



## Individual Advanced Research Opportunities Program

### Research Report

*The opinions, recommendations, and conclusions of the grantee are his/her own and do not necessarily reflect the views or policies of IREX or the US Department of State.*

Please respond to the following questions, using the form below as a template. Research Report, along with your Final Report, is due within 30 days of the end of your grant. Please e-mail your Final and Research reports to [iaro@irex.org](mailto:iaro@irex.org).

#### **1. Title of Research Proposal:**

Mapping HIV Prevention in Poland: Contested Citizenship and the Struggles for Health after Socialism

#### **2. Topic of Research**

My research in Poland was undertaken in order to better understand HIV prevention policies and programs in Warsaw, Poland. Specifically, I sought to understand the messages communicated in programs at various levels (e.g. through the Polish government and those of various non-governmental organizations), as well who are the targets of the various programs. A second component of this project was to understand the experiences and motivations of those people engaged in HIV prevention in Poland, primarily through conducting interviews with employees and volunteers of non-governmental organizations, in addition to participation and observation of their programs. A third component of my research was to more fully explore the ways in which one particular organization dealing with issues of gay rights and support incorporated HIV prevention into their overall programs and goals. I also sought to understand the constraints and possibilities—both symbolic and material—placed on the work of this organization given the social and political climate of contemporary Poland and the history of such programs in general.

#### **3. Relevance and Contribution to Field**

##### *Civil Society*

One aspect of my research located HIV prevention within the non-governmental/civil society sphere. In the anthropology of post-socialism as well as studies of post-socialist/transitional societies by political scientist and economists, civil society has

received significant attention. My research offers yet another perspective on civil society. From talking with people involved in these non-governmental organizations, learning about their histories, and speaking with other researchers working with NGOs in Poland, it is clear that fifteen years after the initiation of “civil society building,” these organizations are familiar with the various resources available to them and the process through which they are obtained. Moreover, much of the work on NGO activity in Eastern Europe has discussed the flows of resources, information, and people from west to east. In my research, I learned that the people working in these particular organizations often look eastward and now see themselves as examples of “good practices” from which their peers in countries in central Asia can learn. They also frequently suggested that it is important for them to cooperate and collaborate with their eastern neighbors, given their similar social and political histories.

### *Gender Studies*

I would argue that gender and sexuality studies are some of the most underdeveloped fields in the scholarship of/in Eastern Europe. This study, through its focus on gay men and its attempts to understand HIV prevention within the broader context of sexual politics in Poland, offers an important understanding of the ways that these organizations, their constituents, and their advocates get their particular needs met and the historical legacies that influence contemporary politics. Moreover, my research explored the history of gay rights activism in Poland, as well as the position of gays in socialist Poland. Revealing such a hidden history brings a deeper understanding of life under socialist regimes in Eastern Europe and the ways in which particular “types” of citizens were perceived to be a threat to socialist projects.

### *HIV Prevention Studies*

Moreover, this study’s focus on HIV—a generally recognized international health crisis—importantly demonstrates that appropriate prevention strategies vary with particular contexts, and that it is important to understand these local contexts in the development of effective prevention programs. (See below in “Policy Recommendations.”)

## **4. Approach and research methodology; list of research sites**

I employed three basic research methodologies: participant-observation, semi-structured and key-informant interviews, and institutional histories, which included collecting historical information about HIV in Poland generally. I used participant-observation to observe and record specific HIV prevention activities such as education/outreach programs; the daily operations of the organizations in order to determine the other types of activities in which they are involved; and meetings between members of these organizations and their constituents, government officials, and health workers. I conducted and recorded in-depth, semi-structured interviews with the staff of these organizations, as well as doctors and health personnel, and health educators, and the targets of HIV prevention programs. Primary research sites included prevention programs at a gay rights/support organization, a center for injection drug users, and a center for prostitutes. Other research sites included workshops and conferences sponsored by various organizations, including the National AIDS Center. Library and

press archives were also used. The majority of the research took place in Warsaw, Poland, although I did make a short trip to another city to talk with HIV prevention workers there.

## **5. Research findings and preliminary conclusions**

In Poland, HIV prevention occurs at multiple geographic and institutional levels. The National AIDS Center acts as a coordinating organization for various programs, and each year organizes a national HIV prevention/awareness campaign that usually coincides with the internationally recognized World AIDS Day on December 1<sup>st</sup>. In addition, they also sponsor workshops and training/certification for people who work in HIV; fund, staff, and run free and anonymous HIV testing centers throughout Poland; oversee the needs of HIV-positive patients; and fund and provide resources for non-governmental organizations with HIV-related programs. Non-governmental organizations mostly work at a more local level and often act as points of direct access to HIV prevention materials by various target groups, depending on the goals of the particular organization.

### *The National AIDS Center (NAC)*

During the period in which I conducted my research, the two most visible programs of the National AIDS Center in terms of HIV prevention were the national media campaign, which in this year encouraged people to get tested for HIV, and a theater competition directed at young heterosexual couples. In general, the media campaigns emphasize the importance of conducting HIV tests, and worked to develop this national campaign and one targeted at teenagers to serve meet the goal of increasing HIV testing. Yearly national campaigns feature advertisements on television, in movie theaters, notices in newspapers, billboards, and the distribution of printed materials (posters, calendars, pens). The theater competition resulted in the production of two HIV-themed plays (one the winner of the contest and produced by the National AIDS Center, and the second a play disqualified from the contest but produced independently). Both plays focused on heterosexual transmission of HIV and explored the lives of women living with the virus. The NAC also sponsors workshops, held mostly during the fall, and directed at students, health care workers, and physicians. These workshops, usually lasting several days, are designed to primarily provide information about the biology of the virus, the history of the epidemic, and resources available to those infected with HIV in Poland. Less attention is focused on practical methods of HIV prevention, although “degrees of risk” associated with different sexual acts are discussed. In general, however, the workshops are information rather than skill focused.

### *Non-Governmental Organizations*

Within the sphere of HIV prevention in Warsaw, non-governmental organizations fulfill a very important function as the only providers of HIV continuous, direct, and targeted HIV prevention programs. Various organizations in Warsaw are involved in HIV prevention through both sexual transmission of the virus and intravenous drug use. In terms of sexual transmission of the virus, the organizations Lambda and TADA target primarily prostitutes (both male and female). The long-existing organization MONAR, formed in 1978 and officially registered in 1981 in the wake of Poland’s “Solidarity” movement,

involves itself with HIV prevention through intravenous drug use. Although these three organizations target different modes of HIV transmission and different clientele, these organizations have several elements in common, most specifically the method through which clients are reached. First, the philosophy of “harm reduction” provides a fundamental, common principle that links together these three organizations. Second, each of these organizations combines volunteerism with paid work in order to provide the necessary staff for their various programs. Third, these organizations occupies what can be seen as an ambiguous position between the demands of the Polish government (represented by the *Krajowe Centrum ds AIDS*—the National AIDS Center) and the needs of their clients.

The philosophy of “harm reduction” is a fundamental element of the programs of MONAR, TADA, and Lambda. Interestingly, the National AIDS Center, based on my conversations with people working there, did not at the time officially promote a strategy of harm reduction, indicating that such an approach fell more within the domain of the national program working to prevent drug abuse and addiction. Such a claim, however, did not prevent the non-governmental organizations working in HIV prevention and funded through the National AIDS Center from adopting philosophies and the consequent programs of harm reduction in their programs. The organizations with which I conducted my research work with populations that exist on the margins of Polish society— injection drug users, prostitutes, and young gay men. In Polish popular culture, these particular groups are stigmatized in public discourse and debates, often in terms of their moral failures and as potential “threats” to Polish society at large. Through my research, I have learned that the people working in the organizations with HIV prevention programs attempt to separate issues of “morality” from the programs and services they offer their clients. In keeping with this philosophy, two primary prevention methods are employed by these organizations: “streetwork” and “duty hours.” In terms of streetwork, the employees and volunteers go to clubs, bars, streets, and other places frequented by their target populations, and here distribute condoms and informational pamphlets, as well as talk with their clients about where they can obtain particular services, such as tests for sexually transmitted diseases, lodging, and free legal services. Through streetwork, these organizations also manage to maintain steady contact with certain “clients” (as the organizations themselves refer to their target populations), and therefore are able to build the relationships of trust they see as necessary for successfully working with these populations. The second component of these programs—“duty hours”—are characterized by regularly scheduled hours during which clients can come to a stationary point and talk with various “specialists” about any issues or problems they are having, receive necessary materials (e.g. condoms, lubricants, and clean needles/syringes), and generally socialize with one another. In terms of clientele, MONAR serves a distinct population (i.e. injection drug users), but because TADA and Lambda have similar targets, there is some overlap in clients, particularly regarding those who visit the stationary centers.

The arrangement of these programs to offer a broad range of services beyond the provision of condoms and lubricants and information about where to get tested for HIV speaks more generally to the position of these clients within Polish society more

broadly. In Polish popular discourse, gay people are discussed as being “not normal” and deviant. From talking with organizers of these programs, they suggest that these spaces offer the clients a place in which they can “be normal” and interact with one another without fear of attack or ridicule. In general, they see their clients to be at risk for HIV not through their sexual activity per se, but through low self-esteem and negative self-evaluation that leads to the undertaking of risky forms of sexual behavior.

The people working at these organizations include both paid employees and volunteers. For paid employees, working on HIV is seen as consistent with broader philosophies and world views. Generally, these worldviews are critical of the popular view of their clients as threatening the moral order of Polish society and engage themselves in this type of work in order to provide their clients with dignity, understanding, and tolerance that they see as unavailable from Polish society in general. In other words, involvement in HIV prevention programs at the level of non-governmental organizations becomes a work of “passion.” For unpaid volunteers, motivations for working at these programs are sometimes personal as in the case of paid employees, and at other times “practical.” Many of the volunteers are students who use volunteer work in such organizations as an opportunity to gain experience for their future careers, often as psychologists or social workers. That involvement in this type of work is motivated by commitments to broader social and personal goals is emphasized by the generally low pay of employees, and in one instance employees of one organization were forced to go without pay for several weeks because funds ran out. Workers often have other jobs and work at these HIV prevention programs during their “free time,” often during the evening. Funds for these programs come from a variety of sources, including the National AIDS Center, the United Nations, and the Stefan Batory Foundation. These funds, however, are limited and many times do not even cover the costs of providing clients with items fundamental to the programs, such as condoms.

The limited availability of funds for the workers and basic functioning of the programs sometimes forces these organizations to occupy an ambiguous position between the institutions that provide funds and supplies and their clients. These organizations depend on the organizations such as the National AIDS Center to provide funds, but sometimes hold differing views about the ways in which HIV prevention should be conducted. One of the organizations, for example, advocates for more “explicit” discussion of sexuality in informational pamphlets, an approach in opposition to the National AIDS Center’s attempts to maintain some sort of “neutrality” in the materials it provides. Others, importantly, take comfort in the “neutrality” of the National AIDS Center material, suggesting that it offers the possibility for them to conduct the necessary work at the ground level that speaks more directly and explicitly about sexuality, particularly gay sexuality. In the words of one of my informants regarding the relationship between and gay support organization and the national funding sources, “At least they don’t bother us.” Such issues are important to consider when discussing funding and policy development for HIV in Poland, given the very vocal and influential conservative Catholic Church and politicians. In other words, although the work of preventing HIV through a focus on sexuality has in some ways been driven underground, in some ways this arrangement is beneficial because it allows these

programs to operate without drawing unwanted negative media attention. People working at these NGOs also, for example, question the role of a priest as an advisor at the National AIDS Center while simultaneously recognizing the importance of his work in combating stereotypes and fears of those living with HIV. Moreover, the effectiveness and motivations of programs sponsored by the National AIDS Center are often questioned by those working within the NGOs. For example, the national campaign that promoted HIV tests was widely criticized as “fear-inducing” and insensitive to those living with HIV and generally negatively evaluated by people working in the various institutions.

Another important funding issue was often discussed by my informants. In the Polish system, funds for HIV prevention programs are available through the national government (more specifically through the National AIDS Center) and local city governments, sources of funding that these organizations recognize as both necessary and ethically appropriate in that it reflects the common belief that the government should be responsible for things such as HIV prevention, even if only through funding non-governmental organizations. At the same time, informants often bemoaned the system in which non-governmental organizations are forced to compete with one another for HIV funding and in which receiving funding depends more on the ability to successfully complete a highly complex application than the actual merits of a particular proposal.

Employees and volunteers of the NGOs discussed above are also involved in advocacy for policy change, an activity that is consistent with the position of HIV prevention as part of a broader view of how Polish society “should” look. Representatives from various MONAR branches in Poland, for example, advocate at the level of the Polish government and within the European Union in order to change drug laws and promote harm reduction programs, such as the legalization and expansion of methadone replacement therapy in Poland and the decriminalization of possession of small amounts of narcotics. The HIV prevention program at Lambda is also situated within an organization that advocates for the rights of its clientele, such as the right for the legalization of homosexual partnerships and adoption by homosexual couples. In other words, the work of HIV prevention by these organizations in some cases reflects more generalized programs of rights-based activism at various levels.

## **6. Future research agendas**

Although I do not have formal plans, I have considered two possibilities for future research, both of which would extend on and complement the research described here. The first project would be to conduct a detailed study of the clients of such organizations, based primarily on life histories. Such a study would allow for an exploration of the motivations that people have for attending such programs and understanding what these programs can offer the clients in terms of their broader needs. From my research, I learned that many of the clients of these organizations are poor, uneducated, and employed. Given the broad scope of these programs, the backgrounds of the clients raise issues about the provision of services in Poland for the socially and economically marginalized and the resources that are available to such

people for daily survival. A second research option would be to look further at the lives of HIV positive people living in Poland. The relationship between HIV-positive people and Polish society in general has been marked by both violent, negative reaction as well as successful campaigns to get the medical and social needs of these patients met. A study of HIV-positive people would examine the ways in which they negotiate their own personal relationships as well as institutional arrangements of care. This study could provide important insights into the effectiveness of resource distribution and access and the ways in which those living with the virus re-situate themselves after learning of HIV infection.

## **7. Policy recommendations**

HIV prevention policy in Poland, particularly when discussing sexual minorities, presents a series of dilemmas. In the Polish history of HIV and recognition that people living with HIV had particular social and health needs, a Catholic priest was appointed as an advisor to the National AIDS Center in order to act as a bridge between advocates for HIV-positive people and those resistant to having HIV-positive people living in their communities. But the continued presence of this priest as an advisor leads to complaints by those working within HIV prevention that he prevents open discussions of sexuality. His presence and the more conservative approach to HIV awareness by the National AIDS Center, however, can be seen as a strategy for ensuring that this institution remains viable and funded even when politicians and other activists against such discussions are present. In other words, calls to make the Catholic Church completely removed from HIV prevention policy fail to recognize the particular history of this epidemic in Poland and the role of the Church in creating policies and programs that meet the needs of those living with HIV. And as mentioned above, the lack of public and open discussion about sexuality can be seen as a benefit to programs that are addressing the health needs of social group (sexual minorities) that are the targets of often times violent and aggressive attacks. However, the argument can be made that such lack of discussion serves to maintain the marginalization of sexual minorities within Polish society in general. In other words, if a particular prevention program that targeted gay men were to be imported into Poland, those already active in HIV prevention within the gay community in particular would need to be engaged in a continual dialogue with the organizers in order to create a program that is both effective and speaks to the delicate and controversial position of sexual minorities within Poland.

Finally, during my interviews, I often asked respondents to assess the effectiveness of their programs. I was frequently met with the response that they do not have the funding to actually assess the effectiveness of their programs, although this is something that they would be interested in learning so that they could create programs that better met the needs of their clients. Perhaps funds and policies that allowed for such studies to be conducted would be worthwhile, rather than assuming that a particular program is effective.