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Nuri's testimony:

HIV/AIDS in Indonesia and bare knowledge

ABSTRACT

As an epidemic that has emerged since the 1980s, still has no cure, and may bear no symptoms, HIV/AIDS is powerfully linked to questions of knowledge. In this article, I explore intersections of HIV/AIDS and knowledge by drawing from ethnographic and activist work with an HIV/AIDS nonprofit organization in Indonesia that focuses on *gay* men and *warias* (roughly, male transvestites). In particular, I look at testimony, a form of knowledge production differing from confession in that it emphasizes form over content. Examining testimony with regard to persons living with AIDS, I show how it produces a “bare” or “asymptomatic” knowledge that may cast light on broader dynamics of epistemology, selfhood, and belonging. [*HIV/AIDS, Indonesia, gay men, transgenderism, knowledge, emotion, nonprofit organizations*]

Eleven of us are gathered together this night of March 9, 2007: eight discussion-group participants, Nuri, Anwar, and I. This will be the first night I hear Nuri's testimony.

We sit in a tight circle on a floor of a cluttered, small living room in the city of Makassar, on the island of Sulawesi in central Indonesia. We are meeting in the lower-class home of Ilham, a young *gay* man, who sits near the worn curtain dividing this room from the kitchen and bedrooms behind it.¹ He reaches behind the curtain every so often to take plates of food and drink prepared by his mother, who flashes a smile at the group before disappearing again. The eight participants—Ilham, five other *gay* men, and two *warias* (roughly, male transvestites)—are members of a discussion group (*kelompok diskusi*) that has met every month for over a year. This month it is Ilham's turn to host, and as usual, Anwar is the group's facilitator. Performing this role is one of Anwar's duties as staff at the Pathway Foundation, an HIV prevention and AIDS treatment nonprofit organization based in Makassar that focuses on *gay* men, other men having sex with men, and *warias*.

Nuri, a *waria*, is tonight's invited speaker: Her staff duties at the Pathway Foundation involve supporting persons living with AIDS.² Like the other *warias* here tonight, Nuri is visibly *waria*, with her long hair, breasts (the result of taking female hormones for many years), and woman's jeans and blouse. Some of the *gay* men are quite effeminate (as effeminacy is typically understood in contemporary Indonesia), others less so. What these *gay* men and *warias* share is a desire for knowledge. They “know” that HIV/AIDS is present in Indonesia, even in their city of Makassar. They also “know” that many among them have fallen ill or died bearing symptoms that might signal AIDS. However, as in much of Indonesia, stigma and a lack of access to testing and health care mean that, even in the year 2007, none of these *gay* men and *warias* definitively “know” someone living with the disease.

We discuss the challenges of avoiding HIV infection for over an hour on this night, talking particularly about condom use for anal sex and the rise in injecting drug use among *gay* men and *warias* in town and even in the rural

environs. Then Nuri talks briefly about her work supporting persons living with AIDS, and, in response, Sammy, one of the *gay* men, recalls how he helped a *gay* friend who had died in the hospital a few months earlier. His friend had gotten thinner and thinner, sicker and sicker, “with dots on his skin,” but neither he nor the hospital staff would ever say if the disease in question was AIDS. “One day he finally died, with his head resting right here on my leg. And I think it was AIDS, though I still don’t know for sure.” The members of this group had invited Nuri because they wanted to meet one of her clients, someone they could know was definitely living with AIDS.

It is now a little after 9:00 p.m., and some of us shift sore legs to new positions on the simple linoleum floor. In the center of our circle sit half-finished cups of tea and a few remaining pieces of fried banana. Anwar looks around the room and says, “Now, remember, one of Nuri’s clients may be able to come tonight and give testimony (*testimoni*). But if this person comes, how will you react? Will you discriminate? Will you gossip about them afterwards, or can you keep secret the fact that they have AIDS?” One by one, each member of the group insists that he or she would support—even “salute” (*salut*)—the person willing to come before them as one living with AIDS, that it would make them happy, and that they would not gossip about the person.

At this point, I notice that Nuri is sitting on a chair right behind me, looking down on all of us sitting on the floor. Protective of her clients, Nuri shows herself to be an utterly quiet and attentive diviner of motivation, reading the faces and weighing the words of these *gay* men and warias, some of whom she has known for many years. Apparently satisfied with the group’s response, Nuri says, “Okay, I’m going to go call the person living with AIDS; she lives nearby.” Grabbing her cell phone, Nuri steps outside to call her client and then returns to announce, “She’s on her way.” The group is animated with curious anticipation, giving way to frustration when the client still has not appeared after 15 minutes. Nuri says, “I’m going to call her again and see where she is.” We all watch Nuri as she dials a number on her cell phone and speaks with the client, saying, “What’s taking you so long? Get here soon!”

A few minutes later, Nuri suddenly turns to the window: “She is here.” Gesturing to the evening’s host, she says, “Ilham, let’s go greet her.” Nuri and Ilham step outside. We cannot see what is happening but hear distant voices. More anxious anticipation. Then, Ilham and Nuri reenter the room. Ilham walks straight to his former place at the far end of the little room and sits down: He is unsteady, ashen faced. The sense of anxious curiosity is overwhelming. Nuri softly takes a seat among us. Someone asks, “Where is the person with AIDS? Why leave her on the front porch?”

Nuri is unblinking and measured: “The person has already come in and is sitting here with you. It is me. I am a person living with AIDS.”

Silence, silence, silence, and the city’s ambient soundscape, suddenly amplified, enters the room in a cacophony of child’s cries, motorcycle mufflers, and television shows.

At last, Sammy speaks up: “I can’t say anything. I’m speechless.” One waria says, “Here we can see that a person with AIDS can look like everybody else. I’ve known Nuri for many years and never suspected.” Ilham adds, “I know you, Nuri, you are my friend, but I never knew.” Nuri replies, “Ilham, remember when I came back from Java and was so thin? That was before I started ARV [antiretroviral therapy].” Sammy is confused and turns to Anwar, the facilitator: “Nuri was sick before and got well; I thought if you had HIV you didn’t get well.” Anwar, Nuri, and I remind the group how HIV works, and members of the group ask Nuri for more information about how she protects her health. In response, Nuri reaches into the front pocket of her jeans and pulls out a plastic box with compartments for every day of the week. She opens one compartment to show some white pills inside. “I must take one of these every 12 hours. They are more important to me than love. I keep this with me always so I don’t miss a dose. Better I lose my wallet, better I lose money than misplace these.” She also shows the group a condom she keeps in her pocket: “It’s enough that I am infected; there’s no need that others get infected.” For another 30 minutes, members of the group continue to ask questions of Nuri, seeking satiation of an apparently inexhaustible curiosity for knowledge about HIV/AIDS.

Engagements

In the narrative recounted above, Nuri’s *testimoni* brought together the personal and the social as well as prevention and treatment, all in the shadow of marginality and community and pivoting around the question of knowledge. Nuri and other staff of the Pathway Foundation typically called what Nuri had done “*testimoni*”—an Indonesian term that transforms an English term, as is the case with many words associated with modernity in the archipelago, including *HIV/AIDS* itself.³ In this article, I explore the notion of “*testimoni*” as exemplified in Nuri’s experiences. One purpose in doing so is to illuminate dynamics of stigma and disclosure with regard to HIV/AIDS in Indonesia. A broader goal, however, is to take seriously Nuri’s *testimoni* as a theorization of knowledge in what I have elsewhere termed an “already globalized world” (Boellstorff 2003, 2005). Nuri is not a “transnational AIDS activist”: Like most staff of the Pathway Foundation, at the time of my research she did not speak English and had never attended an international AIDS conference. The relationship between Nuri’s *testimoni* and the global is far more culturally contextual than a phrase like “transnational AIDS activist” would suggest.

The research on which this article is based builds on a long-standing set of theoretical and personal engagements

with Indonesia, the fourth most populous nation after China, India, and the United States. My experience includes many years of direct activism with the Pathway Foundation (and several other HIV/AIDS NGOs, which I do not address in the limited space of this article). The history of the Pathway Foundation shares features with many similar organizations across Indonesia. The Pathway Foundation began in the early 1990s as a loose-knit network of *gay* men who knew each other from spending time in a range of sites of Makassar's "*gay* world," in particular, the town square and hair salons known as relatively open places for *gay* men to socialize (often because the owners were *gay* men or *waria* themselves). This friendship network gradually became more formalized; the name Pathway was chosen during one of the group's first official meetings, in the room I was renting in July 1993 during my first visit to Makassar. The Pathway Foundation registered as a nonprofit organization (*yayasan*, typically translated as "foundation") in July 1995 and since that time has continued to grow, despite facing the usual challenges of staffing and support.⁴

Like many Indonesian community-based NGOs, the Pathway Foundation operated during the time of my fieldwork out of what had been a modest, one-story private home in a residential neighborhood. The home's small bedrooms had been transformed into offices and a small clinic; the living room served as a reception area—and with chairs rearranged, the venue for weekly staff meetings. In Makassar and elsewhere, *gay* men and *warias* have sometimes worked together in a single NGO, as at the Pathway Foundation. In other cases, they have worked in distinct organizations, reflecting broader community linkages and cleavages. Most *warias* see themselves as men with women's souls and, thus, see their desires as, in a sense, heterosexual. They therefore transform their bodies to bring exterior self into conformity with their desire, understood as a feminine desire for men. *Gay* men typically see themselves as men who "desire the same," and their subjectivities are not as publicly embodied as is the case for most *warias* (for further discussion, see Boellstorff 2005, 2007).⁵

By 2007, the Pathway Foundation had eight full-time staff and about twenty active volunteers. I had been working with the organization for almost 15 years as a consultant and sat on its advisory board. Like most Indonesian NGOs involved in HIV/AIDS prevention and treatment work, the Pathway Foundation has relied heavily on funding from international sources—sometimes channeled through the Indonesian government, sometimes as direct grants. Such funding is unpredictable, often taking the form of contracts on a two-year or even shorter funding cycle, but in some cases these grants have included capacity-building support. This can take the form of consultants to provide staff with up-to-date information about HIV/AIDS or assistance in learning the minutiae of accounting and reporting. For a lucky few staff (not including Nuri at the time of my

fieldwork), capacity-building support could translate into internships of a month or even up to six months abroad, usually at some well-established Australian NGO. Thus, although calling Nuri a "transnational AIDS activist" would be inaccurate, she is certainly not constricted to a local spatial scale. HIV/AIDS, after all, has been globalized from the beginning, and continually transforming translocal circuits of information, money, pharmaceuticals, and persons are central to the epidemic's character.

Testing fear

Nuri had only given *testimoni* one time before the evening that I accompanied her to Ilham's house. Karin, another *waria*, had been with Nuri that first time and recalled that "it was like a funeral wake, with people crying and saying they had been friends with her for years but never knew." I accompanied Nuri when she gave *testimoni* to six groups during the early months of 2007 and was struck by how their discussions always pivoted around questions of knowledge.

I recall one evening when I rode behind Nuri on her motorcycle as we followed Donnie, a *gay* staff member of the Pathway Foundation, to attend a discussion group in an older neighborhood with two- and three-story buildings pressed up against each other, not far from Makassar's downtown. We sat on the floor of the main room of a flat above a salon; normally this would have offered some respite from the noise of the streets below, but this night a local soccer team had won a big game and several hundred young men were riding around the neighborhood, revving their motorcycles, the roar surging every few minutes as they passed outside.

By the time we started the meeting, nine members of the discussion group were present, all *warias*. One said, "I'm bored talking about AIDS" but then asked many questions of Donnie, myself, and the other *warias*, such as "I've heard HIV can be spread by mosquitoes. Is that true?" But questions of knowledge soon extended beyond those related to the virus itself. Donnie reminded everyone that the Pathway Foundation offered "voluntary counseling and testing" for HIV infection, employing the *VCT* acronym used in HIV/AIDS discourse for this procedure but explaining its meaning. In this discourse, producing one form of knowledge (are you infected with HIV or not) is predicated on producing a parallel form of nonknowledge (anonymity as to who is infected).

Despite this dominant understanding of *VCT*, I was surprised—and Donnie visibly irritated—to find that the *warias* in this discussion group did not want to go to the Pathway Foundation for testing. One *waria* said she was worried that a friend would see her there. Then another *waria* spoke, at first hesitantly but then with more conviction, saying, "I have heard of cases (*kasus-kasus*) where a counselor at the Pathway Foundation gossiped to other

people about the HIV status (*status HIV-nya*) of someone he had counseled.” Hers was a conspiracy story about uncontrolled knowledge. Donnie explained calmly but with evident exasperation that no Pathway Foundation staff had ever done such a thing and one who did would, in any case, be fired for such a transgression. I reminded everyone that conspiracy theories about HIV/AIDS were common in Indonesia, taking as an example “AIDS Club” narratives in Java, in which unseen assailants are said to poke persons in shopping malls with HIV-contaminated needles, leaving victims with a piece of paper stating “Welcome to the AIDS Club” (Kroeger 2003). Members of the discussion group nodded, stating that similar stories were common in Makassar. Donnie decided to ask each waria in turn if she had been tested. Only one admitted to having been. When asked why they had not been tested, despite most having suspected they had lost friends to AIDS, the others said they were afraid (*takut*). Fear: fear of others knowing one considered oneself at enough risk to bother getting tested; fear of knowing the truth in one’s own blood.

Through all of this discussion between members of the group, Donnie, and myself, Nuri sat quietly on the sidelines. It was nearly 10:30 p.m. when Donnie, following up on the conversation about HIV testing, asked those in the group what they would do if they knew definitively that someone in the room was living with AIDS. The warias replied that they would try to help the person, see that he or she got to a doctor, offer support (*dukungan*). Displaced onto another, knowledge evoked compassion rather than fear.

Having heard each waria in the room express some variation of these sentiments, Nuri began to speak, softly but firmly against the backdrop of motorcycles now receding into the distance. “We’ve been talking about people living with AIDS in Makassar. Well, I have been living with AIDS since 1999. When I first found out, I felt like ‘Where is the place for me [*di mana tempat saya*]? What will happen to me?’ I felt so alone.” If it is possible for a silence to grow larger, then this is what happened in the room in this moment. No one cried or became overwhelmed with emotion, but in the expressions of support that came forth was a palpable air of solemnity. Addressing Nuri, one waria spoke of her as “someone with AIDS” but then immediately corrected herself—“I mean, HIV”—displaying her knowledge about correct forms of biosocial address, even though Nuri actually had an AIDS diagnosis. After a few minutes, members of the discussion group relaxed a bit and began questioning Nuri more directly. One waria asked, “Do you know how you got infected? Because as we know, to be honest, you’ve worked as a prostitute before.” Nuri said, “Yes, I’ve been a sex worker, and I’ve also injected drugs. So it’s like finding a snake in the room: you don’t know how it got in the house.” Another waria asked if Nuri had a boyfriend. Nuri replied, “Yes, for the last two years. He’s been tested three times and is still negative.” Another asked Nuri about medi-

cation, and once again she pulled the plastic container from her pocket, opening the little boxes to show the small white pills. For the first time in this group, because of Nuri’s testimony, pills literally lay next to condoms as concrete technologies that could shape life chances in the shadow of the epidemic.

Knowledge

In grappling with Nuri’s testimony, I have found the rubric of “knowledge” triply useful. In addition to being ethnographically salient, it has been central to queer theory and also to anthropological inquiry since its early days:

[An] explicit engagement with certain dimensions of knowledge . . . was one of the key watersheds in the disciplinary development of anthropology in the 20th century. The debates surrounding the characterizations of “primitive” knowledge in texts like E. B. Tylor’s *Primitive Culture*, Sir James Frazer’s *The Golden Bough*, and Lucien Lévy-Bruhl’s *How Natives Think*, for example, centered anthropological discourse on the question of the universality of human epistemic forms, processes, and contents. [Boyer 2005:141]

In one of the first overviews of anthropological approaches to knowledge, Malcolm R. Crick warned against seeking a distinct “anthropology of knowledge” (1982:287), seeing the question of knowledge as germane to all anthropological work. In a more recent discussion, Fredrik Barth stressed the sociality of knowledge, emphasizing that “a great deal of every person’s knowledge is conventional, constructed within the traditions of knowledge of which each of us partakes” (Barth 2002:2). Anthropologists have long noted that their own discipline represents one such tradition, providing anthropological work on knowledge with a particular form of reflexivity. Crick, for instance, emphasized that “any statement about culture is also a statement about anthropology and the self-knowledge of the discipline is vital in any development of the anthropology of knowledge” (1982:307–308; see also Barth 2002:8; Boyer 2005:147).

Knowledge has played an even more fundamental role in queer theory. In her *Epistemology of the Closet*, by any measure a classic of the genre, Eve Kosofsky Sedgwick explored how “many of the major nodes of thought and knowledge in twentieth century Western culture as a whole are structured—indeed, fractured—by a chronic, now endemic crisis of homo/heterosexual definition” (1991:1). Additionally, queer studies has from its beginnings been in dialogue with feminist and science studies scholarship that examines how “situated knowledges require that the object of knowledge be pictured as an actor and agent, not as a screen or a ground or a resource” (Haraway 1988:592).

This queer problematic of knowledge and power is associated above all with the work of Michel Foucault, for

whom a constant theme was “the claim that power and knowledge are not external to one another” (Dreyfus and Rabinow 1982:114). In *The Archaeology of Knowledge*, one of his earlier works, Foucault spoke of a “group of elements, formed in a regular manner by a discursive practice,” saying such a group of elements “can be called knowledge. Knowledge is that of which one can speak in a discursive practice” (1972:182; see also Foucault 1998:324). Later, in his *History of Sexuality, Vol. 1*, Foucault extended this linguistic construal of knowledge from “discourse” to “confession,” showing how “the truthful confession was inscribed as the heart of the procedures of individualization by power” (1978:59).

Nuri's testimoni seemingly begs for analysis in terms of confessional discourse. Testimony and confession share a historical association with Christianity, and the cultural logics of both now extend to domains of life far beyond religion. In the case of “testimoni” (that is, the ongoing Indonesian transformation of the ostensibly Western category of “testimony”), the extension is not just a theoretical fillip but a socially recognized genre. As one interlocutor in Makassar put it to me when defining the term, “Testimoni is a witnessing or opening oneself in front of many people [*di depan orang banyak*] about what has happened to or been experienced by that person himself or herself. It's not just for religious or legal situations [*bukan cuma khusus untuk agama atau hukum saja*], but for any situation.”

In addition to underscoring how testimoni is not simply about religion, this interlocutor identified a key distinction between confession and testimony. At its core, “confession” refers to an act between two persons: It presumes “a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge” (Foucault 1978:61). In contrast, testimoni is usually understood as something done as the result of an internal imperative “in front of many people,” as my Indonesian interlocutor above put it. In my research on virtual worlds, I have identified an emergent emphasis on craft (*techne*) over knowledge (*episteme*) (Boellstorff 2008a). In an unexpected research convergence, I found that if confession leans toward *episteme*, testimoni leans more toward *techne*; it seems to be a “crafty knowledge” (Boellstorff 2008b) working to change an audience. Recalling theories of the postmodern, it is an “instrumentalization” of knowledge (Malik 2005:31; see Lyotard 1984) but one that does not thereby depersonalize the knowledge or information in question. Its effectivity remains sundered to the testifying subject, but in an asymptomatic fashion: Biographical details need not be present. As I discuss below, what made Nuri's testimoni consequential was not a “personal touch” per se but a surprisingly bare association with the testifying subject. Testimoni may therefore be even more a technology than the “confessional technologies” shaping understandings of HIV/AIDS in Indonesia and elsewhere (Nguyen 2005).

Multiple spatial scales and historical trajectories shape the notion of personal narrative revelation ensconced in testimoni, as the loanword-esque status of the term itself indicates. Makassar and the region surrounding it in South Sulawesi province are dominated by the Bugis and Makassarese ethnic groups. Although quite distinct linguistically (and culturally, up to the 20th century [Pelras 1996:13]), a shared history of Islam and entanglement in regional politics means that many contemporary persons in the area identify as “Bugis-Makassar” (Pelras 1996:13). Among the Bugis ethnolocal group (but notably absent among the Makassarese ethnolocal group) is a class of persons known as *bissu*, who, “as priests, shamans and specialists in trance rituals . . . mediated between humankind and the world of the gods. . . . Portuguese sources tell us that, from the sixteenth century at least, they were—as they are today—for the most part transvestites and very often homosexuals” (Pelras 1996:82–83).

It would be a mistake to see a direct historical lineage here. *Testimoni* was not a term associated exclusively with *warias* (nonwaria persons living with HIV/AIDS could give testimoni). Additionally, historically *bissu*s could be women as well as *warias*, and there were even specific terms for female *bissu*s, such as *bissu makunrai* (Lathief 2004:48). *Bissu* refers to a profession that must be learned, and, without proper training, no *waria* would consider herself a *bissu*.⁶

These complexities, particularly the fact that testimoni is not seen as something that only *warias* do, suggest that spatial scales beyond the ethnolocal—in particular, the national—may play a crucial role in shaping a specifically Indonesian notion of testimoni. Indeed, it seems clear that the term draws powerfully from discourses of national belonging that go back to early 20th-century anticolonial movements in the archipelago. Susan Rodgers noted how, in this context, “recalling the personal past . . . becomes a witty but bitter effort of actively creating the public future, and trying to imagine an Indonesian national society of deep self-consciousness, social awareness, and religious sophistication” (1995:4). This observation reflects how, in a broader sense, recognition has been central to dynamics of national selfhood in the archipelago (Siegel 1997). These dynamics of selfhood and recognition have often been linked to public speaking in the Indonesian language, understood as a site of the cosmopolitan and modern (Keane 2003), just as HIV/AIDS can stand as modernity's hidden-yet-omnipresent antithesis.

Questions of knowledge have also been central to theorizing HIV/AIDS. Early in the epidemic, an “information-deficit model” was circulated transnationally via patterns of funding to governments and NGOs. As Stacy Leigh Pigg observed for the case of Nepal, “Public knowledge about AIDS . . . was being created . . . out of an already formed template of accepted facts . . . as set out by powerful international organizations” (2001:481). This information-deficit

model has always suffered from “a major problem” in its “self-perpetuating claim about knowledge: as long as information was seen as effective in itself, rather than only the most preliminary beginning, lack of behavior change suggested that not enough or the wrong information had been provided” (Patton 1996:101–102).

However, the problem of knowledge and HIV/AIDS reaches far beyond behavior change. As a new epidemic, questions about *knowing the origins* of AIDS have played an important role in the “geographies of blame” associated with the disease (Farmer 1992; see also Shao 2006). There is the question of *knowing about* HIV as a virus. (As an agent that works, as all viruses do, by inserting its genetic material into a host cell so as to trick that cell into making new viral particles, HIV is itself, in a sense, a form of knowledge.) There is also the question of *knowing who* has HIV and the question of *knowing why* they became infected. There is, as noted above, the question of prevention: of *knowing how not* to become infected with HIV. There is the question of *knowing how to treat* or someday cure HIV infection and opportunistic infections. All these knowledges include not just scientific and officially sanctioned knowledges but “subjugated knowledges” (Foucault 2003:7) like conspiracies and rumors (Butt 2005; Crisovan 2006; Kroeger 2003), which are, of course, limited neither to AIDS nor to Indonesia (e.g., Boyer 2006; Briggs 2003:232–234, 247–254; Cohen 1999:186–219; Fassin 2007:73; Schoepf 2001:341; Schrauwers 2003; Siegel 1998). In an important article first published in 1987, Paula A. Treichler spoke of an “epidemic of signification” with regard to AIDS, “a nexus where multiple meanings, stories, and discourses intersect and overlap, reinforce and subvert each other” (1999:19). Over 20 years later, Nuri’s testimony exemplifies how this epidemic of signification has become an epidemic of knowledge, an epidemic with many sources, symptoms, and sequelae.

Epidemic histories

Given Indonesia’s vast size, one can expect a wide range of understandings of health and healing to be found there, drawing on varied notions of tradition as well as the complex networks of trade, political affiliation, and religious community that, for millennia, have linked this archipelagic crossroads to East Asia, South Asia, the Middle East, and beyond. Scholarly knowledge of precolonial health practices and disease impact is quite limited, derived primarily from courtly texts (e.g., Lovric 1987). This record tells of a long history of sexually transmitted infections like gonorrhea, although their prevalence is difficult to determine (Reid 1988:161). Following the rise of colonialism, one finds better (although until the mid-19th century, still quite sketchy) documentation regarding epidemics in the archipelago. These were often linked to the increasing intensity of globalizing networks shaped by the rise

of industrialization, colonialism, and the nation-state. The worldwide influenza pandemic of 1918 is thought to have killed at least 1.5 million people in the archipelago (Brown 1987:235), leading to a doubling of the death rate in parts of Java (Gardiner and Oey 1987:72). It is also “generally believed that plague did not affect the population of Indonesia prior to 1910, when a cargo ship carrying rice from Burma introduced infected rats and fleas into Surabaya” (Hull 1987:210). Cholera “started its global career in 1817, when British troops and ships were present during an outbreak of cholera in Bengal. . . . In April 1921 it reached Semarang, on Java’s north coast, where in eleven days it killed 1,255 people” (Boomgaard 1987:53); it reached Makassar by 1823 (Henley 2005:278). Epidemics in Indonesia have long been associated with translocal interchange.

Indonesian doctors appear to have identified cases of HIV infection or AIDS-related death quite early on in the global pandemic. The first such recorded incident involved 30 warias in Jakarta in 1983 (HIV testing did not yet exist, so this determination was based solely on symptoms): An Indonesian woman who died in 1986 did test HIV-positive, although the case was not reported to the Ministry of Health (Yayasan Spiritia 2009). The first official diagnosis of AIDS in Indonesia occurred in 1987 and involved a Dutch tourist visiting the island of Bali, contributing to a prevalent understanding of HIV/AIDS as something fundamentally un-Indonesian. To this day, AIDS remains the primary moniker for this disease, its foreignness reinforced by the *ds* consonant cluster, which does not occur in the Indonesian language and renders the term difficult to pronounce.⁷ Lying outside even phonological belonging, understandings of HIV/AIDS “are bound up in ideas about what constitutes Indonesian norms for sexual and moral behavior, about what it means to be ‘Eastern’ and ‘Indonesian’ as opposed to ‘Western’” (Kroeger 2003:245). This dynamic of shame is fed by the history of Indonesian press reportage on HIV/AIDS, which has often been highly stigmatizing and inaccurate (Harahap 2000). Such reportage is of a piece with ordinances and everyday acts that discriminate against persons living with HIV or AIDS, from family members rejecting a lower-class waria with AIDS to the Indonesian state forbidding Magic Johnson to enter the country in 1994 because of his HIV-positive status (Kroeger 2003:245).

It is clear that, in the 1980s, HIV infections were already taking place among Indonesians. However, because HIV testing is misunderstood and difficult to access, the number of persons living with HIV infection in Indonesia is highly uncertain. Data from the Indonesian Ministry of Health indicate that, as of December 2007, the cumulative total of known cases of HIV infection was 17,207, of which 6,066 individuals had progressed to an official AIDS diagnosis and 2,360 had died.⁸ The number of Indonesians actually infected with HIV is typically seen as being at least ten times the reported number. In March 2008, the National AIDS

Commission of Indonesia (2008:10) estimated that 193,000 Indonesians were living with HIV, and provincial-level data in South Sulawesi indicated 1,232 known cases of HIV infection, 313 of which had progressed to AIDS. It was not until 1999 that members of the communities with whom the Pathway Foundation works started to suspect that some among them had died from AIDS-related diseases. By 2007, they estimated that about eighty *gay* men and *warias* in Makassar had died from what appeared to be AIDS. It was not unusual for 30, 50, or even 70 percent of *waria* sex workers visiting the Pathway Foundation in a given month to test positive for HIV, but, before Nuri, no member of any of the communities the Pathway Foundation supports had publicly identified himself or herself as living with HIV or AIDS.

Penasaran

On one occasion during my fieldwork, Nuri did testimony at two discussion groups in one night. The first was held in the home of a *waria* who worked in a salon a couple of miles east of the city center. Eight *gay* men and *warias* sat in a circle on the floor, including Riana, an effusive *gay* man known for being a bit of a gossip. Arif, the *gay* staff member of the Pathway Foundation who facilitated the discussion group, started off the meeting by saying, "Nuri was so kind as to offer a ride to Tom on her motorcycle, because I had to bring someone else on mine. As you know, tonight we may have a special guest: if you are ready, a person living with AIDS will come."

As in previous discussion groups, after some initial conversation, each participant, in turn, said what he or she would do if someone in the room was known to have AIDS: All emphasized they would not discriminate. At this news, Nuri opened her cell phone and appeared to call the person with AIDS. "She's almost here," Nuri said and, as before, walked out of the house to greet the "arrival." But a full 30 minutes passed before Nuri returned to take a seat, alone. The participants glanced around nervously. "The person isn't coming," Nuri announced. "She decided to cancel for tonight." Arif and I stole perplexed glances at each other; Arif was working hard to protect Nuri's right of disclosure, but I could see him looking at her with a quizzical expression, trying to assess her intentions. "Maybe she just isn't ready," one of the participants volunteered. "That's her right." Nuri then added, "She asked me who was in the room, and when I mentioned Riana's name, she said, 'Oh, that's that loud guy.'" This made me wonder if Nuri had perhaps been surprised to find Riana at this discussion group and if, because Riana had a reputation as a gossip, Nuri had decided against testimony.

Arif now interceded, saying, "Well, if she isn't coming, she isn't coming, so we'll just have to wait until next month and see if a person living with AIDS can come to that meet-

ing." Arif then formally closed the meeting with a standard, short prayer for the health and success of all the group's members. The prayer finished, the host brought out food and drink; for about twenty minutes we snacked and made small talk before gathering our belongings to go home. But then Nuri opened her cell phone, appearing to take a phone call, and looked at me while saying, "I think the person living with AIDS is still on her way."

A pause. I looked back at Nuri and asked, "Do you want me to call her?"

"Yes," Nuri replied.

I handed my cell phone to Nuri, saying, "Please give me her number, I don't have it."

Nuri typed a phone number onto the keypad of my cell phone and handed the phone back to me.

I pressed the dial button.

Right next to me, Nuri's own cell phone rang. Members of the discussion group, some standing with purses in hand, ready to go home, looked around, bewildered.

Nuri said, "Hmm. Maybe it's a wrong number. Try it again."

I dialed the number again, and once again it was Nuri's phone that rang, its electronic chirp now the only sound in the room.

Nuri looked around at the members of the discussion group, saying, "Yes, it's me. I'm the person living with AIDS."

A frozen quiet. Everyone dropped back down into a sitting circle.

Nuri turned to Riana first, saying, "You probably didn't expect that it was me, did you, though you've known me for many years." Riana nodded; normally so talkative, he was at a loss for words.

Nuri did not wait for Riana to answer further. She addressed the group as a whole: "So how will all of you now react to me now that you know I'm living with AIDS?"

One of the *gay* men sitting next to Arif said, "I would do this."

Reaching over across the circle, he lifted Nuri's glass of water and drank to warm applause.

After a few minutes of questions, Nuri, Arif, and I took our leave: It was already 10:00 p.m., and there was still the second discussion group to attend. The Pathway Foundation staff person in charge of that second discussion group, Rustan, had already called us a couple of times, asking why we were taking so long. Rustan's discussion group was on the other side of town, a good 30 minutes' ride in the warm night. Riding behind Nuri on her motorcycle, with Arif on a second motorcycle behind us, I asked Nuri, "Why did you wait so long for your testimony? Were you worried that Riana would gossip about you?" "Not really," she replied. "I just wanted to make them *penasaran*," a word that roughly means "anxiously curious."

We finally reached Rustan's discussion group, which was being held in a salon that was already closed for the

night. Fourteen people were in the room, a mix of warias and gay men. We chatted for some time about condoms and sexual practices. It was past 11:00 p.m. when Nuri passed me a note:

Ask them how they would react if they knew there was someone here who was living with AIDS.

I asked the question: One by one, each member of this discussion group, as before, said he or she would be supportive. Nuri, as always, carefully watched the faces and listened to the answers of the group, gauging if she would give her testimony. Looking back at her in an attempt to divine her intentions, I suddenly realized that she, Arif, Rustan, and I were not the only observers. In the last 15 minutes, four members from the earlier discussion group had silently arrived: They now crowded the doorway, watching the performance, sharing the sense of *penasaran*.

Nuri leaned over and asked me to proceed.

I said, "If Nuri, Arif, and Rustan agree this group is ready, that none of you will gossip around the person's name or stigmatize them, I'll call the person. They live nearby. What do you think?"

Members of the group reiterated that they were ready, and Nuri nodded in approval. So I dialed the phone number, and once again it was Nuri's cell phone that rang.

Nuri said, "Oh, you misdialled (*salah nyambung*). Try dialing the number again."

I dialed the number a second time, and Nuri answered the phone, just ten feet from me on the other side of the room.

Speaking into my cell phone, I said, "Is the person with AIDS ready?"

"I am here," Nuri replied.

The figure of the ODHA

When Nuri and the other Indonesians whose words I have presented in this article spoke of a "person with AIDS," the Indonesian acronym they used was *ODHA*, meaning *Orang Dengan HIV/AIDS* (Person With HIV/AIDS).⁹ The acronym reworks English-language abbreviations like PWA (Person With AIDS) and the preferred PLHA (Person Living with HIV/AIDS). *ODHA* originates from the world of HIV/AIDS activism and is still not generally understood, recalling how many Indonesians still think that *gay* is the English term for *waria*. To many Indonesians *ODHA* sounds like a person's name; I was struck, during my fieldwork, by the way my interlocutors and I could talk about ODHAs in a taxi or a public area without worrying that others would understand. Although the first official diagnosis of a person living with AIDS in Indonesia was that unnamed Dutch tourist in 1987, the first ODHA to openly identify as such was Suzanna Murni. Born in 1972, Murni learned she was HIV positive in 1995 and soon began speaking publicly, helping to found the Spiritia Foundation in Jakarta and supporting ODHAs

across Indonesia (including a visit to Makassar) before her death in 2002 (see Sukanta 2007).

Despite the work of Murni and others, ODHAs still face discrimination and, as a result, often hide their ODHA status, even unto their deaths. Nuri always said that she decided to begin giving testimony, eight years after discovering she was HIV positive, because she wanted everyone—above all, *gay* men and warias—to understand that Indonesians could also become infected if they did not change their practices, but also so that people would treat persons living with HIV/AIDS with greater compassion. Nuri was well aware that disclosure presented dangers—for instance, she knew persons whose ODHA status had been the subject of sensationalistic newspaper coverage—but felt the risk was worth taking. In Indonesia the invisibility of most ODHAs means they are a kind of absent presence in the body politic, recalling how the New Order regime (and its successors) associated unseen dangers and "shapeless organizations" with threats to the nation. This was a "fabricated story of struggling against imagined enemies" that "have always been latent, invisible, and remembered" (Drexler 2008:82). Transposed into the domain of HIV/AIDS, this story leads to a cultural logic of contagion in which "the menace is not from something or someone that can be clearly identified as Other. . . . Danger, then, is both internal to the community and internalized; one fears one's own image" (Kroeger 2003:254). This understanding recalls "techniques of erasure" in Venezuela that can produce an "intimate politics of invisibility" (Briggs 2004:167), the near presence of disease understood in terms of conspiracy.

Members of discussion groups I attended in 2007 already knew the meaning of *ODHA* because of the ongoing education work of Pathway Foundation staff. I was struck by how the pivotal moment of Nuri's testimony, the moment of knowledge, was always when she would say, "I'm an ODHA" [*Saya ODHA*]. This was a moment of knowledge in its barest sense, an asymptomatic knowledge, predicated on no personal or empirical substantiation, recalling how an ODHA, and particularly an ODHA receiving antiretroviral therapy, may have no symptoms. For Nuri and her interlocutors, the moment of testimony was a moment of making the ODHA knowable: Knowledge was the symptom, but a notably generic one. It is crucial to underscore that this efficacy of testimony was not reducible to a "personal touch": The inclusion of personal details was not what made Nuri's actions testimony. Nuri's testimonies pivoted around a moment of disclosure emptied of semantic detail and filled, instead, with a specific regime of affect. Nuri worked to create a sense of *penasaran*, of anxious curiosity and anticipation, and this *penasaran* for knowledge was the key thing, not the content of that knowledge. For instance, in neither of the two discussion groups just described did Nuri have time to show her white pills or talk about the importance of support, but this was not a cause for alarm or

regret on her part: Personal details were not what the testimony was really about. As for activists elsewhere in the world, access to antiretroviral drugs is often the key to Indonesians with AIDS becoming healthy enough to act as advocates or give testimony, but taking such medications is not a precondition for testimony. I also never saw discussion group members express anger at Nuri for taking so long to disclose. Just as a former year's Miss Waria at a pageant typically weaves between the finalists for a good five minutes before identifying the new winner, so suspense seemed a fitting dramaturgical conceit. In this regard Nuri was aided by the relative formality of the discussion groups, events that a speaker could direct and shape.

This sense of *penasaran* that Nuri worked to inculcate through her testimony reveals dynamics of knowledge and power in contemporary HIV/AIDS discourse in Indonesia; it is a key symptom of the epidemic of knowledge in the archipelago, and perhaps beyond. *Penasaran* is an odd term in Indonesian. Like only a few other Indonesian words (the best-known being *perempuan*, "female"), *penasaran* is a single lexeme that appears to be a derivational term, namely, *nasar* with a *pe-an* circumfix.¹⁰ *Penasaran* means something like "anxious curiosity," even "suspense." It is an emotion term, and it bears noting that emotions in Indonesia and elsewhere in Southeast Asia are powerfully transpersonal forms of social interaction and efficacy: They are "no less cultural and no more private than beliefs" (Rosaldo 1984:141; see Boellstorff and Lindquist 2004).

Scholars of Indonesia have long noted how a widespread cultural logic in the archipelago understands persons as liable to being influenced by outside forces following a shock (Errington 1989; Geertz 1960), for instance, in the case of the "culture-bound syndrome" known as *latah* (Winzeler 1995). This sense of shock is often linked to *penasaran*. For instance, in her study of conflict and violence in Aceh (at the northern tip of Sumatra), Elizabeth Drexler noted one interlocutor as stating that Aceh was full of "*penasaran*" ghosts (*hantu penasaran*): "They don't know why they had to die so they return to the world to ask why they had to die" (2008:81). This returning to the world to ask about death, to seek knowledge, recalls the dynamics of testimony but with a different temporal emphasis. In place of remembrance, Nuri worked with increasing care to craft a sense of *penasaran* oriented toward anticipating knowledge. *Penasaran* served as an emotional counter to the fear (*takut*) that, as described above, prevented many persons at risk from getting tested for HIV and that also shaped stigmatization toward ODHAs. Yet more is in play here than timeless Indonesian traditions; Nuri's testimony also reflected thoroughly modern notions of recognition (Siegel 1997).

Like the work of the Pathway Foundation more broadly, Nuri's testimony aimed to compel listeners to constitute themselves as persons "at risk" and thus as persons who

would take action to prevent becoming infected with HIV. Another aim of Nuri's testimony was to encourage listeners to not stigmatize ODHAs. Because it was likely that some audience members already knew they were HIV positive (indeed, I knew of cases), yet a third effect was possible: to encourage those individuals to think, "I myself could someday give testimony as an ODHA." The emotion of anxious anticipation bridged "knowledge" about HIV/AIDS and "knowledge" about oneself as variously interpellated by HIV/AIDS discourse.¹¹ At issue is a notably binary sense of self as either a knowing or a not-yet-knowing subject, distinct from the possible content of such knowledge: It is an asymptomatic epistemology of selfhood neatly captured by the English phrase "in the know."

The pivotal but strikingly simple statement "I'm an ODHA" was the moment of testimony—in and of itself, as such. It was a testimony not of "conversion," as in the case of the detail-filled narratives of religious testimony, but of "seroconversion," as the binary transition from "negative" to "positive" detectable HIV antibodies is known. In the wake of stating "I'm an ODHA," Nuri might sometimes show her medications or talk about past risky behaviors, but such presentations seem to have been understood by all involved as supplements to testimony, not testimony itself. The goal of Nuri's testimony, this moment of bridging "knowledge" about HIV/AIDS and "knowledge" about oneself as variously interpellated by HIV/AIDS discourse, can be seen as the "mode of transmission" in regard to an epidemic of knowledge—the moment when, through the figure of the ODHA, an audience comes to be "in the know" about HIV/AIDS. As exemplified in the story that opens this article, the desire in play was a sense of *penasaran* to "know an ODHA" and only secondarily to know the details of that person's life history or personal struggle.

Conclusion: Bare knowledge

Nuri's testimony was extraordinary, as she was the first member of Makassar's *gay* and *waria* communities to openly identify as an ODHA. I was lucky to conduct fieldwork right when she was beginning to give testimony and through the period when she gave testimony to most of the Pathway Foundation's discussion groups for *gay* men and *warias*. Nuri was no fool; she and Pathway Foundation staff knew that, despite admonishing members of each discussion group to protect their new knowledge, word would leak out and Nuri's ODHA status would become more broadly known. The window for *penasaran* would close; eventually it would no longer be possible to hold an audience in anxious anticipation. Nuri's testimony thus provided me with an exemplary ethnographic opportunity, a chance to witness an emerging regime of affect and knowledge, inflected through HIV/AIDS discourse.

Of course, this extraordinary character of Nuri's testimony renders it, in a sense, more valid, not less. Anthropologists are acutely aware that the average may not be the indicative; the "outlier" may exemplify, as in the case of Uma Adang, the mystic leader portrayed in Anna Tsing's *In the Realm of the Diamond Queen* (1993), or Catarina, the woman at the center of João Biehl's study of Vita in Brazil (Biehl and Eskerod 2005). The story of Nuri's testimony speaks broadly to the way, with regard to HIV/AIDS in Indonesia (and perhaps elsewhere as well), knowledge can become an end in itself, so that the efficacy of knowledge can be seen to inhere in form rather than content.

This is perhaps the central way to differentiate testimony from confession. With regard to the sexualized contexts in which the Western notion of "confession" was forged, Foucault notes, "*It is no longer a question simply of saying what was done. . . but of reconstructing, in and around the act, the thoughts that recapitulated it, the obsessions that accompanied it, the images, desires, modulations, and quality of the pleasure that animated it*" (1978:63, emphasis added). But, as noted above, although such personal details were certainly not detrimental to testimony, they were not necessary either. The *penasaran* of testimony hinged on the "question simply of saying" that "I'm an ODHA." This starkly binary knowledge formation, of a piece with the discursive construction of being either "negative" or "positive" with regard to HIV infection, contrasts with more confessional ways of "knowing" about health or illness, case-history ways of knowing far more imbricated with personal history and self-narrative.

In drawing out a distinction between an anxious curiosity for the form of knowledge (taking the form of testimony) and for the content of knowledge (taking the form of confession), I do not mean to ontologize an opposition that would crumble on closer inspection. Instead, I identify a cultural distinction that renders intelligible the specific character and social efficacy of Nuri's testimony. In the face of any assumption that knowledge is only content (i.e., that it is information), Nuri's testimony shows how the efficaciousness of knowledge can lie in its production as form. This "transmission" of knowledge takes place through its association with a speaking subject, and it is the fact of that subject speaking that makes it testimony. Biographical details do not weaken this transmission, but they are not essential to it. The personal touch of testimony originates not in such biographical details but in its bare linkage to a speaking subject.

Biehl (Biehl and Eskerod 2007:325) has drawn on Giorgio Agamben's (1998) notion of "bare life" in his work on AIDS therapies. Nuri's testimony shows the possibility of a regime of affect—an epidemic of knowledge—whose centrality to HIV/AIDS discourse stems precisely from its being stripped down to the statement "I'm an ODHA." Its social force inheres in its form as what I term "bare knowledge,"

as that which allows a person to be "in the know." Under the epidemic of knowledge that characterizes HIV/AIDS in contemporary Indonesia, it was not necessary to show the little white pills: The bare knowledge of their existence, motivated by the anxious anticipation for that knowledge, was a fitting subject for testimony.

As I noted above, any anthropology of knowledge reflects back on anthropological inquiry itself. With regard to Nuri's testimony, I think these complex entanglements of knowledge, the speaking subject, and HIV/AIDS should make us, as anthropologists, *penasaran*. Indeed, by the latter stages of this article you, the reader, have occupied a position not unlike that of the members of Arif's earlier discussion group, looking in on Rustan's later discussion group and anticipating the testimony about to take place. In the most general terms, Nuri's testimony and the question of bare knowledge show how ethnographic inquiry can play a crucial role in developing simultaneously theoretical and political understandings of the HIV/AIDS epidemic. Contextualizing the specific epistemologies engendered by this "epidemic of knowledge" is crucial. How can we draw on a sense of *penasaran* to develop engaged responses to what, despite the passing seasons of academic fashion, is now a more urgent, more devastating AIDS pandemic than ever before in human history? What forms will our testimony take? That, indeed, is something we do not yet know.

Notes

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1. As in my other writings on the subject, I render the Indonesian-language *gay* in italics throughout to indicate that it is an Indonesian term, irreducible to the English *gay*, despite continuing linkages.

2. The Indonesian third-person pronoun *dia* is used for men and women. In this article, I use *she* for *warias*, who, as I discuss subsequently in the text, can be roughly glossed as "male transvestites" or "male-to-female transgenders."

3. A rough equivalent to *testimoni* (but one Nuri did not use in this context) is *penyaksian*, from the root *saksi*, meaning "witness."

4. In 1983, in the midst of former President Soeharto's rule, "A tactical decision was taken . . . to abandon 'NGO' as a generic name in favor of [LSM (*lembaga swadaya masyarakat*; roughly, "social self-empowerment associations")]. . . 'Non-governmental,' it was

argued, could easily be perceived as 'anti-government'" (Eldridge 1990:36). Since the end of the Soeharto presidency in 1998, the abbreviation LSM has largely fallen out of use and ORNOP (*organisasi non-pemerintah*, literally, "nongovernmental organization") has become common. See Hadiwinata 2003.

5. The Pathway Foundation was one of several NGOs for *gay* men and *warias* that also did work with *lesbi* and *tomboi* (roughly, lesbian and female-to-male transgender) communities and had *lesbi* or *tomboi* staff.

6. At most, *warias* in the region might refer to themselves as *calabai*' (Buginese) or *ka-we-ka-we* (Makassarese), terms with the same referent—male transvestites—as the Indonesian-language term *waria*. For an excellent in-depth discussion of *calabai*, see Davies 2007.

7. Dédé Oetomo first pointed this out to me (personal communication, October 8, 1997).

8. See Ministry of Health, Republic of Indonesia 2007. Indonesia, like most countries worldwide, follows the U.S. Centers for Disease Control definition of AIDS. This definition provides for categorizing an HIV-infected person as "living with AIDS" if he or she exhibits any of a list of opportunistic infections, but also if the person's CD4+ T-lymphocyte count ever falls below 200 cells/ μ L, even in the absence of any opportunistic infections.

9. On occasion, the middle two letters are reversed and the acronym becomes *OHDA*, which is typically taken to mean *Orang yang Hidup Dengan AIDS* (Person Living With AIDS).

10. *Nasar* can mean "vulture" in contemporary Indonesian, but this is clearly a homonym, and the precise etymology of *penasaran* remains obscure.

11. I am here referencing the theory of discourses as interpellating individuals as subjects (see Althusser 1971).

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