

THE IMPACT OF THE HIV/AIDS EPIDEMIC ON THE DEVELOPMENT OF THE DISCOURSE OF CARIBBEAN SEXUALITY

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Introduction

Michel Foucault locates the discourse of sexuality as much in household manuals as in national census returns. This was one way in which his first volume of The History of Sexuality challenged the commonsense understanding of sexuality. I start with Foucault not because he has the final say on the nature of sexual discourse but because I accept his fundamental point of departure: that a critique of modern sexuality encompasses a dispersed and decentered field of analysis organized around multiple reference points. These decentered points of reference engage with state power not only through the conventional structures of state authority, but through language, the professions and other subgroups, however dimly recognized these may be in popular consciousness. This paper is influenced by Foucault's conception of discourse, not least his recognition that the exercise of power both constrains and enables the 'will to truth,' imposes boundaries on what can be known about a particular topic, and shapes the style in which such claims to knowledge are articulated and subsequently communicated. It is from such a perspective that my paper sets out to outline the dispersed field within which the discourse on sexuality has developed in the Caribbean and, more specifically, in Barbados as the region has struggled to come to grips with and make sense of the HIV/AIDS epidemic.

There are three stages to my argument. First, I discuss pre-HIV/AIDS discourses on sexuality as well as those which continue, apparently, to be unaffected by the HIV/AIDS epidemic. I argue that as the twentieth century progressed, the early dominance of social anthropology is superseded and absorbed by cross-disciplinary and indirect analyses of sexuality. Each of these cross-disciplinary fields exhibits their own agenda and critiques other competing (fragmented) analyses. They are characterized by an inability to develop beyond fundamental masculine/feminine binaries, an unquestioning assumption of heteronormativity (that is, heterosexual practices considered as the norm), acceptance of male polygyny, a failure to examine the prevalence and significance of transgressive sexuality, and an essential fragmentation of the discourse.

Second, I argue that the nature of the dominant discourse on sexuality has been fundamentally changed in the last fifth of the twentieth century as a result of the on-going crisis over AIDS and HIV infection. There is an identifiable threat to production levels and population formation in societies where the virus has become widespread. There are also substantial human and material costs incurred in responding to the effects of the virus that small-scale, weak economies have difficulty in meeting (see La Foucade, et al.). As a result, so called high risk groups – commercial sex workers, men who are sexually involved with other men or who are bisexual, adolescents and migrants - have been identified and ways to step up the social policing of sexuality and sexual practice has increasingly dominated the official discourse on sexuality. Another result has been that public discourse about sexuality in the region has had to give limited recognition to more diverse sexualities and sexual practices than have been common in the past. Simultaneously, a moralizing discourse emphasizes the risky nature of sex. These developments have created a watershed in the discussion of sexuality in the region and I briefly describe the impact of this watershed on the role of the state in Barbados to illustrate its importance.

The third phase of my analysis suggests that as a HIV/AIDS panic has taken hold, the role of the state and its response to sexuality has come increasingly under the spotlight of public attention. Traditionally reticent to change the status quo, the state now finds itself under pressure to protect outlawed groups, specifically prostitutes and homosexuals, and to offer greater license to young people to allow them to keep their sexual practices confidential. Thus, state intervention and involvement in the discourse of sexuality have increased. The

result has been that the discourse of sexuality can no longer be contained within previously accepted parameters; rather, its expansion has become increasingly divided between the 'official' – sanctioned by law, governance and public propriety - and the 'unofficial' – espoused by hitherto ignored or marginalized minorities, popular cultural forms and alternative sexualities. I use two important moments in Barbados's national response to the HIV/AIDS epidemic to illustrate this development.

The Discourse on Sexuality Prior to the HIV/AIDS Epidemic

In a recent review of constructions of Caribbean sexuality, Kamla Kempadoo has noted that concerns about immoral and loose sexual practices, promiscuity, uncertain or irregular conjugal relations, and illegitimacy of children often propelled early twentieth century studies towards what was then called 'the Negro' condition. Notions of black pathology, demoralization, disorganization and deviancy pervaded the discourse (Kempadoo 15). Thus, for example, early studies emphasized the distinctive nature of Caribbean families. In 1939, E. Franklyn Frazier stressed the negative impact of slavery in the Americas on families of African origin. These studies led to interventionist strategies to overcome perceived 'defects' of short lived unions among the working class which featured polygynous men and 'loose' black women. The absence of men from female-centered households was seen as particularly problematic (Matthews 295-318; Simey 79-80).

The Social Anthropological Turn

By the mid twentieth century, social anthropology dominated the study of the Caribbean family. The constructions of social anthropologists at this time were more directly concerned with the nature and effects of domestic social organization and the ways that race and class gave meaning to various social arrangements. However, as Kempadoo points out, male power, agency and sexual rights remained the central preoccupation (18). Behind these debates in anthropology about African retentions and indigenous practices resulting from slavery, Caribbean sexuality was identified as organized around heterosexual desire lodged in procreative urges and dominated by masculine needs and interests. Women's sexuality was documented as exclusively heterosexual in orientation and attached to procreation. Without procreation women's sexual activity with multiple partners was labeled promiscuous (22). As the twentieth century progressed, researchers reiterated these earlier prescriptions but recognized that concepts of femininity were being widened to include notions of self fulfillment and actualization of individual goals. The conclusion to Chevannes' Learning to Be a Man provides a summary of the situation as described above. He notes that for African Caribbean men:

Impregnation and pregnancy are the principle means by which a young male and young female respectively announce their claim to adulthood. . . .

Becoming an African Caribbean man privileges one to engage in all the above forms of sexual relationships: from the promiscuous and casual to multiple partnerships (which in effect is unrecognized polygamy). A woman has no such license. Beyond casual relationships she is stigmatized: whore, prostitute, jammette, mattress, loose. . . . A man is not a real man unless he is sexually active. But his activism must be hetero, not homosexual. (216-217)

Women on the other hand need three things "good money, good treatment, and good sex" (217), in that order, "with sex coming last" (217). These constructs have been in existence since the 1930's. As Kempadoo notes, "[w]omen's sexuality and sexual agency are in some instances pathologised, often simplified or obscured, while masculine heterosexual, polygynous behavior is privileged and normalized" (22).

Caribbean Feminism, Cross-Disciplinary Analysis and Binary Dominance

The theorization of gender in the Caribbean by late twentieth century feminists in the region has added considerable subtlety to the discourse on sexuality, albeit within the binary framework. Many of the analyses had as a central focus the battle for women's participation as equals in the public arena, challenging conservative masculinities and aggressively challenging the postcolonial state, first for its maintenance of colonially inherited unjust structural arrangements that discriminate against women and later for its grudging liberalism. As Christine Barrow has noted, the scholarship from the emerging Women in the Caribbean Project (WICP) which developed in 1979, recognized Caribbean women as having a unique identity, searched for what was described as an 'integrated model of a Caribbean woman,' and argued at the project's conclusion that its integrated model would be achieved by future feminists who would provide further conceptual and theoretical sophistication (xix).

Barrow herself, in her 1998 edited collection of 24 essays by women scholars from a wide range of disciplines, found the binary male/female code impossible to break. She recognized an historical shift from 'woman only' to 'woman and man' and from 'women's studies' to 'gender studies'. These changes, she observed, had directed attention to gender as a social and cultural construct. There was optimism that the variety of feminist analyses confronted a range of binary ideologies – these she names as imperialism and nationalism, patriarchy and racism. While also recognizing a 'collage' of masculinities and femininities, there was a resounding silence on any theoretical framework that might respond to gendered identities that are what she described as "even interchangeable" (xx).

Aspects of feminist discourse have also come under challenge from Marxist critics who have argued the need to investigate capitalism's investment in disciplining relations of gender, and that the changes taking place in capitalist relations of production as a result of globalization are pivotal to understanding gender relations at national, regional and international levels. The implication of the critique is that these changes in effect undermine intra-gender solidarity and reinforce class interests by prioritizing them above those of gender.

Masculinity studies have either taken up a conservative and defensive stance towards the feminist challenge (see both publications by Miller) or, while asserting the social construction of gender, their materialist approaches displace the binary framework from which they claim their wish to escape. Thus, for example, Linden Lewis argues that "to understand the problem which men and women face as we encounter the challenges of the new century, we must begin to come to grips with the restructuring of social relations of production at global, regional and national levels" (252).

In the late twentieth and early twenty-first century, debates on masculinity, the HIV/AIDS epidemic, and its implications for masculinity has for the most part remained the unnoticed elephant in the corner or its influence has been recognized only in passing. Thus, in Rhoda Reddock's Interrogating Caribbean Masculinities: Theoretical and Empirical Analyses, the epidemic is limited to providing the "space to examine one of the most controversial and pivotal subjects related to masculinity – homophobia" (xx).

A small but growing number of analyses have begun to challenge conventional gendered binaries and explore aspects of transgression in the Caribbean context. These challenges have been framed through literary texts and taken the form of social and political analysis. (For the former, see Michelle Cliff and Shani Mootoo; for a recent review of the latter, see Kempadoo 44–51.) However their impact on the framework of HIV/AIDS analysis or HIV/AIDS discourse in the region at the official level appears to have been negligible.

The HIV/AIDS Watershed

HIV/AIDS is a primarily sexually transmitted infection for which there is no known cure. The virus has assumed a central place in global discussions about sexuality since the 1980's. Elevated to the status of a pandemic, HIV/AIDS has devastated populations around the world, particularly in sub-Saharan Africa and poor communities in metropolitan countries. The Caribbean has been the hardest hit region in the Americas with an approximately 2.2% rate of infection among adults, of whom 50% are women. With a population of 36 million in 2002, the Caribbean, with around 500,000 people living with HIV/AIDS, was the second most affected region in the world after sub-Saharan Africa. In the Caribbean, AIDS is now the leading cause of death among 25–45 year olds, irrespective of gender, while sexually active adolescents are most affected by high levels of HIV infection. The highest concentrations of the infection are located among migrant populations, such as male workers in bauxite and gold mining industries in Guyana and Suriname and Haitian immigrants in the Dominican Republic, among sex workers, especially in Haiti and Guyana, and in centres of tourism.

Barbados's first detected case of HIV was registered in 1984. By 1997, out of 14 English speaking countries and French dependencies in the Caribbean, only the Bahamas had a higher incidence rate of AIDS. In Barbados, 75% of cases and deaths have been concentrated in the 20 – 54 age range. In a span of 20 years, some 1,231 people have died of associated illnesses. The Ministry of Health estimates that the total number of persons who had tested positive for HIV by June 2004 was 2,873 and the total number of reported cases of AIDS stood at 1,789. Ministry of Health data suggest that the trend of increasing cases has reached a plateau with around 115 new cases reported each year for the past seven years (Statistical Update 2-3). However, in each country in the Caribbean, including Barbados, there is substantial under-reporting, and at least one estimate puts the number of HIV infected persons in Barbados who are ignorant that they carry the infection at around 4,000.

In Barbados, like other countries in the region, the official response to the epidemic was to place it under the responsibility of the Ministry of Health. In 1995, however, the response to the issue was augmented by the development of a national multi-sector response involving the public, private and NGO sectors of the society. In 2000, this was supplemented by the implementation of fundamental structural changes, with the response being placed under the control of the Prime Minister's Office. In the official Action Plan for a Comprehensive Programme on the Management, Prevention and Control of HIV/AIDS, 2001–2006 (published in 2000), the Ministry of Health stated its cause for concern as follows:

The socio-economic impact of HIV/AIDS in Barbados is of critical importance since the infection rate continues to increase among our economically productive age group 25–49 years and hence a high mortality rate within this age group presents a serious challenge to our social and economic development. (5-6)

At the national level, agents of change have been located within various government ministries where they function to raise HIV awareness both within the ministries in question and among the general public. Initiatives include a revived National HIV/AIDS Commission, under the direction of the Prime Minister's Office, the appointment of coordinators in government ministries, a public information campaign, and the implementation of training programmes throughout the public service. Barbados' centralized response is now perceived by the United Nations global response AIDS programme as a country whose policies and programmes represent an example of 'best practice' in the Caribbean region which others are encouraged to emulate.

The Discourse on HIV/AIDS in Barbados

I will now examine two important incidents with a view to illustrating how both the official and the unofficial discourses on HIV/AIDS in Barbados have changed over the years. I have in mind, first, the so-called 'Schlosberg Affair', a major turning point (around 1990) in the development of HIV/AIDS discourse in Barbados, and, second, the publication in 2004 of the government-sponsored report by E. R. 'Mickey' Walrond which has recommended liberalizing legislation to overcome discrimination against so-called 'high risk' social groups.

The Schlosberg Affair

In 1990, Charles Schlosberg, a young British general practitioner, was seconded to work for some months in the Sir Winston Scott Polyclinic in Barbados. In April that year, he wrote an open letter to the National Advisory Committee on AIDS (NACA) published in the Nation newspaper. His letter was designed for maximum publicity to draw attention to the rapid spread of the infection. He stated that he had enquired into the sexual habits of his patients (220 women and 70 men) and concluded that while "over half seemed safe . . . that still leaves up to half of the entire population (sic) at all ages from 10–60 or more, who are at very definite risk of dying from AIDS within the next ten years" (N. Pag.). He concluded his full page letter with a melodramatic simile:

Barbados now is like a truck driving at full speed at a cliff edge on a dark night with the lights off. If the lights are put on now, it can escape with nothing worse than a bad squeal of the breaks. If not, then the children of 2000 will look back over the wreckage of the nineties and ask with every justification, WHY? (N. Pag.)

Notwithstanding the fact that his study was limited in terms of sample numbers and geographical area, Schlosberg sought in this way to draw to public attention the national scale of the threat posed by the epidemic.

The crisis was stoked by a stormy televised debate involving Schlosberg, Professor E. R. 'Micky' Walrond (then Chair of NACA) and others. A flavour of the challenge posed by Schlosberg's letter and of the crisis that ensued can be obtained from the exchange of angry articles in the national press following Schlosberg's intervention. Walrond himself used the press to respond to Schlosberg's open letter. He stated that NACA "rejected absolutely" (10A) Schlosberg's conclusions and claimed that Schlosberg's analysis was amateurish. He questioned the legitimacy of extrapolating from such a small sample and attacked the claim that half of the Barbadian population aged 10–60 would die in the next decade – identifying the claim as "preposterous and unscientific" (10A). Walrond also expressed the opinion that Schlosberg's conclusions were designed to discredit the work of NACA and others who were working to control the spread of the disease. He claimed also that Schlosberg's article "leads one to believe that half of the described population shows no responsibility for its health and is indulging in sexual activity with gay abandon" (10A).

One month later, an article entitled "When Doctors Lose their Cool," written by a Nation columnist named Demora Kirton, supported Schlosberg, arguing that he had been "crucified for telling Barbadians frankly what he thinks" (5). She claimed also that "this was the first time in the history of the medical profession in Barbados that it had been so challenged" (5). There was additionally some pointed criticism of what was seen by some as the more muted style of NACA in responding to the health problem posed by the infection. One writer to the Nation noted on May 25, 1990 that Schlosberg's open letter "may have been alarmist . . . but it not only opened the eyes of the Barbadian community to the hideous epidemic but also to the ineffective techniques of NACA" (9).

For all its limitations, Schlosberg's letter was an important catalyst in creating a climate of change in the response to HIV/AIDS, above all in the way that the disease was discussed in Barbados. His letter was the first public presentation of the condition as a national crisis by a member of the medical profession in Barbados. Secondly, in publishing the letter he broke

ranks with the medical profession in the island by openly raising the extent of the challenge that the disease presented. In doing this, he was roundly criticized by the medical establishment for scaremongering and for drawing nationally applicable conclusions on the basis of very limited evidence. His contract with the Ministry was alleged to have been cancelled before it expired and he left the island soon after.

Schlosberg succeeded in stirring up a national debate on the subject of HIV/AIDS. Till then, for the most part, the disease had been presented by the media in a stigmatized way or on the basis that professionals know best. For example, during this debate, one medical practitioner who was also a member of NACA, Wilfred DosSantos, advised the general public to "take what they are being told seriously and to co-operate with NACA and the Barbados Association of Medical Practitioners if we are to continue averting the ravage which has beset other Third World countries" (29A). In Barbados, the spread of the disease was such that in 2000 there were approximately 70% more HIV infected persons than predicted in 1990.

Overcoming Exclusion by Legislation

By 2004, a new strategy had been formulated to combat the disease: the incorporation of groups traditionally excluded or shunned by society. That year, a report was commissioned in consultation with the Attorney General's Office. Entitled A Report on the Legal, Ethical and Socio-Economic Issues Relevant to HIV/AIDS in Barbados and completed in June 2004, its rationale was as follows:

There is a need to begin the process of de-stigmatizing of marginalized groups such as homosexuals, prostitutes and sexually active adolescents, who are at high risk for HIV infection, in order to diagnose them earlier and reduce the prevalence of HIV among them. (7)

The report conducted, ironically, by Walrond of the Schlosberg controversy, recommended wide ranging legislative change to prohibit discrimination in areas of employment and service delivery in a variety of equal opportunity settings, including medical conditions. The legislative changes that received the most public attention included recommendations to protect society from harmful transmission of sexually related diseases by regulating prostitution; the removal of the ban against same-sex acts between consenting adults; and the right to confidentiality of young people seeking medical advice between 16, the age of consent to sexual intercourse, and 18, the age of majority.

The report advocated a radical departure from existing norms. It challenged conservative opinion in the country, offered a more liberal approach to the state's regulation of sexual practices, and argued for the incorporation of socially excluded groups in the interest of restricting the effects of the epidemic. Begun as a confidential consultation, by the time it was completed a short version had been widely leaked. Although senior political and professional figures had been consulted in the course of the report's preparation, the leaked version did not attribute opinions. The popular response to the report was hostile. Letters to newspapers and the public consultations on the report which followed manifested a predominantly conservative state of opinion against the recommended changes. Other consultations with various professional and business groups met with a lukewarm response and were sometimes poorly attended.

The government is yet to state if it will proceed to implement the report's proposed legislative changes. The commissioning of the report implied a willingness to explore legislative action to contribute to a change in social attitudes. However, the government is caught between popular opinion in favor of the status quo and demands for liberal change recommended by international funding agencies like the World Bank.

Implications

Let me finally give two examples of this contradictory response. In Barbadian prisons, a location in which it is common knowledge that anal sex is practiced and there is thus a high risk of passing on the HIV virus, the provision of condoms to prisoners is officially not allowed. Meanwhile the government has initiated a policy known by the catchy term 'ABC' that encourages people, first, to abstain, failing that, second, to be faithful and, third, to 'condomise.' In addition, the state encourages voluntary counselling and testing. In this programme, the Ministry of Health is taking a lead in encouraging everyone in Barbados to know their HIV status. Apart from the test, this involves a before and after session of counseling. Those being counselled are encouraged to commit to the 'ABC' principles outlined above. This 'commonsense,' self-protective programme conveniently combines risk-reduction with moral policing.

In Barbados, traditionalists, a dominant voice in society, see no legitimacy in sexual practices other than those which are heterosexual. Other sexual practices such as polygeny, bisexual and homosexual practices, and commercial sex work, although widespread, are implicitly blamed for the epidemic and are thus for the most part considered taboo. Moreover, the suggestion is regularly made in popular musical culture that male homosexuals should be killed. Confronted with this dilemma, Caribbean governments, if they wish to take action at all, find themselves caught in a difficult position, exhorted on the one side, by outside agencies primarily, to counteract social exclusion and, on the other, by local interests to preserve the moral status quo.

What are the implications of all this? The health historian Alan Brandt has made the following general comment about the relationship between a society and the spread of disease: the "way a society responds to problems of disease reveals its deepest cultural, social and moral values" (148). The AIDS epidemic specifically, he claims, "has been shaped not only by powerful biological forces, but by behavioral, social and cultural factors" (148). In the Caribbean, there is substantial evidence for these claims. In the early 1980s, the 'cultural factors' first mobilized around a moral focus on deviant sexuality; official discourse, however, quickly moved on to recognize that danger was not confined to deviant sexual behavior but in fact was found everywhere. This reaction, which led to generalized panic, has brought about a contradictory response by the state: on one hand an increased commitment to moral policing, and on the other, attempts to liberalize the legislative regime in an effort to establish the full extent of the epidemic.

Careful scrutiny of the current discourse on Caribbean sexuality and HIV/AIDS reveals that, beneath a predominantly conservative public face, the popular attitude towards sexuality in Barbados and the wider Anglophone Caribbean remains riven by contradictory forces. On the one hand, there is pressure to reduce the spread of the epidemic by directly addressing and adopting a more inclusive attitude towards those groups which have historically been marginalised on the outer edges of society by virtue of their sexuality. (It should be noted that the pressure for inclusion is being applied for the most part *on behalf of* these groups and, with a few exceptions, less so by these groups themselves.) This essentially pragmatic approach to the problem, one basically of 'harm reduction,' is most often thought to be motivated by a liberal agenda. On the other hand, there are other more conservative forces which wish, on purportedly moral grounds, to maintain the status quo and to perpetuate the existing exclusionary regulatory regimen by which alternative sexual practices are demonised. It is the politicians, essentially pragmatists most often guided by the short term concern of retaining political power through the popular vote, who will have to strike a sanguine balance between these competing points of view. In my view, the prospect of a more effective response to the epidemic and the concomitant earlier recognition of HIV and AIDS would be considerably improved by a liberalizing of the legislative regimen. This is still some way off, however.

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