flowing and royalties were paid (or not paid, or paid to the wrong people). They were correct.

The LNG made its first shipment of gas in 2014, which meant that the first royalty payments should have been made to appropriate incorporated landowning groups (ILGs) shortly thereafter. However, the process of identifying landowner beneficiaries had “been stalled since 2010” because landowner identification had “become tied up in PNG’s court system as a result of several legal claims” (Main and Fletcher 2018: 12). Thus, as of 2018, while some royalty payments had been made to landowning groups around the gas-conditioning plant in Port Moresby, none had been made in Hela, where the vast majority of landowners lived. Moreover, ExxonMobil insisted that it was the Papua New Guinea government’s responsibility to resolve the various competing claims and to complete the landowner identification process (Rix 2018), while critics asserted that it was the responsibility of the state and the project operator (that is, ExxonMobil) together to carry



FIGURE 9. PNG LNG project site. Photo by Kenneth I. MacDonald.

out this process and assist landowners in organizing into ILGs so that they could “fairly and meaningfully enter into negotiations with the developers” (Main and Fletcher 2018: 12). Moreover, they said, this process should have been completed before breaking ground in 2009. As one might imagine, Hela landowner claimants have been extremely frustrated by these delays, particularly since the plentiful economic opportunities and benefits largely evaporated with the completion of the construction phase of the LNG.

In addition to conflicts over landowner status and the delay of royalty payments, the 2017 national elections were plagued by violence, fraud, and coerced and bribed voting, with stuffed and stolen ballot boxes. Across the nation, including in Hela Province, more than two hundred people were killed during the election period, and many more were injured and maimed (*Guardian* 2018). Lingering animosities about contested and potentially fraudulent outcomes resulted in more violent conflicts.

Then, in February 2018, a magnitude 7.5 earthquake struck, and Hela Province was severely affected, with people, houses, fields, and sources of water covered over by landslides. In the aftermath,

At least 18,000 people were displaced and living in informal camps or other evacuation facilities, often without adequate water and sanitation. Damaged airfields, bridges and roads, coupled with security threats related to inter-communal violence, complicated the response in some affected areas. A third of all health facilities in Hela and Southern Highlands Provinces closed in the immediate aftermath of the earthquake. (WHO 2018)

Friends of mine who were affected by these events said that armed gangs took advantage of the crisis to invade homes, hold up vehicles, rape women, and extort money for aid or transport. Warfare took place in and around Tari town itself, far worse than in the past because of the massive influx of high-powered weapons into the area. “Heavily armed clansmen interviewed during an outbreak of warfare in 2016 spoke of their several day journey from Komo to the West Papuan border, carrying 20kg rice bags that they had filled with marijuana grown for the exchange of weapons with Indonesia’s armed forces,” Jubilee Australia reported (Main and Fletcher 2018: 28). Threatened by gangs or enemy clans, and without a secure source of food, many women I knew fled the area, some to relatives who lived in remote areas not affected by fighting or the earthquake, and some as far away as urban settlements in Mendi or Mt. Hagen. There they often went into debt renting houses and agricultural land.

How these crises affected the HIV-positive women I interviewed, I do not know. Courageous hospital staff and nuns continued to provide care during Tari’s earlier tumultuous period in the early 2000s, so I think it is quite likely that they did so again during this time. Whether patients have been able to make their way safely to places where they could receive their supplies of ARVs is another question. Having seen how flexible health workers were willing to be about “the rules” of ARVs, I have some confidence that they did their best to adapt to the situation and perhaps provided patients with more than the typical three-month supply for those who might face difficulties returning to the hospital or clinic.

GENDER AND AIDS IN TARI

In this book I have undertaken an expansive analysis of the “feminization of AIDS,” showing how gender, as a relation of power, shapes all dimensions of HIV experience. Much like women around the world, women in Tari face specific vulnerabilities to infection. And while public health researchers often focus on female subjects’ own risk behaviors, in many instances it would be more appropriate to examine how historical circumstances and structural relations of inequality put women in the path of others’ risk behaviors. Where the state abandons responsibility, women find themselves vulnerable to crime, including sexual violence. When customary landowners, *de facto* defined as male, can display and consolidate their wealth and power by becoming patrons to men below them in the resource-extraction hierarchy, women may be “conned” into serving as tribute wives, making them vulnerable to a landowner husband’s other sexual relationships.

Women’s greater vulnerability to HIV, and their lesser ability to remove themselves from unsafe relationships and environments, is well documented. Less examined is how target audiences are interpellated as gendered subjects in AIDS interventions intended to enhance participants’ consciousness about gender

stereotypes and gender-based violence. These interventions may be done with the best of intentions, but they often treat gender as a culturally informed role rather than as a power relation thickly and inextricably enmeshed with other relations of power, especially in postcolonial contexts. In particular, the assumption that women are victims lacking agency may not reflect—indeed, may significantly distort—participants’ more complex and nuanced understandings of gendered and other unequal social relations, including those in which men are disempowered, exploited, or silenced. The flattening of such complexities can alienate both participants and educators, who may consequently engage in translational agency, or even translational activism, thereby transforming or censoring problematic content. In the particular workshop I analyzed, the situation was further complicated by the way in which Huli women—but not Huli men—were cast as unhygienic subjects and sources of revulsion to health workers.

Finally, gendered relations of power also shape the experience of being HIV-positive. In this case, both material and discursive elements put women living with HIV in a tenuous position. That Huli women generally cannot act as custodians of clan land or owners of their own houses means that they are dependent on either a husband or natal kin to provide them with both shelter and land for cultivation. This material dependency for the most basic of needs has myriad consequences. For one thing, a few women ostracized by family were or had been homeless, a truly unheard-of situation in the past. And some who were living with the families of their adult siblings felt that they needed to prove both that they had labor value for the household and that they did not pose a health or social threat. Otherwise, they feared eviction. Those who lived alone felt that they were disproportionately vulnerable to theft, in part because they did not have men to protect them, but in part because thieves knew that HIV-positive women living alone were less likely to bring such disputes to village court. Finally, women’s inability to claim clan land and houses as their own made it impossible for unrelated HIV-positive women to live together, and more generally meant that living with HIV was often a solitary experience for them, rather than something shared. These material precarities—which drove a couple of the women I interviewed to sell sex or cultivate other kinds of transactional sexual partnerships—were exacerbated by discourses that figure women as morally unreliable, inherently more duplicitous than men, and in need of externally imposed limits and rules. Thus, even women who were materially secure and loved by their families engaged in the gendered ethical work of allaying others’ ungrounded fears and suspicions, treading a fine line between trying to live “like normal” and dispelling concerns that they might try to “pass” as “normal.”

It should be noted that one might equally take up the issue of the “masculinization” of AIDS—that is, the ways in which gender as a relation of power has implications for men’s experiences of HIV. For example, precisely because Huli men are the advantaged and dominant gender—and maleness is discursively constructed as self-disciplined, beautiful, purposeful, and pure (Wardlow 2006a)—there are

strong expectations that men will “fence in” the household and not make it vulnerable to a fatal and stigmatized illness. When the male participants in the AIDS education workshop talked about the importance of being able to walk around “hands free,” they made it clear that in public fora, men are always performing masculinity for other men, are acutely sensitive to how they might be perceived, and fear the consequences of not living up to other men’s expectations of masculinity. Infecting one’s wife with HIV, and one’s children through maternal transmission, is a clear violation of the expectation that men will nurture and protect their households, and thus a powerful source of shame. Moreover, during the pre-antiretroviral era, when people sometimes asserted that God wanted to punish the HIV-positive person and “erase his lineage into the future,” it was men suffering from AIDS that people had in mind, not women. And, as the custodians of clan land who should be able to pass their land on to their sons, it was men living with HIV who were most afraid that conniving kin would take advantage of their frail and stigmatized state to appropriate their territory and evict their children. Thus, it is perhaps not surprising that the few men I interviewed expressed a great deal more shame, guilt, and fear about being HIV-positive than the women I interviewed. It would seem that being the dominant gender can carry with it its own burdens, vulnerabilities, and terrors.

A FINAL WORD: THINKING ABOUT HIV AND ARVS IN CONTEXT

There were a number of times during my interviews when I was struck by the fact that being HIV-positive was not the worst or most preoccupying of women’s problems. As one means of assessing the stigma or opprobrium they faced, I asked women if they had anyone who would help them when the time came to build a new house, an expensive and laborious undertaking. Not worrying about this situation usually meant that a woman was well supported and anticipated being so in the future, while being very worried about this indicated isolation and abandonment. During one interview, a woman expressed concern about this, and when I followed up and asked whether she had brothers in the vicinity who might assist her, she replied that she’d had one brother, but he had been killed by her husband. She and her daughters had been living with her husband in Port Moresby, but returned home to the Tari area for what was supposed to be a short visit. While there, her oldest daughter, nine or ten at the time, was sexually assaulted, and her husband blamed her brother. The story, including the identity of the assailant, was a bit muddled, and I felt compelled to ask her whether it was her brother himself who had assaulted her daughter, or whether her husband blamed her brother because he had failed to protect her daughter when he was entrusted with her care. She at first indicated the former, then said she was unsure, and then didn’t want to talk about it anymore.

In addition, it appeared that her brother had cashed in their plane tickets back to Port Moresby, and kept the money for himself, and so what was meant to be a short visit had turned into a very long stay. When her husband learned about his daughter's sexual assault, he came to Tari, tracked down her brother, and smashed his head in. As she put it, "He told me, 'Your brother obviously has no brains, so I removed them for him.'" As a consequence, her husband now refused to come back to Tari for fear that her kin would murder him in retaliation. And she had no intention of moving back to Port Moresby to be with him, because he had infected her with HIV, killed her brother, and remained angry with her because of her brother's actions. All this was in answer to why she worried that she had no one to help her build a new house. The challenges and preoccupations faced by other women I interviewed were not as dramatic as this woman's, but it was not unusual for their narratives to reveal relational and other issues that were of much greater concern to them than living with HIV.

HIV/AIDS policy makers often seem to assume that HIV is, or should be, at the forefront of the minds of people living with it, and that failure to demonstrate this might indicate that they are insufficiently attuned to "the rules" of being an AIDS patient. An alternative approach might view ARVs as enabling patients to feel well enough to deal with more pressing problems, just like any other medication. The view that people should prioritize their HIV vulnerability or their HIV patient-hood can be viewed as a form of AIDS exceptionalism detrimental to people whose lives are complicated by crime, patchy public services, unreliable economic opportunities, migration, election violence, fractious and violent kin relations, and so on. This book has sought to map the context that makes women in Tari vulnerable to HIV/AIDS in complexly gendered ways, but living with HIV is clearly only one of the challenges they face—and hardly the most fraught.