‘Out of the Shadows’: Moroccan HIV Prevention and the Politics of Sexual Risk

Anne M. Montgomery

Submitted in partial fulfillment of the Requirements for the degree of Doctor of Philosophy under the Executive Committee of the Graduate School of Arts and Sciences

COLUMBIA UNIVERSITY

2017
ABSTRACT

‘Out of the Shadows’: Moroccan HIV Prevention and the Politics of Sexual Risk

Anne M. Montgomery

This dissertation is among the first ethnographic investigations of HIV/AIDS programs in the Middle East and North Africa (MENA) region. Contemporary representations of the region’s HIV/AIDS epidemic often recycle simplistic orientalist tropes, lumping together diverse countries, communities, and histories under the rubric of a shared socio-cultural and religious context. This cultural heritage is presumed to explain both the region’s seemingly unique epidemiological dynamics and its reportedly extreme forms of stigma and taboo. Public health efforts in the region aim to ‘lift the veil’ on HIV risk, and efforts are currently underway across the MENA to bring groups like sex workers and men who have sex with men – considered to be ‘at risk’ by virtue of their sexual behaviors – “out of the shadows” (UNAIDS 2010).

Drawing on 26 months (2009 – 2013) of ethnographic research in Morocco, I approach internationally circulating best practices in HIV prevention as technologies of visibility that seek to expose particular bodies to forms of surveillance and management. In the process, I argue, they also serve to highlight certain narratives about risk and vulnerability, and spotlight particular fault-lines in the Moroccan social terrain. What is unique and notable about HIV transmission and prevention in the MENA region, I argue, is not a singular ‘Muslim culture’ steeped in stigma and taboo. Rather, what is remarkable about HIV/AIDS in the region is the way that epidemiological markers of sexual risk, as well as efforts to make that risk visible, become entangled in historically important debates about cultural authenticity, distinctions between public and private, and processes and pressures for social and political change.
This research explores tensions between a focus on individual-level HIV risk, on the one hand, and the potential for political action to address the structural factors of collective HIV-related vulnerability, on the other. I ask, how do the new visibilities of HIV/AIDS prevention open up or foreclose possibilities for politicizing risk and vulnerability? Here, my research foregrounds the narratives of women recruited by AIDS organizations, who are largely from precarious socio-economic backgrounds and are often single heads of households. My interlocutors used a variety of discursive strategies to frame their vulnerability in ways that challenged the limited lens of individual sexual risk that HIV/AIDS organizations tended to promote; for example, these women drew on religious discourses to highlight a failed social contract, in which a corrupt class of rich Muslims neglected their duties to the Muslim poor. In this context, my interlocutors attempted to de-exceptioonalize sex work by highlighting commonalities with the arduous and exploitative aspects of other forms of low-wage labor, at the intersection of gendered and class-based inequalities. And they spoke about the inadequacies of a healthcare system and a social service sector – which included AIDS organizations – that was not equipped to care for the poorest and most vulnerable.

Importantly, this research itself might be understood as a technology of visibility with the power to uncover a particular, socially situated story about HIV/AIDS work in Morocco. Here, I seek to provide, not a sensational tale about Arab-Muslim culture, nor a melodramatic representation of sexual exploitation, but a story of how public health best practices render (in)visible and (de)politicize particular social fault lines in the process of reading and responding to the spread of HIV/AIDS. Through a comparison of the everyday labor of two AIDS organizations, I show how incorporating an ‘ethnographic’ view of the lives of ‘at-risk’ groups can help elucidate socio-structural aspects of risk and vulnerability. Thus, under the right
conditions, I suggest that particular institutional forms may, in fact, produce visibilities that
harbor the seeds of meaningful participation, activism, and political change.
TABLE OF CONTENTS

Acknowledgements vi
Dedication xii
Note on Transliteration xiii

Introduction

Beyond Arab Muslim exceptionalism in HIV/AIDS 1
HIV/AIDS: A problem of culture? 4
Breaking taboos and silences, making risk visible 7
Making the private public: Gender, sexuality, and visibility in the MENA 12
Circulating technologies of visibility 16
The Moroccan ‘best practices’ model 22
How HIV/AIDS best practices travel 25
Methodological approach 28
Visibility and the ethnographer 32
Souss-Massa-Drâa 38
Chapter summaries 44

Chapter 1: Between tolerance and social justice

Islam, the Moroccan monarchy, and the politics of HIV/AIDS risk

Introduction 51

Theoretical background on Islam and the politics of HIV/AIDS 54
(De)politicizing health and illness 55
The politics of Islam and HIV 57
The monarchy and the official voice of Islam 61
The history of the Moroccan religious sphere 61
The Moroccan religious sphere and the war on terror 64
Controlling the voice of Islam 67
Islamic competitors and calls for reform 71
The Party for Justice and Development (PJD) 74
The Movement for Justice and Benevolence 75
Incorporating Islamic leaders into MENA HIV prevention 77
The division of labor in Moroccan HIV/AIDS work 86
Sexual rights vs. the right to prevention 87
AIDS expertise: Disenchancing HIV/AIDS risk 89
Islam and the social critiques of sex workers 92
Conclusion 96

Chapter 2: Safe spaces?

The Influence of police, criminal law, and vigilantes on Moroccan HIV prevention

Introduction 101
The Moroccan penal code, policing, and HIV/AIDS work 106
“The law on the books” 107
AIDS workers and Article 498: “The law in action” 110
Non-marital sex Articles 489 and 490: Banned but tolerated 113
Sex worker peer educators and Article 490: Policing femininity 117
Men who have sex with men and Article 489: Policing gender 120
Vigilante violence against female sex workers and men who have sex with men 124
Vigilante violence against female sex workers 124
Vigilante violence against men who have sex with men 124
AIDS workers and vigilante violence 127
AIDS workers and relationships with police 129
Getting closer to police: Negotiating contingent protection 130
Contingent protection of peer educators 133
AIDS Organizations and surveillance: Containing non-normative gender 137
AIDS Organizations and surveillance: Regulating respectable femininity 139
Conclusion 141

Chapter 3: Translating sex work in Morocco
‘Going out,’ ‘fending for oneself,’ and managing the risk of working-class women

Introduction 145
The Global Fund, performance based funding, and bringing in the numbers 148
Translating ‘sex work’ in AIDS organizations 153
Sex work and HIV risk in Morocco 153
Background of the ‘sex worker’ category 154
Sexual categories in criminal law and police work 158
‘Going out’: Sex work as transgressing spatial boundaries 160
‘I fend for myself’: Sex workers as Working-Class Laborers 165
Outreach with girls who ‘go out’ and ‘fend for themselves’ 178

Deciding who counts as a ‘sex worker’: Marking gender non-conformity 183

Conducting testing with girls who ‘go out’ and ‘fend for themselves’ 186

Valuing girls who ‘go out’ and the performance of gendered transgression 192

Conclusion 197

Chapter 4: Weighing in on risk

A comparative perspective on sex worker participation and institutional context

Introduction 201

Sex worker participation in Moroccan AIDS work 205

Comparing All Together Against AIDS and Grassroots AIDS Action 208

Organizational pressures 212

The hidden costs of HIV/AIDS work 214

Outreach and recruiting at All Together Against AIDS 215

Outreach and recruiting at Grassroots AIDS Action 216

Outreach worker frustration: Providing limited services in a sea of need 222

Frustration with inadequate health care at All Together Against AIDS 223

Frustration with inadequate health care at Grassroots AIDS Action 227

The organization of daily tasks: Making sex workers’ lives selectively visible 229

‘Repression’ at Grassroots AIDS Action 230

Home visitation at All Together Against AIDS 235

Dilemmas of participation: Comparing sex workers’ experiences 239

Conclusion 243
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusions</td>
<td>247</td>
</tr>
<tr>
<td>Notes</td>
<td>252</td>
</tr>
<tr>
<td>Works Cited</td>
<td>263</td>
</tr>
<tr>
<td>Appendices</td>
<td></td>
</tr>
<tr>
<td><strong>Appendix A:</strong> <em>Map of Souss-Massa-Drâa, Morocco</em></td>
<td>297</td>
</tr>
<tr>
<td><strong>Appendix B:</strong> <em>Photo of Agadir beachfront</em></td>
<td>298</td>
</tr>
<tr>
<td><strong>Appendix C:</strong> <em>Data Analysis and Human Subjects Clearance</em></td>
<td>299</td>
</tr>
<tr>
<td><strong>Appendix D:</strong> <em>Background on HIV in Morocco</em></td>
<td>300</td>
</tr>
<tr>
<td><strong>Appendix E:</strong> <em>Comparison between two AIDS organizations</em></td>
<td>301</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

Over nearly a decade of doctoral training, I have incurred many intellectual and personal debts of gratitude. My primary debt is to my Moroccan interlocutors; I wish I could thank them by name. Not only did they offer me their assistance with my fieldwork, they also provided friendship, hospitality, and generosity – with their time, resources, patience, and care – as well as seemingly bottomless tagines, couscous, and mint tea. Although I honor their confidentiality, I hold particular gratitude and respect for my informants at All Together Against AIDS and Grassroots AIDS Action. Without them, this dissertation would never have been written.

Unbound thanks also go to my dissertation committee. It is impossible to imagine my doctoral training, culminating in this dissertation, without the support of Carole Vance. It is even more impossible to convey my gratitude for the time and effort she has put into this work. Her generosity, keen insight, and practical and ethical grounding provided a clear compass to navigate the challenges of the PhD program. I do not know where I would be without her. Deep thanks go to Jennifer Hirsch, for her strategic and clear-sighted feedback on the dissertation, and for coming to my rescue with sage advice at numerous academically, politically, and personally challenging moments. Connie Nathanson has offered fierce encouragement throughout this process, and her expertise in the politics of public health and social change – as well as her interest in and love for the Francophone world – have been foundational to this project. Peter Bearman’s ingenuity, creativity, and incisive feedback are unparalleled, and he has offered helpful advice and insights from the very inception of this project. I hold Lila Abu-Lughod’s work to be a model of critical ethnographic engagement with gender in the Middle East and North Africa. She has been a generous and invaluable mentor on this project, and I benefited deeply from our discussions about feminist pedagogy, ethical scholarship, publishing practices,
and so much more. I must also mention my deep gratitude for the support of Andrea Constancio, whose skill, knowledge, and generosity have been instrumental at each and every juncture of this program, and innumerable points in between. Thank you, as well, to Kim Hopper and Lesley Sharp for their encouragement, support, and friendship.

I also want to thank Shamus Khan, Saskia Sassen, and Viviana Zelizer for their instruction and generous feedback on my work. I am grateful to several scholars for their comments on early drafts of dissertation chapters: Miriam Ticktin, Sylvie Fainzang, Susann Huschke, Hansjörg Dilger, Dominik Mattes, Rosa Castillo, and Pierre Minn at the 2013 Medical Anthropology Summer School at Freie Universität Berlin; Celeste Alexander at the 2013 Anthropology Writing Group at Princeton University; Nadia Guessous at the 2014 American Institute for Maghrib Studies Dissertation Workshop; Julia Meszaros at the 2016 American Sociological Association meeting; and Paul Brodwin, Rudolf Gaudio, Heide Castañeda, Jess Newman, and Shana Lessing at the 2016 American Anthropological Association meeting. At Harvard, I owe a great intellectual debt to Nancy Krieger, Sophia Gruskin, and Norma Swenson for their training in gender, sexuality and health. I am also tremendously grateful for the mentorship of Charles Deutsch, whose expertise in HIV and peer education continues to shape my research and scholarship. Heartfelt thanks to friends and colleagues Paola Peacock Friedrich and Kirk Friedrich, whose work on peer education, HIV/AIDS, and social change have always inspired me.

This research would not have been possible without generous support from the American Association of University Women, the National Science Foundation under Grant No. 1127748, The American Institute for Maghrib Studies, Fulbright IIE, and the Arabic Critical Language Enhancement Award. I want to thank Connie Nathanson, in particular, for her tireless efforts to
provide support through the National Institutes of Health pre-doctoral training program in Gender, Sexuality, and Health. Thank you as well to Akbar Noman, Eva Kaplan, and Joe Stiglitz for their facilitation of the interdisciplinary NSF-IGERT Traineeship in International Development and Globalization. Through this program, I also benefited from travel and language study funding made possible by the Institute for Policy Dialogue and the Committee for Global Thought. I gratefully acknowledge Lila Abu-Lughod, Rebecca Jordan-Young, and Laura Ciolkowski for their support, mentorship and guidance during my tenure as a fellow with Columbia’s Institute for Research on Women, Gender & Sexuality. I am also grateful for conference travel funding from the Society for Medical Anthropology and the Donna Lee Bowen Travel Award from the American Institute for Maghrib Studies.

At Columbia, I have been fortunate to be part of a brilliant community of friends and colleagues who profoundly influenced my research and writing, and beyond. I wish to thank Sara Lewis, Brooke West, Ronna Popkin, Laura Murray, Robert Frey, Stephanie Cook, Nora Kenworthy, Claire Edington, Dan Navon, Jen Kondo, Hrag Balian, Siri Suh, Sanyukta Mathur, Nancy Worthington, Sara Shoener, Kirk Fiereck, Sahar Sadjadi, Chris Alley, Sophia Stamatopoulou-Robbins, Kaet Heupel, Alicia Peters, Benjamin Meier, Ashley Fox, Anna (Mitschele) Kaiser, and Guy Grossman. Outside Columbia, I am particularly grateful to Anita Kurimay and Bridget Gurtler for their friendship, support, and sage advice.

In Morocco, I was lucky to have benefited from the wisdom, expertise, and encouragement of a number of brilliant scholars. I owe an enormous intellectual debt to Mériam Cheikh and Nadia Guesssous, whose deeply insightful ethnographic works have been foundational to my understanding of gender and sexuality in Morocco. They, along with Satyel Larson, Jess Newman, and Irene Capelli, have also offered tremendous collegial support,
inspiration, and sustaining friendship. I was lucky enough to overlap in the field with Ahmed Khanani; he and Rebekah Trollinger have provided a seemingly endless supply of solidarity, support, kindness, and refreshing sarcasm. I also want to thank my dear friends David Crawford and Hillary Haldane for their academic brilliance, unwavering encouragement, and razor sharp wit. Thank you, as well, to Jamila Bargach, Hafsa Oubou, Rachel Newcomb, Adria Lawrence, Katherine Hoffman, Samir Ben-Layashi, Mustapha Qadery, Abdessamad Dialmy, Douglas Davis, and Susan Schaeffer Davis who shared their expertise, and offered encouragement and pragmatic support along the way.

I extend my utmost gratitude to Jim Miller and the staff at the Moroccan-American Commission for Educational and Cultural Exchange (MACECE) for always going above and beyond the call of duty to facilitate my research and language study. Thank you as well to Jamila Bargach at Dar Si Hmad, Tarik Lafou at L'Ecole de Management et d'Administration des Affaires, Rajae El Aouad at the Institut National d’Hygiène du Maroc, and Abderrahim Anbi in the Sociology department at Ibn Zohr University for offering me sponsorship and generous institutional support during my fieldwork. I am endlessly grateful to my language teachers – Abdennabi and Nouzha at ALIF in Fes; Oulfa in New York; Samir, Hassan, Noual, Nadia, and Siham at Qalam wa Luah in Rabat; Rabiaa in Rabat; Aicha at the L’Institut pour Apprendre les Langues in Agadir; and Najah at Dar Si Hmad in Agadir.

I learned from discussions and enjoyed a great many laughs with friends and colleagues working and living in Morocco, including: Jennifer Evans, Ryan Burt, Anna Jacobs, Renda Nazzal, Mbarka Essaidi, Kabira Garem, Ichrak Maatouk, Abderrahim Elhabchi, Bora Kakisingi, Karla McKanders, Claire Nicholas, Aniko Boehler, Amanda Rogers, Janell Rothenberg, Badiha Nahhass, Ryan Misler, Kristin Ahye, Caroline Abadeer, Isabel Altarejos, Toshiro Baum, Ian
Cohan-Shapiro, George Bajalia, Kevin Hatcher, David Darwin, Camilia Kamoun, Joseph Lukawski, Armaan Siddiqi, Kelly Tempest, Siham Aghazzaf, and Hassan Eddahabi.

Throughout this long and difficult process, my family and friends encouraged, supported, and sustained me. I want to thank my dear friends Anita, Bridget, Brooke, Sara, Ronna, Keira, Paola, Maithri, Satyel, Mériam, Ahmed, Bekah, Kevin, Alexa, Becky, Liz, big and little Meghan, Beth, Ericka, Bethany, and Jenny, for your love, hugs, pep talks, and much needed diversions. I also want to thank our Philadelphia-based friends who provided meals, childcare, advice and moral support as I struggled through the process of becoming a mother, twice over, while still writing the dissertation: thank you Sarah, Zach, Stu, Erica, Doron, Chelsea, Kayvon, Laura, Nurit, Ali, Matt, Kia, Chris, Carrie, Amanda, Chelsea, Eli, Riley, Guy and Advah. A huge thanks to Shannon Landy, Anna Studenmund, Juliana Lindgren, Buffy Miller, and Roxanne Anthony for providing our children with education, love, and support while I was otherwise engaged.

I would also like to thank my family. First and foremost, I thank my parents, John and Karen Montgomery, to whom this dissertation is dedicated, and to whom I am grateful in more ways than I can count. Without their love, support, thoughtfulness, curiosity, encouragement, and unwavering faith in me, I never would have finished this dissertation, nor even have had the courage to embark on the project. I also want to thank my sister Kate Montgomery and my brother-in-law David Hackenburg for introducing me to the challenges, excitements and ethical dilemmas of global travel and service. They, along with my brother, Andy Montgomery, sister-in-law Kris Beckley, and my nieces and nephews, Kobi, Aidan, Kaylie, Sadie, and Benjamin, have provided love, support, and much needed comic relief throughout the dissertation process.

I consider myself deeply fortunate to now be counted as a member of the Hart-Soga family. I thank Sara Hart; Max, Mathias, and Mika Turgeon; and Jason, Roxanna, Aidan, and
Makayla Hart for their love and encouragement. Dagmar Herzog and Michael and Lucy Staub have been by my side from the beginning of the project, and I am deeply grateful for their support, advocacy, and sage advice. My heartfelt thanks go to my mother-in-law, Chris Hart, and father-in-law, Michio Soga, who have generously supported every phase of study, travel, research, and writing, including round after round of emergency childcare that allowed me to meet deadlines for dissertation circulation and deposit. (In fact, Chris is currently watching my sick children, so that I can write these acknowledgements.) I also want to mention Michael Hart, who I imagine to be cheering for me alongside my own father, as I follow in their footsteps towards my doctorate. I owe sincere thanks to my partner, Brendan Hart, who has kept faith in me even when I had none myself. His energy, optimism, generosity, and resilience are without bounds, and his editorial talents never cease to amaze me. I feel truly blessed to have undertaken this journey by his side. And finally, to my boys, Isaiah and Idriss, thank you for inspiring me to imagine and create.
Dedicated to my parents, Karen and John Montgomery.

Thank you for all you have done, and all you do.
A NOTE ON TRANSLITERATION

My transliterations follow the International Journal of Middle East Studies with a few modifications in order to accommodate the unique qualities of Colloquial Moroccan Arabic (CMA). In general, I transliterate my interlocutors’ speech as it is spoken. For example, Modern Standard Arabic words that include the letter thaaʾ (transliterated as ‘th’) are typically pronounced by CMA speakers as a taaʾ, which I therefore transliterate as ‘t.’ I also use the short vowels e and o, in some instances to better approximate local pronunciation in CMA.
Introduction

Beyond Arab Muslim exceptionalism in HIV/AIDS

Today sex is a great paradox in many countries of the Arab world: One acts as though it doesn’t exist, and yet it determines everything that’s unspoken. Denied, it weighs on the mind by its very concealment… People in the West are discovering, with anxiety and fear, that sex in the Muslim world is sick, and that the disease is spreading to their own lands.


AIDS is on the rise in many Muslim countries, driven by men having sex with other men in secret because of homophobia, religious intolerance and fear of being jailed or executed, according to a new study.


Despite much progress on understanding HIV infection’s spread globally, the Middle East and North Africa (MENA) region stands as the only region where knowledge of the epidemic continues to be very limited, inaccessible, and subject to much controversy. The MENA region is widely perceived as the anomaly in the HIV/AIDS world map and a real hole in terms of credible data.

– Akiko Maeda, Human Development Department, World Bank, 2010.¹

Discussions of Middle Eastern and Muslim exceptionalism have long circulated in the social sciences. As political scientist Tristan James Mabry writes, “the idea that something sets Muslim politics and society apart from the politics and society of everyone else is the hallmark of Orientalism, a one-way conversation started by European elites in the eighteenth century” (Mabry 2015: 1). The publication in 1978 of Edward Said’s landmark book Orientalism exposed the relationship between this kind of knowledge production and imperialist projects. “The
Middle East (or any other ethnographic area),” Lila Abu-Lughod reminds us, “is always a construct and … knowledge of it can therefore not be separated from power and position” (1989: 270).

Understandings of Middle Eastern and Muslim exceptionalism are still pervasive in the academy, even more so since the 9/11 attacks in 2001. Middle Eastern countries and Muslim societies have been described as uniquely conflict prone (Sorli, Gleditsch & Strand 2005), culturally predisposed to authoritarianism (Huntington 1993), and uniquely resistant to post-Cold War democratic transitions (Salamey 20009; Hariri 2015). Muslim societies have also been described as averse to “gender equality” and “sexual freedom” (Inglehart & Norris 2003) as well as to abortion and divorce (Fish 2002). Modifying Huntington’s (1991) classic “clash of civilizations” argument, political scientists Ronald Inglehart and Pippa Norris go so far as to argue,

The cultural fault line [emphasis added] that divides the West and the Muslim world is not about democracy but sex…Muslims and their Western counterparts…are worlds apart when it comes to attitudes toward divorce, abortion, gender equality, and gay rights (2003: 63).

Issues around gender and sexuality, Inglehart and Norris argue, are the root cause of what they call, “the true clash of cultures.” Abu-Lughod (2013) has coined the term “IslamLand” to describe this sort of “fantasy space” (70) that “wipes out the complexities” (71) of diverse individuals, classes, societies, and regions, ultimately subsuming them under a blanket ‘Muslim culture’ assumed to be uniquely oppressive of women and repressive of sexuality.

Rates of HIV/AIDS are among the newest forms of evidence taken to indicate regional exceptionalism in the Middle East and North Africa (MENA), recycling these tropes of cultural oppression and repression. For example, prominent epidemiologist Laith Abu-Raddad asserts that the MENA is a world apart when it comes to HIV; the region, he argues, “is not in synch
with the global epidemic” (Abu-Raddad 2014). The first AIDS cases in the MENA were reported in the mid-1980s, but epidemics in the region did not emerge until nearly two decades after they had emerged in other parts of the world. Today, while the MENA has the world’s lowest HIV/AIDS prevalence rates, it also has the world’s fastest growing epidemic (UNAIDS 2014). Mounting international pressure calls on MENA governments to take immediate action to more effectively address the epidemic, what journalists and health programs alike have termed a “silent threat” (World Bank 2005: 3) expanding across the region, yet hidden “behind a veil” (Kelley & Eberstadt 2005; Thrasybule 2011).

Since 2003, all eleven eligible MENA countries have applied for and received grants from the Global Fund to Fight AIDS, Tuberculosis, and Malaria – the world’s largest financier of HIV/AIDS programs (Avert 2017). These grants often require local Ministries of Health to engage in HIV-related research and programs with sex workers, people who inject drugs, and men who have sex with men. Abu-Raddad (2014) argues, “What made things change is actually money…The Global Fund…actually enticed countries, ‘If you do studies among these population groups, we will fund them.’ And this is why a lot of countries got interested, actually – to get this money.” The accuracy of this interpretation of historical events and the intentions of the actors involved is beyond the scope of my dissertation. However, what is important to note is the representation of MENA governments as reluctant actors in HIV research and policy who required intervention, coaxing, and incentives from (somewhat paternalistic) international organizations.

Yet despite these alarmist discourses and this recent influx of knowledge and resources towards HIV/AIDS work in the MENA, social science scholarship on HIV has not kept pace, largely neglecting the region. As Jessica Newman and Marcia Inhorn (2015) argue, MENA
social scientists are “far behind in their scholarship on sexuality” (220). They state, it “is especially egregious in the era of HIV/AIDS…there is not a single ethnography on HIV/AIDS or its impact across the MENA region…Ethnographic work on HIV/AIDS…would have important implications for the study of sexual and reproductive health” (220). My dissertation addresses these lacunae by focusing on Morocco, a country considered by international health experts to have one of the “most advanced” (The World Bank 2005: 15) AIDS strategies in the MENA, and singled out as a UNAIDS “best practice” case to be emulated throughout the region (UNAIDS 2007). In spite of these lofty endorsements, there has been no study documenting what this model actually looks like in practice, or its social and political consequences. Drawing on ethnographic research methods, I move beyond simplistic tropes of Arab Muslim culture in order to examine how a regional model of HIV prevention is unfolding in this particular socio-historical context.

**HIV/AIDS: A problem of culture?**

In many areas of the world, new HIV infections are declining. Globally, between 2001 and 2013, new infections dropped by 38 percent. AIDS-related deaths are also falling internationally, decreasing an estimated 35 percent between 2005 and 2013 due to the availability of antiretroviral therapy, the roll out of new care and treatment services, and reduced incidence rates (UNAIDS 2014). In the MENA region, however, the epidemic seems to be getting worse, and both HIV incidence and AIDS-related deaths appear to be rising steadily. Between 2001 and 2012, the number of new HIV infections in the region grew by 52 percent – the most rapid increase reported among all world regions. In the same period, AIDS-related deaths in the MENA more than doubled (Setayesh et al. 2014).
As in much of the rest of the world, in the early years of the MENA epidemic the response of political leaders to HIV/AIDS was largely characterized by silence or denial (Obermeyer 2006). Some official discourses predicted that local culture would be protective, suggesting that adherence to Islamic tenets and ideals – such as circumcision, and the prohibition of sexual relations outside of marriage – would prevent HIV transmission (Kandela 1993; El Feki 2006; Alkaiyat & Weiss 2013). Some public health discourses drew on a ‘clash of cultures’ logic, where Islam’s presumed cultural conservativism was presented as the mirror image of Western understandings of sexuality and HIV prevention. For example, Malik Badri (1997), a Sudanese-born professor at the International Islamic University in Islamabad, famously argued that “western modernity” promotes homosexuality, anal sex, and the destruction of the traditional family. HIV risk in Muslim societies is rooted in this “western sexual revolution” and Muslims who mimic the “western model.” An Islamic approach to HIV prevention, he argued, should fight Western influences on gender and sexuality, making use of “strong family ties and ethical upbringing, as well as the public psychological castigation of, and sanctions against, promiscuity and homosexuality” (Badri 2009: 29). Badri’s work has been widely disseminated throughout the world through various Islamic medical associations, and has been employed in both popular and scholarly debates (Bangstad 2009).

An alternative camp mobilizes a ‘clash of cultures’ logic only to make the opposite argument. These observers argue that the unique socio-cultural features of Muslim societies predispose them to inadequate national responses and increase HIV-related vulnerability. For example, a commonly cited publication, entitled Behind the Veil of a Public Health Crisis: HIV/AIDS in the Muslim World (Kelley & Eberstadt 2005), argues that the relationship between the state and civil society in the Muslim world puts its citizens at risk. The authors indicate that
the political primacy of the Qur’an fosters authoritarian governments and passive citizenries; this, they argue, explains the Muslim world’s so-called failure to respond to the epidemic. This argument draws on several assumptions regarding the political role of Islam; in particular, it assumes that Islam is always scripturally based and that it enables authoritarian regimes, which in turn, make governments less likely to take strong action on HIV. The report goes further, arguing,

What is especially troubling to behold is the reluctance to admit that Muslims engage in exactly those same dangerous behaviors that support the transmission and spread of HIV/AIDS elsewhere. This attitude of denial is deeply rooted in the cultural and religious attitudes of Islam (n.p.)

The narrative presented here suggests that the same risky behaviors exist in Muslim societies as in others, but a dangerous, culturally rooted ‘Islamic denialism’ prevents awareness and action in the MENA, therefore creating the conditions for the disease to spread like wildfire.  

While the normative valance assigned to Islam in these two arguments is diametrically opposed, both disputants in the ‘clash of cultures’ debate present Islam and Muslim culture as a centrally important, if not the most important, factor in understanding and addressing HIV in the MENA. In these particular narratives, variations across local contexts are ignored and culture is presented as a sort of blanket covering the MENA; it protects the region from the virus in one instance, and impedes its recognition and remedy, in the other. In both narratives, Islam’s influence on HIV prevention is assumed to be uniformly applicable across time and space throughout the Muslim world. The essentialism that underpins these seemingly opposed ‘clash of cultures’ arguments is also found in mainstream public health literature on HIV in the MENA, as I describe below.
Breaking taboos and silences, making risk visible

The assertion that HIV in the MENA “is not in synch with the global epidemic” (Abu-Raddad 2014) is based on epidemiological data aggregated from diverse countries, yet assumed to exhibit “similarity in socio-cultural context” (Mumtaz et al. 2011: Text S3). The countries used to construct data on the MENA region draw on UNAIDS and WHO classifications, generally including: Afghanistan, Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, North Sudan, South Sudan, Syria, Tunisia, United Arab Emirates, West Bank and Gaza (Occupied Palestinian Territories), and Yemen. The data sometimes also include Mauritania, the native Palestinian population in Israel, and Turkey.

This aggregate epidemiological evidence suggests that, currently, more than 95 percent of new infections in the region are estimated to occur among what are called ‘most-at-risk’ or ‘key’ populations – including sex workers, people who inject drugs, and men who have sex with men (MSM) – and their partners. According to one such study, in 2014, 27 percent of new infections in the MENA occurred among people who inject drugs, 18 percent among men who have sex with men, 9 percent among sex workers, 40 percent among clients of sex workers and other sexual partners of key populations, and 4 percent among the rest of the population (UNAIDS 2016). Thus, despite low prevalence among the general population in the MENA overall, these rates hide what epidemiologists call “emerging epidemics” among ‘high-risk’ populations (Mumtaz, Riedner & Abu-Raddad 2014).

The UNAIDS mantra, “know your epidemic, know your response,” encourages the collection of information about risk as a necessary precursor to effective prevention, which can then be targeted towards groups considered ‘most-at-risk.’ In international best practices in HIV
prevention, surveillance and behavioral research on local populations are considered to be cornerstones of effective national AIDS responses (Wilson & Halperin 2008). However, a UNAIDS MENA regional report (2011) states that “HIV surveillance, monitoring and evaluation systems including population size estimation remain weak in many [MENA] countries...The limited data on key populations at higher risk is the overriding concern.” This “makes it difficult to estimate epidemic trends and service coverage” and “limits countries’ ability to develop and deploy effective responses to HIV...it is likely that the shortage of epidemiological, biomedical and behavioral data is masking higher prevalence in multiple populations in multiple countries in the region” (85).5

In other words, due to a lack of systematic data collection on categories of individuals believed to engage in high-risk behaviors, public health experts report difficulties estimating epidemic trends and allocating resources appropriately to stop the spread of the virus. Libya has been cited as a cautionary tale of what happens when countries fail to collect data on subpopulations considered ‘most-at-risk.’ For many years, anecdotal evidence suggested signs of an epidemic among injection drug users (IDUs). But due in part to a lack of scientifically rigorous evidence, no action was taken. It was not until 2010, when a bio-behavioral survey was finally carried out, that it was discovered that the HIV prevalence in this population was an astonishing 87 percent, the largest known prevalence found in a representative study of injection drug users in the world (Abu-Raddad 2014; UNAIDS 2012a).

In early August 2011, a study was published in the journal PLOS Medicine suggesting that HIV epidemics were emerging among men who have sex with men (MSM) in the Middle East and North Africa. The study was based on systematic review of all biological, behavioral, and other related data on HIV and MSM in the MENA. Following the homogenizing logic
described above, the review lumped together studies from 26 diverse countries, and concluded: “There is an urgent need to expand HIV surveillance and access to HIV testing, prevention, and treatment services in a rapidly narrowing window of opportunity to prevent the worst of HIV transmission among MSM in the Middle East and North Africa” (Mumtaz et al. 2011: 1). The article was picked up almost immediately by the press. NPR, for example, ran a story on the report, entitled, “HIV in The Middle East And North Africa: Hidden ‘Behind A Veil’?” (Thrasybule 2011) And The New York Times reported that “AIDS is on the rise in many Muslim countries, driven by men having sex with other men in secret because of homophobia, religious intolerance and fear of being jailed or executed, according to a new study” (McNeil 2011).

Without undercutting the importance of increasing HIV prevention and treatment services for individuals in need, I want to call attention to the use of culture as a convenient explanatory variable. As al-Braziat argues, Islam and culture have historically been used as “a ‘yardstick’ that offers an easy cultural essentialist explanation” for “whatever goes wrong in a Muslim country” (2003: 270), though this explanation provides little insight on the character of social institutions in such settings.

Like journalistic accounts, public health discourses explaining ‘emerging epidemics’ in the region based on aggregate statistics often fall back on essentialist understandings of Arab Muslim culture. These discourses suggest that the same conservative religious and cultural mores that keep rates of HIV low in the general population also promote pockets of risk by encouraging stigma and discrimination that push vulnerable groups underground. A World Bank (2005) report argues, for example,

…values set apart MENA countries. On the one hand, social values and a strong role of the extended family system are reducing the vulnerability of society to HIV/AIDS. Similarly, the widespread practice of circumcision also acts to reduce the spread of HIV/AIDS. On the other hand, the silence surrounding sexual issues is creating a strong
risk factor as it limits the possibility of introducing sexual education in schools and setting up prevention measures. It also tends to drive people living with HIV/AIDS and high-risk groups deeper underground, which further complicates the task of epidemiological surveillance. In addition, the rise of religious extremism may strengthen even more denial that there is an urgent need to implement prevention measures (52).

Note that the World Bank report ties together the two opposing culture-clash logics discussed above: the “social values” that “set apart MENA countries” are said to both inhibit and accelerate the spread of HIV.

A study by the Population Reference Bureau (PRB), a non-profit that specializes in the collection and translation of population demographics and health research, echoes this line of argument.

[the] MENA’s conservative culture – in which sexual relationships outside marriage are forbidden – has been partly responsible for keeping the rates of HIV infection relatively low. The same conservative norms, however, often contribute to a general attitude of denial, combined with strong stigmatization and social ostracism of people living with HIV/AIDS...Because HIV infection is concentrated for now among people who are often perceived as socially deviant, the AIDS epidemic [in the MENA] has been shrouded in ignorance – and that ignorance does not help prevent the spread of infection (Roudi-Fahimi 2007: 1).

The report approaches the MENA as a region with a homogenous culture defined by “conservative norms” that create denial and stigma, and, in turn, produce distinct patterns of HIV. In this public health literature, taboos and extreme forms of stigma appear to serve as a stand-in for Arab-Muslim culture. For example, according the UNAIDS 2011 report on the MENA region, “the common threads that link all countries in the MENA region are the insufficient political leadership and stigma and discrimination” (iv). The report continues,

Overall, stigma and discrimination are powerful limiting factors for prevention programmes in the region...The issue is pervasive, negatively affecting every sector and population, even those with clear interests in preventing HIV infection. The greatest impact is on those populations with the highest risk of HIV exposure [sex workers, men who have sex with men, and injection drug users]. For them, stigma and discrimination translate directly to an increased vulnerability (29).
The report states that stigma and discrimination constrain all aspects of the AIDS response, limiting “the ability of governments and civil society to provide services, the ability of key populations to access services that are available, [and] the amount of data available for evidence-informed decision-making” (iv). A 2008 *Lancet* article on religion and HIV in the MENA also suggests that if “stigma keeps driving high-risk groups to hide their behavior, Arab medical staff will be hamstrung, unable to detect and treat susceptible high-risk groups” (McGirk 2008: 279).

Thus, the social and cultural changes said to be necessary for proper HIV surveillance and prevention, particularly in the MENA, are often described through metaphors of breaking silences and confronting taboos. Michael Sidibé, current executive director of UNAIDS, suggested that his organization be viewed as a “political agent,” which has the “opportunity to trigger profound changes in society, to talk about difficult issues like sex education, homophobia and human rights issues in general, like the position of women in society” (Kaiser Family Foundation 2009: n.p.). In 2002, Peter Piot, former executive director of UNAIDS, called on MENA leaders to “break the silence on AIDS.” He argued, “Progress is not possible unless AIDS becomes visible, unless stigma is challenged, and unless people living with HIV are encouraged to play their part in a community-wide AIDS response” (quoted in Sufian 2004: 7). Current director Sidibé similarly argues that in the MENA there is a need to “draw those most at risk out of the shadows and enable them to protect themselves, and by extension, the entire community” (UNAIDS 2010: n.p.). In these narratives, rhetorical strategies link “hidden risk” with the perpetuation of ignorance and stigma.

In doing so, these narratives cast the process of making risk – or people who are ‘at-risk’ – ‘visible’ as a goal unto itself, an inherent good for both individuals and their communities. The
rationale for making the private public is that it makes it possible to track risk (through HIV surveillance) and to prevent the spread of infection through targeted interventions with ‘at-risk’ groups. If stigma, silences, and taboos are primary barriers to both knowing and responding to HIV, the argument goes, they must be broken to expose the true face of risk in Arab-Muslim societies. My project analyzes this movement to prevent HIV in the MENA, taking the tensions inherent in ‘lifting the veil’ on HIV as a point of departure. What is unique and notable about HIV in the MENA region, I argue, is not a singular ‘Muslim culture’ steeped in stigma and taboo. Rather, what is remarkable about efforts to prevent and treat HIV/AIDS in the region is the way that epidemiological markers of ‘sexual risk’ and best practices in making that risk ‘visible’ become entangled in historically important debates about cultural authenticity, distinctions between ‘public’ and ‘private,’ and processes and pressures for social and political change.

Making the private public: Gender, sexuality, and visibility in the MENA

Sexuality has historically played a central role in Western assessments of Arab civilization (Massad 2007). And presumed cultural traits of Islam considered to be ‘backwards’ have long been linked to sexual health risk. Historian Hannah-Louise Clark (2013), for example, describes how colonial doctors in North Africa classified a particular form of “Arab Syphilis” that was said to be “fostered by risky behaviors that originated in uncivilized Arab urban culture.” As such, “The mutilating effects of Arab syphilis were due to the physiology of Moroccan Muslims, which differed not because of race, but because of their [uncivilized] lifestyle” (105). Through the lens of orientalism, Arab Muslim societies were perpetually cast as the mirror image of the West (Said 1978). At first viewed as lustful and licentious, Arabs were later depicted as prudish
and backwards as Western societies shifted towards greater sexual openness (Massad 2007).

The focus on ‘unveiling’ the sex lives of Muslims is also not new. Historian Thisaranie Herath writes, regarding 19th century Ottoman harems, “the obsession with breaching this particular cultural barrier became one of the defining features of European interaction with the Middle East, leading to a rich production of visual art and textual narratives that imagined in vivid yet inaccurate detail the forbidden mysteries of the harem” (2015: 32). As Lila Abu-Lughod argues, a great deal of scholarship on Arab Muslim societies is still, in many respects, governed by a desire to provide “a glimpse into a hidden life, ‘behind the veil’” (1989: 289). Through the perspective of family planning efforts in Egypt, Kamran Asdar Ali (2002) has described this trend in health research, critiquing contemporary efforts to uncover the intimate details of Arab private sexual lives in the name of health and development.

The public/private divide has also been a central feature in analyses of gender and sexuality in the MENA region as well as in contemporary feminist and transnational efforts for women’s rights and the rights of sexual minorities. Calls to “explode the private” (MacKinnon 1987: 100) were hallmarks of second-wave feminists’ political agenda to challenge the subordination of women the world over (e.g. Rosaldo 1974). Understandings of the public/private divide as the fundamental principle of women’s subordination found “a natural home” in the Middle East, where the dichotomy appeared to manifest in tangible, material forms of spatial segregation (Kandiyoti 1996: 12). Modernist discourses about the region marked women’s domesticity as backwards, and women’s movement into the public sphere (of politics, employment, or education) as a new expression of progress and emancipation (Abu-Lughod 1998).

This equivalency between public visibility, on the one hand, and power, empowerment,
and politics, on the other, is also present in the realm of sexuality. During the 1980s AIDS crisis in the U.S., for example, the slogan “Silence = Death” was used to protest both taboos around the discussion of safer sex and the need to resist government indifference to the epidemic of gay deaths. In the MENA context, Bruce Dunne (1992), writing on Egypt, has argued that while habits of concealment provide a space to accommodate haram sexual behavior (outside the norm of marital heterosexuality), this privacy inhibits social change. It dampens the transgressive power of extra-marital sexuality, Dunne argues, and thus fails to challenge broader systems of heterosexism and patriarchy. A large body of emerging scholarship explores how both women and sexual minorities in the Middle East and North Africa are breaking through the public/private divide using new media, for example, to circumvent restrictions, pursue relationships and form communities that challenge dominant mores prohibiting sexuality outside the context of heterosexual marriage (e.g. Collins 2012; Kaya 2009; Bowen, Green & James 2008). While some of these developments may indeed improve the health and well being of women and sexual minorities, it remains important to be conscious of the assumptions underpinning the paradigm.

A long tradition of feminist and critical scholars have argued that Western cultural notions of the relationship between power/lessness and public/private obscure the way women in other contexts wield power and participate in decision making, politics, and social relations (e.g. Nelson 1974; Altorki 1986; Abu-Lughod 1986, 1989; Meneley 1996; Joseph 1997). In the realm of sexuality, Joseph Massad argues that international gay rights activists who seek to publicize, politicize and liberate Arab and Muslim ‘gays and lesbians’ actually do the opposite. In Massad’s reading, this “incitement to discourse” around Western sexual categories serves to intensify condemnation, stigmatization, repression, and criminalization of same-sex practices; to
institutionalize hetero-normativity; and to repress or destroy same-sex practices or desires that cannot be assimilated to those sexual categories. According to Massad, the consequences of this incitement to discourse will fall largely on “the poor and nonurban men who practice same-sex contact and who do not identify as homosexual or gay” (2002: 385). Massad’s work has been rightly critiqued for its homogenization of gay rights activism, and – importantly – the way his work naturalizes anti-gay violence in the MENA region (Al-Shawaf 2008). Yet it does expose key assumptions embedded in certain feminist and human rights traditions that equate voice and agency with metaphoric and literal ‘unveiling’ (e.g. Lazreg 2009) or ‘coming out of the closet’ (Puar 2001).

In this study, I approach the dynamics of visibility, and processes of making the private public, as neither inherently liberatory, nor inherently oppressive, but rather deeply dependent on context. Public and private can be understood to have variable meanings with ambiguous implications for those involved. I consider public and private not as concrete distinctions between places; instead, I approach public and private as historically specific semiotic markers with shifting and contested meanings, and invested with power relationships (Gal & Kligman 2000). Distinctions between public and private might also be forged through spatial practices, including forms of bodily comportment – such as dress, gesture, position, conversational habits, etc. – whose character changes in accordance with particular social principles (Kaya 2009).

The practice of veiling offers an example of one the most heated and controversial debates at this intersection of in/visibility, public/private practices, agency, and Islam (Scott 2010). Writing on the Algerian war, Franz Fanon provides a helpful framework to analyze the shifting and complex relationship between these concepts. He describes how, for some Algerian women, wearing the veil became a form of cultural resistance against the French; interestingly,
unveiling thus became a highly effective guerilla strategy for women to avoid suspicion through the adoption of a Westernized appearance (Fanon 1965). Here, the veil functions only through its capacity to produce misrecognition. Paradoxically, taking off the veil is what renders the guerrilla fighter socially invisible; for the French, the possibility that a “Westernized” woman harbored anti-colonial feelings was unthinkable (Decker 1990). Thus, for Fanon, “visibility and invisibility are not simply states or conditions of being...each can serve contextually as weapons, as defensive or offensive strategy, as a mode of self-determination or denial of it” (Goldberg 1997: 82). As Fanon shows, and as I explore throughout the dissertation, questions of in/visibility are linked to both power and possibilities for political action; the ambiguous consequences of visibility are determined, in part, by specific social and historical contexts.

Circulating technologies of visibility

With this framework in mind, I view international best practices in HIV/AIDS work – and affiliated calls to break silences, to upend taboos, and to bring those most at risk out of the shadows – as historically specific techniques and technologies of visibility, with ambiguous consequences. Vihn-Kim Nguyen’s discussion of “confessional technologies” (2010) as circulating forms of international best practices in HIV/AIDS work provides a key illustration of this sort of phenomenon. In West Africa, Nguyen writes, “the lack of visibility of the [HIV] epidemic was decried as a major barrier to combatting the disease” (20). Confessional technologies – or practices of disclosure that gave a public face to the AIDS epidemic – emerged as “indicators of success of governments’ national AIDS control programs and a key argument in favor of keeping aid money flowing to these programs” (31).

In speaking of visibility, I do not simply intend to signal efforts to break silences and
taboos. My use of visibility invokes Foucault’s understanding of ‘the gaze’ as part of a broader architecture of surveillance and management of populations and individual bodies. Catherine Waldby, for example, has described the HIV test as a “technology of institutional visibility,” as it “ushers the person tested…into a state of at least potential visibility to centralized public health surveillance.” It also “inserts them into a ‘medical management’ regime, a nexus of medical and paramedical services and institutions designed to address their seropositivity in particular ways” (1998: 113). The Moroccan case I studied is distinct from what Nguyen and Waldby describe, however, because what is being made visible in this instance is not seropositivity or the presence of infection, but rather risk itself, as well as the bodies of those engaging in behavior understood to be sexually risky.

Relatedly, a unique characteristic of the imperative for visibility in HIV/AIDS work in the MENA region is a concomitant demand for particular kinds of invisibility. In many contexts throughout the region (and the world), practices that must be made visible for HIV/AIDS prevention – sex work, homosexual sex, and drug use – are also criminalized and highly stigmatized. Furthermore, as I describe in Chapter One in the Moroccan context, state legitimacy and power are often linked to Islam and the safeguarding of particular kinds of public morality. In the MENA, international health experts thus recommend a two-pronged approach: religious leaders are trained to deliver religiously inspired prevention messages to the general public during Friday prayer, while non-governmental organizations (NGOs) serve vulnerable groups under the public radar. Writing for the World Bank, Abu-Raddad argues that NGOs carrying out these “discreet interventions” can “help governments deal with priority groups indirectly, thereby avoiding cultural sensitivities in explicit outreach efforts for stigmatized populations” (2010: xviii - xix). The Moroccan encounters with international best practices in HIV/AIDS work that I
describe are not, therefore, simply an exercise in exposure. Instead, they can be described as effectively rearticulating, managing, and selectively distributing visibility. In Chapter Two, I describe how the tensions between visibility and invisibility are embodied and negotiated in the quotidian labors of AIDS organizations.

Engagements with techniques of visibility are also linked to processes of inclusion and exclusion. João Biehl (2005, 2007) utilizes the concept of “technologies of invisibility” to indicate the technical and political processes of HIV/AIDS work that exclude “a large number of poor and marginal AIDS victims…from epidemiological statistics and health care” leaving them to “die in abandonment” (2005: 255). Biehl’s *abandonados*

only become partially visible in the health system when they are dying; they are traced as “drug addicts,” “robbers,” “prostitutes,” labels which allow them to be socially blamed for their dying. They have erased their origins as well as the complex social causes that exacerbate infections and immune depressions…[they are], on the one hand, excluded from family and state action and, on the other, socially included either as a new epidemiological risk vector or through a public dying (2005: 264).

Invisible as citizens entitled to vital medical and social services, *abandonados* only appear in statistics, their lives filtered through decontextualized categories of risk. The visibility offered by statistical categories is thus paradoxical: it binds the individual to an understanding of his or her life and vulnerability that obscures more than it illuminates.

Ticktin’s (2011) work on health and humanitarian services for undocumented migrants in France shows how the organization and contingencies of care spotlight certain forms of suffering and harm while concealing others. In Ticktin’s work, to be recognized as worthy recipients of care, migrants must be marked as gendered and racialized victims of exotic cultural pathologies, instead of as equals demanding socio-economic rights. Scholars have described the importance of “performances of deservingness” that make recognizable forms of suffering visible to those with the authority, expertise, and discretionary power to offer access to particular rights and
entitlements necessary for life and livelihood (Huschke 2014; Yoo 2008). In Chapter Three, I describe how the international risk designation ‘sex worker’ is translated on the ground in Morocco. Here, the imperatives of public health’s audit culture meet with the organization of expertise and authority in AIDS associations; at this intersection, women’s access to health services becomes contingent on particular performances of deviant femininity that make visible certain aspects of these women’s lives while obscuring others.

Thus, as critical race theorists have long noted, dynamics of visibility and invisibility go hand in hand. Audre Lorde writes, “where racial difference creates a constant, if unspoken, distortion of vision, Black women have on the one hand always been highly visible, and on the other hand, have been rendered invisible through the depersonalization of racism” (1984: 42). The concept of hypervisibility encapsulates this paradox. Paul Amar (2011) describes hypervisibility in terms of “processes whereby racialized, sexualized subjects, or the marked bodies of subordinate classes, become intensely visible as objects of state, police and media gazes and as targets of fear and desire” (305). Ironically, the intensity of the gaze also serves to obscure: “when subjects are hypervisibilized,” Amar argues, “they remain invisible as social beings: they are not recognizable as complex, legitimate, participatory subjects or citizens” (305). Amar describes, for example, how press coverage of sexual harassment in Egypt’s Tahrir Square was interpreted through a narrative of pathological Arab masculinity that made women protestors hypervisible as victims of harassment, instead of activists in a class-based movement for reform.

In Morocco, sociologist Zakia Salime (2015) contrasts the protest-suicides of two socio-economically disenfranchised women: Amina Filali (a 16-year-old who ate rat poison to protest a forced marriage to an alleged rapist) and Fadwa Laroui (a single mother who burned herself to
protest the exclusion of her and her children from social housing). Filali’s suicide, Salime argues, was internationally legible through readily available orientalist tropes of the “Muslim rapist man and the unprotected, unvalued female child”(531). It thus was capable of catalyzing local and international action to reform the Moroccan legal code. By contrast, Laroui’s self-immolation in response to multiple gendered, economic, and political marginalities “did not fit into the representational regimes of rescuing Muslim women”(534) and therefore become almost a “non-event”(531). These contrasting visibilities suggest how women’s suffering and protest is filtered through powerful global regimes that highlight and simplify certain stories, obscuring intersection and complexity.

The categories ‘prostitute’ and ‘sex worker’ might similarly be understood as hypervisible distinctions that render women’s bodies selectively visible as deviant objects of law enforcement, or as objects of public health surveillance and intervention. As Svati Shah argues, describing public health discourses in India, “the production of the figure of the sex worker as always already powerless, and containing a health risk, is based in the production of prostitution as a singular ahistorical category” (2014: 16). This discursive flattening and essentializing, Shah argues, “has been necessary in producing prostitution as a medicalized category, where disease is rendered as being an inherent characteristic of prostitution itself” (22), creating a hypervisible image of the prostitute as a diseased body “requiring control” (23). In Chapter Four, I compare processes through which ‘sex workers’ are integrated and managed in two different ‘participatory’ public health interventions. I argue that distinct organizational dynamics encourage different interpretations of ‘sex worker’ health and disease risk – in terms of either sexual risk and individual failures, or broader socio-structural vulnerability.

The paradoxes of visibility weave their way through each chapter of this dissertation,
spotlighting certain ways of understanding social phenomena, people, and risk. Indeed, many of the classifications that circulate in international and regional best practices in HIV prevention might be understood, like ‘sex workers,’ as hypervisible categories with distinct and contested histories. In the Middle East and North Africa, discourses and symbols regarding gender and sexuality – which also translate into key markers of epidemiological HIV risk – are infused with a great deal of political, economic, social, and religious significance through their historical mobilization in debates about colonialism, nation building, political and economic reform, the role of religion in public life, and the influences of the West on Arab Muslim culture (Ahmed 1992; Mernissi 1987; Kandiyoti 1991; Kananeh 2002).

The previous sections of this Introduction have implied the hypervisibility of what Miriam Cooke has called “the Muslimwoman” (cited in Abu-Lughod 2013: 73), a woman afforded no individuality and defined in terms of her oppression. Homosexual behavior is another key epidemiological marker, and Haritaworn, Tauqir & Erdem (2008) write that Muslims gays are increasingly “joining Muslim women, whose ‘liberation,’ as postcolonial feminists have long argued, has traditionally provided the justification for imperialism.” Feinberg (2006) points out that what Erel et al. describe as “the new hyper-visibility of gay Muslims” (2011: 62) has arisen in the context of violent Islamophobia and the War on Terror. Haritaworn et al. write, “Gay muslims are the… ideological token victim who must be liberated from a ‘barbaric, backward’ society, by means that include political and military violence” (78).11

Even Islam might be described as a hypervisible object that has been integrated into conceptions of MENA regional best practices in HIV/AIDS work. Jeldtoft (2013), for example, writes about the hypervisibility of Islam in the Western imaginary, bringing certain
understandings of Islam into play and deemphasizing others. Here, highly selective forms and shapes of Islam and Muslim life dominate research, media, and political discourse; this produces a “dominant gaze” in which diverse everyday forms and practices of Islam “slip into the background, thus escaping both scholarly and public attention” (23). I explore how ‘best practices’ in HIV/AIDS work are integrated into and informed by these historically and geopolitically complex negotiations around gender, sexuality, and (in)visibility in Morocco. In particular, I examine HIV/AIDS ‘best practices’ as vehicles that aim to rearticulate and redistribute visibilities in the name of public health surveillance and disease management, with potentially profound social and political consequences.

**The Moroccan ‘best practices’ model**

Morocco’s approach to HIV is considered to be a case of ‘best practices’ in the Middle East and North Africa (MENA). (See Appendix D for more details on HIV/AIDS in Morocco.) In 2003, Morocco became the first country in the MENA region to receive a grant to support HIV/AIDS work from the Global Fund to fight AIDS, Tuberculosis and Malaria – often called simply the Global Fund. To date, Morocco has received four rounds of grants from the Global Fund (Rounds 1, 6, 7, and 10), and it remains the largest financer of HIV/AIDS work in the country. The Global Fund was among the first international health organizations to implement ‘Performance Based Financing,’ an increasingly popular mechanism in which health providers are, at least partially, funded on the basis of their ability to achieve measurable performance targets (Meessen, Soucat & Sekabaraga 2011). Morocco’s successful funding record is based, in part, on its lauded ability to collect information about HIV infection rates and risks, and to use these data to implement prevention and treatment programs.
Indeed, while international experts lament the lack of HIV/AIDS-related data in the MENA at large, Morocco is often discussed as the exception to the rule. Morocco is one of four countries in the MENA considered to have fully functioning HIV surveillance systems (Bozicevic, Riedner & Haghdoost 2014), and the only country in the region to systematically monitor HIV in pregnant women and female sex workers (Setayesh et al. 2014: 23). Abu-Raddad (2014) reports that “Morocco is a very special country in the region…we know a lot about [HIV/AIDS in Morocco]…[so we] can map HIV infection throughout the country.” Overall, the Population Reference Bureau (PRB) writes that Iran and Morocco are the only countries that have “conducted wide-ranging research on HIV” (Setayesh et al. 2014: 5), and data from these countries dominate both peer-review and gray literatures.

The data collected suggests that Morocco’s epidemiological profile is similar to what is estimated in the MENA at large: HIV is concentrated among ‘most-at-risk’ populations and there is evidence of rates of up to 8 percent among female sex workers in Souss-Massa-Drâa (where my ethnographic research was conducted), 5.8 percent among men who have sex with men in the same region, and almost 40 percent among intravenous drug users in Nador, a northeastern city near the Spanish enclave of Melilla (UNAIDS 2011; ALCS 2010). Of the number of people newly infected with HIV in 2009, the virus was transmitted via paid sex networks in an estimated 43 percent of new cases and, together, networks of men who have sex with men and people who inject drugs are estimated to have contributed just over 20 percent (WHO 2011). The 2012-2016 national AIDS budget reflects these numbers, and over 60 percent of those funds went towards prevention among these key populations, with the greatest amount of funding going to female sex workers (WHO 2011). Morocco has been celebrated by international experts for this evidence-based response to HIV/AIDS, and in particular for how it has used surveillance...
data to generate prevention strategies and allocate resources (UNAIDS 2012b: 68).  

Morocco’s use of non-governmental organizations (NGOs) to reach ‘most-at-risk’ populations for testing, education, prevention, and treatment has also been singled out as a model of best practices. NGOs conduct over 80 percent of HIV tests in Morocco, using fixed centers and mobile units. As Setayesh et al. (2014) report, writing for the Population Reference Bureau (PRB), in the MENA “NGOs play a critical role in reaching key populations whose practices do not conform to cultural norms or the law” (11) and “Morocco stands out for its ability to support and engage NGOs” to work with these populations (12). UNAIDS (2011) urges other countries in the MENA to learn from Morocco’s example:

> the single most important recommendation is for countries in the region to learn from the experiences of their neighbours. There are many individual success stories that can be applied more widely. For example… A group of NGOs in Morocco are working closely with sex workers and men who have sex with men on HIV prevention, relying on peer educators and outreach workers trained to provide commodities and essential information to participants, including condoms as well as referrals for testing and counseling and treatment of sexually transmitted infections (vi).

The tensions and negotiations of visibility inherent in the Moroccan state’s discreet outsourcing of HIV/AIDS prevention to NGOs – and, in turn, NGOs’ discreet reliance on peer educators from ‘most-at-risk’ groups to conduct outreach and recruitment – is a central theme of this dissertation.

Much like its work with NGOs, Morocco’s approach to training and integrating religious leaders in HIV/AIDS programs has been singled out as an example for the Muslim world. This includes a program to train over 45,000 imams in messages of awareness, prevention and compassion (PBS 2011). Morocco, in general, is viewed as a leader in the production and exportation of Islamic education models and materials (Wainscotta 2015). In 2015, King Mohammed VI inaugurated an International Imam Training Center in Rabat as a counter-terrorism strategy to encourage the preaching of the values of ‘openness’ and ‘tolerance.’ This
model of Islamic education has been widely praised in the US and Europe; since 2013, Morocco has signed agreements to train religious leaders from countries across Africa and Europe, including France, Belgium, Mali, Libya, Tunisia, Cote d'Ivoire, Gabon, Guinea, and the Maldives (Boum 2016).

**How HIV/AIDS best practices travel**

The chapters in this dissertation explore what these ‘best practices’ actually look like from the frontlines of Moroccan HIV/AIDS work. I examine the integration of Islamic leaders into HIV/AIDS prevention; the implementation of the Global Fund’s ‘Performance Based Financing’ model; the use of non-governmental organizations (NGOs) and peer educators to identify and recruit female sex workers; the creation of ‘safe spaces’ for sex workers and men who have sex with men; and the integration of sex worker peer educators as part of a ‘participatory’ approach to HIV prevention.

The term ‘best practices’ is a management concept that, in the 1990s, was increasingly applied to health and development work (Elyachar 2005; 2012). There have been few ethnographic studies of ‘best practices’ per se, but scholars have nonetheless pointed to the irony of the phrase. In the realm of development, Julia Elyachar (2006) states, despite what the phrase best practices implies, “one’s practices can never, in truth, be the best” and “one has to endlessly strive to become, and stay, the best in a context in which all practitioners in a field are subject to constant research, comparison, and reformulation” (417). This endless ‘best practices’ cycle has set off a cascade of documents and paperwork, Elyachar argues, due to “the pairing of these aesthetic forms and research formats with financial flows” (423). Indeed, the mandates of what has come to be known as global health’s ‘audit culture’ appear throughout the dissertation as an
important feature of Morocco’s best practices context. As Strathern cautions – hinting at the partiality, contingency and linguistic deception imbedded in claims to ‘best practice,’ – we must be vigilant about the “unintended consequences” of ‘best practices’ and the extent to which “one set of best practices [may be] killing off others” (1999: 139). In Chapters Three and Four in particular, I examine the unintended consequences of ‘Performance Based Financing’ – one of the newest incarnations of ‘evidence-based’ best practices in global health – in terms of how it shapes who comes to be seen as a ‘sex worker,’ and how it encourages a focus on certain aspects of women’s vulnerability while making other aspects invisible.

In the realm of HIV/AIDS, the rise of ‘best practices’ reflected the position that “successful interventions needed to be reproduced rapidly to have an effect on the growing epidemic…[T]o qualify…practices had to be applicable in different settings; that is, they had to be portable” (Nguyen 2010: 48). However, portability (of an intervention) is not synonymous with replicability. Numerous ethnographic studies have documented how the consequences of ‘best practices’ in global health vary across socio-historical settings (e.g. Biehl 2007; Whiteford & Manderson 2000; Whyte & Birungi 2000). However, this dissertation takes a different angle, focusing on how the ‘practices’ themselves are shaped by local context. In this way, my dissertation follows Burawoy’s interest in “replac[ing] abstract globalization with a grounded globalization” that is “produced in specific localities” as a “contested and…political accomplishment” (Burawoy 2001: 158).

Indeed, a study of ‘best practices’ inevitably calls into play relationships between the local and the global. In direct contrast to accounts of globalization in terms of seamless flows of knowledge, ideas, people, and resources, Anna Tsing (2005) introduces the concept of “friction” to emphasize the “sticky” practices, engagements, and encounters through which global
trajectories take shape and come into being. Because of friction, universals like ‘best practices’ are “never fully successful in being everywhere the same” (10). Tsing writes,

Speaking of friction is a reminder of the importance of interaction in defining movement, cultural form, and agency. Friction is not just about slowing things down. Friction is required to keep global power in motion. It shows us…where the rubber meets the road. Roads are a good image for conceptualizing how friction works: Roads create pathways that make motion easier and more efficient, but in doing so they limit where we go. The ease of travel they facilitate is also a structure of confinement. Friction inflects historical trajectories, enabling, excluding, and particularizing (6).

Tsing’s road metaphor is an apt one for the case under study here. We might understand the implementation of HIV/AIDS best practices – which I have described above as “technologies of visibility” – in terms of carving out particular channels in, and ways of viewing, the Moroccan social terrain. If scholars and activists have charged that AIDS “reveals the fault lines,” stresses, and vulnerabilities of society (Bateson & Goldsby 1988: 2), Moroccan AIDS organizations conduct the practical labor of excavating these fault lines – through HIV testing, the collection of demographic information, and recruiting bodies deemed ‘most-at-risk.’ But AIDS organizations do so in contextually and historically specific ways and practical realities often shape whether and how such lines will be carved out. In effect, in making AIDS and AIDS risk visible through the implementation of best practices, Moroccan AIDS organizations also link the virus to specific bodies, social categories, forms of vulnerability, and geographic locations. As if laying down railroad tracks, the practical and mundane labors of AIDS work move along and carve out particular social fault lines, which, in turn, shape how HIV/AIDS will be apprehended and made ‘visible’ within Moroccan society.
Methodological approach

Data collection consisted of 26 months of ethnographic research between 2009 and 2013. I conducted semi-structured individual and group interviews with 100 individuals, including 30 staff members (including management, administrative staff, and outreach workers) of seven different AIDS organizations in seven Moroccan cities; 34 women served by AIDS organizations’ sex worker programs; and 36 key informant interviews with doctors, academics, journalists, religious leaders, international health organizations, people living with HIV/AIDS, representatives of single mothers’ organizations, gay activists, and sexual and reproductive health activists. I conducted my interviews in Moroccan Arabic and French. I also conducted 13 months (June 2012–June 2013) of participant observation.

During participant observation, I worked as a volunteer intern with two AIDS organizations in the region of Souss-Massa-Drâa, in the area with Morocco’s highest reported HIV prevalence. At first glance, the two NGOs – which I will refer pseudonymously to as All Together Against AIDS and Grassroots AIDS Action – appeared similar. The NGOs had similar funding streams, mostly from international donors, the most prominent being the Global Fund. In the domain of prevention, where my research was focused, the NGOs had similar intervention packages: they both used peer educators to do outreach and recruitment of ‘most-at-risk’ populations; and their prevention services included the provision of condoms, education, and testing for HIV and other sexually transmitted infections.

However, the NGOs’ institutional structure and their relationships with international experts were quite different. All Together Against AIDS was among the largest national providers of anonymous and confidential HIV testing and had offices all over Morocco. All Together Against AIDS also had a significant international presence, including long-term relationships
with international researchers and health experts. By contrast, *Grassroots AIDS Action* only had offices in Souss-Massa-Drâa; the NGO billed itself as more local and ‘grassroots,’ and staff members often complained of feeling marginalized in national and international HIV/AIDS arenas. As I describe in greater depth in Chapter Four, the comparison between these two organizations – one large, hierarchical NGO with strong international ties, and one smaller NGO with a less complex hierarchy and weaker international ties – offers insights into how ‘best practices’ come to mean and do different things in different institutional contexts. (See also Appendix E for comparison of each NGO’s organizational features.)

I worked with each NGO two to three times per week in the role of an intern. Participant observation allows researchers to collect data on what Bourdieu famously called *habitus*, those unarticulated areas of life seen simply as “self-evident and undisputed,” sedimeted at the level of habit and common sense, and therefore not always accessible through other research methods (1977: 164). As Sanjek (1990) notes, one of the core strengths of participant observation is an unusual attention to validity: day after day over an extended period, ethnographers are presented with innumerable opportunities to test, refine, and – if necessary – modify their research questions and preliminary findings. During the course of my ethnographic research, I studied, through participation in official trainings and on-the-job instruction, how HIV-related knowledge and techniques of intervention were transmitted and translated to new recruits. I participated in mundane tasks like filling out paperwork and organizing HIV testing. I accompanied outreach teams while conducting recruitment, distributing condoms, doing sexual health and condom demonstrations, and working in mobile testing clinics.

During this work, I paid close attention to ‘teaching moments,’ when different actors provided impromptu instruction, problem solving, and troubleshooting. I examined the
techniques and practices (such as administrative meetings, informal discussions, focus groups, surveys, etc.) through which the opinions, ideas, and experiences of ‘most-at-risk’ groups were solicited, categorized, interpreted and inscribed – both on an organizational level and as the raw material for data collection systems. I focused particularly on conflicts, disagreements, and controversies – as well as the principles mobilized to justify each perspective – as opportunities to examine processes and logics that are typically concealed (Jasanoff 1987; Latour 1987; Boltanski & Thévenot 2006).

Throughout the course of my fieldwork, I recorded semi-structured interviews with 34 of these women served by AIDS organizations’ female sex worker programs.14 I also had informal conversations and interactions with hundreds more NGO beneficiaries. These conversations occurred while waiting for HIV testing results, conducting outreach in homes and sex work sites, and visiting bars, nightclubs, and casinos. I also became good friends with a handful of these women, and we spent time together doing social activities and accomplishing mundane tasks, like food shopping or going to the hair salon.

Formal interview participants were recruited through personal contacts and modified snowball sampling techniques, beginning with sex worker peer educators affiliated with AIDS organizations. The narratives of these women are woven into each of my chapters, and they represent an important feature of the “grounded” study of the global circulation of ‘best practices’ (Burawoy 2001). Indeed, a major strength of this study is that it integrates a broad view of the entire system of HIV/AIDS work in Morocco with a close-up perspective from the frontlines of prevention with ‘most-at-risk’ groups.

In Chapter Three, I highlight how global health’s ‘audit culture,’ local understandings of sexual-economic exchange, and contests of authority and expertise within Moroccan AIDS
organizations intersected to create a specific definition for the category ‘sex worker.’ Through these dynamics, the term ‘sex worker’ came to signify a woman in precarious socio-economic conditions, despite the obvious and highly sensationalized phenomenon of luxury prostitution in the nearby city of Agadir. According to a recent study of ‘sex workers’ in Morocco – recruited through the very same NGOs where I conducted my ethnographic research – the median age of the population in and around Agadir was 33 years. 74% were divorced or widowed, 60% had only primary education, and 74% financially supported at least one additional person (Johnston et al. 2013). Perhaps unsurprisingly, since my sample was recruited from the same networks as the women in that study, my sample demographics mirrored these statistics. Most of my ‘sex worker’ interlocutors were in their mid-30s, single heads of households, with low education and literacy. All of these women were of Moroccan origin, and their primary spoken languages were Tashelhit\textsuperscript{15} – Morocco’s most widely spoken Amazigh dialect – and Moroccan Arabic. Many of these women were internal migrants from rural or more remote peri-urban locations; they often relocated in search of work in the burgeoning peri-urban industrial and agricultural areas surrounding Agadir.\textsuperscript{16} For this cross-section of women served by Souss-Massa-Drâa AIDS organizations, sexual-economic exchange was not their only income-generating activity, but one of many forms of low-wage labor that they cobbled together to support themselves and their households.

Interviews with sex workers were conducted in the NGO offices or in women’s homes, depending on their preference. Interviews were also conducted individually or in groups, according to interviewee preference. As Csordas et al. (2010) assert, the context of interviews shapes the depth and authenticity of conversations to a great degree. I found that interviews went more smoothly in women’s homes than in the AIDS organizations, and that women much
preferred to discuss the topics of HIV, sexual-economic exchange, and Moroccan social, economic, and political context when they were in the company of friends. Thus, while I began my research with individual interviews at AIDS organizations (n=10), I soon changed my method and interviewed the remaining women (n=24) in small groups of three to four in their homes, over tea and chocolates (which I provided).

Madriz (2000) argues that the use of focus groups and group interviews may be more appropriate for marginalized populations than more individualistic techniques, because it tilts the balance of power towards the group, reducing the influence of the interviewer on the content and form of discussion. Under certain conditions, focus groups and group interviews may also enhance the quality of data by allowing participants to challenge each other and demonstrate contradictions. Indeed, this proved to be my experience. During friendly gatherings in women’s homes, my interlocutors were more likely to engage with controversial topics; to challenge the premises of my questions; to provide expansive answers; to bring up related topics that had not occurred to me; and to disagree, support, or qualify one another’s statements and my own. This enriched my study, helped generate new insights, and led to novel lines of inquiry. (See Appendix C for a discussion of data analysis and human subjects clearance.)

Visibility and the ethnographer

It did not take long to realize the paradoxical nature of my project. While I endeavored to study the negotiations and effects of bringing HIV ‘out of the shadows,’ I myself was entangled in the very politics of visibility I sought to study. Blond, green-eyed, freckled, and speaking accented Arabic, I was unmistakably foreign. One NGO thus did not want me to be seen with outreach workers at night. “Your presence would make the sex workers uncomfortable,” I was told.
“They’re worried you’ll attract the police.” Negotiating foreign influence is a problem faced by many NGOs (Carapico 2002), but it is exacerbated in the context of AIDS organizations in the MENA that are alternately perceived positively as conduits for ‘modernizing’ gender and sexual mores, or criticized as facilitators of Western-inspired social corruption and extra-marital sex. In fact, NGO staff members – all of whom were Moroccan – worked hard to negotiate their own visibility. They often told their families and friends that they worked in HIV/AIDS, but many concealed their outreach with sex workers or men who have sex with men. As I describe in Chapter Two, some staff members monitored and regulated the behaviors of NGO beneficiaries in order to minimize visibility and avoid problems in the neighborhood; they implored the men to stop gesturing or behaving in effeminate ways (so as not to appear ‘gay’), and encouraged the female sex workers to dress respectably, to avoid explicit sexual language in front of other beneficiaries, and to refrain from smoking in sight of the NGO.

The ethnographer’s accidents, mistakes, and cultural gaffes may build rapport and generate insight in some fieldwork settings (Geertz 1973; Spadola 2011). However, in the precarious spaces of AIDS organizations, staff and beneficiaries feared my cultural differences would put them at risk. “This isn’t Europe,” they repeatedly reminded me. “Morocco is a Muslim country.” Their concerns reflected Massad’s (2002) caution against “incitement to discourse” (371) and the potential of gay or sexual rights campaigns to provoke counter-mobilization and policing, noted above. “Foreigners,” one staff member told me with a smile, “don’t understand that publicizing sexuality isn’t always the best way to promote progress.”

This suspicion of foreign researchers and journalists was not without warrant. In March of 2010, following the 5th Francophone Conference on HIV in Casablanca, Agence France- Presse (AFP) shot a documentary about HIV in Morocco. The documentary spotlighted the work
of Moroccan AIDS organizations, and one clip featured an outreach worker called “Milouda” wearing a *hijab* to cover her hair while using her mouth to put a condom on a brightly colored plastic dildo as part of an educational demonstration for sex workers. Once aired, the clip exploded onto the Internet and the international press. It sparked a heated debate in Morocco about the ethics of HIV prevention in Muslim countries (Chankou 2010). Some journalists and online commentators defended Milouda, claiming her demonstration was simply an example of a well-established international HIV prevention strategy to “eroticize safer sex” (see UNAIDS 2004: 15). However, others attacked Milouda as immodest, shameful, and a disgrace to Morocco.

What was perhaps most shocking and objectionable to Milouda’s critics was that she carried out her demonstration while wearing the *hijab*; in doing so, she combined a pious symbol and practice with the performance of an explicitly erotic public act. As a result of this publicity Milouda faced harsh criticism, attacks in the streets, and even death threats.

The French press was also the subject of reproach in the matter. Rashid Nini, writing for *al-Massaee*, Morocco’s most popular daily newspaper, asked, if the French recently banned an anti-smoking campaign for its use of implicit sexual imagery, why were they so willing to air a clip of a Moroccan woman in the *hijab* demonstrating oral sex with a dildo – a clip which the local NGO claims they did not approve for publication? And further, why did the clip make Milouda’s face visible to an international audience, instead of blocking it out (Nini 2010)? Others argued that the Milouda incident represented a foreign attempt to pry Morocco open to the influence of the secular West, breaking taboos and threatening modesty and dignity in the process (Chbouni 2010).

But the fear of exposure was not confined to foreign researchers. A few months before I arrived, a Moroccan television show had contacted an AIDS organization in Souss-Massa-Drâa
to ask for an interview with a person living with HIV/AIDS. The organization connected the TV station with a woman I will call “Sara,” an HIV positive sex worker. Sara agreed to appear on the show, provided she would remain anonymous. When the program aired, although Sara’s face remained in the shadows, the producers did not disguise her voice. Not only did friends and family recognize Sara’s voice, but as Sara described to me, her seven-year-old daughter Hiba had been in local corner store when the program aired. Recognizing her mother’s voice, Hiba exclaimed for all to hear, “That’s my mother! She’s famous!” “Now everyone knows about me,” Sara told me. “My friends and family have abandoned me. I was betrayed.” The women I worked with commonly discussed this incident. As a result, some of them refused to do recorded interviews. For others, it took nearly the full year until they trusted me enough to agree to have their voices recorded.

Generally speaking, both NGO staff and beneficiaries were initially cautious around me. They would sometimes invite me to meetings, outreach, or events, and then not return my follow-up calls. They would fail to show up for interviews, or evade particular questions. I worried: Was I a bad researcher? Should I push harder for access? How could I conduct a compelling ethnography while still respecting my interlocutors? Over the course of my fieldwork, I slowly began to see beyond this deadlock. I realized that my interlocutors’ exclusions, evasions, and silences were more than mere obstacles to overcome. Practices of boundary drawing were themselves revealing. They were a means by which my interlocutors enacted a particular politics of visibility, endeavoring to define how others would see their lives, hardships, and aspirations.

Guided by this insight, my research employed a methodological approach that allowed my interlocutors’ discretionary practices to guide ethnographic inquiry. In a transnational context
that seeks to bring ‘sex workers’ and ‘men who have sex with men’ out of the shadows, I focus on the ethics of representing those who would rather remain hidden. How does the ethnographer conduct research that both makes their lives and struggles visible, yet constitutes an act of solidarity on their behalf (Scheper-Hughes 1995)? Or as Biehl and Locke (2010) challenge: “What does it take for … the minor voices, missing peoples … to acquire a social force and to attain recognition and political currency? What role can anthropology play in this process, and how can we write in a way that unleashes something of this vitality instead of containing it, reducing it, simplifying it?” (320) These became central questions in the process of researching and writing this dissertation, particularly as I engaged with the narratives of the female ‘sex workers’ with whom I spent so much time.

Drawing on Asad (1993), I suggest that the task of the ethnographer is similar to that of the translator. To translate the voices of those with whom I worked raises the issues of what Asad calls, “the inequality of languages” (189), and the transformations forced upon local forms of expression as they face the transnational demand for visibility and move into ethnographic texts. An effective translator, Asad argues, strives to understand a language on its own terms, which may mean stretching and even transforming her own language – and dominant discourses embedded therein – to accommodate new ways of being. Voice is thus conceptualized not as something bestowed by the foreign advocate, but as contingent on the ethnographer’s emergent capacity to listen to local forms of expression in particular contexts. Here, the translational task of ethnography requires a practice attentive to modalities of agency that operate through discretion and evasion, not just visibility and assertion.

A methodological approach that accommodates discretion and concealment goes against the grain of a great deal of research on sexuality in the MENA, as described in the sections
above, that equates voice and agency with metaphoric and literal ‘unveiling.’ It also challenges approaches to research on sex work, for example, that celebrate ethnographers for “successfully penetrating the barriers” to expose hidden intimacies (Weitzer 2010: 262). My aim is not to romanticize the practices of (in)visibility practiced by my interlocutors as forms of resistance or emancipation (Abu-Lughod 1990). Instead, I seek to take such practices seriously on their own terms, to examine how they function in the everyday lives of my interlocutors within Morocco’s complex sociopolitical landscape. Here, I draw on anthropological approaches that focus on quotidian and mundane aspects of sex workers’ lives, instead of reducing complex women simply to their sexual practices (Cheng 2012).

Indeed, in their narratives, my interlocutors resisted such a reductive lens. While they were sometimes willing to delve into the intimate details of their engagement in sex work, they often asserted that the details of their everyday lives and broader life circumstances were much more relevant. They highlighted problems linked to poverty and socioeconomic constraints. During the first group interview on sex work that I led at an AIDS organization, several participants were moved to tears while recounting their own painful experiences and hearing the experiences of others. Selma choked back sobs several times. At the end, she finally exploded at me: “Can I ask you something?” “Yes, of course,” I said, unsure what would come next. “Why don’t you actually do something for us?” She yelled, shaking her hands in frustration. “Can’t you get us jobs, real work, so we don’t have to prostitute ourselves?” I was shaken. I didn’t know how to respond. I began to wonder what I was doing there, asking women to dredge up painful stories about their intimate lives, when what they really wanted was gainful, safe, and regular work.

Instead of having her suffering understood in terms of the intimate details of her sexual
life, Selma’s intervention powerfully redirected the spotlight to render visible the privilege I assumed as the ethnographic inquisitor. By asking me – the researcher and bearer of multiple forms of privilege (e.g., white, American, educated, internationally mobile, wealthy by local standards, etc.) – to account for the socioeconomic inequalities that constrained her ability to make a living, she cast her life circumstances in a whole new light, emphasizing her economic vulnerability instead of her sexual risk. Selma’s redirection of my ‘gaze’ from her individual practices to broader social injustices, in which I was partly complicit, was one of the most powerful moments of my fieldwork; it would profoundly shape the questions I asked about Moroccan HIV/AIDS work and its political, economic, and social consequences.

**Souss-Massa-Drâa**

The participant observation portion of my fieldwork took place in the southern region of Souss-Massa-Drâa. (See Appendix A for a map.) Souss-Massa-Drâa accounts for 25 percent of Morocco’s notified HIV/AIDS cases, the largest of any region in Morocco (Kingdom of Morocco 2010). Souss-Massa-Drâa is also considered to have concentrated HIV epidemics among female sex workers (8 percent) and men who have sex with men (5.8 percent) – the highest rates in the country for these two population groups (UNAIDS 2011). My research took place in NGOs working both in Agadir (home to Souss-Massa-Drâa’s regional Referral Center [Centre Référent] for HIV/AIDS case management) and in the smaller cities and peri-urban areas surrounding Agadir. (In order to maintain confidentiality, I will not disclose the specific towns where each NGO was located.)

Julia Clancy-Smith (2011) has pointed out a “tendency among historians of Islamic societies to prefer the ‘bona fide’ Muslim.” This pattern, she argued, led to the neglect in
Western scholarship of the “culturally promiscuous” port cities. This type of area studies scholarship “constantly sought the regionally authentic and consequently marginalized the hybrid Euro-Oriental cities” (Clancy-Smith 2001: 13). The same has arguably been true in Moroccan ethnography. Although Morocco has historically been an important destination for anthropologists (e.g. Geertz 1971; Rabinow 1977; Geertz, Geertz & Rosen 1979; Rosen 1984; Crapanzano 1981, to name a few of the most prominent), most of these classic studies are based in Fés and surrounding cities (Sefrou, Méknes, etc.) – understood to be the religious, cultural and historical heart of Morocco.

Agadir, by contrast, is known largely as a tourist destination, with a modern, glitzy beachfront infrastructure that includes a lively nightlife. (See Appendix B: Agadir beachfront.) It has not, to my knowledge, been the subject of a single ethnography. This aversion to ethnographic studies of Agadir is also due, in part, to the fact that the city was somewhat recently remade in a modern style. In 1960, a massive earthquake hit Agadir and killed over 15,000 people and displaced 14,000 as internal refugees. As historian Spencer Segalla writes, the earthquake was “transformative, creating abrupt changes in political, social and cultural landscapes as well as physical ones” (2017:102). Janet Abu-Lughod (1980) has famously documented how colonial planners in Morocco’s political and economic capital cities, Rabat and Casablanca, respectively, created a form of “urban apartheid” that both fetishized Moroccan culture and sought to contain the native Moroccan population within a so-called ‘old city’ [medina]. However, Agadir was rebuilt just after independence (in 1956) by French architects who disavowed the cultural separatism of the colonial era, and instead pursued a vision of modern universalism. Post-1960 Agadir was therefore reconstructed as a Mediterranean-style beach resort. Lacking what had come to be known as the traditional medina, Moroccan scholars
have argued that Agadir has become “a city orphaned of its past and its memory, reconstructed by adopting the image of the Occident”; a “dead city, without a soul, and without a center” (cited in Segalla 2017: 118-119).

If Agadir’s lack of ‘cultural authenticity’ has made it a less than desirable destination for ethnographers, the economic and political dynamics of the city (and surrounding peri-urban settlements) make it an important location to investigate the social fault lines and inequalities of contemporary Morocco. Today, Agadir is Morocco’s largest seaside resort, and has the second highest concentration of hotel infrastructure after Marrakesh (Oxford Business Group 2011). Travelers from Europe (particularly France and Spain), the Gulf countries, and domestic tourists make up the majority of the Agadir market (Oxford Business Group 2017; Conseil regional du tourisme d’Agadir 2017). Tourism accounts for 20 percent of the entire Souss-Massa-Drâa region’s GDP and 16% of the workforce. In 2010, the Moroccan government launched its ‘Vision 2020 plan’ to encourage greater investment in tourist infrastructure and “make Morocco one of the 20 great world destinations by 2020” (Kingdom of Morocco 2013). A subset of this plan, Azur 2020, focused on the construction of luxury seaside resorts; the Taghazout resort – located in a surf town 20 minutes from downtown Agadir – was completed, with much fanfare, in 2017 with a total investment of $150 million. The resort includes a new five star ‘Hyatt Bay’ hotel with a golf course and is expected to attract 300,000 tourists annually (Oxford Business Group 2017). As Robert Vitalis (1995) writes on the Middle East’s tourist industry, “to compete for market share, a country’s tourism sector requires a level of infrastructure, accommodation, and facilities typical of industrialized rather than poor regions,” making it difficult for most in the south to participate, and largely excluding the poor from economic benefits of infrastructure.17
In the Moroccan press, coverage of Agadir focuses on leisure, tourism, and famous personalities who live or vacation in the area. Recent headlines demonstrate these central foci: for example, “Agadir to host international beach volleyball tournament” (Savage 2016); “Biggest Ferris Wheel inaugurated in Agadir” (Guibbaud-Navaud 2015); “Agadir saved by [increases in arrivals] of Moroccan and Saudi tourists” (Choukrallah 2015); “Agadir [tourist market] relies on Moroccans, Russians and Algerians” (Mousjid 2016); and “Jacques Chirac goes on holiday in Agadir [and stays] at the King’s residence” (Chambost 2016). Agadir also receives media attention for prostitution, sex tourism, and pedophilia – e.g. “Increase in the number of sexual assaults on minors” (Chambost 2015), or “Philippe Servaty, the ‘pornographer of Agadir’, gets off with only 18 months [in prison]” (La Vie Eco 2013).

It is perhaps unsurprising, then, that popular narratives about Souss-Massa-Drâa’s HIV/AIDS statistics would be interwoven with Agadir’s image of leisure, luxury, and sexual tourism. When I described my research to friends, teachers, taxi drivers, and other casual conversation partners, my Moroccan interlocutors explained rates of HIV in Souss-Massa-Drâa with a wave-of-the-hand reference to the sexual predation of Agadir’s tourists. Gay European tourists, they said, were at fault for the epidemic among men, and Saudi tourists were causing high rates of HIV/AIDS among Moroccan women (described as young, vulnerable, and naïve). Indeed, Morocco, and Agadir in particular, has an international reputation as a location for sex tourists from the Persian Gulf.18

Yet, these sensationalizing stories of sexual exploitation are not what my research is about. In fact, as Selma’s redirection discussed above indicates, these stories hide more mundane forms of economic inequality and exploitation. As I will describe in Chapter Three, the working-class women in my study largely could not afford to practice sex work in the bars, clubs, and
cabarets along Agadir’s luxury seaside promenade. And their clients were largely not tourists from the Gulf or Europe. According to the study of ‘sex workers’ in Agadir cited in the methods section above, 96 percent had been with only Moroccan clients in the past six months (Johnston et al. 2011). In fact, the risk and vulnerability of my interlocutors cannot be understood in terms of the “melodrama” (Vance 2012) of predatory Saudi tourists taking advantage of innocent Moroccan victims. Instead, the story of HIV/AIDS and sex work told by my dissertation highlights a different, less publicized side of Agadir’s global economy and flows of people.

Indeed, while media reports on Agadir often focus on its role as a growing global resort town, these reports obscure other aspects of Agadir and Souss-Massa-Drâa’s history, including important regional socio-economic and migratory trends. The inhabitants of (what is today known as) Souss-Massa-Drâa were recruited as seasonal migrants to Algeria during French colonization, and as soldiers and laborers to France during the World Wars. Importantly, the Sous region has a notable history of rebellion against the sultan during the pre-colonial period (Pennell 2000). As Hein de Haas writes, both the French colonizers and the post-colonial Moroccan state actively stimulated migration from the Sous as a “safety valve” (2005: 25) to prevent political tensions and insurrections. Today, Souss-Massa-Drâa remains the region with the highest international migration rates from both rural area and cities (de Haas 2005: 17).

This history of state-encouraged mobility also informs dynamics of internal migration, which is both numerically more important than international migration and often serves a precursor to international migration (de Haas 2005: 23). In contemporary Morocco, the demand for labor in agriculture and food processing has been a driving force for internal migration to the region. Agadir is Morocco’s leading fishing port, and the region as a whole is Morocco’s top agricultural producer and exporter; export-oriented agriculture currently accounts for
approximately 20 percent of the Moroccan GDP (Bouchelkha 2017: 248). Export-oriented agriculture was developed by French colonial settlers and gathered force in the latter half of the 20th century when King Hassan II embarked on agricultural modernization. This entailed increasing land concentration and the (sometimes violent) expulsion of peasants from small holdings, forcing them into the wage labor market and to migrate in search of work (Bouchelkha 2017: 251).

Export-oriented agriculture has flourished since 2008, when Morocco negotiated favorable status with the European Economic Community to alleviate barriers to trade (Bouchelkha 2017: 248). In Souss-Massa-Drâa, the largest plantations are owned by foreigners – particularly French and Spanish – and the number of European investors in the region has increased from 5 producers in 1988, to 39 in 2000, to 134 in 2012 (Bouchelkha 2017: 250). Demand for labor has increased as the industry expands, and corporations actively recruit migrant laborers from rural areas in the Middle Atlas. This migration has lead to the growth of new peri-urban areas around the farms and food processing factories an hour or two outside of Agadir (de Haas 2005: 24). As I describe in Chapter Three, laborers in farms and factories work long hours for little pay, and largely without protections or benefits. Mohamed Bouchelkha reports, and my research corroborates, that employers increasingly prefer to employ women, because they believe them to be more submissive and willing to work. In surveys Bouchelkha conducted in the Sous region between 2012-2013, 68 percent of agricultural laborers were women, many of them single mothers, with high rates of illiteracy (2017: 252). He writes the modernization of Moroccan agriculture – especially in the Souss region – has gone hand in hand with the formation of a wage labor market that has depended on [internal mobility] and the proletarianization of former small peasants...originating in particular from the Middle Atlas area of the country, and driven by poverty and unemployment, migrant workers constitute an uprooted and relatively docile labour force exploited by export-oriented agricultural companies (255).
The vast majority of the women I worked with formed part of this “uprooted” and “relatively docile labor force” that Bouchelkha describes as being exploited by export-oriented agricultural companies. Many of my interlocutors had left their family homes behind to seek out wage labor and now were paying their own household expenses. As I describe in Chapter Three, farm and factory work was seasonal and underpaid; these women therefore, as one of AIDS worker explained, “wore two hats [deux casquettes],” cobbled together work on farms, factories and other low-wage labor sectors in combination with reliance on male patrons (as clients, or boyfriends) to fill in the gaps.

Following Selma’s lead, in this dissertation, I seek to redirect the sensational gaze away from an HIV/AIDS epidemic resulting from an oppressive Arab-Muslim culture, or from melodramatic sexual exploitation. Instead, this dissertation tells the story of how international and regional ‘best practices’ make (in)visible, and (de)politicize, particular ‘social fault lines’ in the process of reading and responding to AIDS risk and vulnerability.

**Chapter summaries**

In Chapter One, I examine the practical and political consequences of Morocco’s highly lauded efforts to integrate Islamic leaders into HIV/AIDS work. I argue that such efforts dovetail with the Moroccan monarchy’s approach to consolidating political power via a monopoly on religious authority. Concretely, this has meant fostering a ‘tolerant’ brand of Islam in the wake of local terrorist attacks. At the same time, this strategy delegitimates religious actors and discourses outside the state that challenge the established political elite (locally referred to as the makhzen) by calling for radical reform. In religiously inspired HIV/AIDS work, ‘tolerance’ comes to
reference compassion for those living with HIV/AIDS, and a respect for boundaries between religious and public health approaches to HIV/AIDS prevention. And this boundary between Islam and public health was also produced and upheld by AIDS workers, who ceded authority on moral matters to religious experts, and refrained from publically advocating for their constituents (men who have sex with men and sex workers). In return, AIDS workers were granted authority over treatment and risk reduction as well as a relatively protected space to carry out that work. However, this insistence of HIV/AIDS workers on boundaries with Islam contrasted with, and effectively silenced, female sex workers’ use of Islamic idioms of social justice to emphasize the socio-structural – as opposed to individual behavioral – causes of their vulnerability. Ultimately, through the monarchy’s perpetuation of these divisions, integrating Islamist calls for social justice and politico-economic reform into HIV/AIDS work became unthinkable, and potential opposition to the monarchy was effectively fragmented. HIV risk came to be viewed through the lens of individual (sexual) behavior, rendering invisible broader issues of socio-economic justice with the potential to unite AIDS activists and those drawing on Islamic discourses as allies in structural reform. Here, the co-construction of discourses on HIV risk and the risk of Islam was instrumental in managing a third, more pressing risk: the risk for meaningful socio-economic and political change.

In Chapter Two, I examine ‘safe spaces’ in HIV prevention. In general, these spaces are said to provide marginalized groups with both protection from violence and stigmatization, and opportunities to reflect upon and challenge the structures that produce that violence and stigmatization. I show how the Moroccan legal and social context has limited the potential for the latter. In the Moroccan penal code, the “law on the books” (Schuck 2002) officially protects HIV outreach workers from legal sanction and requires direct witnessing of illegal sex acts in
order to make arrests for homosexuality or non-marital sex. However, in practice, law enforcement officers and vigilantes alike policed ‘public morality’ on the basis of visual and behavioral markers of normative femininity and masculinity. Yet recruiting individuals considered to be ‘most-at-risk’ of HIV infection also required AIDS outreach workers and peer educators to make themselves publicly visible in ways that challenged gender norms. In this context, AIDS workers negotiated ad-hoc and contingent protection from law enforcement. However, I show that protections were contingent upon the NGOs’ assistance in enacting official definitions of ‘public morality,’ which meant that staff and peer educators often regulated one another’s public presentations in order to remain discreet and act in accordance with gender and sexual norms. Peer educators – recruited for their engagement in behaviors that were, by definition, criminalized – were not able to secure protections from police, and instead relied on ad-hoc and contingent protection from the AIDS organizations. Ultimately, I argue that in the Moroccan socio-legal context, HIV/AIDS work with ‘most-at-risk’ groups resulted in the integration of both peer educators and NGO staff in protective, though hierarchical and contingent, relationships with the state. Here, ‘safe spaces’ amounted to ‘protected spaces,’ in the sense of being shielded from violence, yet within such spaces there was much internal regulation and surveillance of normative femininity and masculinity. In many ways, I argue that the state’s strategic management of the legal environment – rendering law enforcement as both prosecutors and protectors – contributes to the dynamic of depoliticization described in Chapter One by discouraging challenges to state power and maintaining state authority over public morality.

In Chapter Three, I examine the introduction and circulation of the category ‘sex worker’ within Moroccan HIV prevention. I show how the category gained traction through internationally circulating epidemiological models, and gathered momentum through
international donor strategies – such as ‘Performance Based Financing’ – that link funding to particular benchmark indicators. This system ultimately placed pressure on outreach workers to bring in increasing numbers of ‘sex workers,’ a task that required them to draw on the same visual markers of gender non-conformity and transgressive femininity used by the police, as described in the Chapter Two. I explore the tensions between ‘sex work’ as an epidemiological risk designation, on one hand, and local conceptions of sexual-economic exchange, on the other. These local conceptions highlighted – not sexual behavior or risk, per se – but spatial, temporal, and relational transgression as well as the exploitative dimensions of informal, working-class labor. Importantly, due to the practical limitations of HIV outreach work, NGO staff members were largely only able to recruit poor and working-class women into HIV prevention programs.

What the category sex worker came to mean was also shaped by intra-organizational conflicts of expertise between the outreach team (frontline staff and peer educators), on the one hand, and doctors who performed exams and HIV testing, on the other. While the outreach team drew on multiple forms of personal and contextual evidence to decide whether a woman should ‘count’ as a ‘sex worker,’ doctors used more blunt tools of classification (such as yes-or-no questions and their own Gestalt impression) in the context of a single face-to-face interaction in the clinic. Thus, in order to enter the testing registry as a ‘sex worker’ – and thereby gain access to coveted sexual and reproductive health services – women had to either explicitly acknowledge their involvement in sex work, or exhibit recognizable forms of visual and behavioral transgression. In contrast to Chapter Two – where I describe how women were implored to comply with conventions of respectable femininity in the vicinity of the NGO – in the clinical encounter, women were required to announce or perform non-normative femininity in order to
access resources. I suggest that, as a result of these complex social and institutional processes, the category ‘sex worker’ takes a distinctive shape in Moroccan HIV prevention, with important implications for women’s access to services. Ultimately, the category ‘sex worker’ served to indicate, not HIV risk per se, but transgressive femininity among the working class. Those working-class women unwilling (or unaware that it was necessary) to perform transgressive femininity during the medical encounter could be denied services.

In Chapter Four, I explore two different ways of organizing Moroccan AIDS work and I examine the consequences of each for how frontline staff understood sex workers and their vulnerability. AIDS work, in general, involved a great deal of frustration and burnout, due to both the substantial health needs of the women served and the limited services NGOs could offer. In *Grassroots AIDS Action*, these frustrations manifested in the form of blame and character attacks on female sex workers; meanwhile, in *All Together Against AIDS*, frontline workers’ frustrations were directed ‘upward’ and ‘outward,’ so to speak, at doctors and at the broader inequalities and injustices of the health care system. I argue that these differences arose, in part, from distinct institutional contexts that shaped the organization of AIDS work, and particularly the interface between sex workers and non-sex worker frontline workers. In a departure from previous literature, I found that the larger, more bureaucratic NGO (*All Together Against AIDS*) with stronger international ties was in fact more responsive to working-class women’s views and needs than the smaller, less bureaucratic *Grassroots AIDS Action*, with weaker international ties. I argue that this can be explained, in part, by the fact that *All Together Against AIDS* had the technical expertise and social and material resources to absorb the burden of counting ‘sex workers’ and documenting their labor. This afforded *All Together Against AIDS* frontline staff the time and space for holistic interactions with ‘sex workers’ via home visits and
through the voluntary assistance of sex worker peer educators. In this context, frontline staff often expressed gratitude for the sex workers’ help. Furthermore, frontline staff’s daily labors at *All Together Against AIDS* were arranged in such a way as to provide what one might call an ethnographic perspective on women’s life circumstances and the constraints on their health-related behavior. In the less well-resourced *Grassroots AIDS Action*, frontline staff worked directly with sex worker peer educators, who were employed (for a minimal stipend) to do the time- and resource-intensive recruitment of other sex workers. Frontline staff spent much of their time trying to corral illiterate and underpaid sex workers to complete reporting paperwork; when they were unsuccessful in meeting deadlines or quotas, frontline staff often blamed the sex worker peer educators, who they came to view as unreliable and untrustworthy. As a result of these differently organized institutional roles and routines, sex workers were viewed more generously at *All Together Against AIDS*, and perspectives on vulnerability articulated by frontline staff were more open and responsive to the structural critiques articulated by sex workers themselves. Meanwhile, the frontline staff at *Grassroots AIDS Action* tended to blame sex workers for their illnesses and misfortunes.
Chapter One
Between Tolerance and Social Justice:
Islam, the Moroccan Monarchy, and the Politics of HIV/AIDS risk

Introduction

It is late Friday afternoon in November and I’ve been enlisted to help paint banners for World AIDS Day at Grassroots AIDS Action. The office is a compound, surrounded by high metal gates opening onto an outdoor courtyard that is bordered by the testing center, a common room, and a few small offices. With a can of bright red paint in hand, I’m finishing touch-ups on a 4-ft tall AIDS ribbon. Sanae, one of the outreach workers, nudges me to look up. Two men with large beards and pants above the ankle – giving the appearance of devout Muslims – have just walked in the door. The outreach workers all stop their activities and stare. “What are they doing here?” Sanae whispers to me. After stopping at the front desk, the men walk over to the common room that had been filled with peer educators, mainly gay men and sex workers, who quickly exit. One of the male peer educators runs over to us, waving his arms dramatically. “Maybe they have a bomb!” He says, giggling, all the while keeping his eyes locked on the bearded men. One of the program coordinators joins us to explain: “They’re from out of town and they’re looking for a place to pray. The only room they can use is full of gay men. I think they might notice there’s something strange going on…” He laughs nervously, and the office remains on high alert until the two men make a rather anticlimactic exit.

The excerpt from my fieldnotes above suggests an important division between Moroccan AIDS workers and actors representing Islamic piety. Facile interpretations of this interaction might draw on a clash of cultures logic, suggesting that HIV prevention with ‘most-at-risk’ groups is inherently at odds with Islam.20 The analysis in this chapter, however, begins with the premise that the antagonism is neither natural nor inevitable, but rather contingent on a set of historical and political circumstances that render visible certain aspects of Islam and HIV risk, while obscuring others. In effect, this chapter is not about Islam, per se, but about how religion is used by the Moroccan state, and the impact of this instrumentalization for HIV/AIDS work. In the sections that follow, I describe how discourses about Islam and HIV are shaped in tandem with efforts of the Moroccan monarchy to establish control over the religious field by building a moderate, tolerant and apolitical Islam in the context of the “War on Terror.” In global and
international forums – like the international Cairo conference for religious leaders and the Moroccan Imam trainings discussed below – the aspects of HIV/AIDS risk made ‘visible’ are risky sexual behaviors, and the spotlight on Islam highlights prohibitions on non-marital sexual behavior and the promotion of abstinence, fidelity, and heterosexuality. In this context, it seems logical for AIDS workers to maintain boundaries with Islamic actors in order to protect the populations they work with – sex workers and men who have sex with men – from judgment, discrimination, and violence.

Yet, this is a selective way to view Islam. And it is not the only way to conceptualize the relationship between Islam and HIV. Public health scholars now widely acknowledge the role of poverty, inequality, and structural violence in fueling the spread of HIV/AIDS (Farmer 2004b), and these forms of injustice are also key issues addressed both within Islamic texts and by Islamic reformers in Morocco and beyond (Khanani 2014). Indeed, as others have argued (e.g. Bavikatte 2009; Buysse 2009), Islamic calls for political and socio-economic reform in the face of social injustice resonate well with approaches to HIV prevention that emphasize the importance of structural reforms to address poverty alleviation and socio-economic inequalities. Yet, in the context of Moroccan HIV prevention and advocacy, these aspects of Islam are made invisible, and alliances between the approaches are largely rendered unthinkable and impracticable.

My analysis tells the history of how political negotiations within the Moroccan religious field created a division of labor between religious and public health actors. In doing so, they effectively created a firewall between frontline AIDS workers and both state and non-state Islamic actors and discourses. As I show, however, HIV/AIDS workers’ insistence on shielding and protecting members of ‘at-risk’ groups from Islamic principles and actors contrasted with
both the everyday pious practices of women served by AIDS organizations, and the way they mobilized Islamic idioms of social justice to critique structural inequality and vulnerability. AIDS workers largely viewed these women as ‘at-risk sex workers’ who might fall victim to stigmatization and backlash based on Islamic sexual prohibitions. These women, by contrast, largely described themselves as members of the working-class whose vulnerability was linked to poverty and inequality. Through a lens that focused on vulnerability (not just sexual risk), Islam provided a resonant idiom for trenchant social critique and calls for reform.23

The chapter begins by describing a theoretical approach to Islam and the politics of HIV/AIDS. I then describe the historical and contextual background of the religious sphere in Morocco, highlighting how monarchical efforts to promote a ‘tolerant’ form of Islam simultaneously bolster state power and discredit Islamic calls for reform. I explore what promoting religious ‘tolerance’ actually looks like in HIV prevention projects. In fact, I argue that a selective and politically expedient definition of ‘tolerance’ curtails possibilities of building on locally salient idioms of political critique to advocate for structural reform to decrease vulnerability to HIV/AIDS. Finally, I focus on efforts to reshape Islamic approaches to HIV/AIDS and to integrate Islamic leaders into HIV prevention in Morocco. I examine the narratives of female sex workers as an alternative mode of incorporating Islamic ideas and principles into public health practice.

I contend that the strategic co-construction of discourses on religion and HIV renders certain interpretations and alliances essentially invisible, and ultimately depoliticizes both Islam and HIV prevention. This effectively marginalizes questions of power, political change, and economic redistribution while reinforcing conjugal heterosexual normativity.24 On the one hand, HIV/AIDS risk is framed in relation to individual (sexual) behaviors alone. On the other hand,
Islam is reduced to a set of prescriptions and prohibitions on sexual morality, sidestepping alternative Islamic frameworks that highlight poverty and structural injustice as drivers of HIV infection rates. Although my interlocutors (women served by AIDS organizations’ sex worker programs) drew upon these Islamic discourses to emphasize structural vulnerability (over and above sexual risk), these interpretations were marginalized in an organizational climate where Islamic actors and discourses were largely feared and unwelcome. In essence, I suggest that the carefully orchestrated integration of Islamic leaders and principles into Moroccan HIV prevention – and the resulting reinforcement of boundaries between frontline AIDS work and Islam – might be understood as a technique used by the state to manage simultaneously multiple forms of risk: the risk of HIV, the risk of political Islam, and, most fundamentally, the risk of meaningful political and economic change.

Theoretical background on Islam and the politics of HIV/AIDS

Faith-based organizations play an important role in public health around the globe (Chatters 2000) and their role in HIV/AIDS work has expanded significantly since the onset of the epidemic (Pargament et al. 2004). International health organizations like the World Health Organization, UNAIDS, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria have all called for increasing involvement of faith-based organizations (FBOs) in HIV/AIDS programs (UNAIDS 2009). Globally, donors have provided millions of dollars annually to support the involvement of religious institutions in HIV prevention, and it is estimated that 20 percent of the organizations doing HIV/AIDS-related work globally are now faith-based (Muñoz-Laboy et al. 2011, S127; World Health Organization 2004). Moreover, the call for involving religious leaders
in HIV has been particularly strong in the Middle East and North Africa (e.g. McGirk 2008; El Feki 2006).

However, the literature on religion and HIV has tended to examine religion in relation to individual-level beliefs and practices. Such studies attempt to parse out how those beliefs influence behaviors related to HIV risk and therefore affect health outcomes. The literature on Islam and HIV is no exception (e.g. Gray 2004). As Muñoz-Laboy et al. argue, there is “an urgent need to move towards a broader focus” that explores religion in relation to “not just individual health behaviors and outcomes” but the “social, cultural, and institutional responses to health conditions and health disparities” (2012: S128). This chapter takes up that call and explores whether and how Islam is integrated into HIV prevention projects, highlighting the historically specific ways that this relationship is shaped by the history and politics of Morocco’s religious sphere. I am particularly concerned with how Islamic discourses are selectively used by diverse actors to politicize, or depoliticize, HIV risk.

*(De)politicizing health and illness*

As Constance Nathanson (2007) argues, “Public health is inherently political”(4) and has historically been “linked with social reform because disease was attributed to social conditions…that called for state action” (5). A focus on the social causes of disease began to recede from view in the late 19th century, and would ultimately be dominated by the popularization of the “risky lifestyle framework” which “located the source of disease and the means of prevention within the individual” (6).

In recent years, attention has shifted back to the social and political causes of disease, particularly in light of accruing evidence demonstrating the need to incorporate “structural
interventions” to address HIV risk and vulnerability (Grossman et al. 2013; UNAIDS 2010b; CDC 2011). Scholarship in social epidemiology and medical anthropology has shown that social, economic, political, and institutional factors shape both an individual’s exposure to risks and their ability to act in ways that could mitigate those risks (Farmer, Connors & Simmons 1996; Sumartojo 2000; Rhodes et al. 2005). Structural interventions “locate the cause of public health problems in contextual or environmental factors that influence behavior, or other determinants of infection or morbidity, rather than in characteristics of individuals who engage in risk behaviors” (Blankenship et al. 2006: 59). This implies a move beyond conceptions of risk, to conditions of vulnerability, or how particular groups “because of their position in the social strata, are commonly exposed to contextual conditions that distinguish them from the rest of the population” and put them “at higher risk of risks” (Frohlich & Potvin 2008: 218). According to this theory, addressing health risk actually requires “altering the structural context within which health is produced and reproduced” (Blankenship et al. 2006: 59), a process which often requires political mobilization and engagement.

Well-established bodies of literature in medical anthropology and medical sociology have approached the dynamics of depoliticization through the lens of (bio)medicalization. Peter Conrad, for example, showed how political dissidents in the Soviet Union were contained through diagnoses of mental illnesses and confinement to mental hospitals (Conrad & Schneider 2010: 250).26 Scheper-Hughes (1993) argued that the medicalization of chronic hunger in Northeast Brazil neutralized hunger’s potential to serve as a social critique of inequality and deprivation. More broadly, Farmer (2004a) has criticized the tendency of medicine to focus on individual bodies and behaviors, obscuring the social, political, and economic structures that perpetuate illness through poverty and inequality.27
This chapter similarly explores the dynamics of the depoliticization of health and illness, but from a new angle. Here, rather than emphasizing the abstract forces of (bio)medicalization, I focus on the concrete details of how health projects interact with local politico-religious historical realities. I argue that discourses and debates about Islam’s role in HIV prevention become important particularly because of their salience in establishing political authority and in articulating social critique, (re)imagining political and social worlds, and calling for reform (Eickelman & Salvatore 2006; Eickelman & Piscatori 1996). Stated simply, the integration of (or, conversely, the separation of) HIV work and Islamic institutions and discourses has important consequences for whether, and how, HIV risk is politicized in Morocco. And this, in turn, has ramifications for the possibilities of implementing structural interventions to improve health and reduce HIV risk.

The Politics of Islam and HIV

A scant body of public health literature has examined how Islam might shape the politics of HIV programs. However, most of this work recycles outdated orientalist tropes like those described in the Introduction, which present Islam as a phenomenon with fixed and uniform features across the Muslim world, and it assumes the dynamics of Muslim life can be inferred through interpretations of sacred texts (e.g. Lewis 1988). Such conceptualizations fail to account for the diversity of Islam in local contexts. They also fail to recognize the “communities of argument [that] exist over what makes a Muslim a Muslim, what Islam means, and what, if any, its political role should be” (Wedeen 2000: 715). In counterpoint to this literature, I explore the relationship between Islam and HIV in terms of what Eickelman and Piscatori (1996) describe as “Muslim politics,” or “competition and contest over
both the interpretation of [religious] symbols and the control of institutions, both formal and informal, that produce and sustain them” (5).

This chapter focuses on how “Muslim politics” – particularly contests of authority between the Moroccan state and diverse actors in the broader religious sphere – are implicated in shaping the way Islamic discourses and institutions are integrated in HIV prevention. In Sunni Islam (the religion of the Moroccan state and 99 percent of Moroccans) there is theoretically no official earthly authority that can monopolize or control religious interpretation. The absence of an official definition of a religious institution “renders the very notion of religious authority unstable and creates fierce competition for the acquisition and control of this authority” (Zeghal 2009: xvi). Furthermore, particularly since the 1990s, globalization has opened up public spheres and further fragmented religious authority across the Middle East and North Africa (Eickelman & Salvatore 2006). This contest over religious interpretation is fueled as well by the pressures of the War on Terror, as the U.S. State Department and other international actors strive to “reshape and transform ‘Islam from within’” to “foster… ‘moderate Islam’ as an antidote and prophylactic to fundamentalist interpretations of Islam” (Mahmood 2006: 323). 29

Competition among those who seek to define and speak in the name of Islam is of particular concern to states across the MENA region, including the Moroccan monarchy. The monarch is the official political and religious leader of Morocco. Like other regimes in the region, the palace has sought to maintain control over religious institutions and interpretations in order to uphold its legitimacy and consolidate authority (Zeghal 2009). 30 As Wiktorowicz (2004) argues, regimes holding power in the Muslim world tend to invoke “innocuous” articulations of Islam that “support a politically quiescent variant of Islam” by “emphasiz[ing] individual piety and concern for personal salvation” (18). States simultaneously seek to “limit the institutional
resources and public spaces” available for alternative invocations of Islam that could “challenge regime legitimacy” by promoting political action that fosters “broad societal change or state transformation” (18). As I will show, there are myriad ways that Islamic discourses might be brought to bear on HIV/AIDS work. However, the Moroccan state’s efforts to promote an official ‘tolerant’ Islamic discourse on HIV are driven – at least in part – by concerns for power and legitimacy. And these power games have limited the possible relationships between Islam and HIV work.

The link between public health projects and contests over political authority and legitimacy has been well documented in a variety of contexts. The provision of social welfare by Islamist groups like Hezbollah (Love 2010), Hamas (Roy 2013), or the Muslim Brotherhood (Farag 2009) has been highly publicized, and this strategy of challenging state authority has been used by radical organizations and peaceful, reform-minded groups alike. In Morocco, Islamic charity has long been a crucial mode of maintaining political authority and legitimacy (Maarouf 2012). This is one reason the state has sought to tightly control the involvement of non-state Islamic institutions in social welfare service provision, and to project an image of the monarchy as the main (Islamic) actor in this domain (Harrigan & El-Said 2009).

King Mohammed VI’s (Morocco’s reigning monarch since 1999) dramatic displays of charity and highly publicized development initiatives have been called a deliberate, if often superficial, strategy to cast himself as “the King of the Poor” (Hart 2016). Commentators have not failed to note the irony of this public image, given that the king is reportedly the richest monarch in Africa (Nsehe 2014) and the eighth richest monarch in the world (Pendleton 2008). Yet an index of the king’s success in coopting politico-religious approaches to health and development can be seen in the emergence of a new cadre of young Moroccan development
professionals who approach their work with Islamic discourses supportive of the monarchy (Maghraoui 2009; Haenni 2006).

King Mohammad VI has also made headlines for publically supporting HIV/AIDS work in Morocco. In 2002 during a U.N. special session, the king differentiated himself as one of the only Middle Eastern or North African leaders to acknowledge the spread of HIV in the region and to call for measures to prevent transmission. That same year, the king made news for posing for a photo holding hands with person living with HIV/AIDS during his inauguration of an outpatient clinic in Casablanca. The king has also offered continuous royal patronage to Sidaction – a biannual event held on 2M, one of Morocco’s most popular (and state-controlled) television channels, to raise funds and awareness for HIV/AIDS in Morocco – including large and highly publicized monetary donations from his family foundation (World Health Organization 2011b).

The monarchy’s support for Moroccan HIV/AIDS work is remarkable. However, the monarchy has also maintained tight control over the involvement of non-state actors in faith-based HIV/AIDS work. Despite the expansion of non-governmental faith-based responses to HIV/AIDS around the world, my research suggests that in Morocco (and in much of the Middle East and North Africa) international funding and support for religious involvement does not go directly to non-governmental organizations, as it does in many other contexts. Rather, it is largely channeled through the state in a top down fashion. In Morocco, the state retains a virtual monopoly over AIDS-based religious activity; during the course of my fieldwork, I did not encounter a single Islamic organization or group outside the state involved in specifically HIV-related programs and services.

In the remainder of this chapter, I examine the context and consequences of monarchical
attempts to control Islamic activity and interpretations of HIV/AIDS work, focusing on how national politico-religious negotiations shape the possibilities for politicizing HIV/AIDS vulnerability and the structural factors that put particular Moroccans at risk. In the following section, I provide a historical and contextual background of the religious sphere in Morocco, highlighting how monarchal efforts to promote a ‘tolerant’ form of Islam simultaneously bolster state power and discredit Islamic calls for reform.

The Monarchy and the official voice of Islam

The History of the Moroccan religious sphere

The ‘Alawite dynasty is the current Moroccan royal family; it has been in (sometimes tenuously held) power over the territory of present day Morocco since the early 1600s. The dynasty claims descent from the prophet Mohammad through his daughter Fatima and Ali (the Fourth Caliph and Mohammed’s cousin) and has historically used Islam as a way to unite different social communities (El Mansour 1996). Following the French occupation of Morocco in 1912, the ‘Alawite Sultan, King Yusuf, was removed from his position of political sovereignty over the Moroccan people. However, the French authorities recognized him as the protectorate’s religious leader. When King Yusuf died in 1927, his son, Mohammed V, succeeded him. During struggles for independence, Sultan Mohammed V (the current king’s grandfather) used his religious role for political purposes, serving as a powerful rallying symbol for the nationalist cause. Shortly after independence in 1956, the dual politico-religious role of the king was institutionalized in Morocco’s first constitution as an independent state. Islam became the official state religion and the king was given a sacred status as the ‘commander of the faithful’ [amīr al-mu’īmīn]: the embodiment of the nation, both the political leader and the spokesperson for the community of
believers (Zeghal 2009). As Maghraoui (2009) notes, in contemporary Morocco, the state’s role as guarantor of a particular religious and moral order remains at the “core of state legitimacy” and “an essential part of political power” (196).

In particular, Sufism has played an important part, albeit in a variety of different ways, in strategies used by the monarchy to consolidate and maintain political power and authority. During the protectorate period, Sufism was instrumentalized by French authorities as a justification for their civilizing mission; for example, head-slashing and self-mutilation practiced by the Hamadsha – and famously documented by Crapanzano (1981) – were considered barbaric (Spadola 2014). At the same time, some of these same aspects of Sufism were paradoxically encouraged by the French authorities as a way to demonstrate – via the performances of religious brotherhoods, for example – that the French were preserving Moroccan culture via the protectorate (Spadola 2014). By contrast, Moroccan nationalists fighting the French occupation rallied against popular Sufi rituals and discourses (such as worship at saints’ tombs and the link between genealogy and political power) claiming that these beliefs and practices encouraged complacency and passivity. Instead, they sought to forge a nationalist consciousness through Salafī traditions that understand political authority as derived from a community of believers, not bloodlines (Zeghal 2008). The interplay between Salafism and Sufism – and their competing conceptions of political authority in the religious community, versus the genealogical inheritance of the king, respectively – marks an important tension in post-colonial Moroccan history (Zeghal 2008).

After independence in 1956, with the consolidation of Moroccan political power in the person of the king, the Sufi discourses and practices that had been critiqued by nationalists were now celebrated by the monarchy as hallmarks of the new, authentic Moroccan nation. The period
of King Hassan II’s reign (1961 - 1999) is known as ‘the years of lead’ [زمان الراس] or ‘the black years’ [لما الكهلا], and included censorship and repression, forcible disappearances, and violent crack-downs on those who opposed the king (Slyomovics 2005). Many of the king’s opponents were religious figures who called into question the legitimacy of the monarchy and critiqued the accumulation of wealth within the palace. Hammoudi (1997) has argued, however, that Sufism provided the “cultural foundations” that allowed Hassan II’s authoritarianism to thrive, because of its emphasis on the master-disciple relationship embodied in both saint worship and obedience and servitude to the king.

Other scholars of Moroccan Sufism (e.g. Maghraoui 2001; Zeghal 2008; Bouasria 2016) suggest, however, that Sufi discourses and traditions have been mobilized in a variety of ways. Depending on the context, they have served both as legitimating tools of the state as well as paradigms of dissent against the state – as evidenced, for example, by this chapter’s discussion of the Justice and Benevolence movement. It is thus not that Sufism necessarily or inherently supports authoritarianism. Rather, the monarchy was able to instrumentalize a distinctive brand of Sufism, which defined ‘Moroccan Islam’ in terms of a depoliticized, inwardly oriented spirituality that encouraged subservience to the king (Maghraoui 2009). During his reign, Hassan II sought to consolidate this vision of Moroccan Islam by tightly controlling religious institutions and the circulation of religious discourses – in media, public schools, mosques, legal courts, and electoral politics (Zeghal 2009; Spadola 2016). Significantly, Hassan II also employed a divide-and-rule strategy to fragment opposition and keep potential challengers to his power from uniting against the monarchy. At the same time, he consolidated a class of loyal political elites known as the makhzen – a colloquial Moroccan euphemism that literally means ‘storehouse,’ but is used to reference the palace and associated networks and institutions.36
While Hassan II served as an important Western ally during the Cold War, after the fall of the Berlin Wall, Hassan II began to come under new scrutiny from Western allies for his human rights abuses. Meanwhile, domestic protest increased against pro-Western foreign policy and economic austerity. These factors pushed the monarchy to embark on a gradual and controlled political opening in the 1990s. When King Mohammad VI took the throne after his father Hassan II’s death in 1999, he accelerated the process of political opening and sought to craft a public image of himself as a gentler ruler than his father. He released political prisoners, afforded greater freedom for civil society and the press, and tolerated increasing pluralism in the political and religious fields.

*The Moroccan religious sphere and the war on terror*

May 16\(^{th}\), 2003 marks a pivotal moment in the monarchal approach to religious plurality in Morocco. On that day, a series of five suicide bombs killed 43 people – most of them Moroccan citizens – in the capital city of Casablanca. The era of Moroccan politics that ensued is considered a period of consolidation of state control over the religious field in order to reinforce and reclaim, in the words of King Mohammad VI, the “spiritual security of the nation” (Spadola 2016: 14). This took the form of reinvigorating the association of depoliticized Sufism with Moroccan national identity, repressing Islamist contestation through force (including several waves of arrests), and consolidating a state monopoly over mass communications (Spadola 2016).

Less than a week after the attacks, the government passed an anti-terrorist law (Law 3/2003) that made it easier for the state to detain terrorist suspects. The law also defined terrorism broadly and ambiguously, as any “attack against the public order” (Human Rights
Watch 2005; Rogers 2012). At the time of the bombings, many mosques, especially in poor and marginalized neighborhoods, had been created outside the control of the Ministry of Islamic affairs; in the immediate aftermath, Moroccan security forces cracked down on these illegal mosques, jailed local preachers accused of being radical Islamic militants, and clamped down on media from popular religious leaders associated with Salafism or Wahabism (Boum 2016; Maghraoui 2009).

Critics have argued that the War on Terror represents not just a battle against religious extremism, but also a way for the state to consolidate authoritarian power (Rogers 2012). Indeed, the attacks provided leverage for state repression and increased surveillance over all Islamist organizations, throwing suspicion even on moderate groups like the Party for Justice and Development (Zeghal 2008) – a political party with Salafi roots, described further below. In the months following the attacks, the broad legal definition of terrorism was used to detain thousands of suspected Islamists and convict hundreds, including journalists accused of being “apologists for terror” (Human Rights Watch 2005). A 2011 bombing in Marrakech, which killed 17 people and injured 25, provided justification for a further expansion of anti-terrorism laws and activity; this has similarly been criticized as a means for the makhzen to crackdown on political opponents more broadly (Vásquez 2015).

These terrorist events, and their manipulation by the monarchy, have contributed to a climate of fear of particular expressions of Islam that are labeled as ‘extremist’ or ‘intolerant.’ According to a Poll conducted by the Pew Research Center, although the country is 99 percent Sunni Muslim, nearly 75 percent of Moroccans (compared to only 26 percent in Lebanon and 10 percent in Jordan, for example) saw Islamic extremism as a threat to their country. My friend Amina, a Muslim university student in her mid-twenties, discusses her perspective on the
heightened perception of Islamic risk since the 2003 Casablanca bombings and the 2011 bombing in Marrakech:

Before, people used to prefer to buy merchandise from men with beards who look very religious [assuming they were more honest], but since the bombings we have lost faith in these people. My brother, for example, he used to wake up to go to the mosque for fajr [pre-dawn prayer], but he doesn’t do that anymore because it looks too extreme. Now, if men want to go to mosque for fajr, they need to sneak out so nobody sees them!

[Laughing] Today we are afraid of people who pray too much. For example, yesterday [at the university] there was a man with a beard in the library with a briefcase and he left to take a phone call [leaving his briefcase behind], and those of us left in the library were terrified…but when he came back it turned out there were just books in his bag [laughing].

Amina’s narrative resonated with views I heard from many other friends – including AIDS organization workers, including those described in the opening vignette. People consistently evoked particular markers and practices of Islam (such as long beards, wearing trousers above the ankle, going to early morning prayer) as signs of a potentially grave threat to Morocco that incited a visceral reaction. People frequently told my American husband, for example, who had grown a rather large beard during the course of his anthropological fieldwork, that the mere sight of a bearded man in a public place made them anxious and uncomfortable.

This visceral reaction applies to women as well as men. Guessous (2011) has shown how leftist feminists – even those who identified as Muslims – excluded and derided women who wore the hijāb, which they experienced as a personal, social, and political threat. In parallel, in January 2017, citing security concerns, the Moroccan Ministry of the Interior announced a ban on the manufacture, marketing, and sale of the burqa – a full-body veil often associated with Salafi Islam. Many prominent Moroccans spoke out in support of the ban, arguing that it was an important step in the fight against religious extremism.

Monarchal strategies of controlling the religious field fostered, reflected, and reproduced visceral fears of particular symbols and practices of Islam among wide swaths of the Moroccan
population. Dividing Islam into moderate and extremist camps, the monarchy presents itself as the bearer of a tolerant form of religion, and the guardian of national (spiritual) security. Religious competitors to the monarchy are thus lumped together with broad brushstrokes and discredited, while the authority of the state is bolstered.

*Controlling the voice of Islam*

In addition to cracking down on and fomenting fear of non-state Islamic actors, Morocco’s ‘War on Terror’ has been fought by tightening control over and expanding state management of religious institutions and interpretations. In 2004, shortly after the Casablanca bombing, the council of religious scholars [ʿulemāʾ] was renamed the Mohammadian League of Ulamas [*arrābiṭa al-muḥammadīyya*], demonstrating its allegiance to King Mohammed VI. At that time, the league was also placed directly under the king’s authority and the supervision of the Minister of Islamic Affairs, who is an appointee of the king. Ahmed Toufiq, the current minister and a high profile member of the well-known Boutchichiyya Sufi brotherhood, was appointed by the king specifically to “promote Sufism to counteract extremist Islam” (Bouasria 2015: 165).

The Mohammadian League of Ulamas is charged with providing national intellectual leadership in the religious field and with “disseminat[ing] tolerant Islamic values and respect for principles of moderation” (Mohammadian League of Ulamas, n.d.). During a talk at the Center for Strategic and International Studies in Washington D.C., Dr. Ahmed Abaddi (appointed by the king as Secretary-General of the League in 2006) described the role of the post-2003 League in the following terms:

> We needed a new generation of scholars. We needed a new generation of speeches. We needed a new generation of media programs. We needed a new voice to give a voice to the voiceless. Because once you have [people who feel] voiceless, extremists will take their place (Morocco on the Move 2013).
This quote from Dr. Abbadi illustrates how the War on Terror has played out through monarchal attempts to control religious discourses in order to promote an official ‘voice’ of Moroccan Islam. As will be discussed below, the League is the key actor in disseminating Islamic messages around HIV/AIDS.

Since 2004, national, regional, and local religious councils supervised by appointees of the king have been charged with careful surveillance and monitoring of religious expression and teaching in order to promote and ensure compliance with the state-approved version of Islam. This has included cracking down on the circulation of cassette tapes and other media from popular religious leaders associated with Salafism or Wahhabism. It has included promoting state-sponsored religious TV and a Qur’anic radio station to disseminate state-approved Islamic perspectives in order to counter ‘extremist’ religious messages available on the Internet and satellite channels (Maghraoui 2009; Spadola 2013). It has also included a comprehensive reform of religious education programs (Wainscotta 2015), including new trainings for religious leaders in foreign languages, humanities, and social sciences for the stated purpose of promoting greater tolerance and open-mindedness to diverse and foreign cultures (Roudaby 2015; Zeghal 2008).

In 2015, King Mohammed VI inaugurated an International Imam Training Center in Rabat to encourage a ‘moderate’ Islam guided by values of ‘openness’ and ‘tolerance.’ This is the stated mission of the institute:

[to] strengthen and consolidate [Morocco’s] spiritual identity by promoting the values and aims of authentic Islam, based on mutual respect and generosity and calling for the open and balanced religious practice capable of guaranteeing the cohesion and unity of Moroccan society… Morocco also wishes to allow friendly countries, through bilateral cooperation agreements, to benefit from its cumulative expertise in the training of religious leaders (Kingdom of Morocco 2016).
This model of Islamic education has been widely praised in the U.S. and Europe, and Morocco has become “a leader in producing and exporting Islamic education curricula” (Wainscotta 2015: 636). Since 2013, Morocco has signed agreements to train religious leaders from countries across Africa and Europe, including France, Belgium, Mali, Libya, Tunisia, Cote d'Ivoire, Gabon, Guinea, and the Maldives (Boum 2016). During a visit in 2014, Secretary of State John Kerry praised the Moroccan Monarchy for “playing an essential leadership role” in the region. Kerry noted:

[Morocco] plays a very important role in facing extremism, and it also disseminates cooperation with African countries in the religious domain at a moment where Africa needs this spiritual support to face terrorism based on these values, the values of tolerance (Morocco on the Move 2014).

Here, consolidation of monarchal control over Islamic actors and interpretations can be understood as a strategy that both increases monarchal power and control within Morocco, and addresses international concerns about Islamic extremism in the geopolitical context of the War on Terror.

It is important to note that gender and sexuality are important signifiers that mark particular brands of Islam as ‘tolerant.’ In her analysis of the monarchy’s symbolic strategies in the War on Terror, Rogers (2012) argues that the feminization of religious symbols in Morocco is emblematic of a benign, paternalistic religiosity, a sign that “Morocco is peaceful, pluralistic and tolerant – provided its subjects acquiesce to the benevolent paternalism of a religiously sanctioned king” (460). Indeed, the feminization of Islam is another cornerstone of the monarchal strategy of (re)building and controlling the religious field.

In October 2003, for example, King Mohammad VI intervened in national debates over women’s rights and the status of women in Morocco by announcing to parliament that he would reform the Family Code [mudawwana]. The revised Family Code was widely praised for its
progressive approach to personal status law (on divorce and marriage, for example) and the introduction of greater legal rights and protections for women.\textsuperscript{42} In November of the same year, the first woman was invited to the palace to deliver the annual, nationally televised Ramadan lecture. Most significantly, in 2005, as part of a comprehensive counter-radicalization strategy, King Mohammad VI appointed over 100 women to local, regional and national religious councils and the Ministry of Islamic Affairs launched a program to train female ‘spiritual guides,’ or 

\textit{mourshīdāt} (Rausch 2012). Ahmed Taoufik, the Sufi Minister of Islamic Affairs appointed by the king, stated that this unprecedented training of female religious leaders was an effort to curb religious radicalism and the intrusion of foreign agents attempting to undermine more tolerant Muslim traditions (Rausch 2009). The program has received international praise as a way to simultaneously fight extremism and promote women’s rights,\textsuperscript{43} and was deemed “pioneering” in the U.S. State Department’s 2009 report on terrorism (NAPS 2014).

These political maneuvers indicate how gendered practices can serve as markers of religious tolerance and national security, and can be mobilized as strategies to bolster political authority and garner international political support. Zakia Salime has gone so far as to argue that the centrality of progressive gender reforms in the Moroccan War on Terror has impeded the implementation of “radical changes to the structure of political and economic power in which the king remains the central player” (2007: 21). Similarly, I argue that if reinforcing monarchal power and a state-sanctioned version of Islam counters religious extremism, it also takes the teeth out of religion, so to speak. Indeed, it delegitimizes religious actors and discourses that challenge the monarchy and political elite (the \textit{makhzen}) with calls for more radical structural reforms to promote equality. As I will discuss further in later sections, like the monarchy’s Islamic approach to women’s rights, state efforts to promote particular Islamic approaches to
HIV prevention have also been internationally praised; these programs are acclaimed for mobilizing strategies of religious reform to encourage ‘tolerance’ for medical approaches to sexual health. Yet these strategies also marginalize Islamic actors and discourses that articulate critiques of the existing political system and disparities in income, health, and vulnerability to HIV, which could be used to bolster structural interventions in public health.

*Islamic competitors and calls for reform*

In Morocco, Islamists and Islamic principles have deep cultural and historical roots in critiquing unjust political rule and challenging the power of rulers (Maghraoui 2001; Beau & Graciet 2006; Sater 2007). And in post-colonial Morocco, Islamic actors and discourses articulate important critiques of political corruption, poverty, and socio-economic inequality – which can also be understood as key structural features that increase vulnerability to HIV/AIDS.

In recent years, income inequality in Morocco has become a major topic of public debate. While extreme poverty in Morocco has decreased to a relatively low level, with 3.1 percent of the population living on less than US$1.9 per day, 15.5 percent of Moroccans still live on less than US$3.1 per day, according to the World Bank. This is fueled, in part, by a high unemployment rate of 9.1 percent, which rises to 38.8 percent among urban youth (World Bank 2016). Further, Moroccans generally do not feel that the government is adequately addressing problems of poverty; according to recent surveys, only 30 percent of Moroccans are satisfied with the way their government is providing assistance to the poor (African Development Bank 2013: iv).

Meanwhile, wealth has become increasingly concentrated at the top of Moroccan society. One recent study showed that the number of Moroccan millionaires (in US dollars) more than
doubled between 2000 and 2015 (Bird 2015). Morocco is also home to several billionaires, including King Mohammed VI himself, with an estimated net worth of $5.8 billion (Mtila 2016). This new class of mega-rich Moroccans also includes many people connected to the monarchy; Aziz Akhannouch, for example, is a billionaire businessman, a close friend and confidant of the king, and politician in the pro-palace political party, the National Rally of Independents (Ghafar & Jacobs 2017).

During the February 20th protest movement that emerged in 2011 as part of Morocco’s ‘Arab Spring’, many of the chants, slogans, and discussions on social media focused on figures like Akhannouch, as emblematic of corruption and the concentration of wealth. At the same time, a series of investigative news reports revealed the intermingling of political and economic power, detailing the connections and business dealings that linked the royal palace and its close associates. Some of the excesses of the royal palace, which reportedly draws a budget of approximately $US 309 million from public funds, have also come under scrutiny (Anouzla 2014). For example, activists and local news media have documented the king’s luxury and antique car collection (which includes around 500 cars) as well as the fact that he frequently charters a jet to transport an Aston Martin to the U.K. for repairs (Leach 2009). Indeed, public demands for political and structural reform have been fueled in part by stories and reports of corruption, greed, crony capitalism, rising inequality, and the excesses of the palace and the makhzen more broadly.

There are many Islamic principles that directly critique this kind of inequality and concentration of wealth. As Buysse argues, a major current throughout the Qur’an is the importance of justice towards the poor [fuqarāʾ] and the needy [masākin]. Here, piety is explicitly grounded in a foundation of economic justice, “directing humans towards systematic
changes to uproot the very existence of poverty” (2009: 174). This requires, not just the provision of charity, but more importantly, an equitable economic system that includes the prohibition of hoarding and accumulation; it also requires the implementation of concrete processes and mechanisms of wealth redistribution from the rich to the poor. One of the five pillars of Islam, for example, is zakat, a compulsory form of wealth redistribution. It amounts to 2.5 percent of one’s net yearly savings, if they exceed a minimum amount [niṣāb] (though scholars disagree about how to calculate the niṣāb). Additionally, principles of Islamic law have long been used to outlaw certain forms of money lending based on interest, due to the potential for predation of the poor.

Moreover, these Islamic principles of economic justice have an important place in contemporary Moroccan politics. In his in-depth qualitative study on political discourse among Moroccan Islamists – including members of the Party for Justice and Development (PJD) and the Justice and Benevolence movement, discussed below – Khanani (2014) has documented the importance of Islamic conceptions of equality, wealth redistribution, and poverty reduction in articulating political goals and ideals. Yet Islamic social justice is not just a rhetorical idea; religious challengers to the monarchy – including the Justice and Benevolence movement discussed below — formed an important part of the February 20th movement’s loose coalition of leftists, liberals, and Islamists who took to the streets to demand economic reform and an end to corruption (McMannis 2016). Furthermore, as will be described in greater detail below, principles of social justice also animate quotidian practices of Islamic actors, especially in the case of Justice and Benevolence.
The Party for Justice and Development (PJD)

The Party for Justice and Development (PJD) is an Islamist party that has headed the executive branch of the government since 2011. The PJD grew out of the controversial Chabiba Islamiyya group, which initially challenged the very existence of the Moroccan monarchy. The group was actively suppressed and splintered by the previous king, Hassan II. When the new PJD was finally allowed to run in parliamentary elections, it was on the condition that they agree not to challenge the king’s central religious role as ‘Commander of the Faithful’ (Spiegel 2015). At that time, the group also agreed to separate their religious activities from their political work. This meant forming a separate “movement” [haraka] that would continue to carry out the group’s social projects, including Qur’anic study groups and social outreach.46

Pruzan-Jørgensen notes that, partially as a result of their contingent integration into Moroccan parliamentary politics, “the Islam of the PJD, while inspired by the salafiyya, is flexible and rather pragmatic” (2010: 11). Through concessions and compromise, the PJD has developed what one might call a business-friendly economic platform. Nonetheless, the PJD continues to emphasize their Islamic references in an attempt to advocate for social justice and redistribution via progressive taxes and subsidies on staples for the poor. Moreover, the PJD’s electoral success since 2011 has been attributed to promises to crackdown on corruption and rein-in powerful corporate interests. However, as Vish Sakthivel points out, this is “a difficult feat in a country where the king and his friends are the most significant corporate shareholders” (2015: 3). Thus, while the PJD continues to articulate discourses of socio-economic reform, it has arguably been domesticated by the palace; the members of the PJD have largely abandoned the call for radical reform, opting for the route of moderation and tacit acceptance of their own political cooptation (Maghraoui 2015).
The Movement for Justice and Benevolence

Given the relative domestication of the PJD, the monarchy’s main politico-religious challenger has been the outlawed Islamist group Justice and Benevolence [jamaʿat al-ʿadl wa al-iḥsān]. Founded in 1985 and led by the charismatic figure Sheikh Abdessalam Yassine (a longtime critic of the monarch\(^{47}\)) until his death in 2012, Justice and Benevolence is estimated to be the largest Islamic association in Morocco, despite its illegal status.\(^{48}\) In 1989, the group was banned and Sheikh Yassine was placed under house arrest by King Hassan II after he published an open letter critiquing what he saw as the monarchy’s corrupt and self-serving policies. Unlike the PJD, the organization disavows formal political participation under the monarchy as ‘cooptation.’ Justice and Benevolence calls for a return of all Moroccan citizens – including and especially members of the monarchy and the makhzen – to “the true spiritual values of Islam.” The organization is firmly committed to non-violence and works for political and social change through education and civil society activism.

In the 1980s, the group changed its name in order to emphasize the social justice aspects of its mission. In fact, Shiekh Yassine was reportedly motivated to leave the largely apolitical Boutchichiyya Sufi brotherhood (recall that the king’s appointed Minister of Islamic Affairs came from this brotherhood). He then founded the Movement for Justice and Benevolence precisely “because of his discomfort with the Sufi focus on the self and the suḥba, or the personal relationship with God, to the exclusion of public outreach, social justice, and politics” (Sakthivel 2014: 7). Justice and Benevolence has also advocated for measures to end corruption and for an overhaul of the Moroccan economic system in favor of Islamic systems of banking. As Sakthivel notes, “Sheikh Yassine did not oppose allowing the so-called invisible hand [of
capitalism] to operate but argued that the present force behind this hand was the monarch’s. Crony capitalism, his argument suggested, should be replaced by greater meritocracy” (2014: 16). Indeed, for Yassine, Sufism and Islam should function as vehicles for social change via personal transformation as well as political critique and action. This departs from the inward-looking version of Sufism promoted by the state.

Moreover, the Moroccan Islamic activists involved in Justice and Benevolence argue that the behavior of ordinary Moroccans is constrained by corrupt and unequal political and economic systems. For instance, as Sakthivel notes, “The group also believes that societal ills such as poverty, underdevelopment, and illiteracy actually block sharia [Islamic law] from working in Morocco for the foreseeable future.” (2014: 17) Indeed, Sakthivel quotes Mohammad Salmi, the chairman of the Justice and Benevolence movement’s human rights section, as saying:

Sharia has been the source of legislation in many Muslim societies [in] history. But application of sharia must be compatible with that point in history and the socioeconomic conditions. We can’t cut off the hands of the real kleptocrats in our government, can you imagine cutting off the hand of a hungry petty thief? We cannot literally transpose sharia into present-day scenarios. (Sakhtivel 2014: 17)

In other words, because of structural factors that cause inequality and injustice, Salmi argues, poor Moroccans cannot be expected to comport themselves in accordance with the principles of Islamic law. (As we shall see, this perspective resonates with the discourses of pious female sex workers, who critique a Moroccan politico-economic system that makes it impossible for them to bring their behaviors in line with their beliefs.)

In addition to public discourses challenging inequality and corruption, Justice and Benevolence’s popularity has been linked to its provision of charity and health and social services in underserved areas (Cavatorta 2006; Harrigan & El-Said 2009). Local chapters organize and provide a number of services for the poor, including literacy classes, blood banks,
medical clinics, soup kitchens, and Islamic schools; they also fund funerals, medical expenses, and weddings, and distribute meat to the needy during holidays (Sakthivel 2014; Daadaoui 2016). As Macias-Amoretti notes, “these projects are…based on Islamic principles that guarantee freedom and justice. It is therefore the concept of ‘justice’ (‘adl/’adala) they claim to emphasise,” in contrast to “the ‘despotism’ (istibdad) and ‘corruption’ (fasad) of the ruling elites” as they position themselves in opposition both to the PJD and the monarchy (2014: 344). Importantly, as I will show at the end of the chapter, the Justice and Benevolence movement’s critique of corruption and greed and their emphasis on inequality, economic justice, and Islamic principles of redistribution and fair business practices all resonate with the critical narratives of my female sex worker interlocutors.

Critics of a technocratic approach to health and development (e.g. Ferguson 1990) argue that it depoliticizes broader questions of resource allocation and ultimately strengthens established power and interests. I argue that taking the teeth out of Islamic approaches to health and development, as the monarch has attempted to do, serves a similar function. Indeed, even while promoting religious ‘tolerance,’ it also fosters allegiance to the state and neutralizes the potential for Islamic discourses and actors to articulate trenchant social critiques and demands for structural reform.

Incorporating Islamic leaders into MENA HIV prevention: Tolerance or justice?

Mirroring ‘War on Terror’ rhetoric, conferences and programmatic materials on HIV/AIDS in the Middle East and North Africa emphasize steps to build a ‘more tolerant’ approach to HIV among religious leaders. The following sections explore what building ‘tolerance’ looks like practically, both in the context of international forums for MENA religious leaders, and as these
discourses and practices circulate within Moroccan religious institutions and HIV/AIDS projects. I argue that, in the broader geopolitical context of the MENA, a ‘tolerant’ approach essentially means two things: compassion for people living with HIV/AIDS and an agreement to ‘tolerate’ the harm reduction programs of public health experts. Moreover, in the Moroccan context, ‘tolerance’ serves as proxy for actors supportive of the political status quo – Islamic groups critical of the palace were not included in these state-organized networks of religious leaders.

The most significant event in reshaping religious discourses and involving religious leaders in HIV/AIDS projects in the MENA came in 2004, when 80 religious leaders from across the region (including Morocco) signed the Cairo Declaration to pledge their support to the fight against HIV/AIDS. “We, as religious leaders,” the 2004 Cairo Declaration begins, “face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action.” The declaration affirms the commitment of religious leaders to “break the silence” on HIV from “the pulpits of our mosques, churches, educational institutions, and all the venues in which we may be called to speak.” The colloquium – made possible through a collaboration between the U.S. based non-profit Family Health International (FHI), USAID, UN Development Programme (UNDP), and UNAIDS – produced religion-specific materials for responding to HIV/AIDS in local communities, to be implemented by local Muslim and Christian leaders.

Moroccan representatives of the Mohammedian League of Islamic Scholars (discussed above) were key players at the conference. Upon returning from Cairo, the League initiated a partnership with a local HIV prevention NGO to begin an HIV/AIDS training program for Moroccan Imams, supported by resources from the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The ongoing initiative relies on a cascade model of peer education and, to date, has
trained over 20,000 Moroccan imams to deliver HIV prevention messages (among other health-related messages), and they aim to reach over 45,000. They have expanded their training to include diverse religious leaders, including preachers, murshidāt, religious students in universities, and students of traditional Qur’anic schools [at-tā’līm al-ʿatīq] (Kingdom of Morocco 2012; 2015).

Materials from the Cairo conference produced by FHI (2007) describe the motivation for involving religious leaders in HIV work:

 Participation of religious leaders in the response to HIV/AIDS is particularly important because much of the stigma currently attached to the virus is a result of commonly dispensed religious messages. Because, in most people’s minds, the virus is tied to behavior that is religiously condemned, HIV has been equated with “a curse,” and those who live with it have been viewed as “sinners.” Mosques and churches tend to point a finger at people living with HIV, instead of adopting a caring and compassionate response...While religious people/leaders have the capacity to work hard to help decrease the disease, some are actually adding to the stigma and discrimination associated with it. For this reason, the message to religious leaders has to be carefully shaped and based in terms and concepts that are clearly present in the precepts of religion. A deeper look into the religious texts and original practices shows that there are many values and positive aspects that can be positioned as entry points to deal with HIV and its social dimensions; these include: respect for life, compassion, reduction of vulnerability, caring without judgment, solidarity, responsibility, education through good example, and respect for women’s choice regarding marriage... By giving religious leaders the tools they need to dispense a tolerant and productive message that is, at the same time, in keeping with their religious views, a disseminating process can be started that has great potential to penetrate all layers of society. (6)

This quote illustrates several important themes. First, it creates a dichotomy between different religious responses to HIV/AIDS: those that stigmatize, blame, and condemn people living with HIV/AIDS, and those that take a “caring and compassionate approach” by dispensing “tolerant and productive” messages. It is important to note that this simplification of religion into tolerant and intolerant camps mirrors the palace’s strategy of controlling the religious sphere by separating Islamic actors and discourses into those that are allied with the monarchy (who promote “spiritual security,” in the words of King Mohammed VI), and those that are against it
(who therefore represent intolerance, extremism and terrorist risk). In the realm of HIV/AIDS work, Islamic actors are marked as either ‘with’ or ‘against’ prevention programs based on their degree of ‘tolerance’ and compassion.

This quote also illustrates the active role of U.S.-based and international institutions (USAID, FHI, UNAIDS, UNDP). These groups encourage religious leaders to rebuild (“carefully shape”) religious discourses in the realm of HIV by returning to sacred texts and practices to unearth (“take a deeper look into”) principles and teachings compatible with particular international best practices in HIV prevention. To achieve this goal, the conference proceeded as follows:

First, an internal consensus was built within each religious community [Muslim and Christian] through limited selection of [an] open-minded, but recognized, group of resource persons. Then, the two communities were united…to shift the religious message from the ‘punishment’ perspective to the ‘positive values’ view, encouraging prevention, care and compassion (FHI 2007: 3).

As a Moroccan religious leader in attendance told me, “We spent a lot of time…in Cairo, looking for messages in Islam that are consistent with HIV prevention.” This implicit understanding is that Islam is a reservoir of moral principles which one can draw from in order to craft specific approaches that align with particular social, medical, and political goals.

However, these efforts at rebuilding religious discourses in HIV are selective. As the Family Health International quote above states, the religious teachings and principles chosen and emphasized are “respect for life, compassion, reduction of vulnerability, caring without judgment, solidarity, responsibility, education through good example, and respect for women’s choice regarding marriage.” With these set up as the only relevant axes, the religious teachings and principles described in prior sections – that explicitly address social justice – are left aside. Furthermore, religious actors that call for political and economic reform to address structural
inequalities are excluded in favor of those who are simply “open minded.” Members of the Mohammedian League of Islamic Scholars represented Morocco. This suggests that, in the Moroccan case at least, “open minded” is code for religious institutions controlled by the monarchy.

In the absence of broader perspectives on political economy and reform, religion is largely reduced to set of prescriptions on individual behavior – encouraging compassion and discouraging sexual risk. Indeed, according to Family Health International (2007), the training aimed to increase awareness of the ways the virus is spread, encourage safe sex practices, reduce the stigma attached to HIV/AIDS and PLHA [people living with HIV/AIDS], eliminate discrimination against PLHA, and reinforce the religious values found in both religions that focus on fidelity [in marriage], avoiding adultery, and promoting compassion for the sick and suffering. (3)

Moroccan activist Othman Mellouk argues that the systematic incorporation of religious leaders in HIV prevention, backed by international health organizations, threatens to institutionalize stigma and discrimination. He writes “If the religious discourse on compassion vis-à-vis the patient is most often positive, this is not always the case when it comes to groups most at risk for HIV, such as sex workers or homosexuals…By institutionalizing the role of religion as a response to the epidemic, do we risk sacrificing a rights-based approach under the guise of ‘cultural exceptionalism’” (2010: n.p.)? Indeed, these training messages claim to promote tolerance and compassion. However, they ironically bring to the fore and institutionalize “religious values” – “focus[ing] on fidelity” and “avoiding adultery” – that stigmatize groups most at risk for HIV, such as men who have sex with men and female sex workers.

The Moroccan trainings for Imams use a manual based on the Cairo materials and written by Cairo attendees from the Mohammedian League. The manual addresses medical, scientific,
and epidemiological aspects of HIV; lessons for effective communication about HIV; and verses from the Qur’an and Hadiths that can be used for prevention and countering AIDS-related stigma. Like the Cairo materials, the guide calls for compassion for people living with HIV/AIDS and encourages Imams to speak out against discrimination and marginalization:

“Patients should be treated with love and care. They should not be isolated or judged.” In 2013, a member of the League told me the following:

At the beginning it was difficult…but soon religious leaders became engaged and began to demand these workshops from us. And they started to ask us questions showing that they truly understood AIDS. They no longer had the idea that [people living with HIV/AIDS] should be burned… There were some beliefs but we erased these beliefs, and thank god we really started getting results, good results.

In his telling, the Moroccan trainings were designed as a vehicle for promoting greater tolerance for those living with HIV/AIDS through scientific education of Islamic leaders.

Like the Cairo materials, the Moroccan manual appeals to Imams in their roles as moral guides with a privileged and protective position vis à vis their Moroccan countrymen. Imams are described as “those who are most aware of your people and the values they should have” and should therefore help them “distinguish good from bad,” and “protect them from themselves” and “society’s pressures.” The moral guidance applies particularly in the realm of sexuality, and the manual emphasizes the importance of sex as an activity between married, heterosexual partners, and addresses the links between Islamic prohibitions (against anal sex, for example) and the risk for HIV.

In the Moroccan manuals and in the Cairo Declaration, promoting religious ‘tolerance’ in the context of HIV is understood in two ways. First, and most obviously, it refers to encouraging kindness and compassion towards those living with HIV/AIDS. Second, although reinforcing the link between religion and sexual prohibitions (which might be understood to promote intolerance
of homosexuality, promiscuity, and prostitution), the conference materials encourage religious leaders to adopt a different form of ‘tolerance,’ by recognizing a boundary between religious and public health expertise. The Cairo Declaration, signed by all 80 religious leaders, states:

We emphasize the importance of diverse approaches and means to reach out to [commercial sex workers and their clients, injecting drug users, men having sex with men], and although we do not approve of such behaviors, we call on them to repent and ask that treatment and rehabilitation programs be developed. These programs should be based on our culture and spiritual values…We reiterate that abstinence and faithfulness are the two cornerstones of our preventive strategies but we understand the medical call for the use of different preventive means to reduce the harm to oneself and others.

The Cairo Declaration thus reinforces religious prohibitions on sexual behavior while simultaneously vowing to ‘tolerate’ medical and public health approaches with commercial sex workers and their clients, injection drug users, and men who have sex with men. In essence, the declaration calls upon religious leaders to defer to public health experts in their efforts at harm reduction (“means to reduce the harm”) with ‘at-risk’ groups (or at least to express “understanding” of that strategy), even while they institutionalize condemnation of those behaviors.

A Moroccan religious leader in attendance explained how Cairo delegates arrived at a religiously sanctioned concept of harm reduction through the principle of “the lesser of two harms” [akhaf ad-darārayn]51:

…the first thing in Islam is the preservation of humanity, of life…be it in the Hadith, or the Qur’an – it’s the notion of preservation. It is necessary to defend life…in the Muslim context, there’s a misunderstanding of condoms – the encouragement of prostitution. But that’s not always true…there are greater and lesser sins52…we try to prioritize things…if we let someone infect others with HIV, it’s as if we participate in the taking of a life…Saying “this woman is a prostitute and so I won’t address her”? She will actually kill people and you know she will kill people! So, since you now know how HIV is transmitted, then [if you don’t act] you encourage murder. So, [we tell them] come among us and fight. We get [religious leaders] on our side.
In public health, harm reduction is a strategy that aims to reduce the harmful consequences associated with potentially damaging behaviors like drug use or sexual activity. In the quote above, the religious leader uses an Islamic principle (“the lesser of two harms” [akhaf ad-ḍarārayn]) in order to justify this type of intervention.

Defining drug use or sex work as “the lesser of two harms,” however, diverges sharply from definitions of harm reduction that have been advocated by organizations representing sex workers themselves. Such advocates argue, for example, that “Sex work (itself) is not inherently harmful…any harm associated with sex work results from repressive environments … and because sex workers lack basic human rights and access to appropriate health services” (ISWHRC 2008).\(^{53}\) Harm reduction, as framed by sex work activists, is political; it focuses on the structural causes of harm that require political action to address. By contrast, the version of harm reduction advocated by the Moroccan religious leader above, and advanced by the Cairo materials, depoliticizes HIV risk by focusing on the relative virtues of individual behaviors, instead of emphasizing the broader structural contexts that produce harm and risk.\(^{54}\)

In taking a critical perspective on the Cairo and Moroccan trainings for religious leaders, I do not intend to downplay the significance of efforts to increase compassion for those living with HIV/AIDS, to encourage safer sexual behaviors, or to carve out a space for public health practitioners to work with most at risk populations. All of these efforts are cornerstones of an effective response to HIV. My intention, instead, is to show the partiality and selectivity of efforts to involve Islam in HIV prevention. These efforts make only certain aspects of HIV risk visible, and spotlight only certain dimensions of Islam. Here, religious actors and principles are hand picked to produce a moderate, tolerant, and individualized form of Islam, where ‘tolerance’ is defined as compassion for those living with HIV/AIDS and respect for boundaries between
religious and public health authority.

Such efforts to (re)build religious approaches to HIV/AIDS are not radical, in the sense that they largely support the political status quo. They do not challenge the power or authority of the Moroccan state. Indeed, they shift attention away from politico-economic factors in favor of individual feelings and behaviors. On one hand, this Islamic approach excludes paradigms of social justice and economic reform; it fails to articulate critiques of how existing inequalities may contribute to vulnerability to HIV infection. On the other hand, the Cairo and Moroccan materials bolster what Bavikatte (2009) calls “hetero-patriarchal interpretations of [Islam]” by bringing to the fore Islamic sexual prohibitions. As a result, official discourses serve to bolster the present political-economic arrangement by side-stepping Islamic calls for social reform and simultaneously preserving monarchical legitimacy and authority as the guarantor of a “non-threatening” kind of Islamic moral order (Maghraoui 2009).

In essence, this analysis suggests that, in the context of HIV prevention, ‘tolerance’ and ‘moderation’ serve as markers of discourses that support the power of the Moroccan monarchy and political elite. Furthermore, the Cairo materials imply a division of HIV/AIDS approaches into three camps: medical and public health approaches; official, tolerant Islamic discourses (with which public health approaches are assumed to have an uneasy co-existence); and all other forms of Islam (assumed to be actively working against public health approaches). Combined, these positions present the monarchy, self-avowed steward of tolerant Islam, as the keeper of what is understood to be a fragile compromise between competing actors – medicine, public health, and AIDS science; and Islamic discourse and mobilization.

However, as I have shown above, there is substantial overlap between the social justice discourses and outreach programs of Islamic groups (especially the Justice and Benevolence
movement) and political and structural approaches to addressing HIV/AIDS. Both perspectives present individual behavior, health, and well being as indelibly impacted by broader social and structural forces. Yet, I argue that current political strategies render such collaborations inconceivable and impracticable in contemporary Morocco; they create a division of labor and a firewall between Islamic and public health actors while installing religious leaders who advocate for a monarchy-friendly version of Islam. The following sections detail the practical consequences of this constructed division between medicine, public health, and Islam from the frontlines of Moroccan HIV/AIDS work.

The division of labor in Moroccan HIV/AIDS work: Religion versus public health

In broad brushstrokes, HIV/AIDS prevention projects in Morocco mirror the Cairo divisions through a two-pronged approach, described in the Introduction to this dissertation. Islamic leaders trained with the official curriculum deliver religiously inspired prevention messages during Friday prayer, and public messaging largely emphasizes the Cairo position, promoting compassion for those living with HIV/AIDS, abstinence, and fidelity. Meanwhile, non-governmental organizations (NGOs) discreetly provide condoms and other prevention services to ‘most-at-risk’ groups – men who have sex with men, female sex workers, and injection drug users – under the public radar.

My research suggests that NGO workers largely viewed this division of labor as protective against both stigmatization (even by officially ‘tolerant’ religious actors) and the threat of backlash (from more ‘radical’ Islamic mobilization). NGO workers strove to keep religious principles out of HIV/AIDS work by asserting the primacy of medical (instead of religious) expertise in describing HIV/AIDS risk. They also sought to draw physical boundaries
to prevent religious actors from entering NGO spaces, as well as discursive boundaries to prevent religious principles from being applied to HIV/AIDS work. Ironically, this insistence of AIDS workers on boundaries with Islam contrasted with the pious practices of female sex workers and their use of Islamic idioms of social justice to emphasize the structural – as opposed to behavioral – causes of their vulnerability.

Division of labor in HIV/AIDS work: Sexual rights vs. the right to prevention

The division of labor between public health and Islamic approaches to HIV both reflects and encourages a strong and protective demarcation between religious and public health actors and institutions. While NGOs were granted official authority over the technical domain of disease prevention with ‘most-at-risk’ groups in confined and delimited spaces, there was a tacit expectation that AIDS organizations would, in turn, not provoke disputes on public morality by advocating for issues related to sexual rights. A quote from an AIDS organization doctor in Rabat illustrates this division of labor well:

We do advocacy on the basis of the right to access information…to access care, and the right to access prevention… But with respect to the rights of homosexuals, I don’t know. Homophobia, I don’t know. No, above all, we return to the right to information. Whatever their sexual identity might be, whatever work they do, they have the right to prevention, especially when their behavior exposes them to risk… a religious guy once said to me “you incite debauchery”… So I said to him… “I’m a professional health technician. I’m a prevention technician. My job is protection, whomever the person may be in front of me, okay? I have nothing to do with lecturing people on morals – it’s not my responsibility, it’s not my right. You’re a man of religion. Do your job…you want to give a moral lecture? You have much more ability than I do. But I don’t have to give lectures on morality in what I do.” You see? So it’s complimentary. Do your job as a moralist, and me, I will do my job [as a technician].

The doctor here describes the political mission of AIDS organizations in terms of extending the right to information and access to technical prevention services. Controversial questions about sexual morality are firewalled off within the field of religious expertise, which is itself positioned
under the monarchy’s control. Many other AIDS workers expressed similar sentiments. One HIV counselor told me, for example, “I am not an Imam or a preacher who can talk about religion. I speak from a scientific point of view… I don’t talk about religion.” Another HIV counselor said that she did not “get into religion” with her HIV positive patients, “Just like I don’t get involved with other things that are beyond my expertise.” This division of labor allowed AIDS organizations to carve out a distinct and relatively protected niche for themselves, and to retain jurisdiction over public health practice within it.

Although NGOs worked with sex workers and men who have sex with men, advocacy on behalf of sexual minorities or sexual rights was described as too dangerous, and relinquishing the authority to speak on public morality and religion was considered protective. When I asked, for example, in the exploratory stages of my research, about the possibility of sex workers unions, or the expansion of the gay rights organization Kif Kif, people often responded with the refrain shwiyya bi shwiyya, or “bit by bit,” a phrase widely used in Moroccan Arabic to emphasize slow but steady progress, or to tell someone to slow down. The related phrase bi shwiyya ʿlik was often used to tell someone – often patronizingly, in my experience – to calm down, particularly if they had just tripped, dropped something, or otherwise messed things up by moving clumsily or hastily. As a staff member at a Rabat-based AIDS organization told me in response to a question about advocacy on behalf of sex workers or gay men,

We need to go slowly [shwiyya bi shwiyya] even given the changes that Moroccan society has gone through— that is to say it’s a little bit premature. [AIDS organizations] need to go slowly but surely [bi shwiyya] …because if they take a wrong step, there will be a negative reaction. All the reactionaries, the conservatives, they will jump on the opportunity. So we must go slowly, work slowly, we shouldn’t rush because Moroccan society is not yet ready to accept this…We must work intelligently to avoid provoking reactions from those who are more conservative.

Sexual rights advocacy was considered sensitive and potentially incendiary, and so Moroccans
working in this field felt they needed to tread softly and slowly, as if picking their way through a minefield. Thus, in the particular division of labor reflected and reinforced through the Cairo discourses, state-supported religious leaders retained a monopoly on public discussions of sexual morality and normativity. Meanwhile AIDS organizations cast their prevention work as technical service provision, and worked discretely with sex workers and men who have sex with men under the public radar in order to avoid provoking backlash from more conservative actors.

_AIDS expertise: Disenchanted HIV/AIDS risk_

NGO workers largely described the division of labor with religious actors as protective against both backlash and stigma that might occur by even ‘tolerant’ religious actors. And they actively tried to create spaces free of religious actors and ideas through both physical and discursive boundaries. For example, NGO workers sought to discrediting the link between Islamic prohibitions on sexuality and the spread of HIV, a link reinforced by the Cairo conference. In this way, they saw their job as disenchanted HIV risk, in the Weberian sense of moving from a religious to a scientific understanding of infection. Ultimately, they aimed to convey the message that the presence or absence of protection (i.e., condoms) and not the (im)moral nature of the sexual act was what determined the spread of the virus.

In fact, when describing the transmission of HIV, ordinary Moroccans often drew upon language that presented HIV/AIDS transmission in relation to unlawful [ghyur shar’ia] sexual relationships according to Islam. For example, while I was at a cafe on the Agadir coastline sharing a tea with a friend (a 34-year-old, middle-class elementary school teacher), she told me that AIDS comes straight from god as a divine punishment. For example, if two people engage in sex outside of marriage, they risk getting HIV even if neither of them had it prior to the
encounter. One of my Arabic teachers agreed with this view, citing a Hadith that linked sex outside of marriage [zinaʾ] to the appearance of new diseases like HIV/AIDS. The head of one AIDS association explained this phenomenon to me in an interview:

The first case of AIDS [in Morocco] was in 1986. It was a new illness. First, people didn’t know, they didn’t know anything about it. Second…the first case of AIDS was a bisexual…a homosexual…Do you see? So they linked AIDS to homosexuality. Homosexuality in religion is forbidden, it’s forbidden. So they generalized. They began to generalize and they said that AIDS only touches people who sin. Based on this, they came to the conclusion that AIDS is the wrath of god. It’s retribution from god to punish wrongdoers. Bad people… So they created a set of fantasies, a set of imaginative ideas, superstitions, not scientific. What do they say? They say: when a person who is HIV positive has sex with his legitimate [sharʿī] wife without condoms, she won’t get HIV… a man with another man, an active homosexual with a passive one, even if they have a sexual intercourse with a condom, they will get infected by HIV. Understand? Why? Because it is a behavior that god doesn’t want… But it was found that AIDS has nothing to do with that… [The truth is that] there are two categories: the category that protects themselves [with condoms] won’t get AIDS… AIDS is the virus, not the sexual relationship. The sexual intercourse is not responsible, the virus is responsible.

The public health argument here is that HIV is not a means for “punishing” people in accordance with the kind of sex that god does or does not approve of. In other words, religious principles do not offer predictive value in terms of whether and when a person will become infected. Rather, the transmission of the virus follows a different logic, one that requires scientific and medical expertise, not religious expertise.

A key issue for AIDS workers around the country was to promote use of the term ‘unprotected’ [ghayr moḥemīyya] (without condoms) as a marker of risky sexual behaviors. This was set in opposition to the Islamic legal distinction, ‘unlawful’ [ghayr sharʿī]. During one training seminar I attended at a Casablanca-based AIDS organization for youth, for example, several trainees consistently used the descriptor ‘unlawful’ to connote sexual risk, finally causing the lead trainer to erupt in anger. “AIDS doesn’t care if it’s your boyfriend or your husband that
you’re having sex with,” he said. “Its about protection [al-hemiyya], not about who you have sex with...It’s about health, not morals [akhlāq]!”

Indeed, a great deal of the prevention messaging revolved around this imperative to reframe risk as an issue of protection through condoms rather than a religio-moral issue of lawful or unlawful sexual partnerships. For example, one day as a large group of people had gathered in the NGO to wait for HIV testing, Mouna, an outreach worker took the opportunity to do safer sex education for those gathered. She began by asking the group, “What do you know about HIV/AIDS?” One woman answered using a morally charged term I will further explain in later chapters: “it’s from girls who ‘go out’ [to have sex with men] a lot.” Several others nod in agreement. “Actually,” Mouna counters, “it’s not from ‘going out.’ AIDS doesn’t care about those things; she can be a girl who ‘goes out’ [to have sex with men], but she uses condoms, and she won’t get AIDS. Or she can be married and faithful to her husband, but she doesn’t use condoms and her husband brings it to her from [having sex] outside.” The moral standing of the act had nothing to do with its riskiness, these prevention workers asserted. Rather, it was the presence or absence of protection that determined the spread of the virus.

Given the pervasive association between Islamic approaches to HIV and prohibitions on sexuality, it is not surprising that one of the most common instructions in trainings for AIDS organization staff working with ‘most-at-risk groups’ was to “leave Islam aside.” In discussing the risk of HIV from anal sex, for example, one trainer said to an audience of AIDS organization volunteers, “Okay, it’s true that anal sex is forbidden [haram]. But leave religion aside, and let’s look at this from a scientific perspective: it’s more dangerous because it combines sexual fluid and blood.”

Leaving Islam aside also took on a more literal meaning in some instances. On a different
occasion, the manager of one AIDS organization told me that he categorically refused to hire outreach staff who wore headscarves [hijāb]. He worried that the sex worker beneficiaries might be judged or discriminated against by the outreach staff. (Here, it is important to note the irony that many of the ‘sex workers’ themselves wore the hijāb in the context of the NGO.) As one outreach worker told me, “[In the AIDS association] we try to put Islam aside, and not to involve it, because those who do can have intolerant views [mutashaddād]. So we do our work and leave Islam aside.” When I asked another outreach worker about the role of religion in AIDS work, she sounded angry, and responded very sharply that there was no relationship whatsoever between the two, and that I should not try to mix them.

On yet another occasion, when I asked an outreach worker named Hicham about the role of religion in AIDS work, he told me sharply, “Let sleeping camels lie [khalli dāk jmel rāged],” using an expression in Arabic roughly the equivalent of the phrase, “Don’t poke a sleeping bear.” By phrasing it in this way, Hicham emphasizes the perils and threats of invoking religion in the domain of HIV prevention. Leaving Islam aside aimed to create a firewall between religion and AIDS work in order to prevent public backlash. Maintaining the boundary between Islam and AIDS work within NGO spaces was also thought to provide protection from Islamic principles and actors, which were framed largely in terms of a prescriptive and judgmental attitude about sexual morality.

Islam and the social critiques of sex workers

AIDS workers attempts to leave Islam aside in discussing HIV/AIDS risk stood in start contrast with the discourses of the women served by NGOs’ sex worker programs. These women frequently drew on Islamic idioms and practices to critique the broader structural determinants of
their vulnerability. Part of this difference was due to the kinds of Islamic discourses that each actor viewed as relevant to HIV risk – discourses on sexual morality, or discourses of social justice. This, in turn, was related to the different ways that AIDS workers viewed the women who frequented their organizations and the way those women viewed themselves. AIDS workers largely saw their female clients as ‘sex workers,’ who would be subject to stigmatization and backlash based on Islamic sexual prohibitions in Morocco. Meanwhile, the women largely described themselves as members of the working-class whose vulnerability was linked to poverty and inequality.

As I will describe in greater detail in Chapter Three, my interlocutors often drew attention to the continuities of their particular experiences with those of Morocco’s broader poor and working-class. During a focus group held at one NGO by an international health organization, the moderator asked the sex workers assembled how they saw Morocco. Aya responded:

People see Morocco from the outside, it looks beautiful, clean. . . . God bless it. But that’s for people who have money. . . . However, the poor citizen lives in misery. . . . We poor people are in pain. Like me, for example: my brother is in jail, my father is a blind old man, my mother is a poor, sick woman, my other brother is a bum, a thief, always in jail. My sister, poor thing, she has a little girl out of wedlock [*bent men al-zenga*]. I support them. I prostitute myself [*tanqahab*], excuse my language [*hashak*]. . . . Even prostitution [*al-qhūb*] is not enough. . . . If I could, I would cut my flesh and sell it grilled. I would figure out how to help my parents more, but I don’t have the strength. . . . Who will see our situation, and speak out for us?

Aya did not conceal that she had sex for money. But it was not her sexual risk that she wanted to make visible, but the suffering and vulnerability of her whole family, of all Morocco’s struggling poor.

My interlocutors often made these critiques of poverty and inequality – which they saw as central to their vulnerability – through religious idioms. In fact, sex workers’ demonstrations
of religiosity were, themselves, used to articulate locally salient critiques. The majority of women I interviewed exerted great efforts at becoming good Muslims. At the NGO, many of them prayed in full view, often using flip-chart paper with lessons on sexually transmitted infections as their prayer rugs. Countless conversations revolved around the issue of religious permissibility, like whether it was haram to pluck your eyebrows. The few women with known tattoos were frequently reprimanded: “that’s haram, you have to get it removed.” Many said they refused to have sex with Jews, because it was haram.

Yet my interlocutors argued that they faced material circumstances and hardships that made it almost impossible to bring their behaviors in line with their religious beliefs. Yasmine explained to me:

We’re all Muslims. It’s normal. Girls ‘go out’ [for prostitution]. They have sex. They wash themselves. And they pray. It’s normal. . . . They get rid of the impurities [al-janāba] through ritual washing and that’s it. . . . Prayers are in your heart, not in . . . it’s between you and God. If she doesn’t go out, who else will help her . . . ?

Or Jihane:

If I don’t pray one day, I feel like I’m going to die! Girls who go out, who else will bring them something to eat? Who else will care for them? She wants to be closer to religion, she wants it! But what else is she going to do?

According to Deborah Kapchan (1996), the assertion of a common Muslim identity is “a recognizable rhetorical device which has been used historically to assert bonds of community” (63) in Morocco. Here, Yasmine and Jihane’s statements locate ‘girls who go out’ within—not outside—a moral community. By employing this “traditional idiom in a non-traditional context” (64), they “revoiced” (66) its terms, challenging their exclusion and critiquing their material deprivation. My good friend, Yousra, who lived in a house of single women who ‘go out,’ explained:

Do you know why there is hypocrisy in Morocco? Why Muslim women go out? It’s
because our country itself doesn’t apply the principles of religion. The government should be gathering money to give to the poor through zakāt [obligatory alms-giving], but instead rich people are the ones who profit. You have to bribe someone to get anything done in this country, even in the hospitals that are supposed to take care of the sick! That is what is haram! It is the society that doesn’t implement Islam that creates al-fasād [corruption].

Youssra’s use of the word al-fasād was instructive. al-fasād is a Modern Standard Arabic term meaning ‘corruption’ and is commonly used to refer to political or social corruption of Moroccan ruling elites, but it is also a colloquial Moroccan euphemism for ‘prostitution.’ Using this word, Youssra flipped stigmatizing stereotypes of prostitution on their head by indicating that its roots lie – not in the immorality of individual women – but in the failure of the government to use Islamic mechanisms of redistribution to address social inequality. Asmae told me, as we were sitting together waiting for the doctor to administer her HIV test:

**Asmae:** They judge you for everything, if you get pregnant and you’re not married, if you work outside the home, if you’re living by yourself they call you a whore [al-qahba]. Are they the ones who are going to be there on judgment day? No. Everything you do is between you and God. They can’t understand how someone’s circumstances [al-durūf] would cause them to ‘go out.’

**Anne:** Yes, but that’s everywhere, not just in Morocco.

**Asmae:** Okay, in every country there are good and bad people. That’s true. But Morocco is a Muslim country! We’re supposed to take care of each other! The Prophet, peace be upon him, would always get up and feed his neighbors before he fed his own house. But here, even the people who pray, they don’t implement Islam.

These women’s discursive and practical strategies served to redraw the boundaries of the Muslim community (to include themselves), and to illuminate, not sexual transgressions, but the political, economic, and social corruption and hypocrisy that have left poor, Muslim women little choice but to resort to sex work.

These critiques sharply contrast with the “leave Islam aside” approach of the AIDS organizations. They also depart from the ways in which the religious establishment incorporated religion as a framework to promote compassion and sexual prohibitions. Indeed, these critiques
mirror those of Islamic institutions outside the Moroccan state, as described in the sections above. Like Islamist challengers to the monarchy, my interlocutors argued that social injustices could be addressed by properly implementing Islamic principles – like zakāt or Islamic banking – and that following religious prescriptions on individual behavior is near impossible in the current political-economic climate. That these women’s narratives align with those articulated by the most popular political movement in the country is perhaps unsurprising. As I mentioned above, the movement for Justice and Charity has an especially strong presence in poor neighborhoods across Morocco. However, due to the division of labor orchestrated between the state religious establishment and AIDS organizations – whose work was dependent on the state in many ways, as I describe in Chapter Two – this confluence of Islamic social justice and public health logics remained at the level of individual narratives; the two were largely kept separate in the context of institutional positions and programs. Certainly, the difficulties in linking public health institutions to Moroccan Islamic political movements are substantial – especially in light of the justifiable fears of public backlash that I will describe further in the next chapter. However, I argue here that the proposition of incommensurability between the two is, at least in part, a product of the specific history of Islam and politics in post-millennial Morocco.

Conclusion

In this chapter, I explore how international ‘best practices’ in religious approaches to HIV/AIDS work translate on the frontlines of Moroccan prevention programs. I explore, specifically, how the visibility of particular articulations of Islam and HIV risk is shaped by power struggles in the Moroccan politico-religious field. These dynamics of visibility are important because they influence possibilities for politicizing HIV/AIDS work in Morocco in order address the structural
(political, economic, and social) causes of vulnerability. Via a history of monarchical attempts to control the religious sphere, the analysis suggests that official efforts to promote a tolerant version of Islam – in HIV prevention and more broadly – also support the political status-quo and bolster monarchical power and authority. Most importantly, these strategies effectively discourage discourses of reform cast in Islamic idioms, including critiques of poverty and inequality articulated by groups vulnerable to HIV/AIDS.

First, I describe how monarchical efforts to promote a ‘tolerant’ form of Islam simultaneously bolster state power and discredit Islamic discourses calling for social justice and political reform. Historically, the authority and legitimacy of the Moroccan monarch has been linked to Islam and to the monarchy’s ability to discredit religious competitors. The War on Terror and fears of Islamic extremism have provided the monarchy and associated institutions [makhzen] with international and domestic support (both financial and discursive) to increase its authority by tightening control over religious discourses and institutions. The Mohammedian League of Ulama, which has been an important actor in religious responses to HIV in Morocco, has been charged by the monarchy with propagating a ‘moderate,’ ‘tolerant’ form of Islam in the form of a depoliticized, inwardly oriented Sufism. This pro-monarchy brand of Islam is often set against Islamic opposition movements who critique poverty, inequality, and the concentration of wealth in the Moroccan context. I argue that, if reinforcing monarchical power and the state-sanctioned version of (tolerant) Islam counters Islamic extremism in Morocco, it also takes the teeth out of religion, so to speak, delegitimizing religious actors and discourses outside the state that challenge the established political elite by calling for more radical reform.

Next, drawing on the history and context of this constructed division between tolerant (pro-monarchy) and reformist (challengers to the political status-quo) discourses of Islam, I
examine efforts to rebuild Islamic discourses on HIV and to integrate Islamic leaders and ideas into Moroccan HIV prevention. I argue that the Cairo Declaration and the Moroccan Imam trainings operationalize religious ‘tolerance’ in specific and selective ways. In the context of regional HIV/AIDS work, ‘tolerance’ comes to reference ‘open-minded’ religious actors, compassion for those living with HIV/AIDS, and a respect for boundaries between religious and public health approaches to HIV/AIDS prevention. ‘Tolerance’ does not, however, include challenging condemnation of sex outside of heterosexual marriage; in fact, the Cairo materials and Moroccan Imam trainings reaffirm Islamic prohibitions on non-marital sexuality and affirm the role of state-supported Islamic leaders as experts on public morality. I argue that these efforts to (re)build religious approaches to HIV/AIDS largely support the political status quo by sidestepping Islamic calls for social reform while simultaneously preserving monarchal authority as the guarantor of a ‘peaceful and safe’ Islamic moral order. In essence, in the context of HIV prevention, ‘tolerance’ and ‘moderation’ serve as markers of actors and discourses that support the power of the Moroccan monarchy and makhzen.

Zooming in on the practical implications of the distinction established between Islamic approaches to HIV prevention and medical and public health approaches, I show that NGO workers largely viewed this division of labor as protective against stigmatization and backlash against vulnerable groups. NGO workers tended to shy away from advocacy for sexual rights, which would challenge the monarchy’s monopoly on Islamic approaches to sexual morality. NGO workers also attempted to keep religious principles out of HIV/AIDS work by asserting the primacy of medical (instead of religious) expertise in describing HIV/AIDS risk. They also sought to draw physical and discursive boundaries to prevent religious actors from entering the NGO space, and to prevent religious principles from being applied to HIV/AIDS work.
Finally, I show how this insistence of HIV/AIDS workers on boundaries with Islam contrasted with the pious practices of female sex workers and their use of Islamic idioms of social justice to emphasize the structural – as opposed to individual behavioral – causes of their vulnerability. Part of this difference, I argue, was due to the kinds of Islamic discourses that each actor viewed as relevant to HIV risk. AIDS workers largely viewed their female clients as ‘sex workers’ who may be subject to stigmatization and backlash based on Islamic sexual prohibitions. The women I worked with, by contrast, largely described themselves as members of the working class whose vulnerability was linked to poverty and inequality. Through this lens, Islamic discourses on social justice were seen as a powerful vehicle for social critique and calls for reform. Yet due to this division of labor, Islamic discourses on structural reform were not institutionalized in HIV/AIDS work. Indeed, it appeared HIV/AIDS work and Islamic discourses and practices were largely approached as incommensurable.

Through the perpetuation of these divisions, alliances between AIDS organizations and Islamist reformers are foreclosed and potential opposition to the monarchy is effectively fragmented. NGOs, therefore, largely presented HIV risk in terms of individual (sexual) behavior (i.e., condom use), sidelining broader issues of socio-economic justice with the potential to unite AIDS activists and those drawing on Islamic discourses as allies in structural reform. Here, the co-construction of discourses on HIV risk and the risk of Islam is instrumental in managing a third, more pressing risk: the pressure for meaningful socio-economic and political change.
Chapter Two
Safe Spaces? The Influence of Police, Criminal law, and Vigilantes on Moroccan HIV prevention

Introduction

It is Thursday afternoon and I have just finished a meeting in the manager’s office at Grassroots AIDS Action. Kabira, an outreach worker, and I are gathering our things to walk home together when we hear loud music coming from the common room. When we pop our heads in to investigate, we see that the room is packed; about 40 people, along with the “men who have sex with men” (MSM) outreach team, are sharing tea and snacks and engaging in animated conversation. Kabira and I are the only women in the room. We are about to take our leave when Aziz, a peer educator, comes to greet us warmly with kisses on both cheeks. He motions to two chairs. “Stay here! Sit with us for a little while!” Kabira looks over at Samir, the head of the MSM outreach team, to make sure its okay to accept the invitation. He smiles and nods. Aziz piles some cookies on a napkin for us and fills two cups of mint tea from a table lined with trays of pastries and silver teapots.

Several of the men in the room are wearing make-up, and soon two men seated in the corner start banging drums and the group begins dancing. A circle opens up and several of the men take turns in the middle, moving their hips like belly dancers. I clap and smile along with the crowd. Some smile back, some just ignore me. Samir calls me over to watch as Aziz carefully removes a package from his backpack and unfolds a gold-sequined dress. “It’s new!” He tells us excitedly, a gift from a friend who traveled to Lebanon. The group cheers with excitement as Aziz slowly and seductively puts the dress on, then moves to the center of the circle and starts dancing, a slow, undulating belly dance. Along the perimeter of the circle, another young man prepares his entrance. He knots his shirt like a crop top, exposing his stomach and hipbones, then wraps along his hips a sheer purple scarf jingling with silver coins. He takes the center of the circle, and, though I am no expert on belly dancing myself, I am struck by his skill as he shakes his hips and moves his sinuous frame into a graceful body wave.

This will be the grand finale, it turns out, because soon the office manager knocks on the door to tell us, with great annoyance, that she has been waiting to lock up and we need to leave. Plus, she has a toothache, she says, holding her mouth. We apologize, gather our things and file out. Kabira and I set off together as dusk begins to settle. I can’t help my curiosity, so I ask, “Do you ever have problems with the police during these kinds of parties?” “The police don’t bother us inside the NGO,” she tells me, “and [the MSM] don’t act this way outside the association.” Laughing, she holds up a floppy wrist then whacks it hard with her other hand, as if to mimic someone forcefully reining himself in. She mentions a recent event when an all-gay cruise ship carrying mainly American and European passengers was denied entry to Morocco. “They should have just said they were tourists. I don’t understand why they had to come out and say they were gay! We are a Muslim country, after all.” – “You mean, they can’t broadcast that kind of thing publically [3alanie]” I ask, looking for clarity. – “Exactly” Kabira says, as if I am, at long last, coming to understand.
In this chapter, I examine the social production of “safe spaces” like these – for taboo subjects and non-normative behaviors – in Moroccan HIV prevention for ‘most-at-risk’ groups like men who have sex with men (MSM) and female sex workers. Emerging research suggests that creating and sustaining “safe spaces” for vulnerable groups is a key aspect of HIV prevention efforts; and this research suggests that safe spaces enhance program adherence, recruitment, and effectiveness (Garcia et al. 2015; Kegeles et al. 2015).

Although safe space is a concept that is widely discussed in the HIV prevention literature, it is not precisely defined. It has been described as a space where it is “safe” to disclose one’s sexual behaviors (Washington & Meyer-Adams 2010) or HIV/AIDS status (Varga, Sherman & Jones 2006), and where it is “safe” to ask and receive pertinent information about sexual risk (Marlow et al. 2010). It has also been described as a space free from violence (Ramesh et al. 2012) and from stigma and judgment (Saleh et al. 2011). A smaller body of work focuses on the transformative aspects of safe spaces, defining them as arenas that allow individuals to engage in critical reflection on their own life circumstances in order to encourage behavior change (Sikweyiya, Jewkes & Dunkle 2014; Ganle 2016), or that provide an enabling environment for confronting social and structural vulnerabilities (Garcia et al. 2015).

However, the vast majority of research emphasizing the importance of “safe spaces” in HIV prevention contrasts with the relative paucity of studies that explore the ingredients necessary to make them work well. Indeed, it is not known which contextual factors might promote, deter, or otherwise influence the existence and character of “safe spaces” in diverse global contexts.58 This chapter addresses the lacuna in the literature by examining how a range of local factors shape the character of safe spaces in Moroccan HIV prevention. In the Moroccan
context, this includes the criminalization of non-marital sex, policing practices, and vigilante violence. The character of “safe spaces” is also shaped by the broader context of state support for HIV prevention work, which comes with the tacit agreement to keep public displays of non-normative gender and sexuality under the public radar.

For the purposes of this analysis, I draw on Garcia et al.’s (2015) definition of safe space. Writing on HIV work for black MSM in the U.S., Garcia et al. define safe space relative to social context. First and foremost, safe space is defined as a physical space free from danger, violence, stigma, and discrimination. A safe space also includes opportunities for leisure, which in turn build community and social support, and provide occasions for critical discussions about the social hierarchies and forms of discrimination that create health risk and vulnerability. One might say that the ideal safe space both protects against the violence of the outside world, and affords the potential to oppose it. However, my fieldwork suggests that in the Moroccan context, in some ways, creating a protected space may conflict with creating a space where it is safe to challenge discrimination and social hierarchy.

As the excerpt from my fieldnotes at the start of the chapter suggests, Moroccan AIDS organizations succeeded in creating safe spaces in certain ways. Due to the focus on peer-to-peer recruitment, AIDS organizations served as meeting places for networks of both MSM and female sex workers. Shared leisure activities generated a sense of community that facilitated the recruitment of ‘target groups’, and encouraged them to keep coming back. Male and female peer educators also told me that the organization provided them a unique venue to disclose their sexual behavior, to receive information about sexual risk, and to discuss subjects that would be taboo outside the association’s wall. However, in the context of criminalization, extra-legal police activity, and vigilante violence, I suggest that forming these communities required, not
simply a “safe space,” but more precisely, a space that was actively protected from violence and arrest. I suggest that, in some ways, the demands and realities of creating a protected space ultimately impeded the creation of a space that had the potential to help challenge discrimination and social hierarchy.

Protecting NGO spaces and NGO staff from police and vigilantes, I argue, ironically made the organizations more deeply enmeshed in relations with the police and other state actors. The informal connections NGOs forgend with law enforcement, in turn, reinforced hierarchical relationships between the state and civil society, and between NGOs and their constituencies. For AIDS workers, protection was contingent on maintaining good relations with police; and for HIV peer educators it was contingent upon relationships with NGO employees. Protection also required active efforts by AIDS workers to keep particular gender markers contained within private NGO spaces. An organizational culture of surveillance around such markers sometimes reinforced, or at least failed to challenge, existing stigma and discrimination around gender non-conformity and transgressive femininity. My analysis suggests that, in certain contexts, the conditions required to create a protected space may differ from – or even run counter to – those required to facilitate a “safe space” that challenges existing social hierarchies. Put differently, the very conditions needed to protect the space from violence also foreclosed the more radical social possibilities of a “safe space.”

This tension arises, in particular, from the unique position of peer educators in the setting of the Moroccan response to HIV/AIDS. Peer educators occupied an ambivalent space, vacillating between visibility and invisibility; this was due in part to the fact that their visibility was both an asset and a liability for HIV organizations, and by extension the state. On one hand, peer educators were valuable to NGOs and the state insofar as they were able to mobilize people
considered to be ‘most-at-risk’ of HIV to undergo testing, receive condoms, and receive education and sexual health service. To do this, the peer educators had to be visible and recognizable as members of particular risk groups (i.e., men who have sex with men and female sex workers) in order to entice other members of those groups “out of the shadows” (UNAIDS 2010). This is the very heart of peer education in HIV prevention.

On the other hand, peer educators’ visibility constituted a liability for the NGOs and the state. For AIDS organizations, it brought the threat of public backlash and police intrusion into their work. In fact, law enforcement officials served as guarantors of HIV prevention projects only under the tacit agreement that AIDS organizations would be discreet and not challenge the monarchal monopoly on public morality, as described in Chapter One. Because of this need for peer educators to maintain a low profile, NGO staff members often criticized and disciplined peer educators for non-normative performances of gender and sexual identity.

At a higher level, engaging members of ‘at-risk’ groups in a discreet manner was crucial for the state because of the dual nature of King Mohammed VI’s political role, as described in Chapter One. His support of AIDS work dovetailed with his support of programs for the disabled, the homeless, and for single women. These efforts all contributed to his self-styling as the “King of the Poor,” a modern neoliberal leader who takes on major social welfare projects with a present-day, scientific approach to human development (Hart 2016). At the same time, in order to maintain his political authority, the king strove to maintain his position as “The Commander of the Faithful” – the guarantor of a particular moral-religious order. This required keeping a safe distance from groups ‘most at-risk’ for HIV infection. As the head of the division for the control of STIs and HIV/AIDS at the Moroccan Ministry of Health stated: “We cannot fight against HIV without working with particular marginalized groups [with] high risk of HIV
infection. As a government agency, it is difficult for us to work directly with these populations. So we need the commitment of [NGOs]” (World Health Organization 2011b: 17).

Developing a state-supported Islamic approach to HIV/AIDS work, as described in the previous chapter, allowed the king to cast his engagement in these projects as religiously sanctioned. Moreover, as I will describe, state protection of AIDS organizations via local law enforcement ensured that this potentially incendiary and inflammatory work – that is, the work of gathering and sometimes employing members of groups engaged in illegal sexual activities – would be performed in the most discreet manner possible.

Thus, tensions between the simultaneous demand for visibility and invisibility played out on multiple levels: in terms of the performances and practices of peer educators, the demand for AIDS organizations to recruit but hide ‘most-at-risk’ populations, and the imperative of the monarchy to address a concentrated HIV epidemic without threatening its moral-religious legitimacy. In this context, I show that the need for protection trumped the call for social change, and ultimately served to entrench hierarchies between peer educators, AIDS organizations, and the state.

The Moroccan penal code, policing, and HIV/AIDS work

This analysis begins by describing key features of the Moroccan context that both create the necessity for, and shape the character of, safe spaces for HIV prevention. Here, the Moroccan legal context – particularly the criminal code and its implementation – is of central importance. Schuck (2000) makes a useful distinction between “law on the books,” “law in their minds,” and “law in action.” The “law on the books” indexes the letter of the law, the written statute. The “law in their minds” references the way the law is imagined, understood, or perceived. Finally,
“law in action” refers to actual implementation, and how the law is applied in everyday practice. In Morocco as elsewhere, there are often stark differences between these three instantiations of the law. Distinguishing between these categories allows for an analysis of how the Moroccan legal regime ultimately influences HIV/AIDS work.

The Moroccan penal code and HIV/AIDS work: “The law on the books”
Morocco has a unique legal context and history. During the period of the French and Spanish protectorate, Islamic law was marginalized and given a subordinate place within the legal system. After independence, a unified legal system was created based on the French legal model. As legal anthropologist Léon Buskens argues, while the criminal code – enacted in 1962, the day after independence – contains Islamic elements (particularly those articles concerning family law, morality, and public order), “they are not laid down in rules derived from classical Islamic criminal law” (2010: 265). For example, the ḥudūd punishments – which include amputation, flogging and beheading for “crimes against god,” including illegal sexual intercourse \(\text{az-zina}^\prime\) – are entirely absent, and violations of public morality are punished instead with prison time and fines.

Buskens argues that many articles of the criminal code, including those punishments for violations of public morality and virtue (Articles 483 to 496) and prohibitions against prostitution and moral corruption (Articles 497 to 504) discussed below, “can be understood as a protection of Islamic norms without being directly founded on classical Islamic law” (257). For example, as in classical Islamic law, Moroccan law requires a witness – a plaintiff – in order to press charges for illegal sexual intercourse \(\text{az-zina}'\). However, as will be discussed below, unlike classical Islamic law in which the evidentiary requirements for plaintiffs are nearly
insurmountable (Badawy 2009), in contemporary Moroccan law the requirements for those who call in complaints of illegal sexual intercourse \([az\text{-}zina']\) are relatively lax, and may be non-existent in practice. Stated differently, in Moroccan law it is actually easier to convict for illegal sexual intercourse than in classical Islamic law, despite harsher penalties in the latter system.

The articles of the contemporary Moroccan penal code most relevant to AIDS organizations – particularly their work with female sex workers and men who have sex with men – are in Chapter VIII of the code. This chapter is entitled “Crimes and offenses against the order of families and public morals” \([Des \text{ crimes et délits contre l’ordre des familles et la moralité publique}\). Of particular relevance are Sections VI, entitled “Indecent Acts” \([Des \text{ attentats aux moeurs}\) (Articles 483 to 496), and VII entitled “On the corruption of minors and prostitution” \([De \text{ la corruption de la jeunesse et de la prostitution}\) (Articles 497 to 504). Several articles in these sections criminalize the very behaviors that mark individuals as ‘at-risk’ in an epidemiological sense, and AIDS organizations target these same behaviors for testing and prevention.

Article 489 criminalizes homosexual behavior – “anyone who commits an indecent or unnatural act with an individual of his own sex.” The punishment for such a crime is imprisonment from six months to three years, and by a fine of 200 to 1,000 dirhams [US$20 – 200].\(^{62}\) Article 490, moreover, prohibits all heterosexual sexual acts outside of marriage, stating “all persons of a different sex who have sex between themselves but are not united by the ties of marriage can be punished by imprisonment from one month to one year.”\(^{63}\) Article 502 penalizes anyone who “by gestures, words, writing or by any other means publically solicits either sex to incite them to debauchery” by a fine of 20,000 to 200,000 dirhams [US$2,000 – 20,000].\(^{64}\) In
short, these articles outlaw homosexual sex and non-marital heterosexual sex, making them punishable by fines and imprisonment.

However, laws on public morality [*moralité publique*] do not only apply to those directly engaging in such activities. Article 498 is directed at intermediaries. It punishes the following offenses with one to five years of prison and a fine of 5,000 to 1,000,000 dirhams [US$500 – 100,000]: encouraging or soliciting the prostitution of others; receiving proceeds of prostitution; living with someone engaged in prostitution; hiring, sheltering, influencing, or procuring – through pressure or consent – a person in order to promote prostitution; acting as an intermediary in any capacity between persons engaging in prostitution or debauchery and individuals who exploit or pay for the prostitution or debauchery of others; and helping someone who exploits the prostitution or corruption of others to provide false justifications for their financial resources. Article 501 criminalizes and stipulates penalties for the ownership, management, and financing of establishments intended, used for, or tolerating prostitution or debauchery.

In 2004, an addition to Article 498 (directed at intermediaries) offered protection to the work of HIV prevention organizations and other associations providing social services. The addition criminalizes “[interference] with the prevention, control, assistance or rehabilitation measures undertaken by the sectors, or organizations empowered to that end with regard to persons engaged in or exposed to prostitution or debauchery.”65 This provision was adopted in the context of facilitating anti-trafficking efforts, as well as in response to the advocacy of service providers, like AIDS organizations, whose outreach workers faced arrest for the distribution of condoms to female sex workers and men who have sex with men. This change to the Moroccan legal code suggests the investment of the state in the efforts of NGOs to combat HIV/AIDS. After 2004, AIDS workers were given official paperwork allowing them to identify
themselves to the police and other state actors (Cheikh 2015). As I will show, the official badges AIDS organizations gave to their employees helped manage the dangers of the kinds of visibility required for outreach work. Importantly, these badges were largely not given to peer educators. The precarious situations faced by peer educators, I argue, profoundly indicate the tensions inherent in Moroccan HIV prevention.

AIDS workers and Article 498: “The law in action” and “the law on their minds”

Changes to the criminal code in 2004 did not fully resolve AIDS workers’ problems with the police. Even while they were technically protected against charges of acting as an intermediary by the “law on the books” (Article 498), AIDS workers continued to be threatened by the “law in action” (Schuck 2002). Creating an environment in the space of their organizational headquarters where female sex workers or MSM could form relationships and communities with one another could be – and sometimes was – construed as promoting or encouraging debauchery. For example, during my time in Morocco there was a highly publicized court case between one of the main AIDS organizations and a man who had accused the organization of encouraging fornication and adultery simply for holding workshops for female sex workers and men who have sex with men.

In practice, AIDS workers were also subject to accusations of encouraging prostitution and corruption (according to Section VII) particularly for handing out condoms and providing safer sex education to those engaged in these criminalized behaviors. Over the course of my fieldwork, I heard several reports of AIDS workers being arrested while doing outreach for “incitement to debauchery” [incitation à la débauche] under Article 498. And in February 2017,

These encounters demonstrate the inherent visibility of HIV prevention work. In order to carry out best practices for HIV prevention with ‘target populations’, outreach workers and peer educators needed to make contact with members of ‘at-risk groups’ who were often simultaneously targeted by police. By necessity, encounters with ‘at risk groups’ often took place in public spaces and the distribution of condoms, a mainstay in HIV prevention, brought a kind of visibility that carried the potential for negative legal and/or social ramifications.

Ultimately, the lawsuit mentioned above against the AIDS organization was unsuccessful, and I do not know of any AIDS workers who were imprisoned or forced to pay fines (as opposed to just arrested). However, a relatively permissive environment for extra-legal police action and harassment created a great deal of fear among AIDS workers. This theme is demonstrated by the following excerpt from my field-notes:

_Nadia and Touriya, outreach workers, have arranged to meet Lamae, Zohra and Saida – three sex worker peer educators – to fill in some paperwork for a risk group mapping exercise that is due the following day. Because of the time crunch, we have no choice but to meet after dark and in public (the association headquarters was closed). We meet in a large public square a few blocks up from the beach. The square is comprised of a vast expanse of concrete dotted with a few benches, an empty concrete fountain, and short, sparse trees. Some couples stroll across the open space hand in hand, a group of kids kick a soccer ball around, and a handful of vendors are selling popcorn, nuts and children’s toys. The space feels big, not filled but not empty. Lamae (one of the sex worker peer educators) and I arrive first, and she is clearly annoyed that Nadia and Toriya (the two outreach workers) are so late. She says that she has been waiting in the city all day for this meeting; she lives about an hour away and had come in one of the grand taxis early that morning to look for work along a street known for picking up house cleaners and sex workers. But she hadn’t found any clients, so she had waited around all day. Her two kids were at home, in the house alone. “Nadia and Touriya live near by,” she fumes. “They should at least be able to arrive on time.”

Finally Nadia and Touriya arrive. I’m surprised to see that Nadia has come with her mother-in-law and her aunt, whom she directs to wait on a bench on the far side of the square, way out of earshot. I would ask her later, “do they know why you’re here?” “No!” She told me. “I just told them I had to fill out some papers for work.” It’s dark out now, and
hard to see. Lamae, the peer educator, turns on the flashlight on her phone to help light the paperwork. Nadia looks nervous, and keeps the light low because she’s worried some passerby will be able to read the paperwork. I say, confused by her caution, “But we’re not doing anything, just filling out papers.” “No,” she tells me sharply, “this is illegal.” She commences with the mapping project, asking about the nature of sex work in different local neighborhoods - “How many women work there? How much do they get paid? Are they literate or illiterate? What kind of clients go there?” Nadia writes the answers in tiny letters, as if trying to make the content disappear.

Zohra and Saida – two other sex worker peer educators, both wearing heavy make-up that might mark them as prostitutes in some Moroccans’ minds (as will be discussed in the next chapter) – arrive, and Zohra starts dictating some numbers for Touriya’s form. Nadia and Yousra are clearly nervous that our group is becoming larger and more conspicuous. They keep turning their heads to see if anyone is watching them. Meanwhile, Saida takes the opportunity to ask me questions about beauty regimens in America, “do they have cream to make your boobs bigger in the U.S.?” She asks. “No,” I say. “If you really want to make your boobs bigger you have to have an operation.” She wouldn’t do that, she tells me. But she knows there is a cream, she says, eyeing me suspiciously, perhaps wondering whether I’m too naive to know about it or if I just don’t want to include her in the secret. Zohra begins telling us the story of how she narrowly escaped arrest last night; she was taken in a round up with a handful of other girls and they each had to pay a 300 dirhams (about $30 US) bribe to leave the station.

Nadia and Touriya are clearly nervous about appearing conspicuous. They are snapping at the sex workers, telling them to hurry up and to keep their voices down. Nadia said she’s afraid the nearby vendors in the square are going to call the police, so she goes and buys popcorn from one vendor and comes back to distribute it to the rest of us. She then goes to the other vendor to buy nuts for her mother-in-law and aunt, still seated patiently on the park bench – as if these casual commercial transactions link us all together under the safety and innocence of Nadia’s chaperones. Touriya is shielding the papers with her body, looking anxiously at two men walking by, she whispers “are those undercover cops?” They finish up the paperwork as quickly as possible and we say goodbye. Everyone seems glad to leave.

According to the “law on the books,” Nadia and Touriya were innocent of illegal activity. They both possessed official paperwork that, theoretically, should obviate police interference. Yet, Nadia’s assertion, “this is illegal,” suggests her understanding of the law – “the law in their minds” – was quite different. In contexts of reports of AIDS outreach workers being arrested for serving as intermediaries to prostitution, Nadia and Touriya’s fear of the police also points to the flexible and extra-legal application of the law in police practice. Indeed, many outreach workers I spoke with perceived their activities as occupying a legal gray area. As Sarah, an outreach
worker with *All Together Against AIDS* told me, “The most important challenge [to our work] is the law. It is the law that discriminates against prostitution, homosexuals, and drug users… Because of this, we risk being accused of encouraging [this] just by working with them.” Again, proximity to women potentially identifiable as prostitutes made NGO workers visible in ways that inspired fear and unease.

Like other outreach workers, Nadia and Touriya were not simply afraid of being stopped by police for serving as intermediaries. They also worried about being associated with their ‘target groups’ who engaged in some behaviors that were, in fact, criminalized. Through the course of the interaction described above, it became clear that Nadia had brought her family to serve as protective cover; the companionship of older, conservative-appearing women provided a way for Nadia and Touriya to be out at night without suspicion. Nadia’s continued interaction with her chaperones was a way to signal that she was out for an evening stroll, not to pick up men for sex. 66 Indeed, as discussed in later sections, AIDS work was also influenced by the criminalization of non-marital sex (Article 490) and homosexual sex (Article 489). Nadia and Touriya’s worries about pushing the limits of respectable female comportment suggest the nature of policing practice (described further below), which targeted markers of transgressive femininity rather than actual sexual behavior.

*Non-marital sex and articles 489 and 490: Banned but tolerated sexual activity*

The flexible implementation and interpretation of a wide range of laws has been a hallmark of contemporary Moroccan public order. For example, the phrase ‘banned but tolerated’ is commonplace in articles by the Moroccan press discussing a variety of topics, from outlawed political groups (including the Justice and Benevolence movement discussed in Chapter One)
who are nevertheless allowed to operate within the kingdom, to illegal protests which are often permitted but occasionally subject to violent crackdowns, to the ever-present illegal street vendors whose commerce is contingent upon the discretion of local law enforcement agents. This kind of politico-legal environment stretches across multiple domains and serves to create an environment marked by both permissiveness and fear. Before turning to questions of enforcing laws on public morality, I will discuss the illustrative example of the application of civil law to informal commerce.

In the streets of Rabat, where I lived during the initial phase of my language study and research, informal sidewalk vendors and police played a well-rehearsed cat-and-mouse game. The streets at the edge of the old city, for example, were lined with street vendors displaying their wares on tarps on the sidewalk. Throughout the day, local police would walk by in uniform, tapping their batons in their hands to signal that the vendors should disperse. As police approached, the vendors would gather their goods up in tarps and slide them off into an alleyway or side street. Once the police passed, the vendors would simply return to their places and resume their informal commerce. Customers, aware of this routine, would often simply wait for it to run its course and continue shopping once the vendors returned.

This informal commerce was, in effect, illegal but widely tolerated. But as a result of the illegal status of their work, the vendors found themselves at the mercy of local law enforcement agents, consistently working in fear of having their goods confiscated or being required to provide kickbacks in exchange for tacit permission to do their work. In fact, the wave of protests across the Middle East and North Africa known as the ‘Arab Spring’ started when a young fruit vendor in nearby Tunisia named Mohamed Bouazizi committed suicide by immolation on December 17th, 2010, after a run-in with police, who reportedly confiscated his goods. In
October 2016, massive protests erupted in northern Morocco – and continue during the writing of this dissertation – in response to the death of a fish vender in El Hoceima named Mouhcine Fikri. When police confiscated and disposed of Fikri’s swordfish, he leaped into the garbage truck after it, and was crushed to death by the truck’s compactor. These are extreme examples, but the beneficiaries of ‘sex worker’ HIV programs – who frequently engaged in informal petty commerce – complained that police targeted them, not just when working in the sex trade, but also while they were engaged in other forms of informal buying and selling (a topic I return to in Chapter Three).

This kind of inconsistent enforcement of “the law on the books” extends across legal domains. Indeed, the flexible enforcement of Moroccan laws on public morality (Chapter VIII of the penal code) has also become highly visible in recent years through several public spectacles. In 2015, in response to significant pressure to repeal Article 490 (which prohibits sexual relationships outside of marriage), Mustapha Ramid, the Moroccan Minister of Justice, stated at a press conference that he would rather resign than repeal the law. However, he also emphasized that for the law to be implemented, a complaint must be filed. “As long as the couples do not disturb neighbors…their sexual relations will never be criminalized,” he stated. In essence, he was highlighting the flexible nature of enforcement, admitting that the law would not – perhaps even should not – necessarily be enforced in most cases (Allilou 2015). Moreover, here Ramid states a position that enshrines the primacy of upholding public morality, prioritizing discretion rather than following the letter of the law.

Indeed, many vocal critics have argued that the campaign to repeal Article 490 is an irrelevant waste of time that simply serves to antagonize the Islamists. Since sex outside of marriage (both heterosexual and homosexual) is already widespread in Morocco, these critics
argue that repealing the law would not greatly impact ordinary Moroccans. For example, according to a survey of unmarried Moroccan youth, approximately 60% of young men and 25% of young women have engaged in sexual contact of some kind. Furthermore, approximately 60% of sexually active young men reported regularly or occasionally visiting sex workers, and 40% had lost their virginity to a sex worker (Axétudes 2007). Moroccan authorities tacitly permit sex outside of marriage in large part. Yet, at the same time, Minister Ramid insists on the importance of the keeping this law on the books. This is certainly, in part, for reasons of public opinion – to promote the state’s image as guarantor of moral and religious authority. But we can also speculate that such laws are important because they can be wielded as instruments of political control.

An examination of policing practices suggests that the laws do also serve as instruments of social control. Indeed, while laws on public morality were often not enforced, several high profile cases indicated that authorities may apply them when politically expedient. Particularly in the aftermath of Arab Spring, there has been an increase in arrests of activists and political opponents on charges of breaching public morality (Cheikh 2015). In 2010, for example, police broke into the apartment of Zineb El-Rhazoui and interrogated her and her male friend, Ali Amar, both of whom are journalists highly critical of the monarchy and advocates for a secular state. El-Rhazoui stated that the police interrogation focused on “whether she had sexual relations with Amar [and] whether there were condoms in her apartment” (Human Rights Watch 2010). In 2015, El-Mostafa Erriq, a leading member of the Islamist opposition group Justice and Benevolence (also critical of the monarchy, as discussed in Chapter One) was arrested on charges of adultery when police claimed that they had caught him in the act of sex. Erriq stated that the police fabricated evidence of adultery, including forcibly undressing and photographing
him at the scene. The same year, Hicham Mansouri, who works for All Together for Investigative Journalism, an organization that has directly criticized the palace, was arrested and sentenced to 10 months in prison for reportedly trumped-up adultery charges (Human Rights Watch 2015). Taken together, these examples suggest the willingness of the state to use these laws against political opponents. Such laws, in other words, can be understood as more than simply prohibitions on sexual behavior. Rather, as will be discussed further below, they can function as flexible instruments of political control, cooptation and regulation.

_Sex worker peer educators and Article 490: Policing femininity_  
The members of AIDS organizations who were most directly affected by criminal law were peer educators. These were people who belonged to the NGOs’ ‘target populations’ (men who have sex with men, or female sex workers) who were enlisted to help recruit and conduct safer sex education among their peers. By definition, peer educators engaged in criminalized sexual behavior and could legally be arrested in accordance with either Article 489 (criminalization of homosexual sex) or Article 490 (criminalization of heterosexual sex outside marriage). Furthermore, as I will discuss below, in the organizations where I worked, peer educators were not granted official paperwork that would spare them from police round-ups.

As Cheikh (2015) describes, police action against prostitution was of two kinds. There were operations by the “vice squad” [brigade des mœurs], largely undertaken in response to investigations or citizen complaints, and policing of the public space during routine patrols or large-scale “clean-up” campaigns [les campagnes d’assainissement, or hamlāt] (384). Operations by the vice squad included both dismantling trafficking networks and addressing complaints about private residences identified (by neighbors, or even the press) as sites of debauchery due to
the presence of alcohol, condoms, or mixed male-female groups outside the context of marriage.

Activities of the vice squad were highly publicized by the press. Graphic photos of women who are scantily clad, or appear intoxicated, and are being crammed into police vans or escorted by uniformed officers are ubiquitous in Morocco’s media landscape (Cheikh 2015: 385). Cheikh argues that, despite their graphic and indecent content, these images are permitted because they serve a political function; they project an image of the state as an active guarantor of public morality, against Islamist opposition groups, and even vigilantes (discussed later in this chapter), who accuse the state of inaction. Indeed, as mentioned above, this sort of publicity could be seen as important for the king’s maintenance of his image as “The Commander of the Faithful,” especially in the context of his support of AIDS work.

Peer educators were most affected by the routine policing of public space (partly due to their greater need to be “visible” to recruit members of ‘at-risk’ groups). Law enforcement officials policed public space in order to manage a range of phenomena, from solicitation, to public drunkenness, to noise, to begging. Occasionally, police would undertake sweeping round-ups in response to pressures of public opinion, including resident complaints or attention in the press (Cheikh 2015: 393). In Agadir and surrounding Souss-Massa-Drâa areas, these police campaigns focused on nightclubs, hotels, and central streets where sex work was known to occur, and there was substantial overlap between NGO outreach sites and sites of policing. As my research suggests, and as confirmed in the research by Cheikh (2015), Rafiq (1980), and Zryouil (2001), arrest infrequently resulted in imprisonment. Most often (as described by the peer educator Zohra in the excerpt from my fieldnotes above) women who were arrested were taken into the station, entered in a prostitution registry, detained for 24 to 48 hours, and subject to a hearing resulting in the payment of fines.
Unlike arrests by the vice squad, routine policing of public space did not require an obvious violation like being caught in the act of sex, soliciting or monetary exchange. Instead, arrests were made based on physical appearance, behavior, being out at night, being seen with a man, or possessing condoms. (In Chapter Three, I discuss how these same visual and behavioral markers are used by AIDS organizations to identify and recruit sex workers.) As one Moroccan police officer states:

We make arrests based on physical or behavioral criteria that pertain to indecent behavior...we look at how they wear makeup, dress, walk and their appeals [to men]: the winks, the flirtations. We also look at what they have in the bag, if they have condoms. A girl who has lots of condoms is identifiable as a prostitute. This is enough to arrest the girl and make her face charges. (cited in Cheikh 2015: 395).

Cheikh argues that these regulations serve less as a means to criminalize sexuality than as a mechanism to police femininity. In the example from my fieldwork above, Nadia and Touriya may not have feared being charged as intermediaries. Out at night, in the presence of women recognizable as prostitutes by virtue of their heavy make-up, Nadia and Touriya more likely feared being suspected of prostitution themselves. Indeed, in order to engage in outreach, NGO staff often had to adopt some stereotypical behaviors associated with their ‘target groups.’ For women, this included going un-chaperoned into apartment buildings where men resided, going out un-chaperoned at night, hanging-out in areas known for solicitation, or being seen in the company of women who looked like sex workers (e.g. wore heavy make up, revealing dress, or smoked). Nadia and Touriya were clearly concerned about appearing to be out at night without a chaperone.

Cheikh’s analysis suggests that nighttime arrests for prostitution are largely class-based as well. While women of all classes are increasingly going out to enjoy Morocco’s night life, those who well-off or well-connected are assumed to be out “just for fun” and offered leniency, the
poor are more likely to be labeled “prostitutes” and arrested (Cheikh 2015: 400). However, if arrests for prostitution fall disproportionately on the poor, the regulatory effects of these police actions are felt more widely. Several of my middle and upper class friends had reported incidents of being stopped by police while out at night, although only one of them had been arrested. Siham, for example, was stopped by police at 1 am, in a cab with her boyfriend after having clearly been drinking. She was a Moroccan living part-time in France, but she had forgotten her passport. And although Nadia and Touriya (both middle class and dressed more conservatively than the peer educators) were unlikely to be arrested for prostitution that night as we filled out forms in the public square, their fear at being labeled as such by challenging norms of respectability was palpable.

Men who have sex with men (MSM) and Article 489: Policing gender non-conformity

The policing of gender non-conformity in public spaces was also a central feature of the implementation of Article 489 of the criminal code that prohibited homosexual sex. At the AIDS organizations, I was often told that the peer educators and outreach workers who got in trouble with the police (or were beaten up on the street, as discussed in the section on vigilante activity) were those who put on lots of make-up, who acted or dressed like women, or showed other visual markers of homosexuality. In other words, NGO staff members understood the public signaling of gender non-conformity to be the main factor determining whether individuals affiliated with the NGO would have negative encounters with law enforcement.

During my fieldwork there were several high profile incidents where such visual markers were used to make arrests for violations of public morality. For example, in March 2008, 46 people were arrested, convicted and fined for violations of Article 490. This occurred at a
mūsem, a popular religious festival to honor local saints, which, due to the nature of the gathering, had previously been understood as a tolerant space for homosexuality. According to newspaper reports, this police action was an attempt by the state to regain control over public morality in response to mounting pressure by Islamists and vigilante groups concerning public displays of homosexuality. “The authorities want to send a clear message to the [gay] community to keep a low profile,” wrote a reporter for La Gazette du Maroc (M.E.H. 2008).

According to another journalistic report of the incident (Ziraoui 2008), in order to make these arrests, the police set up checkpoints to survey people’s appearance and behaviors. The stationed officers functioned as “specialist[s] in external signs of manhood” [specialist[s] des signes extérieurs de virilité], the journalist wrote sarcastically. When asked how homosexuals were identified, one officer stated, “They’re obvious [baynîn]! They’re not like us. They behave strangely…Men with hair that is too long, painted and filed nails with rings on their fingers, some of them wearing takshîtât [traditional women’s dresses].” Another officer noted, “We cleaned up the village. The homosexuals haven’t disappeared but they are more discreet [ils se font plus discrets]. Some, when they see us, they straighten up and adopt a more masculine posture [adoptent une position virile].” While this incident was highly publicized, there have also been several other similar recent cases of police using body language, dress, and other visual and (non-sexual) behavioral markers to arrest men.

Staff, peer educators and MSM clients assured me that this was common practice among police officers. Like in the policing of female sex workers, in practice, visual and behavioral cues were sufficient grounds for arrest and fines. For example, in June 2015, two young men from Rabat were arrested and sentenced to four months in prison for having kissed in public. But the arresting office’s testimony only discussed “suspicious body language” [des gestes qui attirent le
regard], “signs of bad upbringing” [des signes de mauvaise éducation], and “a lack of respect” [un manque de respect], and no evidence was offered in court of the actual kiss (Hadni 2016; Hamdani 2016).

The MSM program recruited a great deal of their staff and outreach workers directly from the ‘target population.’ In other words, not only were the peer educators considered “MSM”, but some of the NGO staff members were as well. Thus, unlike the female sex worker program (which I discuss in greater detail in Chapter Three), there was a great deal of overlap between male peer educators and the MSM staff and outreach workers. So once again, while AIDS workers were not officially criminalized as intermediaries, in practice, they had to negotiate Article 489 (against homosexual behavior) as it was often applied on the basis of visual markers of gender non-conformity alone.

The MSM team also faced a different situation than female AIDS workers, because the men did not suffer the same suspicion for going out at night. Their presence in public places at night was not in and of itself conspicuous, suspicious, or a violation of gendered norms of respectability. However, the process of identifying new people for outreach required a certain amount of visibility and vulnerability. In order to gain the trust of their “peer” populations, the NGO employees often had to signal their own sexuality using markers of gender non-conformity. This technique of visibility so crucial to the peer education model made the work particularly dangerous. The following vignette from an outreach session demonstrates this dynamic well.

The MSM team at Grassroots AIDS Action has invited me to join them for an outreach activity near a local park and commercial complex. It’s about 8 pm on a Saturday night and the area is buzzing with activity. Most of the people out are young men, gathered into small groups, although there are some smaller groups of women – mostly wearing headscarves – and a few couples. Music blasts near one end of the center, and there is a crowd surrounding a group of young men who have formed two lines and are singing together. Ousama, a peer educator, whispers to me, “Traditionally it’s one line for girls and one line for boys, but not here. You see?” he says suggestively, implying, it seems to
me, that these guys will be fulfilling traditionally female roles in sexual ways as well. Ousama grabs my hand and leads me away from the main activity where a group of peer educators are working the crowd with great excitement and animation. He doesn’t say it, but I have a feeling he is trying to keep my presence from interfering with their work.

As we stroll down the street, intermittently greeting people, Ousama explains how difficult it is to do outreach for the MSM team, even in a fairly open place like this. “The Ministry of Health has a quota of 5,000 new MSM contacts per quarter,” he tells me. – “But how do you approach new people?” I ask. “You obviously can’t come out and say ‘do you have sex with men’?” – He laughs. “No. You can’t say that.” Ousama tells me that he usually starts out by rattling off statistics about HIV prevention in Morocco, including the percentage of cases transmitted by heterosexual contact and the percentage transmitted from male-to-male sexual activity. “And then I watch to see how they respond to that statistic. I have to be really cautious, but I also have to send signals that I’m also MSM, or else they won’t open up to me. It’s difficult work, and if you get it wrong they might either punch you in the face or call the police.” This evening Ousama has very light eyeliner penciled around his eyes and I watch as he modulates his bodily comportment, language and demeanor as he reads and responds to different audiences in the crowd, clearly picking up on subtle signals that are opaque to me.

As Ousama explains, there is a built-in danger to MSM outreach work that hinges on a delicate play of nuanced signals. In order to make new contacts, he must make himself vulnerable by signaling his own sexual orientation so that the other person might feel comfortable and safe revealing his own. Ousama tells me that he has never been picked up by the police, but many other outreach workers and peer educators have. But this is nothing, he tells me, compared to the violence threatened by the rest of society. Here, Ousama creates a hierarchy of risk that marks the police as mild in comparison to the threat of violence from vigilante backlash. This was a common theme discussed by my interlocutors and it reflected a perception of increasing vigilante action on behalf of public morality, targeting female sex workers and men exhibiting obvious signs of gender non-conformity.
Vigilante violence against female sex workers and men who have sex with men

Vigilante violence against female sex workers

In tandem with the Arab Spring – or, as some would say, as part of the Arab Spring – independent committees have sprung up in areas all over Morocco, with citizens taking it upon themselves to serve as police of moral virtue. In 2012, for example, in the town of Ain Leuh in the Middle Atlas, a few hours drive from Rabat, a group of villagers frustrated by pervasive prostitution in their town took the law into their own hands, claiming that the police simply took bribes in exchange for permitting the organized sale of sexual services. To address the perceived issue, they formed an action committee aiming to “wage war on prostitution.” This committee undertook public demonstrations, surrounded houses where prostitution was assumed to occur, used padlocks to trap women and clients inside, threatened them with violence, and set fire to several houses (Zaio Press 2011; Daley 2012). A New York Times report suggested that the sex trade in Ain Leuh had been effectively shut down. One sex worker interviewed stated, “I won’t even make 10 cents today. My neighbors are feeding me. [The committee] is watching us all the time” (Daley 2012). While this kind of vigilante violence is organized and extreme, female peer educators reported more numerous incidents of sporadic interpersonal violence – having rocks thrown at them, being spit on, and being sexually and verbally harassed – as well as blatant forms of stigma and discrimination, both in the street and in the context of service provision.

Vigilante violence against men who have sex with men

In recent years, there has been a surge of publicity around violence by mobs and individual vigilantes against men exhibiting signs of gender non-conformity, which is often conflated with homosexuality in the press. In descriptions of these events, the police and other agents of the
state take on conflicting roles, acting as both persecutors and protectors. Indeed, in many cases, they are presented as keepers of the peace, mediating between appropriate and inappropriate penalties against visible markers of gender non-conformity.

Perhaps the most infamous event occurred in November of 2007, when a video was posted on YouTube of a man dancing in a wedding dress at a party in a private residence in Ksar El-Kebir in northern Morocco. A mob of thousands took to the street for several days to protest what they believed was a gay wedding; they ransacked his house and several local businesses believed to be supportive of the event. Fearing additional violence, the man in question turned himself into the police for protection (M.E.H. 2007). He was given 10 months in prison under Article 489 (which prohibits homosexual sex). Five other men were also arrested and given prison sentences (ranging from four to six months) under Article 489 for their role in the “wedding” (Bangré 2007).

More recently, in June 2015, during the month of Ramadan, a man wearing a dress was brutally beaten by a mob in a central square in Fés. A video of the event, recorded by an onlooker, circulated rapidly on social media; the video, painful to watch, shows the man trying to leave a taxi cab and being beaten to the ground, then kicked while down, and then fleeing – body exposed – as the mob continued to pursue him, delivering blows to his head and body. The mob is finally halted by a single police officer who brandished his weapon. Both the victim and the two attackers were taken into custody.

The lawyer for the defendants insisted that the victim had provoked the attack by publically wearing a dress in the middle of Ramadan, thus violating public morality. In a televised interview, the victim confessed to being homosexual, but claimed that he had not violated public morality because he had covered his dress with a traditional robe, and his long,
feminine hair with a hat, but the respectful cover had been pulled off by his attackers. In the same interview, the victim notably invoked the protection of the king: “King Mohammed VI does not support the kind of thing that happened to me [aṣlān moḥammed sādis mā ibīghsh hādshī lī wqaʿ ‘aliyya].” While the victim was not charged, the two attackers were ultimately sentenced to four months in prison and fined 500 dirhams [US$50]. The Minister of Justice and of the Interior issued a joint statement condemning vigilante action (though not against homosexuality, in particular). “Any person or persons seeking to take justice into their own hands will be prosecuted…in full accordance of the laws.” (Huffington Post Morocco 2015; Bladi 2015; Lefèbure 2015).

In September 2015, another video circulated on YouTube, this time showing the brutal assault of a man wearing makeup in Casablanca. The victim is beaten, forcibly undressed to expose female underwear, and then abandoned on a public road. Three men were arrested for the crime (Roudaby 2015). In March 2016 in Beni Mellal, four young men broke into an apartment and brutally attacked two men engaged in a homosexual act, then dragged them naked into the street. They filmed the attack – the video displays brutal and repeated blows to the body and the two naked men covered in blood – and then posted it online. The attackers were given two months sentences. But given the visual evidence of homosexual sex, the victims were also given four-month sentences and fines of 500 dirhams under Article 489 (Moussaoui 2016). The Minister of Justice, Mustapha Ramid, responded to the sentencing, and clarified that the Moroccan law does not penalize “being homosexual;” rather, it prohibits same-sex sexual acts that can be documented with visual proof.

The intention is not to punish the gay person because he is gay, but only if he committed an act punishable under the law, and if a court convicts him… The law punishes homosexuals and persons who assault others….If it turns out that they are homosexuals,
the justice system will punish them, and if it turns out that they were assaulted, the attackers will also be punished (Human Rights Watch 2016).

Similar to his comments concerning the prosecution of non-marital sex, Ramid here emphasizes that these laws only apply to people who have been documented or witnessed while committing illegal acts. People should not be profiled, he is suggesting, based on their identities or desires as “homosexuals”, only for engaging in the behavior itself, if it can be proven with visual evidence.

These incidents need to be interpreted carefully. Violence and discrimination against sex workers and LGBTQ persons are certainly not unique to Morocco; the U.N. reports hate crimes against LGBTQ people in every region of the world. In 2013, for example, the U.S. experienced 18 hate-violence homicides and 2,001 incidents of anti-LGBTQ violence (Mastropasqua 2015).

What is notable about these events in Morocco is not that they occurred, but how the crimes target visual markers of gender non-conformity, or seek to justify violence by making such markers visible through the circulation of videos on social media. Here, public visibility justifies intervention. For the “law on the books,” the evidence required is visibility of the sexual act. But for some police and vigilantes, markers of transgressive gender comportment are sufficient for violence or arrest and technologies of visibility – like social media and YouTube – are leveraged to justify extra-legal action.

AIDS workers and vigilante violence

During my time at the AIDS organizations, I knew of at least three different incidents when MSM outreach workers or peer educators had experienced direct violence while out at night. And I was often told that the peer educators and outreach workers who were beaten up on the street were those who put on make-up or who acted or dressed like women. Yet, as described
above, subtle signals of gendered transgression and non-conformity were important tools used by AIDS workers and peer educators during outreach and recruitment.

One of the first times I met Ilyass, a male outreach worker at *All Together Against AIDS*, he described to me how he had narrowly escaped being severely beaten by a random man on the street. He had run away, but Khalid, the peer educator he was with, had not been so lucky. The next time I saw Khalid his face was covered in black and blue marks. Marouane, another male outreach worker, had a scar on his face from being sliced with a knife at a nightclub. Bachir and Yahya, two highly experienced male outreach workers regaled me one day with story after story of violence against their team. They expressed worry about the younger peer educators, with less wisdom about the streets. “You have to be careful out there,” they concluded. “Especially [the young ones] who are not wise [*razīn*].” As Souhaila, the office manager at *All Together Against AIDS* told me,

> It is dangerous even for the boys [by night] … There is a dangerous phenomenon now, groups of young people who attack MSM and sex workers…they assault them. They beat them and leave them in a terrible condition…[recently] two peer educators of ours were attacked. They hit one poor guy in his face… They broke the feet of another poor guy. They kept hitting him until they broke his heel bones. He went to Casablanca to have an operation. So the problem is that [outreach workers] now have become scared to do [their work].

As Souhaila notes, outreach workers faced a precarious environment when they went outside the NGO space to conduct recruitment and prevention activities. Both male and female teams feared violence from police as well as from members of society who might take the policing of public morality into their own hands; members of both teams had also been subject to harassment or violence while conducting their outreach work. As a result of these dangers, NGO staff members created links to police and other agents of the state in order to help ensure their teams would be as safe as possible while out doing HIV prevention work.
AIDS workers and relationships with police

It is a Saturday afternoon and I’m in Grassroots AIDS Action’s mobile testing van, on our way to do an outreach campaign at a local marketplace. We pass a police vehicle parked on the side of the road, and Tarek, the driver of the van who is also an HIV/AIDS case manager, pulls over just in front of the police vehicle. Tarek jumps out of the driver’s seat and runs quickly to the back of the van, opens the door and pulls out a package. Kabira, the outreach worker I’m paired with today, cranes her neck to follow Tarek as he slams the back door shut and walks over to the police van. “Are you being a gossip?” I teased her. “I just want to see if he’s giving them condoms,” she says, laughing and shushing me. I’m interested now too, and we both watch through the window as Tarek warmly greets the uniformed men, with hugs, kisses, and loud exclamations – a handshake with one arm, and in the other, a large, white, nondescript cardboard box (which Kabira and I know to be full of condoms). When Tarek gets back in the car, the office manager, who is riding in the front passenger seat, pulls out a clipboard and teases Tarek, asking, with her pencil poised above the tally sheet we would use for outreach later that day: “Which ‘risk group’ should we consider those officers? Men who have sex with men? Sex workers?”

As described in the sections above, the staff of AIDS organizations functioned in a precarious space. The 2004 amendments to the penal code protected AIDS staff with official paperwork from police interference. However, in practice, official paperwork was not always respected; while sporadic and infrequent, arrests of AIDS workers created a climate of fear. The criminalization of non-marital sex – which, in practice, was implemented by selectively policing gender non-conformity and transgressive femininity – also made AIDS work dangerous. For female staff, being out at night and in the presence of other women recognizable as sex workers (based on their clothes, make-up, and language, a topic I address in depth in Chapter Three) provoked fear of arrest or harassment. MSM outreach workers were also particularly vulnerable because they often needed to signal their own orientation in order to recruit people for peer education. Reports of vigilante violence against sex workers and others displaying signs of gendered transgression compounded these fears and dangers.

Although erratic, selective police action against AIDS workers and peer educators
combined with the threats of vigilante violence made safety a primary concern for front-line AIDS workers. But this context also had another effect; ironically, it pushed AIDS workers towards police for protection. In particular, as this following section shows, it gave NGO staff and outreach workers incentive to stay on the good side of state agents both to discourage extra-legal police action, and to encourage police willingness to protect their staff from vigilantes. Here, an image of the state as a benevolent protector of AIDS workers emerges, in part, as an ironic result of state criminalization of non-marital sexual activity.

Getting closer to police: Negotiating contingent protection

In general, NGO staff and outreach workers described their relationship with the state in terms of relative permissiveness. They stated that authorities “do not hinder” [éviter de freiner] their activities, or “close their eyes [fermer les yeux].” As one of the founders of All Together Against AIDS describes of pre-2004 work:

> When I asked the Wali (regional governor) for protection, to give us a written paper authorizing us to do interventions with sex workers in some parts of the city, he laughed: “You’re asking me to authorize your work with people that have no legal existence! If I were to do it, I would have to stop all the women you’re in contact with. The only thing I can promise you is to ask the police to ‘close their eyes’ and tolerate your interventions and avoid rounding up your outreach workers (WHO 2011: 18).

In these early days of HIV prevention especially, prior to the 2004 reforms of the criminal code, authorities were only able to provide legal protection by turning a blind eye. Such protection could not be guaranteed through formal agreements, because the NGOs worked with “people that have no legal existence.” Therefore, NGO staff members needed to forge and negotiate these relationships and agreements individually and continuously. Yet, as this section shows, even after the 2004 reforms, AIDS workers still relied on ad-hoc relationships with police to avoid arrest, and for protection against vigilante backlash.
These relationships with police varied from place to place. In discussions about expanding to new areas, one of the central points of discussion would be brainstorming contacts in the police or the government who would allow NGO staff to carry out their work. “We’re looking at expanding into Sidi Said,” the project coordinator at All Together Against AIDS informed her team during an administrative team meeting. “We have connections with the local political leader [qāyed] and state agent [moqaddem], so we should be safe when making rounds in the neighborhood.” The project coordinator would explain to me later,

Defending the rights of people living with HIV/AIDS is something easy now compared to defending the rights of sex workers and men who have sex with men…At least now we have moved forward because before, even our outreach workers used to be arrested, and they were exposed to violence. But [our organization] has made a lot of efforts to introduce the police to our outreach workers. When an outreach worker is known to be affiliated with the association, she won’t get arrested. They treat her well. So we advocate with [the police and the Ministry of the Interior]. We try to touch their human side to sympathize with us a little.

This quote shows the local and idiosyncratic nature of such relationships, negotiated via face-to-face interactions where individual outreach workers become familiar to agents of the state in order to obtain permission and protection. At a Rabat-based AIDS organization, one project coordinator similarly told me that despite the 2004 changes to the penal code, the police would still arrest their outreach workers. So they set up a series of meetings with the local authorities, and have since made it a point to appeal to the police when formulating new outreach strategies. “Now, they understand the kind of work we’re doing targeting these populations, and they mostly leave us alone.”

Thus, despite the fact that AIDS organizations were carrying out a mandate from the Ministry of Health, and providing public health services recognized by the monarchy as essential, they still functioned in a precarious space. In a context of extra-legal police action and criminalization of the behaviors of ‘target populations’ by the Ministry of Interior, the safety of
outreach workers and peer educators was, in practice, often subject to individual discretion and negotiated on an ad-hoc basis.

Nevertheless, many staff members expressed gratitude for these carefully brokered relationships with police. In many ways, this arrangement had similarities to the divide-and-rule strategy promoted by the Monarchy, as discussed in Chapter One. State actors did not just refrain from arresting NGO staff, but they were also understood to serve as intermediaries, holding a carefully orchestrated peace between AIDS organizations and more conservative critics. When I asked one HIV/AIDS program manager about his NGO’s relationship with the police, he told me that the police actually understand better than most about the importance of HIV prevention work. The police know that sex workers and gay men come to the association’s headquarters, he told me, but they do not arrest them.

According to many NGO staff members across organizations, this discretion and leniency of the police made the NGO’s precarious existence possible. One project manager told me “the authorities actually help us with our projects…When you say, ‘I am with an association against HIV’ they don’t give us any problems…It’s the opposite, they…open doors for us.” Police and other agents of the state – like the local political leader [qāyed] and state agent [mogaddem] mentioned above – were, in many ways, viewed as allies to the NGO staff, helping them safely navigate work that could be subject to criminal sanction. As Karima, a program manager at All Together Against AIDS told me,

We give [outreach workers] their paperwork, but sometimes when there is a large police campaign [al-ḥamla], even if you have paperwork, you may encounter police who don’t accept that. Now, [the MSM team] has built some relationships with them. They give them condoms and all that. They treat them well so that when there is a campaign, the police let them know not to be there, understand? They ask them to leave to avoid [the round up]. So when we know there is a big police operation, [outreach workers and peer educators] don’t go out at all. We believe it’s better not to go there. And when the campaign is over, they start outreach again.
As Karima’s remarks show, the protections on the books granted by the 2004 penal code reform alone were not sufficient to protect AIDS workers in practice. Instead, negotiated relationships with certain members of the police force allowed NGO staff to be spared mistreatment by other, less sympathetic officers – here, via tip-offs about upcoming raids. As this interview and my participant observation suggests, outreach workers, peer educators, and NGO clients faced considerable risk when going out onto the field. Their safety remained uncertain and subject to the discretion of individual authorities. This led them to rely on local patrons within the state.

This protection, however, was contingent on the renunciation of overt political challenges or challenges to public morality. As one project manager told me, “the police know our work is about HIV, not about going out to the street to demand ‘gay rights,’ so they let us work in peace.” The alliance described here amounts to an agreed-upon set of boundaries, where the police refrained from using their extra-legal discretion to round up outreach workers. This arrangement came with the tacit agreement that the NGO would not allow overt expressions of gender non-conformity or transgressive femininity to overflow into public space but rather they would remain contained within the physical space of the NGO. Indeed, the NGO staff members employed techniques of invisibility, especially through informal disciplining, in order to erase obvious behavioral signs of non-conformity and transgression among the men and women who frequented their offices.

This situation contributed to the depoliticization of AIDS work discussed in Chapter One, but from another angle. Confining the treatment of sex work and homosexuality to private NGO spaces dovetailed with fears of vigilante backlash, and encouraged AIDS workers to keep activism for sexual rights at arms length. As one board member from Grassroots AIDS Action told me, “It’s not that I’m against gay rights, I’m open. It’s just that this isn’t the time. If we
push, it will backfire. I’m afraid if we push on this…” he pauses, puts his index finger to his head, and pops his thumb like an imaginary trigger on a gun: “it’s all over.”

Contingent protection of peer educators

As I showed above, peer educators undoubtedly occupied the most precarious position in HIV prevention work, and the sex workers and MSM reported many abusive and discriminatory experiences with police. Indeed, they were only protected to the extent that they were encompassed in protective relations with NGO staff. As mentioned above, peer educators were rarely granted official NGO paperwork that they could use if stopped by the police. This meant that they were more likely to be arrested, harassed, and forced to give bribes to officers when stopped while handing out condoms.

Specifically, peer educators largely lacked official paperwork or badges identifying them as people engaged in HIV prevention work. One day, while the outreach workers at Grassroots AIDS Action were at a meeting, the male and female peer educators had a long conversation about how unfair it to not be offered the same badges that the outreach workers received.

Like the other night, “Youssef, a peer educator exclaims. “I was out with Kamal (a Grassroots AIDS Action outreach worker) and I was the one doing all the education, and he was just sitting there. So I took his badge and ran. How am I supposed to do prevention work without a badge?” Some of the female peer educators agree whole-heartedly with Youssef’s critique: “Right.” Says Hajar, “How are we supposed to pass out condoms and risk the police locking us up?” “Do you have problems with the police?” I interject naively. They all look at me in a way that makes me realize what a stupid question it is. Hajar laughs as she recounts the story of a different kind of problem. “A very religious man [ikhwānī],” she says, had accused her of encouraging social corruption [al-fasād] by handing out condoms, but she had no way to defend herself because she did not have any documents saying that she was with the organization. Iman tells me, more seriously, that yes, she has been arrested by the police for possessing condoms.73

Interestingly, this conversation shows how the threat of the law enforcement and religio-moral
enforcement comingle in the minds of HIV peer educators. Both constitute important perils to HIV prevention work carried out in public. Moreover, we see that these coveted badges showing affiliation with the organization may, in some circumstances, provide much-needed social and legal protection when out in public. Again, condom distribution and recruitment of members of ‘at-risk’ groups necessitated a certain degree of visibility and badges and paperwork had the potential to make the peer educators visible in a different, less dangerous manner – as affiliates of state sanctioned health campaigns.

When I asked NGO staff why they did not routinely provide badges for peer educators, they gave varying justifications. Some talked about the high rate of turnover for peer educators. Others, at Grassroots AIDS Action, said that peer educators “couldn’t be trusted.” When I asked a small group of outreach workers at Grassroots AIDS Action this question while we were sharing tea, outreach worker Selma replied: “We don’t need to give out badges [to the peer educators]. If something happens they have our phone numbers and they call us and we help them out. Yes, some of our peer educators have been arrested, but not usually in the context of their work with us.” She looked at me pointedly as if to say ‘sex work and homosexuality are illegal, dummy.’ Elodie, a second outreach worker, continued, “Look, if we give them official paperwork, they’ll take advantage of it and use it for things besides their AIDS work.” A program manager at All Together Against AIDS summed it up this way: “In the end, the peer educator is a sex worker. So for example, let’s say she gets arrested in a brothel. Is she a peer educator then? Or a sex worker?… I mean, there are some obstacles that we can’t overcome.” Ultimately, it appeared that the bedrock of NGO’s refusal to provide outreach workers with paperwork was the fear that they would use it in the context of their illegal activities, thereby implicating the NGO in those activities. In order to distance itself from the peer educators’ illicit
work, the NGO made its protection informal, contingent, and case by case, rather than creating a formalized link.  

Peer educators did not only rely on outreach workers in their interactions with the police. They also relied on them for help accessing other kinds of health and social services. For example, Salma, an outreach worker at All Together Against AIDS, told me that the organization did their best to broker relationships between trusted sex workers and other local organizations – for example, those working in literacy or job training skills. “When we send a girl [to other organizations], we don’t say that she prostitutes herself or anything. [We say she is] a beneficiary or a volunteer at the association. That’s all!” In discussing stigma and discrimination among health care workers, Soukaina, a program manager at All Together Against AIDS tells me, “Sometimes if [one of our beneficiaries] goes to the hospital, they refuse to do things for him. You have to go with him yourself and tell them…he is a family member or that you know him or something in order to get things done.”

Outreach workers at Grassroots AIDS Action described the stigma and discrimination sex workers faced in other service provision contexts. Sarah and Yasmine, for example, told me that they often tried to connect sex workers to associations providing broader sexual and reproductive health services. “But some organizations will chase them out, they won’t provide them services [because they are sex workers],” Sara says. “But if we send the girls ourselves,” Yasmine adds, “they will treat them well and provide services.” Because sex workers were marginalized and excluded from certain social services, the peer educators relied on the connections and caché of the NGO in order to gain access.

In other words, their express affiliation with the NGO staff allowed them to overcome their discredited moral status, therefore allowing them to access key resources to improve their daily
lives and health. Again, this was done on a contingent, case-by-case basis and required the peer educators to nurture their relationships with NGO employees. In particular, this included performing the role of “good employees” (as discussed in Chapter Four) or consistent and compliant patrons of the association.

Thus, there was a chain of dependence and protection. In the broader context of criminalization and social stigmatization of sex outside of marriage, NGO employees formed relationships with local police in order to arrange for contingent protection against vigilantes and extra-legal policing. Meanwhile, peer educators, who operated in an even more precarious space with no official backing from the NGOs, were reliant on contingent personal relationships with AIDS organizations both for protection and for broader social services.

Protection, in other words, became contingent on maintaining good relationships with police (for AIDS workers) and with AIDS workers (for peer educators). And, in turn, maintaining good relationships on both of these levels was linked by the requirement that markers of gender non-conformity and transgressive femininity would remain contained within the physical space of the NGO. In other words, the police counted on the NGO staff to make sure the organization’s beneficiaries did not disrupt local public morality in return for protection; the NGO staff, in turn, leveraged their ability to protect and assist the peer educators in order to ensure that they would be as discreet as possible.

_AIDS Organizations and cultures of surveillance: Containing non-normative gender markers_

Kabira’s gesture in this chapter’s opening scene – slapping her own limp wrist, as if to erase a visible marker of gayness – is instructive of how NGOs worked to keep their activities under the radar. A major fear was that sex workers and MSM would be linked to the AIDS organizations in
publicly visible ways. Because enforcers of public morality like police and vigilantes conducted a form of gender profiling, as described above, these visual markers were also a concern for AIDS workers. Keeping the space protected, for many NGO staff members, meant managing the appearance and behavior of beneficiaries to ensure a low profile. As one manager of a Rabat-based NGO told me:

Okay, so gay men come here…and they make themselves too obvious. We’re located in an area that’s working class, and fairly conservative…if you want us to keep working with you, don’t draw attention. We’re located near a mosque! Don’t bring us problems. So don’t come with your earrings…it’s too visible! Try to come neutral…but not like this [makes a flourish with her hands]. They speak in a high voice. They refer to one another with female names. I tell them ‘okay, when you leave here, leave two by two, not too many. And don’t be over the top, so people don’t pay much attention to you, we don’t want problems.’

As this quote makes quite clear, despite the fact that the NGOs created spaces where alternative forms of gendered comportment were permitted, there remained a culture of surveillance of those who appeared ‘too obvious.’ Discretion was key. And therefore regulating gendered performances was justified in terms of the legal and social realities surrounding the NGO and the problems they could bring if they made themselves too visible.

However, it was not just the NGO administration that managed the behavior of MSM. MSM also scrutinized each other in terms of gendered comportment and self-presentation. In the NGOs, members of the MSM monitored one another’s outward signs of gayness. “I look normal, right? You don’t see anything on me,” Karim said to me, when we were all out in the courtyard. “Me too!” said Hicham. “Not you, Hicham! You’re so obvious I could tell you’re gay even from an airplane,” Karim admonished with a laugh.

Additionally, Ahmed, an outreach worker who himself identifies as gay, once related an encounter he had with someone from the MSM team at a different organization. “And then Mehdi said ‘I’m MSM’ to the whole group [he waves his hand with his pinkie extended]. And I
said to him, ‘Fine, do that that here among us because that’s the work that we do. But don’t go out and do it in the middle of a public square. Never mind the police! It’s the rest of the people you have to worry about!’” As this encounter shows, the culture of surveillance in part reflected anxieties about the safety of NGO workers and peer educators.

However, surveillance of non-normative gender comportment could also merge with discriminatory comments that appeared to draw on existing forms of stigma. For example, in both NGOs, when young men arrived wearing make-up, changed into feminine dress within the organization, or made a gesture that was considered particularly feminine, it could be subject to snickering, imitation, or snide comments. For example, as I was helping Karima, an outreach worker at Grassroots AIDS Action, complete her paperwork, a young man with makeup and loose wrists walked by. She sneered. “You don’t have that in New York, do you?” she asks. “Yes, we do.” I say. “But they’re not like, so obvious [baynīn], right?” “Sure they are.” I say. “But they’re isolated, they keep to themselves, right?” She persists. “No,” I say, “not at all.” “Well,” she gropes for words, “I don’t like that. It’s just…bad.” Karima’s comments here demonstrate rather clearly that surveillance and regulation of gendered performances blended in some cases with local forms of discrimination, stereotypes, and preconceptions about gender and sexual difference.

*AIDS Organizations and cultures of surveillance: Regulating respectable femininity*

Like MSM, female sex workers were also asked to modulate their behaviors in the vicinity of the association. This most often pertained to the use of inappropriate dress, vulgar language and smoking. While visual markers of sex work were valued by AIDS associations for programmatic reasons discussed in Chapter Three, they could also be viewed as dangerous liabilities when
linked publicly to the NGO. And once again, the culture of surveillance in the name of guaranteeing protection and safety merged with other normative judgments about proper gendered comportment. This was particularly true in *Grassroots AIDS Action*, for institutional reasons I discuss in chapter four.

Similar to the treatment of MSM, commentaries on the behavior of female sex workers ranged from kind reminders of discretion to outright mocking and scorn. Outreach workers would often comment on peer educators’ language. “Do you hear the vulgar words they use? It’s so normal for them!” They would criticize sex workers for a lack of discretion, laughing when a woman adjusted the clothing near her crotch in plain sight of the males attending the association. They repeatedly reprimanded the sex worker peer educators who prayed in front of men at the organization, admonishing them for not maintaining the proper degree of discretion.

As I will show in greater depth in Chapter Four, these accusations often spilled over into attributions of bad or corrupted character. Smoking, for example, was a particular a point of contention. Yasmine (a volunteer at *Grassroots AIDS Action*) brought her eight year old son to visit one day, and as we are talking, he came over to tug on her skirt, saying “Mom, there’s a woman smoking near the bathroom.” (Even though smoking near the [outdoor] bathroom was technically allowed, those sex workers who smoked there were often subject to scorn from the NGO staff.) When she heard this, an HIV/AIDS case manager named Aicha got up abruptly, chair squeaking and looking very concerned. Yasmine wrinkled her nose, “That’s very bad. She’s very bad.” She turns to her son as Aicha left to address the situation. “Do you know where women who smoke go?” She pauses and looks at me knowingly, nodding her head as if to say, ‘see how well I’m handling this?’ “They go to hell.” In this interaction and myriad others I witnessed, the visual signs of prostitution, like smoking, were interpreted as indicative of bad
moral character. Moreover, as I discuss in Chapter Four, NGO staff members at *Grassroots AIDS Action* consistently commented that female sex workers were deceitful and could not be trusted or counted on.

Just as police and vigilante profiling focused on external signs of ‘proper’ masculinity and femininity, the behaviors and everyday habits of sex workers and gay men became the surface upon which NGO employees and beneficiaries worked. While this surveillance and management was said to serve a protective function, it also merged with – or at least failed to challenge – negative stereotypes of these groups that could be used in discriminatory or derogatory fashions. In this way, efforts to maintain discretion, manage visibility, and avoid unwanted attention further ensured that “safe spaces” would not be incubators for potentially socially disruptive forces. Indeed, instead of providing a space where the beneficiaries could reflect on their own circumstances and work to challenge social structures that served to make them vulnerable, the spaces often had the opposite function. In the NGOs, men who have sex with men and female sex workers were taught to regulate their own expressions of gender and sexual identity in order to maintain a low profile and avoid publically disrupting the local moral order.

**Conclusion**

This analysis begins by describing key features of the Moroccan context that both create the necessity for, and shape the character of, safe spaces for HIV prevention. I focus, in particular, on how Moroccan AIDS organizations are influenced by the criminalization of non-marital and homosexual sex, the actual on-the-ground practice of policing, and the rising threat of vigilante violence. Even though they are technically protected against charges of being an intermediary by
the “law on the books” (Article 498), AIDS workers continued to be threatened by the “law in action” (Schuck 2002) and extra-legal policing. AIDS work was also influenced by the criminalization of non-marital sex (Article 490) and homosexual sex (Article 489). Those members of AIDS organizations who were most directly affected by criminal law were peer educators. By definition (because being a peer was defined in behavioral terms – e.g., engaging sex work or homosexual sex), peer educators engaged in criminalized sexual behavior. Due to the organizational pressure to bring in large numbers of ‘at-risk’ individuals (discussed in the next chapter), the very project of peer-to-peer recruitment required peer educators to manipulate their visibility in order to connect with fellow members of ‘target populations.’

While these techniques were of crucial importance for HIV prevention practice, they were also potentially dangerous. That is because, in practice, arrests and fines for violations of Articles 489 (criminalizes homosexual sex) and Article 490 (criminalizes non-marital) did not focus on illegal sexual acts. Rather, law enforcement officers often acted on the basis of visual and behavioral markers of normative femininity and masculinity. Although arrests of AIDS workers were infrequent, female employees were afraid of being marked – both socially and legally – as sex workers for challenging codes of respectable feminine behavior, particularly by being out at night or by keeping the company of female sex workers.

The danger peer educators and outreach workers faced, however, was not just at the hands of police. Many AIDS workers told me that police actions were mild compared to the violence threatened by the rest of society. Indeed, in recent years, there has been a surge of publicity in Morocco around violence perpetrated by mobs and individual vigilantes against women suspected of being prostitutes and men exhibiting signs of gender non-conformity. What is notable about these events is not that they occurred; sadly, violence and discrimination against
LGBT persons occurs all around the world. Instead, analysis of these events shows how the police and other agents of the Moroccan state are cast in the ambivalent role of persecutor and protector. They are presented as keepers of the peace, mediating between appropriate and inappropriate penalties, both for people who fail to publically comply with gender norms as well as for perpetrators of violence against these people. Thus, despite the potential criminalization of their workers and clients, AIDS organizations often sought to improvise local and ad-hoc relationships with state actors (notably police) to negotiate protection for themselves and their organizations.

However, this protection from the state was contingent on the renunciation of overt political challenges or challenges to public morality. Indeed, the state and the monarchy outsourced HIV prevention work to nongovernmental organizations precisely because they did not want to be viewed as associated with or connected to groups of individuals engaging in illegal and “immoral” activities. Moreover, the state and monarchy could not be seen as taking a permissive stance on issues of prostitution and homosexuality. For their side of the bargain, NGOs needed to ensure that their beneficiaries were not seen as challenging public morality.

This left peer educators in the most precarious position. In order to distance themselves from the peer educators’ illicit work, the NGOs made protection of peer educators informal, contingent, and case by case; NGOs did not create a formalized link or protective structure. Peer educators were rarely granted official NGO paperwork or badges that they could use if stopped by the police, or if they encountered citizens who questioned their work. This meant that peer educators were more likely to be arrested and forced to give bribes to police. They were also more likely to be subject to harassment and vigilante violence. Therefore, in order to do their jobs correctly, peer educators were tasked with the difficult work of modulating their own
visibility – trying to blend into the background in most settings, but becoming visible when engaging ‘target populations.’

Contingent protection for both AIDS workers and peer educators meant maintaining good relationships with police, keeping a low profile to avoid provoking vigilante action, and ensuring that expressions of gender non-conformity and transgressive femininity were contained within the physical space of the NGO. As a result, NGOs internalized some of the same forms of surveillance of non-normative masculinities and transgressive femininities used by police and vigilantes. While a culture of surveillance of sex workers and MSM was central to maintaining protected spaces, it also, at times, merged with discriminatory behavior that appeared to draw on existing forms of stigma.

This analysis suggests that, in the Moroccan context, it is more appropriate to describe the internal environments of AIDS organizations as protected spaces, than “safe spaces.” Their protection consists of shielding women and men from violence within the physical space of the NGO. However, they did not function as “safe spaces” as conceptualized in the public health literature, i.e., as arenas for challenging social hierarchies and discrimination. Aspects of Morocco’s legal and social climate – notably the penal code, policing practice, and fear of vigilantes – encourage the reinforcement of hierarchical relationships, enfolding NGOs and peer educators in protective, although contingent, relationships with agents of the state. This climate also encouraged the internalization of particular kinds of regulation of non-normative masculinities and femininities. Thus, in many ways, one might argue that the state’s management of the legal and social environment contributes to the dynamic of depoliticization described in Chapter One by discouraging challenges to state power and maintaining state authority over public morality.
Chapter Three
Translating Sex Work in Morocco: ‘Going out,’ ‘fending for oneself,’ and managing the risk of working-class women

Introduction
This chapter examines the introduction of the category ‘sex worker’ and the subsequent debates that ensue in the context of Moroccan HIV prevention. It focuses in particular on the imperative for AIDS organizations to make HIV risk ‘visible’ – to HIV surveillance, prevention, and treatment institutions (Waldby 1996: 113) – by counting and recruiting female ‘sex workers.’ I examine the ways that the internationally circulating category of ‘sex worker’ is translated as NGO workers carry out their daily tasks of enumeration and recruitment of women ‘at-risk.’ I juxtapose this term to salient vernacular terms (kankherj, ‘I go out,’ or, kandebber ʿala rāsī, ‘I fend for myself’) that women used to describe themselves and their engagement in sexual economies. These terms linked engagement in sex work to broader social processes of changing gender norms, social inequality, and economic exploitation. Moreover, I show how these colloquial terms loop back to shape the ways in which NGO staff members set out to identify and recruit ‘at-risk’ women for HIV interventions. Finally, I explore conflicts that emerged due to discrepancies between AIDS organization physicians and an outreach workers about whether or not a woman brought into the organization is a ‘sex worker’ or not. These conflicts hinged on different forms of authority and expertise held by doctors and outreach workers. Interestingly, they also hinged on questions of visibility, as women seeking services were required to demonstrate obvious markers of gender and sexual non-conformity to the AIDS organization physicians, in stark contrast to the way NGO staff implored them to be discreet in the previous chapter.
A long tradition of scholarship has critiqued the imposition of epidemiological risk categories of ‘prostitution’ and ‘commercial sex work’ to describe diverse forms of sexual-economic exchange around the world (Day 1988; de Zalduondo 1991; Standing 1992; Seidel 1993). Studies of sex work in local contexts suggest that sexual-economic exchange is complex and variable – in its practices, social relationships, motivations, meanings and consequences (Kempadoo & Doezema 1998). Wardlow (2004) argues, for example, that in certain contexts use of the term ‘sex work’ may empower women by rendering transactional sex a labor issue, not a moral one. However, it does not always serve the same function in settings where labor, intimacy, and morality are differently configured. On the contrary, the term ‘sex work’ may plaster over aspects of sexual-exchange that are key to understanding the practices’ individual and social significance, as well as their relationship to HIV risk (Stoebenau et al. 2016). As I argue elsewhere, the term may also conceal alternative ways of politicizing sexual exchange and HIV-related vulnerability (Montgomery 2015).

This chapter continues to problematize what ‘sex work’ means, and to analyze the complex negotiations required in applying the term in distinctive contexts. A number of scholars have recently examined the ways in which categories that index a “kind of person” (in this case, ‘sex worker’) can become caught up in complex social and historical processes. They have noted how the categories of the human sciences differ from those of the natural sciences. The former may become caught up in mutually transformative interactions with the people being labeled, the experts doing the labeling, and the knowledge and institutions built around them. Hacking (2007), for example, discusses these processes in terms of what he calls “the looping effect of human kinds,” or a kind of feedback process that cause the category to shift over time. Bowker & Star (1999) examine the ways that categories may create “torque” on individual biographies,
when there exists a disjuncture between the classificatory scheme and the lived experience of the people classified, resulting in the twisting of that biography into the framework of the classification. In this chapter, I explore the social life of the category ‘sex worker’ and examine the consequences of its introduction into Moroccan HIV/AIDS work at three levels: for the category itself, for the individuals so labeled, and for the daily labors of HIV/AIDS outreach and prevention (which I explore further in Chapter Four).

Today, the category ‘sex work’ travels internationally as a standardized input in national HIV/AIDS epidemiological modeling, which is then used as the basis for planning and intervention. And due to the implementation of ‘Performance Based Financing’ for Moroccan AIDS work – a model that is increasingly being used by international health organizations in developing countries – outreach workers and peer educators are under a great deal of pressure to recruit large numbers of female sex workers. Yet translating ‘sex worker’ in the Moroccan context requires outreach workers to negotiate between complex local principles of classification and international classificatory schemes. These efforts to identify and recruit local members of the category ‘sex worker’ are instances of friction, to borrow Anna Tsing’s (2005) term, in the setting of global health projects, where universal best-practice models, and their associated categories and techniques, circulate within local social worlds and make contact with individual bodies.

I argue that, when translated through everyday practice, the category ‘sex worker’ is not a proxy for HIV risk per se. Rather, it operates in several ways, depending on the context of its use. The local vernacular terms that were more commonly used in place of ‘sex worker’ served as markers of female transgression among the working class, and they served to reframe sexual labors and laborers as products of broader social and structural forces. Furthermore, while
outreach workers and peer educators drew on multiple, sometimes-subtle forms of evidence to apply the ‘sex worker’ classification, doctors in the clinic had less ability to read women’s social backgrounds, but had more authority to do so. Thus, in order to access coveted sexual and reproductive services paid for by the ‘sex worker’ budget, a woman seeking services had to display to the doctor more obvious forms of evidence of her being a ‘sex worker.’ This included plainly confessing to having sex outside marriage, or offering blatant violations of respectful femininity (vulgar language, revealing clothes, heavy make-up etc.).

In sum, the application of the ‘sex worker’ category drew out women in precarious socio-economic circumstances who were in great need of health services. Yet accessing these services was contingent on confessions or embodied performances that might be judged immoral, deemed inappropriate or disrespectful, or serve as grounds for discrimination by other service providers. At least some women who would have met local ‘sex worker’ criteria were thus denied coveted sexual and reproductive health services, because they refrained from such bold-faced statements or performances. Finally, this analysis suggests that HIV/AIDS work serves as a means to selectively manage and regulate working-class women’s bodies; as I will show below, this mirrors techniques of police and medical control of prostitution in Morocco during the Protectorate.

The Global Fund, performance based funding, and bringing in the numbers

In 2003, Morocco became the first country in the Middle East and North Africa to receive a grant to support HIV/AIDS work from the Global Fund to fight AIDS, Tuberculosis and Malaria – often simply called, The Global Fund. Morocco has received four rounds of grants from the Global Fund (Rounds 1, 6, 7, and 10), which remains the largest financer of HIV/AIDS work in
the country. The Global Fund is part of a “new ‘breed’ of players” in health governance, dubbed “Global Health Initiatives” or GHIs (Hanefeld 2014: 54). GHIs are defined in terms of their use of a common “blueprint for financing, resourcing, coordinating and/or implementing disease control across at least several countries in more than one region of the world” (Brugha 2008).

The Global Fund was created to advance a model of aid that was ‘evidence-based,’ ‘transparent,’ and showed ‘quantifiable results’ (Isenman & Shakow 2010). As such, it is a paragon of what Strathern (2000) has famously called “audit cultures,” where the allocation of resources and credibility of organizations are linked to particular conceptions of accountability and techniques of management. The mundane practices of ‘audit cultures’ – such as the production of indicators, measurements, and rankings – are increasingly tied to the allocation of resources as markers of organizational quality, efficiency, and performance (Shore & Wright 2015). For NGOs involved in AIDS work, this often results in a ‘standardized, numbers-based approach’ to evaluating organizational performance (Owczarzak, Broaddus & Pinkerton 2015). Many scholars have shown the inadequacy of quantitative metrics for describing the complexities of HIV-related risk and vulnerability (e.g. Reynolds 2014) as well as how bureaucratic audit practices may neutralize social and political issues (e.g. Ferguson 1994). Vincanne Adams, however, has argued for the need to explore more fully the productive effects of these practices: “While some things are effaced and erased by the audit…other things are made more visible” (2013: 76) and more valuable.

The Global Fund was among the first international health organizations to implement Performance Based Financing (PBF). PBF is defined as a mechanism in which health providers are, at least partially, funded on the basis of their achievement of measurable performance targets (WHO 2010). It is increasingly being applied in international health, with the goal of improving
the performance of development country health systems (Witter et al 2013; Basinga, Mayaka & Condo 2011). The Global Fund’s performance-based financing system makes continued grant funding dependent on results for individual indicators. In the remainder of this section, I will demonstrate the ways that one of these indicators shaped the everyday practice in Sous-Massa-Draa AIDS organizations.

An important indicator used by the Global Fund to judge grant performance is the “percentage of key populations at risk [including female sex workers] reached with HIV prevention programs.” In the case of sex work in Morocco, the denominator of the fraction, representing the total number of sex workers estimated to be in a particular catchment area, was passed down from the Ministry of Health. The Ministry of Health had made multiple attempts to calculate the total number of sex workers in Morocco’s largest cities, and the latest attempt occurred in 2013 while I was doing my ethnographic research. This time, the Ministry of Health employed AIDS organizations to conduct time-location sampling based on an all-inclusive cartography of sex work sites around each city – including street-based sex work, and indoor venues. In Agadir and surrounding Souss-Massa-Drâa regions, sex work cartography included working-class bars, cabarets, and cafes, as well as the luxury salons, bars, clubs, and hotels along the coastline.

The numerator of this performance indicator – “percentage of sex workers reached with HIV prevention programs” – was taken from individual NGOs’ monitoring and evaluation records. These, in turn, consisted of compiled testing and outreach logs that tallied the number of ‘sex workers’ who had been contacted, given condoms, and undergone HIV and STI testing. NGOs had incentives to increase their progress towards 100 percent coverage by reaching as many sex workers as possible. Fan argues that Performance Based Funding “reshapes how HIV
interventions are carried out and what counts in these programmes. The suturing of financing to output…leads to the production of measurable results as ends in themselves” (2017: 217).

Indeed, during the course of my ethnographic research, the imperative to contact and bring in increasing numbers of recognizable members of ‘at-risk groups’ seemed to trump all other priorities.

The pressure to bring in the numbers was placed squarely on the backs of outreach workers and peer educators. They were given specific targets for the numbers of contacts they needed to make each month. This was glaringly apparent during team meetings and quarterly evaluations. At All Together Against AIDS, each outreach team presented quarterly power-point slides that listed actual achieved numbers relative to target numbers, including how many old and new contacts were made, how many received condoms, and how many came in to the center for HIV and STI testing. In the first meeting I attended, the female sex worker team was warmly praised by Dr. Yassini, a member of senior management, for having exceeded their performance targets. But Dr. Yassini severely reprimanded the male outreach work team for failing to meet their numerical goals. One outreach worker was particularly defensive, explaining the team’s low numbers by citing contextual obstacles outside their control, including police raids [la raf] and a shortage of supplies [rupture de stock]. Dr. Yassini was further frustrated by what he viewed as excuses. All the outreach teams had been affected by the police and by supply issues, Dr. Yassini retorted, but theirs was the only team whose indicators suffered for it. (And in truth, both police raids and shortages of supplies were fairly common occurrences.) I sat and doodled uncomfortably as the interchange escalated to yelling, continuing for nearly half an hour. Ultimately, while the female outreach workers left the meeting smiling and laughing, the male outreach team was angry, grumbling, and clearly embarrassed.
If this particular meeting had worked out well for the female outreach team, during mobile testing campaigns they were always anxious about being sanctioned by doctors and administrators for failing to mobilize enough ‘sex workers’ for testing. During these campaigns, NGO staff would drive a mobile testing unit to a city or town without a fixed testing office. The job of the outreach workers was to go to the area several days in advance to knock on doors, rally whatever contacts they had, and otherwise convince ‘sex workers’ to show up for testing and gynecological services when the van finally arrived. Outreach workers at *All Together Against AIDS* had previously found mobile testing campaigns exciting and fruitful because of the chance to extend the NGO’s services, and because of the daily stipend they were offered while participating. But they had since grown wary, because they were consistently reprimanded for factors outside their control.

For example, Siham and Rachida told me that one mobile testing campaign was not successful due to a fierce desert wind [*iˈjāj*] that caused the girls to stay home. “[the doctors] were yelling at us the whole time! ‘Where are all the girls?’ ‘Didn’t you come here ahead of time to let them know we were coming?’ ‘Didn’t you do your outreach correctly?’” Rachida mimics, shaking her head. “But what can we do about the weather?” Thus, outreach workers keenly felt the pressure of Performance Based Financing’s mandate to increase the number of contacts made with ‘at-risk groups.’ Indeed, they were primarily evaluated in terms of the number of risk-group members they were able to bring in. Yet in doing so, they were faced with the task of translating international risk categories like ‘sex worker’ into complex local contexts.
Translating ‘sex worker’ in AIDS organizations

Sex work and HIV risk in Morocco

Globally, sex workers are understood to be among the populations at highest risk for HIV. On average, studies have suggested that they are 10 times more likely to become infected than other adults in the general population (UNAIDS 2016). Sex workers’ proximate risk for HIV is thought to be due to their higher numbers of sexual partners relative to the general population and inconsistent condom use (USAID 2013). Sex work as an international HIV risk category has been incorporated into what Majahan (2008) calls a ‘foreknowledge’ about the epidemic, or a “generic template” which “helps government[s] imagine what an AIDS epidemic looks like, anticipate patterns of risk, and plan public health interventions” (585). This foreknowledge is institutionalized locally through “established technologies of counting, set risk categories, and prior modes of intervention” (585).

The diffusion of this foreknowledge is encouraged through the use of standardized statistical models for countries to estimate HIV prevalence. For example, since 2008, the Mode of Transition (MOT) model has been recommended by UNAIDS for use in all epidemic settings and regions. Unlike previous models, it is designed to identify which subpopulations are most at risk of HIV in a given setting in order to provide better information to tailor national responses (Case et al. 2012). Among the inputs to the model are the proportions of the adult male and female population that belongs to particular risk groups, including (among others) sex workers and their clients. UNAIDS’ strategy “know your epidemic, know your response” encourages the use of this epidemiological data to create national prevention strategies and effectively target resources towards groups considered ‘most-at-risk’ (Wilson & Halperin 2008). The category ‘sex
worker’ circulates in this way, as a standardized input in national epidemiological modeling, which is then used as the basis for planning and intervention.

An MOT analysis carried out in Morocco showed no evidence for an HIV epidemic in the general population. However, it suggested the emergence of “concentrated epidemics” – greater than 5 percent prevalence within a particular subpopulation – among female sex workers in the region of Souss-Massa-Drâa. As described in the Introduction, the analysis also indicated that the core drivers of Morocco’s epidemic are commercial heterosexual sex networks, networks of men who have sex with men, and networks of injection drug users (Mumtaz et al. 2010). Morocco has been given international praise for basing its National Strategic Plan for AIDS response on this MOT data, and allocating the largest proportion of AIDS resources to interventions with female sex workers (UNAIDS 2012). Yet, translating the foreign category, ‘sex worker,’ into the Moroccan context required frontline workers to navigate a significant amount of ambiguity.

Background of the ‘sex worker’ category

The term ‘sex work,’ coined in the early 1980s by American activist Carol Leigh, was initially meant to counter the morally laden word, “prostitute,” which connoted a stigmatized and deviant identity, by emphasizing issues of work and labor rights (Sanders, O’Neill & Pitcher 2009: 9). In Morocco, the category ‘sex workers’ was imported in the late 1990s by Moroccan AIDS organizations from international health and development organizations like UNDP and the Global Fund. The term is literally translated as ‘amilāt aj-jins (Ar.), professionnelles du sexe (Fr.), or travailleuse du sex (Fr.). Although Moroccan NGOs had funding that went specifically to target ‘sex workers,’ the sex worker programs were often euphemistically termed “women’s
community-based prevention” \textit{[prévention de proximité féminine]}. However, during the course of my research, NGO staff members frequently referred to women in the sex worker program using the abbreviations “TS” \textit{[travailleuse du sexe]} or “PS” \textit{[professionnelles de sexe]}.

This was just programmatic lingo, and NGO workers still had the practical task of identifying which women fit within the sex worker label despite the fact that the label had little local currency. Importantly, there are no sex workers rights organizations in Morocco, and the French and Arabic terms do not connote a political history of grassroots organizing as they do in many Euro-American contexts. Moreover, women do not use these terms to describe themselves (Cheikh 2015). The various direct translations of ‘sex worker’ do not, therefore, index a social identity or name an easily mobilized collective.

The UNAIDS Guidance Note on HIV and Sex Work (2012) describes sex work in terms of behavior. It states that “sex workers” should be understood to include those “who receive money or goods in exchange for sexual services, either regularly or occasionally” (3). This definition is accompanied by the caveat that “sex work varies between and within countries and communities” and it “may vary in the degree to which it is … distinct from other social and sexual relationships and types of sexual-economic exchange” (3).

Indeed, in Morocco, as in many other contexts, identifying who counts as a sex worker is made difficult by the murkiness surrounding the boundary between sex work and other forms of sexual-economic exchange. Similar to what Svati Shah has described in the Indian context, ‘sex work’ was not “a thing apart” from other low-wage labor sectors for the Moroccan women with whom I worked (2014: 8). In Morocco, the exchange of money, goods, or services is a common feature of sexual interactions of all types.\textsuperscript{81} Cheikh (2012) goes so far as to argue that intimate-economic exchange is a normative feature of (heterosexual) partnerships in Morocco; hegemonic
masculinity, she argues, is tied to possession of the economic means to provide for female partner(s) while hegemonic femininity is linked to receiving. Indeed, in my own research, I found that sexual-economic exchange occurred throughout the spectrum of intimate relations – ranging from socially condoned courtships to secret college boyfriends to regular clients of prostitution. In other words, the exchange of sex outside marriage for money or other goods was not sufficient criteria to distinguish ‘sex work’ from other social relationships.

In the narratives of my interlocutors, sex-for-money exchanges were deeply intertwined with broader social conditions and risks that were “part of a daily negotiation for survival” for poor and working-class Moroccans (Shah 2014: 8). Indeed, exchanging sexual acts for money or other resources was only one among many income generating strategies poor women used in order to make ends meet and support their families. In Agadir and surrounding areas, many of the jobs available to poor undereducated women were seasonal (e.g., jobs in the fishing or agricultural industries) or informal. These particular characteristics of the local labor markets created a situation where women might move in and out of the category ‘sex worker,’ depending upon the availability of work. Furthermore, as I will show, who came to be seen as a ‘sex worker’ in AIDS organizations was shaped by the contours of Souss-Massa-Drâa’s low-wage labor market.

The sex work designation was thus complicated by the existence of multiple forms of sexual-economic exchange, the intertwining of sexual labor with the broader market for low wage labor, and the absence of a group of women who self-identified as ‘sex workers.’ Therefore, frontline employees of Moroccan AIDS organizations had to rely on additional criteria to identify, enumerate, and intervene on this ‘target group.’ To accomplish this work,
frontline workers drew upon multiple local classificatory schemes, with often competing principles for deciding which women counted as ‘sex workers,’ and therefore ‘at-risk.’

Here, local ideas, preconceptions and changing definitions of respectable femininity and normative sexuality – as described in Chapter Two – began to bleed into the ‘sex work’ definition. The concepts used by AIDS organizations and their beneficiaries to identify and differentiate ‘sex workers’ did not reference the specific exchange of sex for resources per se. Rather, they indexed broader forms of spatial, temporal, and relational transgression (implied by the phrase ‘she goes out’ [katkherj]). They also referenced the exploitative dimensions of informal, working-class – and not specifically or necessarily sexual – labor (implied by the phrase ‘she fends for herself’ [katdebbet ʿla rāsha]). Moreover, designations of ‘sex work’ often involved inferential reasoning (i.e., if a married women says she uses condoms with her husband, then she must be a sex worker) and they articulated with stereotypes about how a “prostitute” (qaḥba) should be expected to look and act.

In this sense, the translation of ‘sex work’ into the context of Moroccan AIDS organizations might be understood in terms of the forging of a particular prototype – something that people with expertise felt they could simply see and know via a Gestalt-like impression (Rosch 1978; Hacking 1995) – rather than a set of necessary and sufficient criteria. This emerging prototype was shaped in relation to broad legal categories and popular demarcations applied to women who have sex outside of marriage. It was also informed by vernacular concepts of respectable gendered comportment embodied in the term ‘going out,’ as well as implicit critiques of gendered economic order embedded in the term ‘fending for oneself.’ And finally, as Hart (2016) argues in his analysis of autism in Morocco, prototypes of particular categories are not only contextually and historically specific but may also be actively shaped
within the particular social contexts and institutions of care within which they are embedded. Similarly, as we shall see, the ‘sex worker’ prototype was articulated within the particular institutional contexts of Moroccan AIDS organizations.

*Sexual categories in criminal law and police work*

Legal definitions provided one local classificatory scheme that informed frontline workers’ attempts to differentiate between different kinds of people believed to engage in distinctive kinds of sexual activity. As discussed in Chapter Two, according to the Moroccan Penal Code, *all* sexual relationships outside of marriage are criminalized by Article 490, not just those involving payment. Article 502 criminalizes anyone who “by gestures, words, writing or by any other means publically solicits either sex to incite them to debauchery,” but again, there is no specific reference to payment. According to the letter of the law, sex work is simply a sub-category of sex outside of marriage. As I will discuss below, in some instances, all unmarried women seeking sexual and reproductive health services were counted as ‘sex workers.’

Although sex outside of marriage is illegal in Morocco, it is widespread (Axétudes 2007). And Moroccan journalists and commentators often joke about the impossibility of actually enforcing Article 490. And indeed, as I discuss in Chapter Two, the law is only applied selectively. Women are most often arrested while outside of bars or clubs, or if they are seen out at night. However, Cheikh (2015) has shown that women of all classes are increasingly going out to enjoy Morocco’s night life, but police often turn a blind eye to the well-dressed or well-connected while the poor are more likely to be arrested. In the press and in common parlance, upper class women who go out or have non-marital sex are often described as European leaning, or “exercising their personal freedom,” while the poor are more likely to be labeled “prostitutes.”
Prostitution [al-bighā‘ or al-da‘āra (Ar.) or la prostitution (Fr.)] appears in the Moroccan penal code in Section VII [De la corruption de la jeunesse et de la prostitution] that deals with trafficking and sexual exploitation of minors; here, the actions criminalized include serving as a trafficker, pimp or intermediary. Those engaged in ‘prostitution’ are implicitly understood to be victims (Cheikh 2015). Yet, ‘prostitution’ is a concept that has a longer and more complex socio-medical history in Morocco. Tracing the history of the treatment of prostitutes provides insight into how categories of sexual behavior are implicated in the policing and medical regulation of poor and working class bodies to prevent contamination of other populations – such as French colonial powers and middle- and upper-class Moroccan residents. During the North African campaigns of World War I and II, the French created mobile brothels [Bordels Militaires de Campagne, or BMC], through the (often coerced) recruitment of female peasants from the Atlas Mountains to accompany soldiers to the battlefield (Qadéry 2010). These women underwent compulsory medical examinations, in which the primary concern was to search for signs of infection in order to protect the health of the soldiers (Maghraoui 2008: 26).

In the early 20th century, urban colonial brothels managed prostitutes as vectors of disease [porteuses de germe] and physical and moral contamination. Prostitutes were subject to police and medical surveillance to protect clients and other residents of the city (Maghraoui 2008: 29). A special unit of “sanitary police” was established to survey the boundaries of urban areas and ensure that prostitutes remained in the “reserved area” [quartier réservé]. In practice, this resulted in arbitrary arrests of many peasant women suspected of being prostitutes (Maghraoui 2008: 30). Policing and containment of prostitutes within the quartier réservé served to regulate not only women engaged in prostitution, but also women of rural origin and of precarious socio-economic standing. This was a period when colonial land expropriation,
military assault, and increasing taxes had created massive social dislocation and rural-urban migration. The regulation of the bodies of ‘prostitutes’ exemplified colonial concerns about preserving social order and disciplining what they called the *indigènes urbains*, or the urban indigenous population (Maghraoui 2008: 22).89

Similarly, in the contemporary context, Chapter Two described how laws on public morality were implemented by policing visual, behavioral, and spatial markers of class and femininity (Cheikh 2015). Policing around sexuality continues to serve, not simply as the implementation of criminal law, but as a means to regulate a particular gendered social order.90 Importantly, frontline workers in AIDS organizations drew on the same markers as police when seeking to identify and recruit female sex workers. As I will show, these were markers – not necessarily of HIV risk – but of transgressive femininity among the working class.

‘Going out’: Sex work as transgressing spatial boundaries

In seeking to translate ‘sex work’ for AIDS research and programs, the term most commonly used by both NGO staff and by women in the sex trade themselves was ‘she goes out’ [*katkhrej*]. This term was also used outside the context of the NGOs. My friend Jamila, a 20-year old college student, told me that saying ‘she goes out’ was a commonly used euphemism. “For example, if I were talking to my friends, I might say, ‘she’s a whore [*qaḥba*],’ but if I was talking to my dad, I might say, ‘she goes out’ [*katkhrej*].”

In Morocco, proper conduct for women is distinguished in spatial, temporal, and relational terms. A woman who went out at night, frequented bars or nightclubs, worked outside the home, or regularly interacted with men outside her family could be called a ‘whore’ [*qaḥba*], a ‘girl of the street’ [*bent az-zenqa*], or ‘a girl outside the path’ [*bent khārja at-ṭrīq*]. These terms
are juxtaposed to the conduct of a good girl, referred to as a ‘girl of the house’ \([\textit{bent ad-dār}]\). As these terms suggest, an internal/external distinction is crucial to understandings of respectable female comportment (Newcomb 2009).\(^9\) In common parlance, a ‘good girl’ is one who remains inside the protective physical and social structure of the family house, thus becoming the equivalent of a ‘girl of the house’ \([\textit{bent ad-dār}]\).

For women, ‘going out’ \([\textit{al-khrij}]\) into public space therefore marked a transgression. And drawing on this logic, the phrase ‘she goes out’ \([\textit{katkhrej}]\) was a common way of referring to sexual practices outside the conjugal home. However, women who worked, studied, or engaged in recreation outside the home all faced, to some degree, challenges in negotiating their reputations (Cairoli 2012; Kapchan 1996). Illicit sexual encounters in mixed-sex environments were often simply assumed, whether they occurred or not. For example, my friend Nadia, an 18-year old college student, had recently quit a job working in a cafe where, although she liked her boss, she was often harassed by patrons and called a ‘slut’ \([\textit{qahba}]\) by other students because she worked around men late at night. Marwa, another 18 year-old college student, had been called a slut and rejected by the mother of a potential fiancée simply because she had left home to attend the university.

In fact, ‘going out’ could refer more generally to women’s transgressive occupation of public space. However, in contemporary Morocco, increasing numbers of women are ‘going out’ in a variety of different ways. Indeed, if ‘going out’ \([\textit{al-khrij}]\) of the house and taking part in public life marks a transgression, it is also a popular and quotidian occurrence in the context of women’s increasing presence in universities, workplaces, and other formerly male-dominated spaces in Morocco, as well as the rising age of marriage, and an increasing number of women living alone, outside the control of a traditional patriarchal household (Cheikh 2010; Newcomb...
‘Going out’ can also reference a woman’s participation in Morocco’s nightlife and burgeoning entertainment industry, where dancing, drinking, drugs and sex are common aspects of the popular culture (Cheikh 2015). Cheikh (2010) reports that her young (teens and early 20s) informants in the sex trade in Tangier and Casablanca preferred to speak of their behavior using this term (instead of ‘sex worker’). Doing so allowed them to take advantage of a lexical ambiguity, situating themselves in a wide and shifting social terrain and among increasingly large groups of women challenging social norms by entering the world outside the home, without unduly emphasizing the sexual nature of their transgression.

Furthermore, understandings of proper female comportment are changing along with these demographic shifts in contemporary Morocco. My friend Sanae was a 34 year-old unmarried woman who drank alcohol, went out to clubs, and had been involved in several sexual relationships. Sanae went so far as to argue that the term bent ad-dār (‘girl of the house’ or ‘good girl’) has become empty. “It’s really only used by the older generation,” she tells me, and has lost much of its meaning for urban youth. Today, many respectable women living alone drink and have clandestine sexual relationships outside of marriage. “So when a mother tries to fix her son up with a bent ad-dār,” Saana tells me, “this doesn’t mean anything to him, because he knows that even girls who look modest are in fact ‘going out’ with men.” Interestingly, when I pushed Sana by asking, “so you’re not a bent ad-dār?” She quickly replied “No! I am! Because I listen to my parents and I respect them!” I read Sanae’s seemingly contradictory assertion both that bent ad-dār is empty and that she should indeed be considered a bent ad-dār as evidence that the concept still holds social weight, even if its meanings have changed. Within this unstable terrain, designations of moral status like ‘girl of the house’ are best understood, not as fixed
categories of people, but as discursive distinctions that can be used to distinguish, contrast, and categorize people, despite their shifting content (Gal & Kligman 2000).

The definition of ‘good girl’ [bent ad-dār] is no longer associated with remaining inside the physical structure of a house. Today, ‘good girl’ [bent ad-dār] references someone enfolded in protective and disciplinary social relationships. My friends Zineb and Fatima were college students in their early 20s. While Zineb still lived with her parents, Fatima had moved out of her parent’s home in order to attend university. One day, as Zineb, Fatima and I were sitting having tea and french fries in the café where Fatima worked, I asked them to help me understand the difference between a ‘girl of the street’ and a ‘girl of the house.’ Fatima, knowing the topic was pertinent to my research, took the role of devil’s advocate.

Zineb: I distinguish between them with one thing: a girl of the house [bent dārhūm] lives with her family [āycha m‘a dārhūm]. A street girl [bent zzenqa] has abandoned her parents [mmalīn dārhūm] and is living alone with other girls. She drinks and she smokes shisha.

Fatima: In other words, she has left the proper path [kherjāt ṭriq].

Zineb: She has left the proper path. She left her family’s house early on. She didn’t want to live with them.

Fatima: But I don’t live in my parent’s house [m‘a dārna]…

Zineb: Excuse me but you visit your parents’ house. [A street girl] doesn’t visit her parents’ house. She lives by herself.

Fatima: You mean its like she cut ties with her family’s house; she said to them “I’ve left the proper path” [khrejāt ṭriq]

In Zineb and Fatima’s exchange, the house [ad-dār] indicates both the physical location of home as well as one’s family. What is literally translated as living with one’s house ['āycha m3a dārhūm] actually means “living with her family,” or in her family’s home. However, Fatima’s objection (“but I don’t live in my parent’s house”) and Zineb’s response (“but you visit your parent’s house”) indicate an alternate understanding of the socio-spatial configuration of the dār. Here, the household might extend beyond the physicality of its material structure; in such a framework, the dār represents the imbrication of a girl within particular social and kinship
relations. Through this exchange, Zineb and Fatima advance an alternative conceptualization of a ‘good girl,’ or ‘girl of the house’ [bent ad-dār] with greater flexibility to accommodate increasing numbers of women ‘going out.’

Nabil, also a college student in his early 20s, described how female university students end up ‘going out of the proper path’ [khārja at-trīq].

It’s because there is no control [morāqaba]. No one controls them [ma kāynsh shī wā7d tayrāqebhūm]. She is sent away, she goes away somewhere to study, and she isn’t watched over [ma tatrāqebsh]. Her mother doesn’t call her. Her father doesn’t call her. Her brother doesn’t call her. She thinks “Wow! They forgot about me! I do what I want and no one will object…They don’t live with her, I mean, at least if they’re not living with her or anything they should call her: “Do you have enough to eat and drink? Do you get enough sleep? Are you studying?” I mean, people need a little bit of follow-up, not just to go about their business [on their own].

Like Fatima and Zineb, Nabil presents the household as a set of social relations with a multiplicity of functions, including care, protection, surveillance, and deterrence. This underscores the relational aspects of normative gender comportment. Being a ‘girl of the house’ refers not simply to encompassment by a physical structure, but also imbrication in a set of relationships that might be understood as disciplinary. A girl is at risk of ‘going out of the proper path’ [khārja at-trīq] not just by virtue of leaving the house, but by being uncontrolled by others. And in popular parlance, a ‘girl uncontrolled by others’ [bent mā ‘alīhash ḥkām] is also another way of talking about a girl who has non-marital sex.

Thus, exiting the house is not necessarily synonymous with what Moroccans refer to as deviating from the proper path [kherj at-trīq]. Nor, even, is going out at night in the company of other men. My friend Malak, for example, was an unemployed social worker in her early 30s who lived with her parents. As we were getting lunch by the ocean on Agadir’s promenade, she told me how, the night before, she and her cousins had snuck out to a nightclub after her parents had fallen asleep. When men at the club asked if they “went out,” the bouncer, a friend of
Malak’s brother, vouched for them saying “no, they are girls of the house [bināt diyūrhum]. They just want to dance and have a good time, but they don’t go home with anyone.” Thus, even while ‘going out’ at night to a bar, surrounded by men and alcohol, Malak and her cousins were able to preserve the moral designation of ‘good girls,’ or ‘girls of the house’ [bināt diyūrhum] because there was someone in their entourage keeping an eye on them, someone who could vouch for them. Their imbrication within relations of surveillance, even after they had physically left the house, helped them to ward off unwanted attention and protect their reputations.

As mentioned above, women of all classes are increasingly ‘going out’ in the company of men, having premarital sex, and enjoying Morocco’s nightlife. Women of upper- and middle-socio-economic classes engaging in these activities might still remain ‘good girls’ and were often described in the press and in popular discourse as “exercising personal freedom” (Cheikh 2015), or as “European leaning.”92 However, working-class women who engaged in these behaviors – assumed to be outside the protective social relationships of the household – were those most often marked as ‘girls of the street’ [bent az-zenqa], and who were most often arrested or extorted for prostitution.93 Thus, if sex outside of marriage is becoming normative in Morocco, this is only true for a small segment of Moroccan women. In other words, in popular parlance, extramarital sex is largely only equated to prostitution among the poor.

‘I fend for myself’: Sex workers as working-class laborers

My interlocutors at the AIDS organizations represented this subset of working-class women who ‘went out’ and were often marked as ‘prostitutes’ when they did. And many of them were single heads of household who lacked the socio-economic protection of parents or a husband. In addition to the broad descriptor, ‘I go out’, these women referred to their sexual-economic
exchanges with the phrase, ‘I fend for myself,’ or, ‘I manage on my own’ [kandebber ‘ala rāsī].

The verb ḍebber means “to find,” or “to manage to get”; it is used most often to indicate procuring jobs or money, or clients in the case of sex work. The noun rās literally means ‘head’ but it is used synonymously with ‘self.’ Using this phrase, my interlocutors acknowledged that they fell on the outside of these protective relations; it indicated a woman who has been left to care for herself, without support from family, friends, and broader society. While the term ‘I go out’ emphasized a transgression, ‘I fend for myself’ emphasized victimization (see also Cheikh 2012).

Also unlike ‘I go out’ – which referred to sexual-economic exchanges across the socio-economic spectrum – the phrase, ‘I fend for myself,’ marked its bearers as struggling members of the working class.

This phrase approximates the idea of ‘sex work’ in many respects, and the majority of women I worked with who used this term were open about their engagement in sexual-economic exchange. However, the term is also not used only to refer to sex work. It was used to indicate a broader array of income-generating strategies undertaken by women who were not under the care of a male patriarch, of which sex work was only one. ‘I fend for myself’ linked sex work to other forms of low-wage labor conducted outside the home – house cleaning, petty trading, work on farms and factories.

As noted above, ‘going out’ of the house to work (in sexual labor or otherwise) marked a transgression. However, the phrase ‘I fend for myself’ also had positive connotations. In many ways, the phrase resonated with a popular valorization of creativity and entrepreneurship among Moroccans (Hart 2016), highlighting women’s economic independence and improvisation. My interlocutors often used this term proudly, to indicate their resourcefulness in finding ways to support their families. “I manage for myself [kandebber ‘ala rāsī],” Aicha tells me, for example,
after describing being estranged from her parents’ household and their socio-economic support.

I will work any job that god sends my way, a mix of things. I find ways to work...to make a living, like housecleaning, working in factories, sex work [al-khrūj], any way I can make money because if I don’t, my daughter and I will starve. And no one will come to ask after us...I earn whatever I can while I raise my daughter and god helps me. She doesn’t want for anything, milk, diapers – she lives the best life.

Aicha use of the phrase ‘I fend for myself’ indicates, again, that sex work was not “a thing apart” from other low-wage labor sectors, but was “part of a daily negotiation for survival” (Shah 2014: 8) for poor and working-class Moroccans.

Indeed, my interlocutors often compared their experiences in sex work to other forms of arduous working-class labor. Older sex workers, in particular, described their experience in the sex trade as difficult. Take this exchange that occurred after Yasmine, a 34-year-old sex worker peer educator (who had recently claimed to have given up sex work, having just procured a regular housecleaning position) argued that sex work was the ‘easy way out’:

**Yasmine:** Someone who needs money will get a job [ghāḍī temšī tkhedem] even if she’s just pushing a mop. But she [goes to sex work because she] wants the easy way out [tariqa sahla].

**Dounia:** Do you think that ‘going out’ is something easy [al-khrīj sahl]?

**Najah:** It’s not easy at all [mā sahl walū]....

**Dounia:** Girls think that going out to a bar to find clients is something easy…

**Najah:** Women [in the sex trade] work [kaykhedmū], they run around, always moving [looking for clients] and young girls who ‘go out,’ they are just sleeping and whoever passes by pays them. [Everyone laughing]

**Zahira:** Yeah, they work when they’re sleeping [lying down] and just stand up and get paid. [Everybody laughing]. She gets up and makes him pay her. She tells him ‘pay me more’!

In this exchange – among sex workers who were all in their mid-thirties – my interlocutors challenge Yasmine’s self-congratulatory statement about procuring a job outside the sex trade. They argued that while, for younger women, participation in the sex trade might be considered easy money, for them, sex work was difficult labor, requiring physical exertion (working,
moving around, running after clients, cultivating relationships, putting themselves at risk). And, as I witnessed, this was literally true for women who worked in the streets, as they spent a great deal of time either sitting in the hot sun at the side of the road or on their feet, running to chase down clients as they passed on cars, bicycles and on foot, or traveling long distances from peri-urban neighborhoods to the downtown areas where clients roamed.

Another important word that women used to reference the labor available outside the home was tāmāra, meaning ‘hardship’ or ‘troublesome difficulty’ (as in the phrase dreb tāmāra or ‘to work hard at’). For example, Sabra (a 48-year-old sex worker) told me: “The street [az-zenqa] is full of hard work [tāmāra].” Similarly, Myriam, a 46-year-old former sex worker who combined dishwashing with work as an intermediary (wasīta), setting younger women up with her sexual client networks, also drew on the idiom of tāmāra to articulate the challenges of her work.

I am done. I am old now. No one notices me anymore. If you are 40 or 46 years old, you cannot compete with … do you understand? These new young girls are different from us. We are done [laughing] … we actually do hard work [tāmāra]. It is over now, and we are old. We leave it to the next generation…[Now] I work in the kitchen instead. Look what bleach, dishwashing, and cooking have done to my hands! Bleaching has burned them. Besides, I work in the kitchen from 9 am to 11 pm, and it harms my knee [points to her injured leg]. I do dishes from the morning until 11pm. I do lunch dishes and clean frying pans because at this place they serve fried fish. I wash pans, dishes, glasses, and everything. I have one or two hours break. Then, work starts again in the afternoon. People come for dinner, and I have to stay until 11pm. I am so exhausted when I leave, that I do not want to eat, but I only want to sleep. The following day starts the same issue. You have to wake up early even if you are not feeling well, because there is no one to help you or support you. You struggle on your own.

Here, Myriam implies that her current labor is more taxing, more of a tāmāra, than her years of ‘going out.’ Thus, if the conditions of sex work (particularly for older women) caused my
interlocutors to classify it as difficult labor [tāmāra], they also viewed it as consistent with – or, in the case of Myriam, preferable to – other livelihood options at their disposal.

Other women described the conditions of sex work as similar to other forms of labor available to poor and often undereducated women. Marwa (a 36-year-old sex worker) discusses her work experience with me:

Here you can find work in the factories, but you have to wait 15 days before they pay you. And you are paid for fewer hours than what you really worked. You know Morocco, there is nothing but hard work, and the pay is low… Working and prostitution are the same. The pay is low in prostitution too. You are not valued… You are not valued. Do you understand? You ask for a price but the client doesn’t pay you what you want. Some agree on your price but when they’re done they don’t even pay you.

In this quote, Marwa presents prostitution as equivalent to other forms of low-wage labor, the common thread being that the worker is not appropriately valued. For many of my interlocutors, sexual labor was similar to their other work options (some of which they engaged in concurrently); they shared in common hard work, bad treatment, and little pay. The latter feature was a primary concern. Jihane (a 32-year-old sex worker) told me, “The problem isn’t that there is no work in Morocco. There is work. The problem is that you can’t make any money.”

In fact, female laborers had become highly sought after in certain growing sectors of the local economy. As I discussed in the Introduction, large agricultural and fishing industries – comprised of farms, factories, and canning plants – made the area in and around Agadir a hub for rural migration from around the country, and these industries were important employers of women in the sex trade. I was told that there was an increasing interest in hiring women in the factories and in the farms in order to harvest particular crops (see Bouchelkha 2017 for similar findings). Dr. El Abass, the head of an AIDS organization in the area, told me that hiring women was considered a strategic move by companies in certain sectors. While orange farms did not
hire women (“because it’s difficult, you have to climb trees”), women were hired for work that required “a bit more finesse” [un peu de finesse].

There are for example, farms where there are tomatoes or green beans. It’s soft, smooth work [un travail un peu fin]. There’s some agricultural work that requires a bit more of women’s delicacy and there is another [kind of work] that requires [men’s] sturdiness [robustesse]. So you find [women in] packing factories for tomatoes. A man is not really someone who will take a tomato and, for him it’s not…uh… You understand? It’s really much more practical work for a woman.

The statement that factories and particular farms increasingly preferred women was repeated to me several times by NGO staff and sex workers, citing reasons both of the ‘appropriateness of the work’ (as in Dr. El Abass’ narrative) and women’s reputation for being more docile workers. My friend’s father, who had worked many years in the local farms and factories, told me, “Factories would prefer to hire women. They work for lower wages, and they don’t make demands. They’re also more patient [keşebri], so they can do conveyer belt work for a long time. Men do the heavy lifting [on farms].” As Ismael, an outreach worker with All Together Against AIDS’ program for workers – prevention de proximité ouvriers, or ‘PPO’ – told me: “It’s easier for women to get jobs these days…men will get angry and make a fuss [kayghowwetû] if they aren’t paid enough or if they’re treated badly. Women won’t. They work longer hours for less money.” Local and international companies directly recruited women by hiring intermediaries to drive busses into rural areas and bring back particular quotas of women during high season. Depending on the company, wages ranged from 5 to 10 dirhams [US$0.50 – 1.00] per hour for 10-12 hours/day of difficult labor, often six days a week. And, as Marwa states above, workers were often only paid twice per month. Some farms and factories offered free housing, but the pay was then reduced to 100 dirhams [US$10] per week. Fish factories were said to offer the best money (10-12 dirham per hour) but, as Soraya (a 28-year-old sex worker)
told me, you had to accept smelling like fish all the time. But still this was “good work,” Soraya told me, despite the fact that her employers were cruel and the hours were terrible. “But now the fish factories are closed, because of some agreement with Spain, and to give the fish time to reproduce. And if there’s no fish, there’s no work!”

In fact, both the agricultural and fishing industries were seasonal, providing work for only four to six months out of the year. That’s why, according to Rayan (the head of All Together Against AIDS’ prevention program for workers), these women “wear two hats” [‘andha deux casquettes].

She works six months and she’s off six months…so she goes to the street [az-zenqa]. She has no work to pay her expenses. She has nowhere to live. She has to do something… she becomes a sex worker [‘amilāt aj-jins] in order to survive. Most of them come from regions that are far away…few of them return home. [Then] they go back to work the next season.

Thus, while women were increasingly employed in the agricultural and fishing industries, this provided only low-wage work and with large gaps in employment. For many women, these salaries were simply not enough to pay the expenses of a household, or it was difficult for them to wait 15 days for payment. The work also depended on the seasonal and variable supply of fish or produce, and left women without an income – and with little or no savings – for large portions of the year.

Aside from insufficient wages, many of my interlocutors – particularly older women – reported injuries, illness, or difficulties keeping up with the physical demands of farms and factories. A few well-known farms and factories offered social security through Morocco’s Caisse National de Securite Sociale [CNSS] program, including some coverage for sickness, disability, and retirement pensions. However, jobs at these companies were difficult to come by and I was told that, like most other coveted positions in Morocco, one required personal
connections [m3arif] in order to become employed. In many of the other farms and factories, not only was there no social security offered, but the conditions were dangerous and there had been many accidents that went unaddressed. And when illness or injury struck, women were forced to go without salary or find work elsewhere. As Doha (a 38-year-old sex worker) told me, describing why she was no longer looking for work in factories

I worked in an orange factory but working on my feet all day was very painful. I suffered from sciatica [la siatik dyal aq-dhar]…There’s a little money in [factory work] but it is a very hard job [tâmâra] and it makes you sick [fiha al-mard]…I would feel that nerve cramping in my leg…the pain prevents me from standing up.

Women described many physical injuries and ailments resulting from the difficult conditions of farm and factory conditions, along with other work related-issues, like allergies and unknown illnesses they hypothesized came from working with pesticides and chemicals. Women also described several incidents of sexual harassment by their bosses and coworkers, for which they had no redress. Thus, as Doha describes above, for most women, farms and factories – like sex work – represented a form of tâmâra, or work that caused difficulty and hardship.

Housework was another common income-generating activity that women combined with sexual commerce. As I discussed in previous chapters, there were several ‘stops’ [sing. mûqaf, pl. mûqafât], in Agadir and the surrounding towns and peri-urban areas where women were picked up for work in farms, factories, housecleaning or sex work. For sex work at a mûqaf, my interlocutors reported making between 50 - 300 dirhams [$US 5 – 30] per pass, and for housework, they reported 50 – 200 dirhams [$US 5 – 20] for a full day’s work. Some women said that they preferred housework (despite salaries being lower), but others preferred sex work. According to one sex worker cited in a research report conducted by a national AIDS organization,

The women who come to the stop [mûqaf] to look for a housekeeper often want to get
one of us to do hard work that they don’t want to do themselves (washing carpets, moving furniture and big cleanups). All that for 40 or 50 dirhams per day. Me, like most other people, I prefer single men who are looking for a woman for housekeeping and to sleep with them. In this case, the money is better and the domestic work is lighter, or even nonexistent (ALCS 2004: 51).

This theme was repeated by many of my interlocutors who worked in Souss-Massa-Drâa.

Several of my interlocutors described being picked up by a woman (for housekeeping) as being less desirable than being picked up by a man (often for some combination of housework and sex). Says Fazia (a 31-year-old sex worker):

[Housekeeping] is torment [al-ʿidāb]. You can be ill-treated if you work for a woman, but if you work for a man, god bless him, he treats you well, he pays you more money, and he even gives you things from the house. I used to work for a man who told me I could take anything from his fridge.

As in sex work, women reported having little recourse if they were ill-treated, deceived, or badly paid by their housekeeping employers because, as I was told, employers would just tell the police that a woman had stolen something from their house.

And finally, many of my interlocutors were involved in petty trading – what they called al-bīʿū as-shrā, literally translated as ‘selling and buying.’ They often brought their goods (particularly clothes, leather goods, jewelry, perfume and cologne, makeup and other cosmetics) into the organization to sell to the staff and other NGO clients. In particular, women who had migrated or had family in other parts of Morocco engaged in this work; they would use their connections to buy unique or relatively cheap merchandise, which they would then resell in Agadir, or elsewhere. Soraya (a 36-year-old sex worker) for example, was originally from Beni Mellal, a city surrounded by the Middle Atlas Mountains with particularly cold winters. She told me that she had made a great deal of money during one particularly cold winter, buying warm clothes in Beni Mellal and reselling them in (normally temperate) Agadir. Yet not only was ‘buying and selling’ somewhat uncertain (and often requiring an initial outlay of capital), like
sex work it was also subject to selective police intervention (as I discussed briefly in Chapter Two). Fati was a 29-year-old sex worker who practiced ‘buying and selling’ using her connections in Casablanca; she had just recently been harassed by police for selling her wares in Agadir’s main market.

Whatever you do, the police interfere. [The police] ruin me [ana terzini], but turn a blind eye to [real crime and theft]…I want to work but [police] don’t let me…It shouldn’t be a problem for people to sell goods in the street… The municipality, the state, [al-baladiyya, had al-makhazniyya] persecutes people. Those authorities near the main market [sūq al-hād]. For example, you find a person displaying goods on a trolley trying to sell something. He has many kids. As soon as he starts selling, the police take [his goods] from him and throw them in their truck and give it to a friend of the state. They take it and he has no alternative [source of income] [mā kāyn al-badīl]… They take his goods and leave him. [Then] they ask him to pay a fine.

Here, Fati describes a dynamic I discussed in Chapter Two where the agents of the state wield power over poor people working in the informal economy – a dynamic that was said to occur in the context of sex work as well as other low-wage sectors.

The phrase mā kāyn al-badīl, meaning ‘there is no alternative,’ which Fati uses to indicate the limited economic options available to the street vendor, was commonly employed to indicate the lack of viable income generating options available to women in the sex trade. Indeed, in their narratives, my interlocutors de-exceptionalized sexual labor by placing its challenges alongside the broader difficulties of working conditions faced by the poor and working class. In doing so, they redirected the spotlight away from the intimate details of their sexual labors and instead sought to make visible the sources of their suffering – poor working conditions; back-breaking labors; maltreatment at the hands of police, employers, and clients; and the insecurity of not knowing how they will obtain the next month’s rent to sustain their household. In this way, they situate themselves as part of a struggling underclass of working poor, rather than as a unique category of sex workers.
When my interlocutors advocated for their rights, they often linked them to broader injustices between rich and poor. In descriptions of their own work, they invoked issues of inequality and greed. As Maha (30-year-old sex worker) and Manal (a 34-year-old sex worker) stated in a group interview:

**Maha**: Those working in garages, farms or in houses... all of them should have their rights [*al-ḥoqūq*]. Why? A doctor, a lawyer, a woman, and a mechanic are all alike. Mechanics work harder than the others [*kayḍerbū tāmāra ktar menū*]...People work hard [*kayḍerbū tāmāra*], and they ill-treat them [*kaytkarfsū ʿalīhum*]. They pay them hardly anything, and then they throw them away.

**Manal**: Men suffer too. I have an example. Some wealthy people here hire mechanics to work for them at their garages. They earn 2,000 dirhams [$US 200] per day and pay their employees 70 dirhams [$US 7]. And that poor guy, he works 10 or 20 years. When he cuts his finger, hits his leg, or loses his strength, he is lost. They will bring a young, strong person to make him work hard [*ghā yḥreb biha tāmāra*] and one day he will have the same fate. What are they supposed to do?

**Maha**: There are people stealing the country’s money...but everyone should have it. A doctor, a lawyer, someone working in a farm, a woman cleaning houses, and the one working in a garage are all alike. All people should have working papers and social security, so when they lose their health, they can get help, they can rest, and they can survival.

Here, Maha and Manal employ the term *tāmāra* (again, hardship’ or ‘troublesome difficulty’) and the phrase *ḥreb tāmāra* (‘to work hard at’) to mark the arduous labor of the poor and working class, relative to those whom they depict as exploiting them. Thus, while exploitation was an important theme for many of my interlocutors, the exploitation of the sex trade was not viewed as exceptional (e.g. more extreme, or difficult to tolerate) than the exploitation they faced in other arenas of their work, or than the exploitation faced by other members of the poor and working class.

My interlocutors’ narratives also contained an implicit critique of gendered economic inequalities. Their descriptions of struggling to support their households must be situated in the context of Morocco’s broader political economy. In Morocco, as in many other countries around...
the globe, households remain a key repository of rights and duties; in neo-liberalized socioeconomic climates like Morocco’s, families and communities are also the main social security system (Rashad, Osman & Roudi-Fahimi 2005). However, in the early 1980s, Morocco undertook a series of IMF-sponsored structural adjustment programs and cutbacks in social spending that exacerbated existing class- and gender-based inequalities, and eroded the economic base of patriarchal households (Skalli 2001). As Kandiyoti (1998) writes, “the material bases of classic patriarchy crumble under the impact of new market forces,” eroding the “shelter of women in the domestic sphere” (275). Yet Zvan Elliott (2015) argues that patriarchy has not so much crumbled, but modernized and taken new forms in Morocco’s neoliberal climate – and women have arguably been among the hardest hit by neoliberal economic restructuring.

The number of female-headed households is on the rise in Morocco (Skalli 2001), fueled by a number of demographic trends, including rural-urban migration (which has become increasingly female), a rising age of marriage, and a decline in extended-family households. Moroccan women across the socio-demographic spectrum are increasingly living on their own, outside the direct family control and male surveillance (Mernissi 1988: 2; Belarbi 1991: 15). However, it is important to note the tremendous diversity among female-headed households in Morocco (Zvan Elliott 2015). While ‘living alone’ – as some of my interlocutors suggestively described life without a male patriarch, even if their households included children or other women – was exciting and emancipatory under certain conditions, it also conferred significant vulnerability.

Poor and working-class women ‘living on their own’ face increasing pressure to seek out wage labor. However, despite advances in recent years, there remain deep disparities in women’s education, literacy, and economic opportunity. Nearly 1 in 4 Moroccan women remains illiterate.
and wage discrimination is rampant – Morocco ranks among the worst countries in the world in terms of the gender wage gap, lower than many of its Arab counterparts (ESEC 2014). As a result – in the absence of the provision of social protections by the state – men remain the gatekeepers of economic survival, particularly for women of precarious socio-economic backgrounds who must rely on family support and/or male patrons to make ends meet (Cheikh 2016). As my research shows, working-class women had to find innovative ways to support themselves in a hostile economic climate, and they often turned to relationships with male patrons to do so. As Fadwa (a 30-year-old sex worker) stated, mirroring a theme that was commonly expressed by my interlocutors:

You can’t count on work. You see women working, but they don’t only count on working. Certainly, they [at least] have a boyfriend [who]…helps with rent or expenses. It’s essential. It’s out of question to count only on work. Work is not enough.

The insecurity and instability of local labor markets, Fadwa argues, shapes women’s engagement in sexual markets. The unavoidable gaps in formal – albeit taxing – forms of employment were often filled on an ad-hoc basis with more informal arrangements with men, including everything from boyfriends with the ability to provide financial support to more anonymous sex-for-money exchanges. Here, Fadwa’s statement situates her sex work in a broader economic system where women rely on shifting relationships with male patrons to make ends meet.

In sum, the local terms used to describe ‘sex work’ set sexual labor in changing socio-economic contexts. It linked sexual labor to women’s transgressive occupation of public space (‘going out’). This normalized sex work as part of broader generational shifts in understandings of respectable femininity. Local referents for ‘sex work’ also implied analogies between sex work and other forms of arduous and often exploitative working class labor undertaken by women living without socio-economic support from families, husbands, or broader society (‘I
fend for myself’). Sex work was one of multiple income-generating strategies within a larger repertoire that also included seasonal work in fishing and agriculture, informal commerce (buying and selling) and informal service provision (housework). As I argue, the nature of my interlocutors’ sexual-economic relationships with men was shaped in relation to the insecurity and exploitation of these labor markets. There are parallels here between sex workers’ religiously-inspired social critiques in Chapter One and the narratives I describe here, which de-exceptionalized sex work by situating it in relation to gendered and class-based inequalities and exploitation. In both cases, my interlocutors shifted the lens away from risky individual behaviors (i.e., sex work) and onto broader social-economic and structural factors.98

**Outreach with girls who ‘go out’ and ‘fend for themselves’**

Counting and recruiting ‘sex workers’ was a highly social process. Who came to be understood as a ‘sex worker’ was shaped by local social context and organizational dynamics. As a result of pragmatic constraints to accessing sites of sexual-economic exchange, along with the influence of the local conceptions of ‘sex work’ described above, those women recruited by AIDS organizations tended to be poor and working-class women.99

In general, NGO outreach under the ‘sex work’ program was based on a mapping of ‘sex work’ sites that integrated the concepts of ‘going out’ and ‘fending for oneself.’ The outreach map included, for example, bars, nightclubs, cabarets, cafes and hotels where women ‘went out’ at night. Outreach workers had incentives to reach as many sex workers as possible – whether they were in a working-class or luxury market. However, outreach and recruitment largely occurred in working class or ‘popular’ [sha ‘bī] settings. This was due, in part, to class-based obstacles to outreach work. It was well known that the tourist industry in Souss-Massa-Drâa (and
Agadir in particular) – including fancy hotels, nightclubs, bars, and restaurants serving alcohol – was a hotspot for Morocco’s *luxe* (“luxury”) sex trade. Indeed, many residents took for granted that tourists from the Europe and the Arab Gulf alike were attracted to Agadir as a vacation destination due to the availability of high-priced sex workers. However, bar and club owners were not interested in collaborating with AIDS workers, as they worried this might tarnish their reputation and scare off their clientele.

AIDS workers thus had to go incognito, blending in with other patrons. And, in general, getting into these clubs required a large expenditure of time and resources; one had to wear nice clothes, be well coiffed and nicely made-up. Sometimes even that was not enough. A beautiful young Moroccan college student told me proudly that she had narrowly managed to get entry to one of Agadir’s hottest new clubs, but only by speaking impeccable English. Add these material and performative pressures to mandatory consumption fees in some clubs and round-trip taxi fares, and a simple night of outreach would require a significant expenditure. This often outran the material resources of the individual outreach workers and the AIDS organizations.

In fact, most of the women attending these clubs, as friends and NGO staff told me repeatedly, were there either because their families were wealthy, or thanks to some form of relationship with a male patron who paid their fees (and perhaps for their clothes, beauty products, and hair styling as well). For example, one afternoon as I am getting a tea with Jamila, a sex worker peer educator, she tells me that she has really wanted to ‘go out’ to her favorite local club, but she has not been able to get together enough money to go. While we sip our tea, Jamila absent-mindedly combs through her phone book looking for a man whom she might be able to call upon to pay her way there. (Looking back, I now realize that Jamila was likely hoping I would volunteer to be the patron to sponsor her night out.) As in other areas of the
world, class is a key feature that stratifies Morocco’s nightlife, and limits access for both ‘girls who go out’ and the outreach workers and NGOs who would recruit them.

Many of the middle-class NGO staff did not themselves ‘go out’ at night. This was, in part, because ‘going out’ at night for outreach constituted the same violation of spatial boundaries as ‘going out’ for sex work. For some outreach workers, this went against their own conceptions of propriety. And some were concerned about what their family or partners might think or say. As discussed in the previous chapter, women experienced a kind of hypervisibility at night, due in part to prohibitions against being out of the house unchaperoned after dark.

This was illustrated clearly when I naively asked outreach workers Rachida and Hannan if they might be interested in coming with me to accompany a male outreach worker in his nighttime rounds to local bars and clubs. Rachida laughed, and said jokingly, “Sure! We’ll just take off our headscarves and go!” But Hannan went stiff; her eyes wide – she was clearly made uncomfortable by the suggestion. Rachida touched my arm, “You know they don’t let in girls who have their hair covered. And they always wear the headscarf.” Rachida gestured to Hannan, as well as others on the outreach worker team. “But I don’t always wear it. So I could take off my scarf and go.” But, Rachida had recently gotten engaged; so going out at night was now out of the question. “I can’t do it now. Saïd would never let me,” she explained apologetically. Neither Rachida nor Hannan would go out with me at night. Hannan would have to dress in a way that did not feel comfortable to her. And Rachida would have had to go against her partner’s wishes and potentially put her engagement to him in jeopardy.

NGOs under pressure to recruit large numbers of ‘sex workers’ addressed outreach with ‘girls who go out’ at night in different ways. First and foremost, they recruited peer-educators from among their ‘sex worker’ beneficiaries. Peer educators became protective in the sense that
they were able to integrate themselves in places that outreach workers could not, shielding outreach workers from the consequences of going out at. According to Karima, the office manager at another AIDS organization serving Agadir’s surrounding regions, “there are places we can’t go. But [the peer educators] will go out and find [other girls] out late at night, when they ‘go out’ together.” Grassroots AIDS Action paid their peer educators (the implications of which will be discussed further in Chapter Four). They had managed to recruit a cadre of women who ‘went out’ at night. However, these women largely ‘went out’ in local, working-class (directly translated as ‘popular’ [sha ‘bī]) bars, not in the more expensive bars and clubs on Agadir’s coastline. All Together Against AIDS, by contrast, had not been able to recruit a consistent team of female sex worker peer educators to go out at night. Instead, they sent an outreach worker from the male team to go into bars and clubs. However, even he did not frequent upper-class venues, because he claimed “none of the women will talk to you there”; they only wanted to meet rich men and foreigners. Despite their different strategies, both NGOs faced similar obstacles with respect to the class dynamics of recruiting, particularly doing outreach and increasing the number of women recruited who participated in the luxe sex trade.

Thus, although there was a booming luxury sex trade in Agadir, class dynamics made it difficult for AIDS organizations to reach and recruit the women who operated within that landscape. My friend Khadija, for example, told me that her sister owned a hair salon that served the “top top” girls in the sex trade. “They spend a lot of money on their hair, their makeup, their clothes. And they get paid 1000 dirhams [$125 US] per night,” she told me. “But these are not the kind of women who come to the AIDS associations.” According to a staff member at one AIDS organization, they do not target this kind of luxe sex work because, “if you can afford to go to a club or buy a drink, you can afford to buy a condom.” However, luxury sites were still
included in the risk cartography used by the Ministry of Health to estimate the total numbers of ‘sex workers’ in Morocco. These sites therefore also factored into outreach goals defined by the Global Fund’s performance based financing model, described above, making the goals significantly more difficult to reach. Indeed, as my research suggests, and as was corroborated by a program manager at a different NGO, there were significant barriers to accessing the bars, clubs, and cabarets that catered to upper-class and foreign clientele, and where higher paid ‘sex workers’ plied their trade.

In sum, understandings of sex work as ‘going out’ implicated women from across the socio-economic spectrum. Moreover, upper-class venues were included in the Ministry of Health’s official cartography of sex worker sites, and outreach workers and AIDS organizations thus had incentives to increase their numbers by recruiting higher-paid workers. However, due to class- and gender-based barriers to outreach, only women who ‘went out’ in working-class venues tended to be reached by AIDS organizations, and therefore included in the ‘sex worker’ category. The prototype of the ‘sex worker’ that existed in the minds of outreach workers was based on of their experience with these women. As I demonstrate, the characteristics, behaviors, habits, etc. of ‘sex workers’ were thus defined in terms of gendered transgression (‘going out’) among the working class.

While peer educators went to working-class bars at night, the non-sex-worker outreach workers at both NGOs largely went out during the day, targeting women who ‘fend for themselves.’ Their recruitment practices were based on the understanding – gleaned in a cyclical fashion from the narratives and experiences of recruited women and peer educators – that female sex work was related to other forms of low-wage labor. Outreach and recruitment of sex workers, therefore, occurred in semi-urban areas that had sprung up around factories and farms.
HIV prevention workers targeted streets where women waited to be picked up for agricultural or factory labor, housework, or sex work; they stationed mobile testing units in bus stops where official transport for factories and farms would deposit day laborers after working hours; they conducted targeted, door-to-door canvassing in working-class neighborhoods. During these activities, outreach workers downplayed their association with HIV prevention. They did not wear their organizational paraphernalia, emblazoned with HIV/AIDS prevention logos, that they used in outreach with the general public. Instead, outreach workers billed themselves as an organization for “women’s health” [ṣaḥat al-merāʾ]. In this way, outreach workers managed their own visibility based on the understanding that potential recruits likely did not want to be identified as ‘sex workers’ in need of AIDS-related health services. Instead they presented themselves as offering free sexual and reproductive health services to women, in general. Nonetheless, those recruited in these working-class areas were sorted through a complex process of differentiation discussed below and, when applicable, counted as ‘sex workers.’

**Deciding who counts as a ‘sex worker’: markers of transgressive femininity**

Within outreach spaces, AIDS workers had to decide which women to approach to provide condoms, education, and information about the services offered at the HIV testing center. Outreach workers I spoke with considered themselves to have, over time, developed methods and expertise in identifying women who should qualify as ‘sex workers.’ As Noura, an outreach worker from *All Together Against AIDS* told me,

> For the areas where we [have connections], it’s easy [to tell if someone goes out]. But in new areas, it can be difficult to know [if someone ‘goes out’]. But if you have a chance to watch them and talk to them further, sometimes you can tell [that they go out], even if they say they’re married.

As Noura indicates, outreach workers and peer educators generally relied on personal
connections that offered direct knowledge about whether women ‘went out,’ in addition to their own expert intuition. In interviews and focus groups, peer educators told me that the most common way they identified sex workers was through their networks of friends. “How do I know if a girl ‘goes out’? Because she’s a friend, we ‘go out’ together!” Ines, a peer educator at Grassroots AIDS Action, told me. Indeed, as I discuss further in Chapter Four, the social networks of sex worker peer educators were among the NGOs’ most valuable resources.

However, if no direct personal knowledge of ‘going out’ was available, peer educators asserted that there were other telltale signs of ‘going out.’ For instance, Naima, an outreach worker at All Together Against AIDS, said that she knew girls in her neighborhood were sex workers if they had mysteriously gotten access to money, but had no job. Here, Naima implicitly references the concept of ‘fending for oneself.’ “For example, she lives alone, she has new clothes all the time and she goes to the salon, but she doesn’t work. So where do you think she gets that money from?” Naima asks, as if there were only one answer. However, sometimes outreach workers and peer educators were required to determine whether women they did not know ‘went out.’ During a group interview, I posed this question to a group of peer educators. “Some women will just come out and tell you!” Rita, an outreach worker, stated. But most women were not this bold.

Peer educators overwhelmingly reported drawing on the same visual and behavioral markers of female described by the police officer cited in Chapter Two. Many of these markers had to do with making oneself visible and attracting male gaze. For example: “She wears revealing clothing [lābsa al-‘āra].” Or “She wears heavy make-up and has plucked eyebrows.” I was also told that women going after clients from the Gulf, in particular, died their hair jet black, painted their eyes and eyebrows dark, and wore lots of lipstick. Substance use was
also a considered a giveaway: “The one who is there to ‘fend for herself’ will be holding a beer and smoking cigarettes and shisha.” Or, “You can see it on her face [tatbān f ṭejhha], she is a heavy smoker.”  

And finally, peer educators reported focusing on body language; here, women did not just seek to attract a male gaze, they themselves turned their eyes upon men. “You can tell from her eyes [tatbān mān ʾaynīha] if she’s hunting [katṣeyyed] for ‘a victim’ [ṣī vīctime, here meaning client].” “She turns towards men to look at them.” “You can tell from the way she stares [mān shūfā].” “From the language of her eyes [loghat al-ʾaynīn].” An inversion of the power of the gaze is implied when the client is referred to as ‘a victim’ who is actively hunted.

During my ethnographic research, I watched NGO staff mobilize these cues to decide who should be approached for outreach. For example, Larache was a wealthy neighborhood cut through by a main thoroughfare where women sat each morning, waiting to be picked up for work (housecleaning, sex work, or both), and outreach workers had to decide whom they would approach. During my many outreach activities in Larache, I examined the logic used by NGO staff in everyday activities to distinguish ‘sex workers’ from others. Heavy makeup, smoking, or wandering eyes [ʾaynīn kāḍuwwerū] were thought to be clear giveaways. Ways of speaking – being impolite or indiscreet, cursing or using other vulgar language, talking or asking questions about sex – were also important markers of sex work that outreach workers relied upon to recruit ‘target’ populations.

These dynamics, explain, in part, how the category ‘sex worker’ came to indicate, not HIV risk per se, but transgressive femininity among the working class. The practical constraints of outreach work limited NGOs’ ability to recruit women who worked in the luxury sex trade. These logistical barriers to outreach combined with preconceptions about the visual and behavioral markers of girls who ‘go out’ to shape an emergent ‘sex worker’ prototype that would
guide outreach. In this way, the internationally circulating category of ‘sex worker’ interacted iteratively with local knowledge, institutions, experts, and people so-labeled in ways that gave the category a distinctive shape in southern Moroccan HIV prevention. However, outreach workers were not the only experts involved in Moroccan AIDS work and their assessments of who was and who was not a ‘sex worker’ sometimes clashed with the assessments of physicians.

**Conducting testing with girls who ‘go out’ and ‘fend for themselves’**

Within the outreach sites, it was largely up to outreach workers to decide which women counted as ‘sex workers.’ “This is our job,” peer educator Riham told me in an interview, sounding proud. “We have experience with these kinds of things.” Soraya, another peer educator, concurred. Indeed, within the outreach team, a particular kind of value was given to the experience and wisdom of older and more weathered sex workers, men and women alike, who were described by the adjective *razīn*, which in Modern standard Arabic is translated as ‘serious, calm, sober-minded, and level-headed,’ but in local parlance was referenced someone who was wise and experienced.

When individuals came into NGOs or mobile testing vans, however, the decision of who counted was not up to outreach workers alone. The doctors who administered and read HIV tests and gave gynecological exams were also charged with marking down whether a woman counted as a ‘sex worker’ or not. And there was often a discrepancy between the triage conducted by doctors and by outreach workers. As discussed above, outreach workers and peer educators drew on years of (sometimes first-hand) experience and multiple different forms of evidence to decide whether a woman was a ‘sex worker’: her spatial location; her social network; whether she was supported by her family or had to make money herself; and her behavior, language and
appearance. They also had incentives to use expansive ‘sex work’ criteria in order to reach performance quotas set out under the framework of performance-based financing.

However, doctors used more blunt tools of classification. This included yes-or-no questions. Doctors’ judgments were often based on a single face-to-face encounter in the clinic, without knowledge of a woman’s socio-spatial context. Doctors also did not have the same incentives to report high numbers of sex workers. This was the cause of several conflicts between outreach workers and physicians. Although NGOs often paid doctors a small honorary stipend, this was negligible compared to the amount they could earn in private clinics; indeed, despite this small stipend, doctors were often referred to as ‘volunteering’ their time.

Furthermore, in Morocco there remained a great deal of stigma against HIV/AIDS, even within the medical profession. The doctor in charge of the AIDS program at the Souss-Massa-Drâa regional hospital and AIDS case management center told me,

> When I first got to this center, all of the nurses refused to provide HIV/AIDS related services. Not one of them would work with us. We had a terrible time getting doctors and nurses to work with us…[Even today] one of the main problems we face is the work load. The deficiencies in the Moroccan health system are accentuated in the realm of HIV/AIDS. Medical professionals don’t want to work on it.

As a result of all these factors, NGOs struggled to employ and retain doctors for HIV and STI testing. So while outreach workers’ and peer educators’ performance was evaluated based on their ability to bring in the numbers, NGO doctors had very little pressure to do anything but show up. (And as I will discuss in Chapter Four, even that could not be counted on.)

Furthermore, many doctors did not systematically complete the demographic portion of the testing and exam log to indicate whether a patient satisfied the ‘sex work’ criteria. At both NGOs, testing logs required the written completion of a series of check boxes. An empty ‘sex work’ box due to negligence was read the same way as a check box left intentionally empty
because the patient was deemed not to actually be a ‘sex worker’).

Zohra, the head of the sex worker team at *All Together Against AIDS*, explains that, as a result of these differences, there was often a discrepancy between the triage conducted by doctors and by outreach workers.

Today is the testing day for the sex worker program [*PPF*]. Ten of them came, and I registered all of them as sex workers [*PS*]. But when they went in to see the doctor, he decided that two of them are not sex workers [*PS*] but instead the general public. Ok! What does he do? He enters them as general public [on the testing log]. By the end of the month, lets say I have 35 sex workers [*PS*] who got tested. But when I check the doctor’s log, I discover 20 or 25. There is a difference. Which one do we use? The outreach workers’ log or the doctors’ log? So there is a problem...[and] not all doctors like to complete the logs. Some of them are in a hurry and want to leave quickly.

Zohra explained that *All Together Against AIDS* had to consult with the national office to resolve this problem, which had been documented in offices all over Morocco. In the end, management separated the doctor’s testing data, to be used for HIV surveillance reporting to the Ministry of Health, from outreach worker logs, which were to be used for internal programmatic monitoring.

Samira, the head of the sex worker team at *Grassroots AIDS Action*, told me that they faced the same issue in their organization. She suggested that the discrepancy resulted from the fact that women were afraid to confess to their involvement in sex work to the physician.

When the girls come in, the outreach workers usually know them, and indicate on their testing slips if they are sex workers [*PS*]. But in the register that the doctor fills out, he decides. He asks them questions, but they often won’t confess [*taraf*] things that they’re afraid to tell him. And if that happens, they won’t enter the register [as sex workers] [*dkhel al-register*].

Here, Samira contrasts the kinds of relationships the outreach workers and the physicians have with the sex workers. The outreach workers “usually know them,” while the physician simply asks questions in a brief and somewhat formalized encounter. As a result of the constraints of this encounter, she argues, women conceal their involvement in sex work from the physician. This, then, produces the conflict over how those women should appear in the log.
Outreach workers at *Grassroots AIDS Action* often undertook informal and semi-clandestine corrective measures to address this discrepancy. I witnessed outreach workers combing through the doctors’ handwritten testing logs to align them with their own tallies, thereby increasing the number of women who would be counted as sex workers.

*During one such editing session at Grassroots AIDS Action office, Amal, an outreach worker, tells me, “Sometimes the doctors just can’t be bothered to check the appropriate box for the target population.” “And this is a problem,” Selma, another outreach worker, jumps in. “Because the doctors’ log won’t match up with our tallies.” So they systematically go through the testing log. On test eight, the doctor did not check “sex worker,” but the demographic information collected suggests that she’s single and she has multiple partners. Amal fills in the check mark next to “sex worker.” The same issue for test 12, but this time she’s marked as married, and has only one partner, but she uses condoms. “Check sex worker,” Selma says. “Why do you think she’s a sex worker?” I ask. “If she’s only with her husband, why does she need to use condoms?” Amal tells me, then laughs, as if she’s let me in on a mischievous secret. “The girls lie,” explains Selma. “They’re ashamed to tell the doctor the truth.” Amal and Selma continue to comb through the log using this same process to edit the rest of the testing data.*

I watched this process occur on a few other occasions during my time in the association. And although the outreach workers were, in part, responding to pressure to get their numbers up, they were not checking the ‘sex work’ box indiscriminately. In one case, having multiple sexual partners was enough to merit the ‘sex work’ designation. In another case, being married but using condoms made a woman a ‘sex worker.’ As indicated by the latter example, in practice, the category of ‘sex work’ is not a simple proxy for HIV risk. (Indeed, the use of condoms decreases HIV risk.) But here, ironically, the use of condoms is what enables a woman’s designation as a ‘sex worker,’ through an inference that she is therefore sexually active with multiple partners and therefore ‘at risk.’

Despite these strategies of dispute management – informal and ad hoc at *Grassroots AIDS Action* and institutionalized at *All Together Against AIDS* – disagreements over who ‘counted’ as sex workers continued to be an issue for outreach workers and peer educators at both
organizations. Consider this excerpt from my field-notes during a quarterly evaluation meeting at Grassroots AIDS Action, which details a conflict between the doctors’ expertise and outreach workers’/peer educators’ expertise in identifying ‘sex workers.’

The sex worker staff gathers in the meeting room for the quarterly meeting. The peer educators split into two teams, each led by an outreach worker. The head of the sex worker program, Samira, says that she’s tallied all the numbers of sex worker contacts made for each team, and Sara’s team has more than Rania’s team. A few of them cheer, and Sara grins widely. But Rania is not smiling, and looks angry. “But,” Samira states, “both teams have people who are not performing.” She proceeds to rattle off a list of the peer educators by performance, saying who has performed well and who has underperformed in bringing people to the center to get HIV testing and gynecological exams. “And don’t bring in just anyone who’s on the street!” She continues. “People from the general public, married women…we don’t want them! They don’t have anything to do with what we do here. There is no excuse for bringing in people who don’t have [risky sexual] relationships.” There is an uproar of protest from the group. “But there are married women who ‘go out’ for money!” Says Fati, one of the peer educators. “The girls lie!” Lamia, another peer educator, insists. “They’re ashamed to tell the doctor [that they go out]!” Samira regains control “The doctor will know who ‘goes out’ and who does not. Doctors know by the way women look and behave.”

Even if, in the quote above, Samira privately agreed that “the girls lie” to doctors, in the official NGO forum, she expresses support for the doctors’ authority. Although doctors had less incentive and arguably less ability to assess whether a woman ‘went out,’ when the two forms of expertise came head to head the ultimate authority of the doctor in interpreting women’s sexual behavior was preserved.104

The doctor’s authority most often worked against outreach workers’ attempts to reach their quotas. However, a doctor’s lenience could also serve as an asset to outreach workers. For example, during one mobile testing campaign I attended, we were unable to get even a single ‘sex worker’ to come get tested due – as we would only find out later – to a rumor started by a local pharmacist that the AIDS associations were actually spreading disease through the finger prick used to draw blood for the test. This time the doctor in charge of the campaign was
sympathetic; she decided to not let the campaign go down as a complete failure. Instead, she took the blood of the three outreach workers and myself, writing us down in her log as ‘sex workers.’

Thus, the category of ‘sex worker’ was subject to different push and pull factors. It was determined at the intersection of outreach workers’ incentives to interpret ‘sex worker’ broadly, by reading a variety of visual, behavioral, and contextual cues, and the doctors’ ultimate authority to expand or contradict the ‘sex worker’ designation based on more limited information and more blunt tools of assessment. Above, Samira states that, even when a woman lies, the doctor can ascertain if a woman is a sex worker by the way she looks and behaves. In the context of the time-delimited, decontextualized face-to-face encounter with the doctor, to count as a sex worker, women must either acknowledge they ‘go out,’ or perform recognizable forms of visual and behavioral markers of transgressive femininity.

I want to note here that this imperative for women to make themselves visible and recognizable as stereotypical sex workers stands in contrast to the demand discussed in the previous chapter, that they be discreet and limit their visibility around the NGO offices. In this context of conflicting imperatives, it is little wonder that some of the women opted to remain discreet within the formalized doctor-patient encounter. This had consequences both for evaluations of the work of peer educators and outreach workers (as they strove to increase their number of sex worker contacts), and also for women in need to access coveted sexual and reproductive health services.

Valuing girls who ‘go out’ and the performance of gendered transgression

I have argued that, while outreach workers relied on an array of sometimes subtle visual, verbal, behavioral and contextual principles to identify sex workers, doctors required more obvious
forms of evidence—confessing to ‘going out’ or blatant violations of respectful femininity (vulgar language, revealing clothes, heavy make-up etc.) And while these markers might be expected in contexts like nightclubs, where women sought to attract partners, to behave in such a way in a clinic or in front of a doctor contradicted many women’s sense of propriety and respectful comportment.

In the ethnographic vignette above taken from Grassroots AIDS Action’s quarterly evaluation, peer educators underscored what they believed to be a common tendency for women to lie to doctors and other providers about ‘going out.’ Peer educators and outreach workers would discuss this dynamic with me many other times: Noura, a Grassroots AIDS Action peer educator told me, “Women don’t say they go out even if they do. Very few tell the truth.” Khaola, also a peer educator, added, “Some do [tell the truth], and they are refused services [at other organizations].” Noura, an outreach worker at All Together Against AIDS, concurs: “Girls who ‘go out’ often, since they’re used to lying to doctors and to [staff at other health services].”

Anthropologists in other contexts have described how access to care and benefits may be contingent on performances of moral personhood and deserving victimhood. However, in some ways, there arose a unique value reversal at AIDS organizations. Here, language use and behavioral performances that might be judged immoral, deemed inappropriate or disrespectful, or serve as grounds for discrimination by other service providers, became necessary to gaining access to coveted sexual and reproductive health services. This created a difficult situation for outreach workers and peer educators who relied on recruits to effectively perform—or make themselves ‘visible’—in stereotypical ways that made women recognizable as ‘sex workers’ in order to receive credit towards outreach performance quotas. It is, perhaps, understandable that these AIDS workers would frame the discretions and evasions of potential beneficiaries as ‘lies.’
However, another frame also emerged through which to view these performances.

As Zakia, a Grassroots AIDS Action peer educator described, she, like many other ‘girls who go out,’ was skilled at changing her language and behavior depending on her interlocutor and the context, in order to achieve particular relational goals.\textsuperscript{106} Sure, ‘girls of the street’ have a particularly vulgar way of talking, Zakia tells me.

[But] when they go to a respectful place, they have to show respect, and then they are respected, thank god! … You are respected when you are being respectful wherever you go… whether in the hospital or the municipality. It depends on the way you speak. They treat you well if you’re nice, but if you act badly or use vulgar language, they ignore you.

Zakia’s description of the performative adaptability of ‘girls who go out’ in terms of their language use and comportment recurred in several of the other interviews I conducted. And as I have discussed elsewhere (Montgomery 2015), many women emphasized the use of discretion, in particular, as a way to cultivate respectful (and mutually supportive) social relationships.

It is important to note that cultivating respectful relationships with doctors through the use of discretion was not reported to be something unique to sex workers. In Morocco, as in many other contexts, the doctor-patient relationship has largely been characterized in terms of hierarchy, inequality, and paternalism (Nciri 2009). And other NGO staff told me that they, too, felt pressure to be respectful and deferent to doctors. Over lunch one day, Ibrahim, a male outreach worker told me, “In Morocco, we all have a fear of talking to doctors. When I go to a doctor, I don’t always tell him everything important.” Yasmine, a female staff member agreed, “In our culture, doctors are a big deal [\textit{shī ḥāja}]!” she throws up her hands, to express importance. “We’re afraid of them, and you wouldn’t necessarily tell a doctor all of your symptoms, about an STI for example.” Ibrahim continued, “So you can see, it’s our mentality [\textit{mentalité dyalna}]. People don’t talk to the doctor.” Muhammad, a nurse working in an emergency department in a public hospital in Agadir, told me a parallel story of a time he had
received a slip of paper that marked an incoming patient’s condition as simply “urgent.” At first he was frustrated by the ambiguity, but when he went to inquire what had happened, he found the male patient had gotten a toy stuck in his rectum. When the doctors asked him to explain the patient’s case, he found himself at a loss for words. “I just kept looking at the ground and saying, ‘I don’t know. I don’t know.’ I knew it was a really important moment, and that I had a responsibility to communicate what was wrong, but I just couldn’t bring myself to do it!” Muhammad told me. Indeed, respectful discretion in front of doctors was not unique to sex workers, but described to me as a common feature of the doctor-patient relationship in Morocco.

Furthermore, many women who ‘went out’ had learned through experience that they could be denied access to services if they were suspected to be ‘girls of the street’ – by virtue of their language, dress, comportment, or even the simple fact of being unmarried and seeking out sexual or reproductive health services. As Nadia, a program staff member at All Together Against AIDS told me:

Outside the context of All Together Against AIDS, things are very hard for [sex workers]. For example, if you go to an NGO for women – unfortunately, there are some associations who work with women and say they defend women’s rights, but when a sex worker [PS] goes there, they don’t treat her at all like a woman. They treat her as a prostitute, as if she deserves anything that happens to her.

Indeed, the sex workers I spoke with reported experiencing discrimination from health and social service providers, and several told even me that they had been denied access to birth control at local clinics when they revealed that they were not married. And although the vast majority of women served by the AIDS organizations were also single mothers, few of them had successfully been able to access the services provided by single mother NGOs. As Mouna, a Grassroots AIDS Action peer educator and single mother, told me, these NGOs “won’t accept girls who ‘go out’ because they’re afraid they’ll cause problems, steal, beat the children, this and
that.” Najat, another *Grassroots AIDS Action* peer educator and single mother, told me that although the services at local single mother’s NGOs were excellent – they provided childcare, formula, diapers, family reintegration, and employment and housing assistance – they were conditional on leaving sex work behind and looking for a *halāl* job. “She has to be working. She can’t ‘go out’ or anything. She has to be working in order for them to take care of her baby.”

Anthropologist Jessica Newman’s ethnographic work on Moroccan single mothers’ NGOs confirms how characteristics like smoking, drinking alcohol, and having sex with men were used as proxies for being a ‘girl of the street,’ which, in turn was viewed as grounds for refusing women services (Newman & Montgomery 2016).

This reportedly widespread discrimination and refusal of services to women who displayed characteristics associated with ‘going out’ created clear incentives for women to hide their involvement in the sex trade by demonstrating respectable femininity when in medical and social service contexts. And this explains, in part, the discrepancy between the outreach workers’ and physicians’ assessments of who was and who was not a sex worker. If doctors expressed suspicion that outreach workers were over-counting ‘sex workers,’ it is quite likely that the doctors both lacked the expertise of outreach workers, who spent a great deal of time among such women, and were more constrained in their tools for assessing whether a woman ‘went out.’

Yet, in the context of service provision, in order to avoid conflicts with doctors and NGO management, many outreach workers reverted to the demographic questions used by the doctor to conduct triage, particularly: “are you married?” One day at the clinic, for example, Asmae (an *All Together Against AIDS* outreach worker) refused a woman access to the free gynecological exam because she was married. When the woman protested, Asmae explained. “We give HIV
testing to the general population, but the gynecological exam is just for women who aren’t married because they don’t have a husband to pay for them,” she said, reciting a rationale I had commonly heard given for the refusal of married women. Asmae looked clearly uncomfortable, and continued “If it were up to us, we would give it to you. But it’s not our decision.”

One of the unmarried women in the waiting room (who had successfully been marked ‘sex worker) turned to her friend and said loudly, clearly directed at Asmae, “Married women ‘go out’ too.” And several women in the waiting room nodded in agreement, while Asmae appeared or pretended not to have heard.

The official rationale for refusing to provide services for married women under the sex worker budget is interesting. In many ways, it aligns with conceptions of sex work as a form of ‘fending for oneself.’ Here, sex workers are those sexually active women (e.g. seeking sexual and reproductive health services at the AIDS clinic) who lack the socio-economic protection of a traditional patriarch. Using marital status as a proxy for ‘sex work’ is also appealing as it serves as a simple question that can be validated by a doctor with limited time with a simple yes or no. Yet, as argued by the women in scene above, marital status was not a reliable predictor of risk for sexually transmitted infections.

Furthermore, being married, while necessary to accessing sexual and reproductive health services at other venues could be used to deny women services at AIDS organizations. During one tape-recorded interview, I asked a Grassroots AIDS Action peer educator “Are you married?” She answered that yes, she was. Then she panicked. “Erase that tape!” she told me. “You can’t tell the NGO that I’m married. They’ll stop paying me!” Thus, peer educators and potential NGO clients alike had incentives to lie to even this seemingly straightforward demographic question.
For example, I helped with intake during one testing campaign for sex workers in a working-class neighborhood filled with migrant agricultural workers.

Sophia, one of the outreach workers, instructs me first to “ask them if they’re married.” The very first woman I ask looks at me suspiciously, “Yes…” She replies slowly. I look at Sophia, busy but seated a few chairs down from me and listening in on our conversation. “This isn’t for married women,” Sophia says firmly. The woman looks stunned. “Okay.” She says, walking away. I feel terrible, wondering if this woman – clearly suspicious of me – was simply trying to put her best foot forward as she must have been called upon to do during other interactions with health professionals. Twenty minutes later, the same woman comes to find me while I am seated with Sophia, helping try to fix her cell phone, which had stopped working. Sophia is frustrated because she is expecting a call from her boyfriend, who is living in France. “Please.” The woman asks me, “I’m poor. I live alone. I don’t have the means [to get services] elsewhere.” I look at Sophia, who looks down at the phone and stays silent. “I’m sorry, I’m just a volunteer. There’s nothing I can do,” I say, repeating the language I had heard the outreach workers often use, and feeling perhaps as helpless as they often did. The woman, clearly upset, turns around and walks slowly towards the testing van and sits down beside it for a minute, perhaps imagining another approach. A few moments later she gets up and walks briskly away from the testing site.

Despite the fact that married women were often excluded from AIDS organization interventions, there was widespread recognition among program staff – including outreach workers and peer educators alike – both that some married women ‘went out’ and that many unmarried women would lie to the doctor and say they were married for fear of being discriminated against and denied services. However, due to organizational pressures, this simple demographic indicator was often used as a proxy for eligibility to access to care. In the next chapter, I will further explore these sorts of expressions of need and the limitations on the amount of assistance AIDS workers could provide.

**Conclusion**

This chapter examines the social life of the ‘sex worker’ category as it travels through the everyday practices of Moroccan AIDS organizations. I show how Moroccan HIV/AIDS work is
shaped within the context of Performance Based Financing, which makes funding contingent on the production of measurable results that rely on the translation of specific risk-group categories. Most importantly for the purposes of this chapter, this system ultimately places pressure on outreach workers to bring in increasing numbers of ‘sex workers.’ Yet, what ‘sex work’ means in the Moroccan context – where the exchange of money, goods, or services is a common feature of sexual interactions of all types – is an open question. In practice, NGO outreach workers and peer educators drew on local terms that referenced, not the specific exchange of sex for resources per se, but broader forms of spatial, temporal and relational transgression (implied by the phrase ‘she goes out’ [katkherj]) as well as the exploitative dimensions of informal, working class – and not specifically or necessarily sexual – labor (implied by the phrase ‘she fends for herself’ [katdebben ʿala rāsha]). This was, in part, a product of the practical limitations of HIV outreach work, which created a situation where outreach workers were largely only able to recruit poor and working-class women into HIV prevention programs, who defined their risk in relation working class labor. I suggest that, as a result of these complex social and institutional processes, the category ‘sex worker’ takes a distinctive shape in Moroccan HIV prevention. Ultimately, it serves to indicate, not HIV risk per se, but transgressive femininity among the working class.

This category was also shaped by conflicts of expertise between outreach workers and peer educators, on the one hand, and doctors, on the other. Outreach workers and peer educators drew on years of (sometimes first-hand) experience and multiple different forms of evidence to decide whether a woman was a ‘sex worker’: her spatial location; her social network; whether she was supported by her family or had to make money herself; and her behavior, language and appearance. They also had incentives to use expansive definition of ‘sex work’ in order to reach their quotas; but the doctors who conducted NGO testing were not subject to such quotas.
Doctors also used more blunt tools of classification, such as yes-or-no questions. Moreover, doctors’ judgments were often based on a single face-to-face interaction in the clinic, in the absence of knowledge about a woman’s socio-spatial context. Thus, order to enter the testing registry as a sex worker and to access coveted sexual and reproductive health services, women had to either explicitly acknowledge ‘going out,’ or exhibit recognizable forms of visual and behavioral feminine transgression. Here, language use and behavioral performances that might be judged immoral, deemed inappropriate or disrespectful, or serve as grounds for discrimination by other service providers, became *necessary* to gaining access to services at AIDS organizations.

Thus, in effect, AIDS organizations targeting ‘sex workers’ largely recruited among working class women who ‘fend for themselves.’ In order to receive gynecological exams, these women had to be willing (or desperate enough), to perform recognizable tropes of feminine transgression in the clinic – a setting in which they typically would not do so. Those unwilling (or unaware that it was necessary) to perform in this way would be denied services. As I will discuss in the next chapter, the demands of this kind of triage also had consequences for outreach workers. AIDS organizations succeeded in recruiting women in highly precarious socio-economic situations, who were in great need of health and social services. Yet, not only were outreach workers required to deny sexual and reproductive services to a significant portion of these women who did not qualify as ‘sex workers,’ but they also were only able to provide those women who did qualify with limited health services. This is where the parallels between the paradigm of contagion of the colonial period and contemporary efforts to prevent HIV become apparent, both of which narrowly focus on preventing and managing sexually transmitted infections without addressing broader health needs and contexts of vulnerability. In the next
chapter, I explore the frustrations and burnout this caused among outreach workers who strove to provide quality care for the women they served.
Chapter Four
Weighing in on Risk: A Comparative Perspective on Sex Worker Participation and Institutional Context

Introduction

Many scholars of law and policy have shown that actors in global health and development are increasingly concerned with inclusionary approaches that integrate the state, scientists, civil society and their respective forms of expertise (Gordenker & Weiss 2004; Haas 2004). In the realm of risk prevention, Jasanoff (2006) documents a shift from “risk management” dominated by technocrats and mathematical models, to “risk governance” that calls for the involvement of citizens and their representatives to participate in making tough political decisions about pressing health-related concerns. According to Harding (2000), the involvement of citizens and affected communities in deliberations about the nature of risk and appropriate responses to it has the potential to both promote social justice and enhance scientific knowledge through innovation. Yet, the conditions under which this potential might be realized in diverse contexts are far from clear.

This chapter examines how women targeted by Moroccan NGOs’ sex worker programs participate in defining the nature of their risk and vulnerability. In Chapters One and Three, I argued that the narratives of my interlocutors served to de-exceptionalize the risks of sex work by placing them in the context of a broader exploitation of poor and working class Moroccans, emphasizing their vulnerability less in terms of sexual behavior than in relation to poverty and inequality. In this chapter, I explore if and how this socio-structural narrative of vulnerability was adopted by frontline workers at AIDS organizations, and I detail the implications for the treatment of women labeled as ‘sex workers.’ To do this, I compare two AIDS organizations
where frontline staff articulated vastly different discourses about the lives and characters of sex workers. In *All Together Against AIDS*, frontline staff expressed solidarity with female sex workers and critiqued the structural nature of their vulnerability. By contrast, in *Grassroots AIDS Action*, frontline staff frequently made derogatory generalizations about female sex workers, and tended to link their health issues to individual failings.

I argue that the propensity to read vulnerability either in solidarity with the narratives of sex workers – in terms of structural conditions – or as individual fault cannot be properly understood without attention to the institutional context of each NGO and the specific demands of AIDS work within these contexts. Both NGOs served women in highly precarious socio-economic circumstances, and their needs overflowed far beyond the minimal sexual and reproductive health services offered by the NGOs. Furthermore, AIDS organizations were hampered by the same problems that plagued the Moroccan healthcare system at large: namely, shortages of supplies and medications, and difficulties recruiting doctors for testing and exams. The NGOs also faced rigorous audit requirements of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which required them to document the numbers and characteristics of recruited female sex workers (as described in Chapter Three). However, these difficulties and challenges were managed, experienced, and interpreted differently at each NGO, in ways that related to their disparate institutional contexts.

*All Together Against AIDS* was a large, bureaucratic organization with strong connections to international donors and health experts. By contrast, *Grassroots AIDS Action* was smaller, less bureaucratic, and had weaker ties to donors and health experts. As I will show, these differences laid the groundwork for different ways of organizing the relationship between sex worker peer educators and non-sex worker frontline staff, which in turn, encouraged divergent ways of
approaching sex workers and their vulnerability – either in solidarity with sex workers, or in terms that blamed sex workers for individual failings.

I analyze this interface between sex workers and frontline staff by drawing on a longstanding tradition in medical sociology and anthropology that explores how professional roles and responsibilities and the organization of work environments shape relationships between those soliciting care and those providing it (Eisenberg 1979; Clark, Potter & McKinlay 1991; Lupton 1997; Hopper 2001; Berwick 2009). In the context of community psychiatry, anthropologist Paul Brodwin (2013) has shown how the views of frontline workers are contextually situated, shaped in relation to the mundane details and routines of everyday practice, as well as broader social, political, and economic factors that shape the contours and constraints of their profession.

Describing the challenges of working with populations that face multiple forms of structural disadvantage, Brodwin argues that the “social abandonment of clients rebounds” onto frontline workers, “creat[ing] distinctive impossibilities of this line of work” (3), often provoking anger, frustration, and particular kinds of moralizing about the nature of their work and those they serve. Drawing on this framework, my ethnographic research similarly demonstrates how contrasting judgments about poor and working-class female sex workers are more than the simple expression of cultural biases or individual moral perspectives. In this chapter, I use a comparative perspective to demonstrate how the integration of female sex workers into NGO social life is differently shaped within distinct organizational contexts and relationships with frontline workers, which are, in turn, conditioned by institutional features and international funding requirements.
A great deal of literature on NGOs and participation critiques the work of large, bureaucratized organizations with strong relationships to western funders. Drawing on research in Palestine, for example, Jad (2004) argues that the organizational structure, institutional mandate, and skills required of NGOs to build professional relationships with international funders are very different from those needed to build relationships with local constituencies. And many other scholars have highlighted how the bureaucratization and professionalization of NGOs shifts accountability upwards, away from local or marginal constituencies and issues, thereby challenging their responsiveness to the local conditions and populations they aim to serve, and neutralizing reformist possibilities (Arellano-López & Petras 1994; Edwards & Hulme 1996; Lang 1997; Gideon 1998; Bebbington 2005; Jad 2007). Taken together, this body of literature argues that strong vertically oriented ties to large foreign (specifically, Western) donor organizations depoliticizes local development projects and reduces opportunities for meaningful participation of local subjects.

However, my comparison between sex worker participation in All Together Against AIDS (a large, bureaucratic NGO with strong donor ties) and Grassroots AIDS Action (smaller, less bureaucratic, and with weak donor ties) challenges this literature. My research suggests that there is not necessarily an oppositional relationship between donor-friendly, bureaucratic NGOs and the participation of marginal groups in defining risk and vulnerability. In fact, I will show that the bureaucracy and technical expertise of large, donor friendly NGOs like All Together Against AIDS may serve as a buffer, protecting constituencies from what might be understood as the reductive gaze of an audit culture, which decontextualizes HIV risk and reduces it to individual and behavioral metrics (Reynolds 2014). In All Together Against AIDS, sex workers participated by providing voluntary assistance both out in the field and through brief visits to the NGO’s
headquarters. Their lives were apprehended through multiple forms of contact that made visible the ethnographic details of their everyday lives and provided a contextual perspective.

Conversely, at the smaller *Grassroots AIDS Action*, one might say that sex workers were more directly subjected to the specific demands of audit culture; sex worker participation consisted of being held accountable for recruiting quotas of high-risk groups (a task they were ill-equipped to complete), and sex workers’ lives and perspectives were filtered through the frenzied collection of discrete, numerical data; this rendered invisible the broader socio-economic contexts of their everyday lives. As a result, sex workers were viewed more generously at *All Together Against AIDS*, and the perspectives on vulnerability articulated by frontline staff were more open and responsive to those articulated by sex workers themselves. Meanwhile, sex workers were viewed more critically and suspiciously at *Grassroots AIDS Action*, and the frontline staff typically presented perspectives on their vulnerability that foregrounded individual shortcomings. (See Appendix E for a short-hand comparison between the two organizations.)

**Sex worker participation in Moroccan AIDS work**

Since the 1990s, there has been an increasing interest in participatory approaches to public health across the globe (Beeker, Guenther-Gray & Raj 1998). The call for participatory projects – articulated in terms of “a ‘bottom-up’ approach with a focus on locally defined priorities and local perspectives” – has been justified in terms of both effectiveness and social justice (Cornwall & Jewkes 1995). However, Cornwall (2007) describes the term ‘participation’ as a buzzword that “gain(s) [its] purchase and power through [its] vague meaning and euphemistic qualities, [its] capacity to embrace a multitude of possible meanings.” Drawing on W.B. Gallie (1956), Cornwall states that buzzwords are “essentially contested concepts,” terms that “combine
general agreement on the abstract notion that they represent with endless disagreement about what they might mean in practice” (471). If in development discourse buzzwords like participation tend to have uniformly positive connotations, dissecting the term’s real-world implications for the communities and individuals who actually ‘participate’ requires a “focus on actual social practices rather than wishful thinking” (Rist 2007: 25). The following sections examine how the ‘universal’ (Tsing 2005) of sex worker participation translates on the frontlines of Moroccan HIV/AIDS work.

In Morocco, the participation of female sex workers is an important part of the National HIV prevention strategy. The 2007-2011 National Strategic Plan states, for example:

Identified key populations most at risk to HIV infection are the priority targets of the interventions…the approach adopted in relation to these vulnerable groups is a dynamic and participative Human Rights-based approach…the active participation of the concerned individuals will be encouraged at all activity implementation stages, particularly through peer education and mediation, as well as through engaging them in specific studies and evaluations. (Kingdom of Morocco 2007: 37-8)

Here, the national plan clearly emphasizes the value of participation in HIV prevention, operationalized through peer education. The 2012-2016 National Strategic Plan also highlights the participation of key populations like female sex workers through “community-based prevention” [prévention de proximité] and “peer education” [l’éducation par les pairs] (Kingdom of Morocco 2012b). Each of the six AIDS organizations where I interviewed staff, including the two NGOs I compare in this chapter, described sex worker participation in terms of community-based prevention programs that relied on peer educators.

As I argued in Chapter Three, although various forms of sex work occur across the socioeconomic spectrum in Morocco, those female sex workers involved in HIV prevention disproportionately come from precarious socioeconomic conditions and have limited literacy. Given the documentary requirements of public health’s audit culture (also described in Chapter
Three) each NGO whose staff I interviewed combined community-based peer education with the use of literate frontline staff [les personnes relais]110; this non-sex worker frontline staff served as the contact point between peer educators and NGOs, and they assisted with the required documentary practices.111 A manager of a Souss-Massa-Drâa AIDS organization succinctly describes this approach:

For most-at-risk populations, namely sex workers and men who have sex with men...[we] put in place community-based prevention programs [prévention de proximité]. It’s an approach based on peer educators [les pairs éducateurs] as well as frontline staff [intervenants] that work in the field...[we] do not expect that vulnerable groups will [spontaneously] come to us, but we developed this community-based approach where we do outreach [faire des permanences]112 in locations where these populations gather.

This presents the basic structure of Morocco’s ‘participatory’ approach to HIV prevention, which combined the work of largely literate, non-sex worker frontline staff (here called ‘intervenants’) and largely illiterate sex worker peer educators.

Pablo Alejandro Leal (2007) argues that the term ‘participation’ is historically rooted in a radical politics of social transformation. However, Leal argues, in contemporary health and development, participation has been “reduced to a series of methodological packages and techniques” which have led to “participation’s political decapitation” (2007: 539). Indeed, in the context of Moroccan AIDS organizations, the goals of participation are not political, but functional: the ‘participation’ of sex workers as peer educators was the most efficient way for NGOs to recruit other sex workers. As described in Chapter Three, peer education was also strategy to overcome the difficulties of outreach work described in Chapter Three; it allowed non-sex worker frontline staff to manage their reputations.

Thus, peer educators allowed NGOs to recruit members of the ‘target population,’ by going to places that non-sex worker frontline staff could not or would not go due to concerns for physical safety or reputation, described in Chapter Three. Ultimately, sex workers were
incorporated into AIDS work, not for political concerns, but because they were considered strategically necessary to meet the NGOs’ bottom line of recruiting new contacts, and this was a common feature of all AIDS organizations where I conducted research. However, despite this commonality among AIDS organizations, the character and form of sex workers’ participation at each one was shaped in relation to NGOs’ institutional features and the distinct pressures faced by each organization. This laid the groundwork for different relationships between frontline staff and sex workers, and ultimately, different ways of assessing sex workers’ characters and the nature of their vulnerability.

Comparing All Together Against AIDS and Grassroots AIDS Action

On paper, All Together Against AIDS and Grassroots AIDS Action seemed similar. Both of them cobbled together funds from various international donors to support their sex worker programs, the most prominent donor being the Global Fund. The two NGOs thus had similar reporting requirements defined by the Global Fund’s Performance Based Financing approach, which prioritized bringing in ever increasing numbers of most-at risk populations like female sex workers. In both All Together Against AIDS and Grassroots AIDS Action, the sex work teams shared four different classes of actors: (largely illiterate) peer educators; (literate) non-sex worker frontline staff; an outreach team manager; and an office manager. But after that, the two organizations’ structures diverged drastically. All Together Against AIDS had offices all over the country, and Grassroots AIDS Action was only in Souss-Massa-Drâa. Here, the sex work team leaders and office manager reported directly to the organization’s board of directors. In the larger All Together Against AIDS, by contrast, team leaders and the office manager had a complex chain of higher ups, both in the local and national organization.113
The division of labor between peer educators and frontline staff was also different in the two organizations. In the smaller *Grassroots AIDS Action*, the frontline workers spent most of their time inside the walls of the organization, completing paperwork. They were called *meneuse*, literally “leader” or “manager,” and their job was essentially administrative and bureaucratic; they oversaw the activities of the peer educators through educational training, supervision, and administrative tasks. They also sometimes assisted with HIV tests in the clinic and the mobile testing van. Three times a month, they went out into the field to supervise the outreach activities of the sex worker peer educators as they distributed condoms and recruited sex workers to come in for testing and exams. The *meneuses* all had advanced degrees, for example, in nursing, midwifery, and social work.

In *Grassroots AIDS Action*, the actual practice of outreach and recruitment fell largely on the shoulders of sex worker peer educators. During my time at *Grassroots AIDS Action*, ten female sex workers were employed as peer educators and received 500 dirhams (approximately US$50) per month. They did outreach work – termed *permanence* – that included handing out condoms, delivering awareness messages, and telling people about the center. Peer educators were required to do *permanence* twice a week for two hours per session, and they were encouraged to go to different areas on the sex worker cartography (described in Chapter Three) each time. Peer educators had to report on their outreach and collect more condoms by coming to the NGO locale twice per week on scheduled days. They also had to bring at least three women to quarterly events and attend a quarterly evaluation meeting.

But the most important part of the peer educator’s job at *Grassroots AIDS Action* was to bring in new ‘sex workers’ – to bring in the numbers, as described in Chapter Three. Each month, they had to provide the names of ten new contacts they had made, bring in four people to
do HIV tests, and bring in five people to get gynecological exams. “That’s the minimum!” One of the frontline staff told peer educators during a training, “That’s for people who are basically sleeping.” To get credit for their quota, they generally had to accompany the sex worker to the testing center and wait for them to finish testing before returning home. Ideally, they were supposed to use this time to provide the recruits with information on HIV and STI prevention and safer sexual practices, though this rarely happened. On the days where peer educators were scheduled to report to the organization, the meneuses (non-sex worker frontline staff) met them at the organization and recorded their contacts.

Somewhat counter-intuitively, in the larger association All Together Against AIDS, which had a more complicated administrative structure, frontline workers spent very little time completing paperwork. Here, frontline workers were called intervenantes, which can be translated literally as “interventionists,” or “interveners.”¹¹⁴ Their main responsibilities included outreach and education in the field, including – as described in Chapter Three – in the clinic, in nearby working-class areas, and in locations where there would be a mobile testing campaign. Unlike at Grassroots AIDS Action where it was up to sex worker peer educators to ‘bring in the numbers,’ at All Together Against AIDS, the (non-sex worker) intervenantes were responsible for the outreach work that would yield new sex worker contacts. During my time at All Together Against AIDS, there was a team of five intervenantes (all women) working in the female sex worker outreach program. They were paid approximately 1,800 dirhams, or a little over US$200 per month, to work five afternoons per week and two to three mornings, depending on need. All of the frontline staff were literate in Arabic and French, and three of the team also spoke Tashelhit (the southern Amazigh dialect). None of the intervenantes, to my knowledge, had undergraduate or professional degrees.
The intervenantes at All Together Against AIDS were assisted in their work by volunteer peer educators. ‘Sex workers’ who had received services at the NGO could officially become a peer educator by completing a two-day workshop that included teaching about prevention of HIV and other sexually transmitted infections as well as training in communication techniques to help convince others to use condoms and come into the NGO’s office for testing. Unlike at Grassroots AIDS Action, peer educators at All Together Against AIDS were not paid. However, they did receive a 50 dirham (approximately US$5) transportation stipend each time they were asked to come to the association.

In practice, the most important contribution made by peer educators and other ‘sex workers’ to daily NGO operations was to direct intervenantes to neighborhoods and houses where other ‘sex workers’ lived, and to recruit their friends to partake in NGO services. Peer educators were also integrated into trainings with other key personnel such as doctors and administrators; their feedback was periodically solicited during administrative meetings; they were sometimes asked to travel for national conferences in other cities; they came into contact with high-level civil servants, and were recognized for their important perspective on local realities.115

To summarize, in broad brushstrokes, at the smaller Grassroots AIDS Action, non-sex worker frontline workers [meneuses] spent most of their time completing paperwork inside the physical space of the NGO. Meanwhile, sex worker peer educators were employed for outreach work and were required to meet sex worker quotas each month. At the larger All Together Against AIDS, non-sex worker frontline workers [intervenantes] spent the bulk of their time doing outreach, education and recruitment; the responsibility for bringing in the numbers lay largely on their shoulders, but they were assisted by the mostly unpaid, and voluntary labor of
sex worker peer educators.

Organizational pressures of All Together Against AIDS and Grassroots AIDS Action

The organizational pressures on the two AIDS associations were also distinct. While the two NGOs were subject to the same documentary requirements, the larger All Together Against AIDS had resources and technical advantages that lessened the burden on peer educators and frontline staff. All Together Against AIDS had a central database and a computer software package kept by the office manager that easily converted monitoring and evaluation reports into the format required to demonstrate program effectiveness in national arenas; this significantly eased the demands of paperwork associated with outreach activities. However, at Grassroots AIDS Action, which had fewer administrative and technological resources, the frontline workers had to complete these documents themselves, by hand.

All Together Against AIDS had also established a strong global presence through long-term relationships with European and American researchers and international health organizations. In part through these relationships, All Together Against AIDS had developed substantial technical expertise in international best practices in HIV-related research and programming. They had a professional cadre of English-speaking staff with expertise in research and monitoring and evaluation and they collaborated often and easily with international health experts. By contrast, the smaller, regional Grassroots AIDS Action did not have English speakers on staff, and struggled to gain access to the research tools and techniques that would make them look professional when they represented themselves at regional and national AIDS strategy meetings.

I watched staff at Grassroots AIDS Action prepare for several of these meetings,
struggling to get their reporting paperwork together in case they were called upon to demonstrate their progress in technical and numerical terms. Prior to one meeting, for example, the whole office was in upheaval trying to perform their first cartography of risk groups in the area – mapping out the hot spots where ‘sex workers’ were plying their trade throughout the city. “It’s really difficult,” one staff member would tell me, “we haven’t been given any training in how to do this, so we’ve had to piece together the technique ourselves.” Prior to another meeting, I sat with a staff member while we worked through a computer-based “electronic planning device” that indicated all the information the NGO would need in order to answer questions about the activities of Grassroots AIDS Action at a regional meeting. We combed through it carefully, and the stress it induced was evident. “What if they ask me these questions and I don’t know what to say?” The staff member told me, laughing, but clearly concerned. No one in the NGO was trained in monitoring and evaluation, so they asked me to work with them on establishing a system for this same purpose, to have data just in case someone came to ask for it. “I always want to be prepared,” the program manager told me. When they did attend such events at national and regional levels, representatives of Grassroots AIDS Action told me they often felt disrespected. One staff member said that the team at Grassroots AIDS Action was “looked down upon” [mhogrīn], another called the organization “marginalized” [mhemmicha]; and they often felt they had to fight harder to be respected and included. Ultimately, all this stress on appearing professional and gaining respect at the national and international level served to place more emphasis and pressure on the importance of data gathering and accounting.

In sum, All Together Against AIDS had a cadre of technical and research experts and a well-established computer system for conducting research and processing monitoring and evaluation paperwork. Their frontline workers therefore had minimal paperwork duties, and were
free to spend their time doing other tasks (including direct outreach with female ‘sex workers’).

*Grassroots AIDS Action* – smaller and without the same resources, connections or technical expertise – was not only under greater pressure to compete for resources by demonstrating their professionalism in regional and national forums, but they also had fewer social and technical resources to do so. Organizational resources, structure, and context laid the backdrop for differences in the way outreach responsibilities were distributed in each NGO. The following sections explore how the organization of responsibilities shaped the experience of outreach work for frontline staff, as well as the implications for how ‘sex workers’ participated in HIV prevention, how they were treated by staff members, and how their vulnerability was understood.

**The hidden costs of HIV/AIDS work**

As described in Chapter Three, the single most important task of the outreach team (comprised of sex worker peer educators and non-sex worker frontline staff) was bringing people to the association. In trainings, the role of outreach team members was described as serving as “an intermediary” [wasīta]. NGO staff members tended to describe the skills required to do outreach in terms of knowing how to talk to people, a capacity embodied in a “particular way of speaking” [ṭarīqa fāsh katheḍr] that was used to “convince” [qne ] people to come to the organization. This sentiment was encapsulated by the local director of *All Together Against AIDS* when she stated that outreach workers were the “tongue” [lisān] of the organization. In Moroccan Arabic, as Crapanzano (1980: 78) notes, the wasīta is understood to be bound into relationships of mutual obligation and reciprocity, with the expectation of a return. In fact, success in outreach work required significantly more than “a particular way of speaking”; it required forging reciprocal relationships through the investment of time, and social and material capital.
Outreach and recruiting at All Together Against AIDS

At the larger All Together Against AIDS, a significant portion of my ethnographic research was spent assisting frontline workers in their day-to-day outreach. We sought out ‘sex workers’ in street-based sex work locations, in working-class urban residential neighborhoods, and peri-urban neighborhoods around farms and factories. Each week, frontline staff reported to the NGO where they picked up large boxes of condoms for distribution and received their weekly outreach assignments. Day after day, we made phone calls and stopped by ‘sex workers’ houses; we pounded the pavement, canvassing neighborhoods, knocking on doors, or conducting triage and education at the clinic and during testing campaigns. In each of these tasks, peer educator volunteers were essential in recruiting their friends, providing phone numbers, and directing us to new houses where ‘sex workers’ were believed to reside.

Frontline staff recognized the centrality of ‘sex workers’ in recruiting and achieving their quotas of new contacts, and they worked hard to cultivate these relationships. For example, frontline workers Nadine and Yousra shared a big black book with phone numbers and addresses of peer educators and other ‘sex workers’ who lived all around the region, and whom they could call upon to help with recruiting and to orient them during testing campaigns in new areas. “Do you see this book?” Nadine told me, placing her hand on an open page. “This represents years of hard work.” “We had to make all these connections ourselves,” Yousra added. “We’ve traveled everywhere, knocking on doors, getting turned away, people yelling at us. But finally we’ve created an army.” This hard work had been consolidated in a little black book, which now constituted a key to unlocking important networks of women involved in sex work.

Yet these networks still required effort to organize. Recruiting was time and effort
intensive, and it included many hidden costs. None of the frontline workers had their own cars, and they had to pay transportation fees to and from the NGO, and then to and from the neighborhoods where they did outreach. They had to spend relatively expensive phone credit to call their sex worker contacts to help with recruitment. And, they often had to offer the peer educators and other ‘sex workers’ portions of their own pay to help recruit reluctant women to attend particular meetings or testing events. I watched (and often chipped in, despite their protests) as they shelled out dirhams from their own pockets to keep operations afloat, and they often complained about how these operational and recruiting expenses ate up their salary.

Outreach and recruiting at Grassroots AIDS Action

The smaller Grassroots AIDS Action organized recruiting labor differently. Here, that work was largely carried out by sex worker peer educators. And Grassroots AIDS Action peer educators often reported – sometimes in whispers, sometimes in angry retort to being reprimanded for a failure to bring in more women – how hard it was to reach their quotas. “People don’t want to come!” Rania told me softly, when the frontline workers had left the room. Fadwa, another peer educator, concurred. “It’s true. People don’t want to get tested. So to get them to come, you have to at least pay for their transportation to get here.” I heard this over and over again: peer educators complained that their already meager 500 dirham ($50 US) monthly stipend was almost entirely consumed by traveling back and forth from the association, and by being forced to pay the transport fees of those they brought in for testing. Once I heard Imane, a peer educator, explaining to a frontline worker why she had not been able to fulfill her monthly quota “I couldn’t afford to pay the transport fees to bring them here!” She exclaims angrily. “You don’t know how to talk to people,” Salma, the frontline worker retorted. “You shouldn’t be paying
people. You’re supposed to convince people to come by explaining why their health is important, as we taught you in the training.” Later I would hear Salma say to another frontline worker, “Imane has no communication skills.” This was just one instance of many, and I will discuss more below, where an NGO staff member saw individual failing where one of the peer educators saw an institutional problem.

But as my ethnographic research shows, successful recruitment required not just skilled oration, but an ability to mobilize one’s social networks, which often required time and resources (for transportation, phone calls, or even monetary incentives). Given the precarious socio-economic situations of the ‘sex workers’ attending AIDS organizations, it is perhaps not surprising that many of them were unable to meet Grassroots AIDS Action performance requirements. For example, none of the peer educators lived close to the NGO; transportation to and from the organization was time consuming and costly. Furthermore, the majority of ‘sex workers’ were single mothers raising children who were technically not supposed to come with them to the association. The peer educators frequently broke this prohibition, and the NGO staff often chastised them for it. Due at least in part to these difficult logistics, peer educators often did not show up on their appointed days. As a result, Grassroots AIDS Action had a great deal of turnover in their peer educator staff; once a woman’s personal network was exhausted, she was often dismissed. The women who managed to secure long-term employment at Grassroots AIDS Action were not those who most needed the work, but those with the ability to invest social and material resources to mobilize their social networks to bring women in for testing. A contrast between Grassroots AIDS Action peer educators Latifa and Noura illustrates this broader phenomena.

Latifa was a skilled intermediary [wasīṭa] and the kind of sex worker coveted by AIDS
organizations. Like many other working-class women, Latifa also made money through ‘buying and selling’ [al-bīṣū ḥashrā']. She made trips to different regions of Morocco to buy clothes, jewelry and cosmetics and then resold them for a small profit in Agadir and surrounding towns. Her products were popular, and she often brought them to sell in the association to other peer educators and to the frontline staff and other NGO employees. She was also an excellent cook and made money as a caterer, getting business through word of mouth. But most importantly, Latifa was a network hub, a go-between for all kinds of licit and illicit transactions. While I was a guest at Latifa’s house for lunch one day, her phone did not stop buzzing. She spoke to catering and sex work clients, referring some to her friends, keeping some for herself. She received a visit from a neighbor, who knew Latifa could be trusted to discreetly bring her to a particular ḥarām (a vernacular religious healer, many of whom engage in practices considered ḥarām) who did not discriminate against clients who had non-marital relationships. At the NGO, I often saw Latifa in private conversations with other male and female peer educators, whispering, exchanging goods and money. Latifa’s centrality in socio-material networks and her ability to accumulate favors was reflected in her performance at the AIDS organization. She had no trouble bringing in women week after week. “I have people lining up to come with me each day,” she once bragged to me. Latifa’s ability to mobilize her networks and call in favors to successfully bring more and more women in each week was much more of an asset for the NGO than her communication skills alone.

However, Noura, a Grassroots AIDS Action peer educator who had been added to the roster just before I arrived at the NGO, did not have the same knack for harnessing a broad social network. Noura had freckles like me, which the peer educators assured me was an undesirable trait, and we would often sit together while she told me about skin care and offered solutions for
how to get rid of them: “Have you tried lemon juice? What about milk?” Like many of the peer educators, Noura had never attended school and could not read or write. She struggled to use even the address book on her phone (available only in roman letters), so I would often help her make phone calls: “How do I call Hajar from Boujloud?” she would ask softly. I would take the phone and type in “H,” scroll down to find the correct contact, and hand it back to her.

Noura was often sick, with a stomachache, a headache, and one time a rotting tooth that she didn’t have time or money to see the dentist about. She frequently looked exhausted, with large dark circles under her eyes. Noura had a four-year-old son named Hamza. And she told me she had trouble sleeping at night for fear that she wasn’t being a good mother to him. Hamza’s father was a wealthy man, Noura told me, who had promised to marry her. But when she got pregnant, the man denied that he was the father and to this day she has been struggling with the courts to get her son official papers. “It’s been four years, but still nothing, no papers. The people in the court don’t care about ordinary people, all they care about is money. If you can’t give them money, you might as well leave,” she tells me. Lacking childcare, Noura would often bring Hamza to the association with her, even though it was frowned upon by the staff. “What kind of person brings their child to a work meeting?” a frontline worker said to Noura one day, laughing but making a sour face. One day, Noura’s difficulty keeping up with the demands of the work came to a head.

About six months after Noura had joined Grassroots AIDS Action, I heard the frontline workers talking about letting her go. They told me that she didn’t do enough work, and that she struggled to convince women to come to the organization. And then one day, she didn’t show up when Amal, the frontline worker who supervised her, was supposed to check-up on her work. When Noura arrives at Grassroots AIDS Action the following week, Amal hands her a check and says, “Sign here. This was your last month.” I feel extremely uncomfortable, though I keep my eyes on the paperwork I’m filling out for Amal, concentrating on putting the “X” marks in the right box. When Noura asks for an explanation, Amal launches into a tirade about Noura not showing up for work. “I didn’t have money to come,” Noura says meekly. “You should have called,” says Amal.
I immediately recall Noura’s difficulties using the phone, as well as the fact that cell phone calls and texts cost money. In fact, even the frontline workers at Grassroots AIDS Action did not use their own phones, but made work-related calls through the office landline for precisely this reason. Noura looks like she wants to disappear, and murmurs something about a misunderstanding, she went to the wrong place. At this point, Noura is contradicting herself, and Amal snaps, “You keep talking, but you have no idea what you’re saying.” Amal continues the humiliation, drawing in Soukaina, a long-time peer educator who is also a friend of Noura’s. But here Amal has enlisted Soukaina against Noura, holding Soukaina up as a model to be contrasted with Noura’s failure. “What time did you leave to get here on time, Soukaina? (Early) How long did it take to get here? (Almost 2 hours) Did you have to leave your son at home? (Yes)” Soukaina looks pleased to be praised as a model but Noura is visibly shaken, mumbling soft protests, making nervous adjustments to her headscarf.

Later, I am sitting outside with peer educators Rhita and Latifa, and Noura comes outside to announce that she won’t be coming back to the NGO. “You’re not coming back?” Rhita acts surprised, though I had heard her and Soukaina gossiping about it earlier. “No,” says Noura. “They say I can’t come back.” Then with a rush of anger, she adds, “But what am I going to do? Call them and tell them I don’t have money to get to permanence? I was ashamed,” she explains. And she continues to say angrily that she spends so much money paying clients to come to the association she doesn’t have transport money for herself. Rhita nods in agreement, “How are you supposed to get there if they don’t give you transport money?”

Here, again, we see a disagreement about the root cause of poor performance: Amal accuses Noura of being unprofessional in multiple ways, while Noura argues that difficulties with AIDS recruitment, poor compensation for her work, and her difficult life circumstances make it impossible for her to act professional.

Moreover, the contrast between Latifa and Noura helps make clear the role that peer educators played at Grassroots AIDS Action and the characteristics NGO staff looked for in sex worker peer educators. Latifa was well-connected and had flexible social resources available for the arduous task of convincing women to come to the association; as a result, she performed extremely well at Grassroots AIDS Action. Noura, on the other hand, was simply struggling to care for herself and her son. She lacked the resources, social or otherwise, to invest in corralling women to get an HIV test. And while Latifa was able to secure long-term employment at the association, Noura was often reprimanded for being unprofessional (as in the derogatory
comment about bringing her son Hamsa to work); Noura was ultimately fired after only six months. In my time at Grassroots AIDS Action, I saw three other peer educators in similar circumstances get fired abruptly for failing to complete their performance requirements.

In both AIDS organizations, discourses suggesting that successful outreach was a function of ‘knowing how to talk to people’ obscured the social and material resources required for recruiting. In the larger All Together Against AIDS, these hidden costs were born by non-sex worker frontline staff who did manage to complete their responsibilities, but often by making contributions from their own pockets. In the smaller Grassroots AIDS Action, the hidden costs of outreach lay on the shoulders of sex worker peer educators. Given the precarious socio-economic situations of those attending AIDS organizations, many women were unable to invest the socio-material capital required to meet Grassroots AIDS Action performance requirements. My research suggests that the expectations of peer educators at All Together Against AIDS— to provide ad-hoc, voluntary assistance in the context of reciprocal social relationships – were more reasonable for working-class women, who were often single heads of households struggling to make ends meet. Later sections explore how these distinct performance demands and expectations were related to frontline staff’s assessments of ‘sex workers’ character and vulnerability.

Outreach worker frustration: Providing limited services in a sea of need

Aside from the required investment of time, money, and social connections, there were other difficulties to outreach work. Not only did outreach workers face the uncomfortable task of refusing sexual and reproductive health services to working-class women who did not qualify as ‘sex workers’ (as described in Chapter Three), they were also able to provide only limited health
services to those who did qualify. Furthermore, AIDS organizations were hampered by the disparities that plagued the Moroccan health care system at large, shortages of supplies and medications, and difficulties recruiting doctors for testing and exams. As a result, frontline staff members were charged with negotiating tensions that arose from the discrepancy between the vast needs of women seeking services and the restricted and provisional forms of care available.

Overall, the Moroccan healthcare system is characterized by high levels of inequality and extreme barriers to care for Morocco’s poor and working class (Boutayeb 2006). Morocco ranks among the five lowest countries in the WHO’s Eastern Mediterranean region rankings in the adult health component of the Human Development Index (World Bank 2014). According to the World Health Organization (2006), Morocco’s healthcare system has severe shortages in healthcare workers (medical, nursing, and paramedical staff), inappropriate skill mixes, and gaps in service coverage. Across Morocco, 24% of the population reports facing difficulties in accessing health services (ESEC 2013). In 2013, patients were paying an average of 88% of healthcare costs from their own pockets (World Bank 2014). Furthermore, corruption is rampant in the health sector, including the widespread practice of soliciting bribes to gatekeepers in order to access public services (ICPC 2011).

There are similar problems in the realm of sexual and reproductive health. For example, a recent survey reported that the majority of Moroccan women (52%) had never visited a gynecologist or obstetrician and nearly one quarter of all women (22%) visited only when pregnant. The same study reported that only 6% of Moroccan women went to a gynecologist or obstetrician at least once every two years, and upper-income women were more than 10 times as likely to have done so (SWMENA 2010: 10). Women attempting to access sexual and reproductive health services at AIDS organizations also reported severe deficiencies and abuse in
their experiences with the public health system, including poor quality of care, a lack of specialists, bribery and corruption, and discrimination that made it difficult, and sometimes impossible, for them to access the care they needed (Afilal & Mellakh 2003).

The difficulties and frustrations of outreach work were shaped against this background of inequality and medical deficiencies. Both NGOs faced chronic shortages and delays in getting condoms, medications, and supplies; during the course of my fieldwork, they ran out of speculums and antibiotics several times and shipments of condoms from the Ministry of Health were often delayed. And the doctors at both NGOs – who were largely (sometimes reluctant) volunteers, paid only a small stipend – were often late or did not show up at all for assigned testing and exam days. However, these frustrations and challenges were channelled in different ways at Grassroots AIDS Action and All Together Against AIDS.

Frustration with inadequate health care at Grassroots AIDS Action

It is Thursday afternoon, and the doctor is scheduled to be at Grassroots AIDS Action for sex worker testing and gynecological exams. But the doctor, I am told, has decided to take an unscheduled vacation. Yousra, a sex worker who has just been hired as a peer educator, walks into the main room of the testing center. I am impressed to see that she has brought eight women in for testing – they filled two grand taxis from Ait Melloul, she tells me, proudly. It’s only been a week since she has completed her training, and she’s clearly motivated to do a good job. But Yousra’s smile drops as she is told that the doctor isn’t coming. Ait Salam is about 45 minutes away, and a significant taxi fare; the time and money she invested to get these women here will be wasted. The women Yousra has brought to the center won’t get tested, so it doesn’t appear that they will count towards her monthly quota. The secretary at the front desk tells Yousra she can go home. “Will the doctor be here next Tuesday?” Yousra asks the secretary. “God willing [Inchallah],” the secretary gives a highly noncommittal response, indicating that the doctor may show up, or he may not. Yousra looks around, clearly angry, but everyone is busy doing other things and no one validates her frustration. She turns to the women she brought with her, who are waiting quietly in near the doorway, and she ushers them outside.

The following Thursday Yousra is supposed to come to the center again, bringing women and reporting on her activities to the frontline workers so they can fill out their paperwork. But she doesn’t show up. “Where is Yousra?” Amal, a frontline worker asks in frustration, motioning to a stack of blank forms that Yousra’s information would be used to complete. I
wasn’t surprised that Yousra didn’t show up today, and I described to Amal the incident I had witnessed the previous week. Amal, however, doesn’t share my sympathy for Yousra, and she exchanges glances with Mouna, another frontline worker. “She needs to be patient,” Mouna says, shaking her head. Amal goes to the front office to call Yousra. I hear Amal’s angry voice from the next room, reprimanding her. Amal hangs up and returns to her stack of papers, mumbling something about Yousra being untrustworthy. “Sex workers are impossible to work with; you can’t trust them,” Mouna concurs. Shortly after this incident, I was told that Yousra was let go.

In this vignette, both the doctor and Yousra, the sex worker, impede NGO operations by failing to show up. For the frontline staff at Grassroots AIDS Action, the doctor’s absence was considered something unremarkable, a fact of life that one needed to accept or “be patient” with. An absentee doctor was not an uncommon occurrence, and this was understandable to frontline workers at Grassroots AIDS Action, who told me they were grateful for the doctors showing up at all. “The stipend we pay doctors is just symbolic,” Mouna had once told me, “the doctors practically volunteer their time; they have other jobs and other duties, and they get paid much more doing hourly work in private clinics.” Yousra’s absence, on the other hand, was attributed to a character flaw, which Mouna and Amal claimed was common to ‘sex workers.’ Over and over again, frontline workers at Grassroots AIDS Action described ‘sex workers’ as “untrustworthy” when they failed to show up or satisfy their performance requirements. Frontline workers did not consider ‘sex workers’ broader context in the same way as they did the doctors.

Holding sex worker peer educators accountable for the difficulties of HIV/AIDS work was a common theme in Grassroots AIDS Action. As I have stated, the needs of women served by AIDS organizations went far beyond the minimal sexual and reproductive health services they offered. However, when Grassroots AIDS Action peer educators brought these complaints to the attention of frontline staff, they were often dismissed. Take this excerpt from a focus group that I
co-facilitated with Rimah, a *Grassroots AIDS Action* frontline worker:

**Rimah (frontline worker):** How can *Grassroots AIDS Action* improve its work?

**Sanaa:** You have to pay us more money.

**Soukaina:** The most important thing is to help us with more money.

**Rimah (frontline worker):** If you need something, say it…

**Rhita:** We need money! Ask them [the administration] to give us more.

**Sanaa:** Money! [*everybody laughing*] I am the one who said so. I am the one who said it. I am the one.

**Rimah (frontline worker):** [ignoring the suggestion] Really, how can we improve our work? What are the things that you think we don’t do, and which we should do? … How can we improve our work with girls who ‘go out’?

**Anne (me):** What are the things they need? Things they don’t have?

**Hajar:** Start giving more medication. There is only one kind of medication available, and they always give you only four.

**Assia:** Yeah, we should give the girls more medication.

**Yasmine:** Yeah, they need medications; sometimes they’re all out.

**Rhita:** Intimate hygiene products!

**Yasmine:** There are so many times when we need to buy like four different medications!

**Rimah (frontline worker):** So you want every medication, all of them?

**Yasmine:** We want more medications.

**Soukaina:** That will encourage people. It will bring more people [to the association].

**Hafsa:** Some girls come here sick and don’t get any medication.

**Assia:** The girls we bring here don’t have money. Then you tell them they need to do an ultrasound or some test.

**Rimah (frontline worker):** Okay so now you want us to give you ultrasounds and diagnostic tests, too?

**Assia:** Yes, the ultrasounds and the tests too! They don’t have money for that either.

**Latifa:** She wants you to pay for those too… [*Laughing*]

**Yasmine:** But it’s actually true! I’m telling you straight up [*Everyone speaking at once*]

**Amal (frontline worker):** So in your opinion, these things would make girls…

**Assia:** They would come. There would be more girls who want to do an ultrasound. They’ll come.

**Jihan:** I brought a girl here recently. They told her to do a test and an ultrasound, but she didn’t have money. I paid for her to get the test. And for the ultrasound I’m going to send her with someone else from the organization.

**Soukaina:** I want to say something. I want to say something to Rimah. Now when you go to see girls, when you go to their houses they tell you that they can’t pay. We have to pay [for their transportation] from our own pockets to bring them here.

**Rimah (frontline worker):** We will not discuss this subject now because, I mean, I asked you about the things we can do to improve our work at the association. I heard you say that we need to provide medication from A to Z. All of it, nothing excluded. You want us to provide ultrasounds, you want this and that.

**Assia:** We want the necessary things.

**Rimah (frontline worker):** You mean these services would increase the number of girls
who come.

**Assia:** Yes. They would come. They could come running!

**Soukaina:** They would come running.

**Yasmine:** The girls would come running!

**Hajar:** They need medication.

**Hafsa:** So many of the girls that I bring here never get better.

**Soukaina:** They don’t give her enough medication.

**Sanaa:** The doctors screw it up!

**Rimah (frontline worker):** They don’t screw it up! The doctor asks the girl to come back for a follow up, and to finish the treatment. But she doesn’t. And not all illnesses can be cured quickly. You think that you just take the medication and you’re cured.

**Hajar:** Some don’t have any money to buy [the medication]!

**Rimah (frontline worker):** She has to finish the treatment, or her partner never does treatment. We shouldn’t have to repeat these things every single time! We’ve already talked about this subject!

In this focus group, the question, “how can *Grassroots AIDS Action* improve its work?” produced an outpouring of suggestions from the sex worker peer educators. Women needed greater and more consistent access to medications, and greater resources and support to implement the doctors’ recommendations – either for medications, specialized services (e.g. ultrasounds), or follow-up visits. The peer educators also demanded additional resources themselves to complete their work; they emphasized the hidden costs of outreach discussed above – each trip to the clinic cost money.

Yet Rimah brushes the peer educators’ suggestions aside as irrelevant and impractical complaints. She ignores Sanaa and Soukaina’s request for higher salary. When confronted with a request for greater access to medications and ultrasounds, Rimah takes a dismissive and mocking tone, “So you want every medication, all of them?” … “so now you want us to give you ultrasounds and diagnostic tests, too?” The implication is that the peer educators’ demands are excessive and unreasonable: “I heard you say that we need to provide medication from A to Z. All of it, nothing excluded. You want us to provide ultrasounds, you want this and that.” And finally, when the peer educators suggest that the services of the organization have been
insufficient to treat the illnesses of the women targeted by NGO’s sex worker programs, Rimah shifts blame back onto the women themselves. It’s not the doctors’ fault, she claims, it’s a problem of women who don’t return for follow-up, or it results from their ignorance about how medication works. Here, Rimah’s discourse presents women’s persistent illness as a question of individual non-compliance, obscuring the insufficient resources of the NGO, a medical system riddled with inequalities, and the socio-economic context and structural conditions that often made it difficult for those working-class women targeted by sex worker programs to adhere to medication regimens. #117

_Frustration with inadequate health care at All Together Against AIDS_

If frontline staff at _Grassroots AIDS Action_ tended to blame ‘sex workers’ for the difficulties of HIV/AIDS work, frontline staff at _All Together Against AIDS_ were deeply critical of the doctors and administrators who impeded their work.

_It’s 11 am on Wednesday morning in January, and I am meeting Soumiya and Asmae to join them in their street-based outreach in Larache, a wealthy neighborhood cut through by one of the main routes in and out of town. The road is lined with women in djellabas and brightly colored Saharanauoi wraps, seated on pieces of cardboard ripped from grocery boxes, covering their faces from the sun or sitting under the shade of a few sparse palm trees, watching and waving at cars to advertise their services. Some women offer housecleaning; some offer sex; and some do either, depending on the preferences of their clients. We approach two young women, seeming to be in their late teens or early 20s, seated on the curb and shielding their eyes from the hot sun. It’s clear that Soumiya and Asmae are excited to see them. They call the younger of the two by name, Meryam, and greet her with several rounds of kisses. They go back and forth, asking about her life and offering advice and encouragement. Their discussion is largely in Tashlehit (which I can’t understand) but with a few Arabic phrases peppered in “you need to take care of yourself,” “have faith in yourself,” and “come see the doctor at the association.” As we get ready to continue on, Soumiya takes Meryam’s hands and exhorts, “come to the association today. There will be two doctors there,” she promises. Meryam looks uncertain, but says okay and nods her head to acquiesce. Once we are out of earshot, Asmae explains that Meryam’s parents ran her out of the house after she got pregnant. Now, she has mental health problems and needs the service of a psychologist. They clearly want to help her and care a great deal about her fate, and they appear hopeful_
that they might have succeeded in serving as conduits for her care.

Later that day at the testing center, I am happy to see Meryam walk through the door. She is well made-up, with tight fashionable clothes and sparkly earnings, and I am struck that she looks even younger than she appeared this morning. Meryam looks around and then motions for me to come over. I greet her and she tells me nervously, “I’m in a hurry.” She looks around at the full waiting room. “Can I go in first?” She asks. “Let me check,” I say, and walk over to Imane, who is in charge of testing this afternoon. She doesn’t know Meryam, but has been fielding complaints from the rest of the people gathered for tests. “No,” Imane says firmly, “we don’t do that. Everyone has her place in line. Everyone is waiting.” I return to Meryam and give her the message, apologizing. “Is there even a doctor here?” She asks. It has been over an hour since the testing center opened their doors, and neither doctor has arrived yet. People are grumbling under their breath. “The doctor’s coming soon,” I say, repeating what the staff have been telling the other disgruntled clients, though as I am saying it I know it may not be true. Asmae appears from the back room, and comes over to Meryam immediately. “The doctor isn’t here, and we don’t have any medicine,” Asmae confesses quietly. Meryam is frustrated, “I’ve come here so many times! Do you know how many times I’ve come in for an exam?” Asmae is clearly embarrassed, and tells Meryam to come back a little later, but call first to make sure the doctors are here. “It’s okay. It’s no problem,” Meryam says, finding her composure, “I’ll try to come back later.” A doctor arrives minutes after Meryam leaves, and we are informed that they do indeed have medicine in stock now. Asmae looks overwhelmed. “I have no idea what’s going on in this place!” She exclaims, raising her hands, clearly angry that Meryam missed the testing by such a narrow margin, and that she hadn’t been able to advise her properly. The next day, when I see Soumiya, I tell her that Meryam came in for testing but then had to leave. “Why didn’t she wait?” Soumiya asks. I tell her that it wasn’t clear that there was going to be a doctor there, or even medicine. So she was upset and probably assumed it was going to be similar to the other times she had come to the center, when the doctor didn’t show up. “Of course,” says Soumiya, sighing, “And we had told her that morning that there were going to be two doctors.” She shakes her head and sighs again.

At All Together Against AIDS, the frontline staff were often frustrated by the challenges and limitations of their work. There was a vast sea of need – from medical conditions, to mental health issues, to unemployment, to abuse – and the assistance that frontline staff could provide was limited in scope and unreliable. Here, frontline worker frustrations were typically expressed as a desire to provide more and better services for the women they worked with, a goal that was impeded by NGO doctors and administrators who, they felt, did not appropriately value, respect, or support their efforts. In my interview with frontline staff, Khadija and Marwa, they discussed
their frustrations with the flawed services they provide:

Khadija: We have the will, and we have the love of the work…
Marwa: [But] sometimes the problem is psychological. I mean, when you work hard and most of the people in charge don’t even realize what you do… You tell yourself, “I will not work … why should I work?” You do some education with sex workers, but not as the work should be done. You give her a brief summary of information and then send her on her way…
Khadija: Sometimes you’re on testing duty in the association. You go there very motivated to work and you wait for girls. When the girls gather and you are about to start, they tell you the doctor isn’t there, or that the doctor isn’t coming. What can you do? … When they tell you that the doctor isn’t coming…you start to have low morale. You don’t have that ability to approach these women any more. You see their reactions. If you tell them the doctor isn’t there, they confront you. They’ll say: “Today, I spent money that I don’t have on transport to come here and I counted on the doctor being here!” Do you understand? These are the reasons we are fed up.

Here, Khadija and Marwa discuss how they are affected by gaps in the care that their organization provides. They discuss it in affective and visceral terms, as if it saps their vital force and motivation. However, instead of blaming it on the ‘sex workers’ – for requesting too much, for being impatient, or for failing to comply with their advice – they locate blame in the physicians who show up late, or not at all. Thus, at All Together Against AIDS, frontline worker frustrations at the challenges and limitations of their work tended to be directed ‘upwards,’ so to speak, at the doctors and administrators whom they perceived as failing to provide basic and necessary support for NGO outreach and services for women in need.118

The organization of daily tasks: Making ‘sex workers’ lives selectively visible

I argue that frontline workers’ distinct perspectives on the vulnerability of ‘sex workers’ – as the result of either character failings or structural problems in the health care system, depending on the NGO – cannot be understood solely in terms of individual prejudice. Both NGOs required frontline staff to undergo similar trainings to promote a non-judgmental mindset when interacting with female ‘sex workers.’ However, institutional features and the structure of daily
tasks created particular kinds of relationships between ‘sex workers’ and frontline staff at each NGO. This rendered visible and obscured different aspects of the ‘sex workers’ lives and resulted in distinct lenses through which to interpret ‘sex workers’ lives.

Importantly, negative evaluations of ‘sex workers’ at Grassroots AIDS Action largely did not take the form of critiques of the choices they made in their sex lives, but in terms of their work performance and general character. Indeed, at Grassroots AIDS Action, ‘sex workers’ were employees held individually accountable for the difficulties of HIV work. Furthermore, the interface between ‘sex workers’ and frontline staff was determined by the demands of monitoring and evaluation forms, and understandings of ‘sex workers’ lives were filtered through the quantitative metrics required for the NGO’s reporting to donors. In All Together Against AIDS, by contrast, ‘sex workers’ were providers of voluntary labor. And the interface between ‘sex workers’ and frontline staff was often defined by the local social conventions of visitor-host relations. At All Together Against AIDS, frontline staff went into the communities and homes of ‘sex workers’, as I show below, and gained what one might call an ethnographic perspective on women’s lives in relation to their social setting and structural conditions.

‘Repression’ at Grassroots AIDS Action

In the smaller Grassroots AIDS Action – where there was no computer software for tallying monitoring and evaluation data, but a great deal of pressure to demonstrate professional worth through this data – interactions between frontline workers and sex worker peer educators were dominated by the frenzied production of paperwork. And perspectives on ‘sex workers’ lives and struggles were shaped at this interface. Peer educators often described the environment at Grassroots AIDS Action using the word qema’, which as a noun means “repression,” and as a
verb means, "suppress" or "to stamp down." As peer educator Nour told me, for example, "Here people are always yelling about paperwork. We experience a general state of oppression."

Indeed, frontline workers at Grassroots AIDS Action spent a great deal of their time at the association buried under piles of forms. They often had to stay late or bring the forms home to finish. "Feel this bag!" Imane would say to me, hefting the bag off her shoulder, the zipper barely shut, as we walked home from the NGO together late one evening. "It’s full of forms that I need to complete this week!" Arriving at the NGO, a familiar scene would unfold as follows: the frontline staff from different teams would be seated at various tables in the large common room, in the midst of stacks of folders and forms, and surrounded by crumpled wads of paper; if they made a small mistake they had to start the form all over again – they were not allowed to scratch it out and rewrite it, or even use white out, which I was told were the “Global Fund’s rules.” “It makes me scream!” Assia, a frontline worker told me, crumpling up another half-finished form because she had put a check mark in the wrong column. “Its awful,” Rimah, another frontline worker, added, shaking her head amidst her own pile of balled-up forms. By the end of my fieldwork at Grassroots AIDS Action, the majority of my time there was also consumed by helping out with paperwork. The following excerpt from my fieldnotes exemplifies the nature of the work environment:

On Thursday afternoon, the day before monthly reports were due, I found frontline workers Assia and Rimah in the common room, with their heads down, elbows sprawled out over a mass of papers. "I need your help!" Assia called to me, looking up to pass over scissors and a glue stick to assemble the hand-made monthly report folders. Assia and Rimah would hardly talk, concentrating intently to avoid making mistakes. “Son of a bitch,” Rimah says suddenly, scratching out a number and bringing her hand down hard on the desk. She digs through her mounds of folders to find a blank form, then hands it to me. “Can you rewrite this? Just copy the whole thing over except for this column.” She points to the spot where she has written the wrong information. This is a new reporting sheet with a slightly new format, and Rimah’s information would have been correct in the old format. “They’re always changing the forms on us!” Rimah sighs. The table around us is full of
crumpled-up papers with minor mistakes. The male sex work team is also rushing to finish their monthly reports.

“Can you help us over here?” Asks Rayan, one of the male frontline staff. Upon arriving that afternoon, I had seen him hunched over by the copy machine, trying to jerry-rig a new form by ripping out an old “Global Fund” logo and pasting it onto the corner of the new form, but he was having trouble getting the measurements right. When he finally gets the right size, the photocopy still shows a black line around the pasted logo. I suggested using white out on the photocopy, and Rayan – usually quite friendly – first ignores me and then snaps, “I know what white out is.” So I attempt to make peace now by scooting my chair over next to his and picking up a pile of forms. Rayan looks relieved and charges me with filling out the “level of education” column on each form. While the options for the corresponding column on the female sex worker forms are just “educated” or “uneducated,” Rayan tells me that for male sex workers I can choose between primary, secondary, high school, or university education. At first, I ask Rayan to give me the appropriate level of education for each name listed. But after a few rounds of asking, his frustration lets me know that he would like me to improvise. “What about uneducated?” I ask, “should I include uneducated?” “Sure. If you want. Write what you want,” he replies.

As the day draws to a close, the office manager comes in, “You need to get these reports out sooner!” She chides them sharply, and when she leaves the room the frontline staff look at each other and roll their eyes. A group of peer educators are on the other side of the common area, telling stories and laughing loudly. “Be quiet!” Assia yells. “Can’t you see we’re working?” She turns to me “I have a headache,” she says. The frontline workers all look exhausted, but they keep writing.

Indeed, the burden of paperwork loomed large at Grassroots AIDS Action and it generated layers of stress and anxiety in the staff members there.

One of the main purposes of filling out paperwork was for each frontline worker to document if and how the peer educators on the team they supervised had fulfilled their quarterly quota of “new contacts” for outreach and testing. Each week, the frontline staff would pair off with all the peer educators on their team and methodically ask them one by one to recount descriptions of each of their contacts, many of which were clearly jointly fabricated by the duo. This interaction between Assia, a frontline worker, and Kenza, a peer educator who could not write except for her own name, was typical.

**Assia:** Give me a name.  
**Kenza:** Fatima  
**Assia:** You already said Fatima. Give me a different name.  
**Kenza:** This is a different Fatima.
Assia: Just give me another name.
Kenza: Laila.
Assia: [writes ‘Laila’] Age?
Kenza: maybe 30?
Assia: [writes 34]…Did she study?
Kenza: She was poor. She didn’t even know what a condom was. She had never heard of AIDS.
Assia: [writes ‘uneducated’] Where was she from?
Kenza: I don’t know, the countryside. Maybe Ait Chtouka.
Assia: [writes Ait Chtouka, and puts checks in all the boxes for distributing condoms and educational messages] Give me another name.

Filling out these documents was a plodding task that involved the translation back and forth between spoken Moroccan Arabic and Tashelhit, and written French or Modern Standard Arabic, as well as the translation of the peer educators’ vernacular reports into programmatically relevant language. The main goal of the frontline staff, it seemed to me, was producing a form that read as plausible to NGO management and the Global Fund. As a result, understandings of ‘sex workers’ among the frontline staff at Grassroots AIDS Action were largely filtered through quantitative tools and check boxes that reduced the lives of ‘sex workers’ to tick-marks and count-data. In this monotonous and grinding process, many details and aspects of ‘sex workers’ lives and experiences were obscured or rendered invisible. Each one became a seemingly random, and sometimes fabricated, collection of demographic information abstracted from social context. This work was tedious, at times exasperating, and because of their incongruent skill sets, it necessitated trying collaborations between ‘sex workers’ and frontline staff.

Mouna, a frontline staff member, and Nadine, a sex worker peer educator who cannot read or write, are working together to fill out paperwork for a cartography project. Mouna is responsible for managing a team of sex workers to map the characteristics of outreach sites around the city; the forms were due yesterday and the manager has just yelled at Mouna for being late. The first form is for a local hair salon. Mouna pauses for a moment and looks up, “How do you write ‘coiffure’ [hairdresser] in Arabic? Ah! al-ḥāleq,” she remembers, writing this down, then continuing. “The sex workers that hang out here, how much money do they make per pass?” Mouna asks Nadine, pen poised. “50 dirhams,” Nadine responds. Mouna scoffs, “You think these girls are going to spend money on the salon, and then go out for 50 dirhams?” She turns to me “No. Girls who go to the salon don’t go for less than
double the normal rate." She writes 100 dirhams down on the sheet. "What is the family situation of the women at this salon?" "Oh, some of them steal from their families," Nadine responds. "No!" says Mouna, clearly frustrated. "I mean, are they single, divorced, or what?" "Single," says Nadine assertively. As with many answers, she has caught on that there is a right and a wrong answer, and what is most important is not the truth, but that her information fits easily into the check boxes.

They move on to Nadine's next site, a bar. "How many girls are there?" Mouna asks. "75," Nadine guesses. "There's no way there are 75 sex workers in that bar!" Mouna says, sounding exasperated. "Do you even go to bars?" "No, I don't," confesses Nadine, who's in her late 30s and dresses conservatively. "They don't let old women like me in the door." "You don't go to any bars?" Mouna persists, looking at the piles of cartography papers she needs to fill out. Finally Nadine throws out a name, "I go to La Pergola." "How much do girls there get paid?" Asks Mouna. Nadine is getting sick of the game. She sighs, "I'm not going to lie to you. I don't know." "It's your job to talk to them," Mouna pushes. Nadine concedes with a wave of her hand. "300 dirhams."

Meanwhile, Hajar, one of the only peer educators who can write, waves three data sheets in front of Mouna. She asks, "Do I fill them all out the same way?" "No!" says Mouna. "You didn't understand at all. They're all for different places." Hajar looks offended, "Why are you yelling at me? This is the first time I've done this!" "You were late," Mouna snaps. "My son is sick, and had to go to the doctor! I told you!" Hajar counters. Mouna rolls her eyes and turns her back, returning to the stack of papers on her desk.

Later that day, when all the peer educators have left, Amal and Mouna finally begin packing up their bags – including incomplete forms they will have to finish that night at home. "Sex workers are impossible," Amal says, as she puts the folders in her bag. "They are so hard to work with," Mouna concurs. "They lie about everything. You just can't trust them." The conversation turns to badmouthing a sex worker who didn’t show up. "She doesn’t work," and "she has a child, but she goes out at night anyway." They shake their heads. "Shame on her."

Conversations like these were commonplace at Grassroots AIDS Action. Especially in tense moments when deadlines approached, frontline staff spoke of the character deficiencies of the sex worker peer educators. Here, ‘sex workers’ are accused of lying (despite the fact the non-sex worker frontline staff were themselves often involved in fabricating data) and for arriving late or not doing their jobs (even though Hajar, for example, is a single mom who reports that her son needed medical attention). Notably, frontline staff did not initially criticize peer educators for immoral sexual behavior – which was common in spaces outside the NGOs – but for their deficiencies as employees: they were said to be untrustworthy, irresponsible and unprofessional.
Home visitation at All Together Against AIDS

In *All Together Against AIDS*, the interface between ‘sex workers’ and frontline staff was not defined by the pressures of paperwork, but by conventions of home visitation that were called into play during outreach in neighborhoods and apartment buildings where ‘sex workers’ were known to reside. And descriptions of ‘sex workers’ characters were notably more generous.\(^{119}\)

The following excerpt from my fieldnotes illustrates the nature of home visitation:

---

*I am accompanying frontline staff Meryem and Hanane for outreach in the working class neighborhood of Oued Nour. We meet Zahara, a sex worker and peer educator who has agreed to introduce us to her friends, who will help the frontline staff fulfill their quotas of “new sex worker contacts.” When we arrive around 11 am, Zahara is patiently waiting for us outside a three-story apartment building. Her figure and dark black hair are covered with a bright orange and pink Saharoui wrap [milḥāfa], and a sheath of gold bangle bracelets jingles along her arm as she greets us. We thank Zahara and apologize for inconveniencing her as she leads us up dimly lit steps lined by chipping paint and with a few brightly colored tiles appearing as haphazard decorations in the hallway cement. As we near the 3rd floor, the smell of shisha [molasses-based tobacco] and hashish is strong. A young woman who appears to be in her early 20s answers the door in her pajamas. Her disheveled curls are bleached blonde with dark black roots, pulled into a messy ponytail. She looks at us warily at first and then recognizes Zahara, whom she greets enthusiastically and invites us all in. We take off our shoes and walk through a kitchen cluttered with dirty dishes and into a sitting room where three young women are seated on Moroccan couches, smoking hookah and hashish in their pajamas. An ashtray on the table is brimming with cigarette butts and a soap opera flickers behind us on the TV. We greet everyone with kisses on both cheeks. The girls apologize for the mess, and we apologize for intruding. The woman who answered the door goes into the kitchen and returns with fresh fruit juice, generously emptying the pitcher into our cups, despite our polite protests.

Meanwhile, Hanane introduces the NGO as a women’s health organization and explains that we offer free medication and gynecologic exams twice a week. “Can I come tomorrow?” asks the girl who opened the door. “I have pain in my sides,” she says, rubbing from her pelvis to her waist. “Yes, come tomorrow,” Hanane says, pulling a handful of condoms from her bag and passing them around the room. “Do you know how to put these on?” Meryem asks, opening a condom and nudging a tall woman next to her to hold out her finger. The others laugh, and the tall woman refuses. “I’m ashamed,” she says, smiling shyly, “but I’m not afraid to do it in private.” Zahara leans across and takes the condom, pinching the top as she rolls it down one finger, moving it back and forth to mimic sex. Everyone laughs, and another woman yells, “That one’s too small for..."
Just now, a tall, thin man shyly peeks his head of a room across the hall. One woman hops up and pushes him quickly back inside, feebly covering the door with a sheer, hot pink, polka dotted curtain that hides very little. The woman to my right whispers to me, “What’s her name?” and motions to one of the frontline staff.

“Hanane,” I say, and Hanane looks up, attentive. “I have pain in my uterus,” the woman says quietly. “And I take the birth control pill and everything.” “Birth control pills don’t prevent you from getting infections,” Hanane tells her. “Only condoms do that. But come to the doctor and she will check you out.” The atmosphere is friendly and congenial as conversation moves quickly from topic to topic: how to make a man use a condom, the symptoms of sexually transmitted infections, and the fear and relief of getting an HIV test. After politely refusing a glass of mint tea, we thank them for their hospitality and head to the next house.

As we walk through the neighborhood towards the next house, Meryem and Hanane express their excitement. “That was great, right?” exclaims Meryem. “That kind of atmosphere – talking with them about prevention, and taking all their questions.” I agree, and I mention the hash; Meryem recalls the peeking client. Hanane hadn’t noticed, but laughs. “Everything was there! If the police had come they would have taken us all to jail!” “No problem,” I say, “Jail would be an interesting place to do research.” Hanane and Meryem laugh, and Hanane says, “And it’s a good place to do education and awareness work!” Hanane and Meryem are clearly pumped up, and they explain that part of their enthusiasm for outreach work today is related to the fact that the association has just hired a new doctor. “We don’t have to tell the girls to come to the center and then look like liars when no doctor shows up!” Hanane tells me. “That’s our big problem,” explains Meryem, “Hoping the doctor shows up.” “This is a great place to do outreach,” Meryem continues, “We just have to be patient. Little by little, week by week, we’ll reach one woman, and then another, and another.”

In many ways, frontline staff experienced the lives of ‘sex workers’ ethnographically, sharing a slice of their domestic world. The practice of home visits made visible the gritty details of everyday life for the women their organization served. It showed their circumstances and personalities in vivid living color. Indeed, this was especially important because, as Meriam and Hanane’s excitement shows, this was a novel world to which the frontline workers, in many cases, had never been exposed; they were excited to help connect these women to services.

We would spend many afternoons like this, stopping to check-in on old contacts and asking for referrals to new contacts in the neighborhood. Some women looked at us suspiciously, some were busy with clients, and some even slammed their doors in our faces. But the vast
majority welcomed us openly into their houses, stepping easily into the role of host, sharing pieces of their lives with us, and offering small tokens of hospitality. For example, one woman who lived alone in a shabby single room was particularly welcoming. We had clearly interrupted her in the middle of her morning chores, yet she stopped what she was doing to invite us to share a glass of soda with her as she told us about how much she missed the family that she had left in Casablanca. In a nearby apartment, two young women, clearly still made-up from going-out the night before, shared the brunch they had just finished preparing, a tasty spread of breaded fish, french fries, and salad. They had no couches, so they gave us the cushions they had been sitting on as we gathered around to join them in their meal.

When I told my friend Zineb, a student at the nearby university, that All Together Against AIDS frontline staff spent their days visiting the houses of female ‘sex workers’, she raised her eyebrows in surprise and said, “I bet they really appreciate that. I’m sure women like that don’t get many visitors.” For many Moroccans, houses occupied by single women, particularly in working class neighborhoods, were morally suspect. Few family members visited here, and many of the women I spoke with claimed to prefer it this way. It allowed them to keep their living situations discreet, shielding their families from suspicion about their activities (see Montgomery 2015). However, visiting holds an important place in Moroccan social life and is an important way to cultivate friendships, express care, and enact moral personhood in Morocco. The visit itself invokes particular expectations of both the visitor and the host. Through the frontline staff members’ visits, NGO beneficiaries became more than ‘prostitutes’ or even ‘sex workers’; they became providers of impromptu hospitality – opening their doors, inviting in strangers, sharing food and drink, and offering other small tokens of kindness. Frontline staff members were, in turn, obliged to enact reciprocal respect and gratitude.
As we shared hospitality, we also shared stories about their lives, and through such stories frontline staff developed a particular perspective on these women’s life experiences and circumstances. One woman, sick, with watery eyes and a persistent cough, nonetheless greeted us at the door with excitement, eager to share with us the news that she had finally succeeded in getting official paperwork for her son, born out of wedlock.\textsuperscript{120} Another woman, who was clearly grateful to talk, described nights sleepless with worry about her favorite brother, who had been put into prison last week, because, she told us, he didn’t have money to bribe a police officer. At one of the nicer houses we visited – full of plants and bathed in sunlight – an old acquaintance of the frontline workers tells us she has quit her job in a nearby factory because of abusive treatment and inadequate wages. “I’m not going to lie to you,” she says, “even ‘going out’ is better that that.” In her tiny, two-room apartment, another tired and weathered woman told us that she hadn’t been able to produce the paperwork required to access free medical insurance,\textsuperscript{121} and she was not sure how she would be able to access the treatment she needed for her liver disease. “Do you have any medicine for that?” She asked us, hopeful. “No, says Hanane. “I’m sorry, we don’t offer medicine for that kind of thing.” “I’m sorry to bother you with that,” the woman apologized. “It’s okay,” Hanane says, clearly wishing she could do more, “if I had the medicine I would give it to you.”

As we were wrapping up outreach in Oued Nour, I mention Zahara, the sex worker peer educator who volunteered to serve as our guide. “What a nice woman.” I say. “They’re all nice,” Hanane counters pointedly. “The problem is that there’s no work in Morocco. Or there is work, but you can’t make enough money to pay your expenses, to take care of your family.” Meryem jumps in passionately, “these women have experienced so much violence, they suffer discrimination from all facets of society, and they have to just be quiet and take it – they worry if
they stand up for themselves they will have to go to jail. So people take advantage of them; they are taken advantage of but they have no recourse.” Through the social form of visiting, frontline staff witnessed ‘sex workers’ trials and hardships, and developed an understanding of their lives that allowed them to contextualize health and behavior. ‘Sex workers’ illnesses and misfortunes were also read in contextual terms, and blame was largely located in societal failings, rather than individual ones.

In *All Together Against AIDS*, ‘sex workers’ served both as providers of voluntary assistance (like Zahara above, who showed the frontline staff around Oued Nour) and as generous hosts. In this hybrid space of ‘visiting’ that blended work with domestic intimacy, frontline staff forged interpretations of their hosts’ lives and suffering by developing what one might call an ethnographic perspective. And in this context, *All Together Against AIDS* workers expressed solidarity with those they served, and tended to interpret ‘sex workers’ misfortunes as situational. Here, risky behaviors were seen as the product of an unjust society rather than character deficiencies.

**Dilemmas of participation: Comparing ‘sex workers’ experiences**

With its minimal bureaucracy and limited international connections, *Grassroots AIDS Action* billed itself as a grassroots, participatory organization. My interlocutors at *Grassroots AIDS Action* were highly critical of *All Together Against AIDS*’ bureaucracy, arguing that it distanced their staff and decision makers from on-the-ground realities in Morocco. *Grassroots AIDS Action* considered themselves, by contrast, an organization that was much closer to the ground and to the people. “We consciously choose to ally ourselves with the poor and downtrodden, not the elite,” a *Grassroots AIDS Action* board member told me. During a conversation over lunch, Ines, a *Grassroots AIDS Action* staff member told me: “You know, when I see some of the staff from
All Together Against AIDS…it’s like they’re from Mars! It’s like they live on a different planet.” Mohamed, another staff member, jumped in, “They’re the elite! They spend too much time in Europe and they don’t have any idea of what goes on here in Morocco.” “It’s the way they talk,” Ines would chime in again. “Like they come from Mars. There’s a big difference when you speak to people from Grassroots AIDS Action; we are closer to the ground.” Grassroots AIDS Action’s criticism of All Together Against AIDS mirrors the well-established scholarly literature cited in the introduction, that highlights the ramifications of bureaucracy and strong donor relationships on the ability of NGOs to serve local constituencies.

And my interlocutors at Grassroots AIDS Action applied a similar critique to All Together Against AIDS’ approach to peer education; they claimed the approach was not truly ‘participatory’ because frontline staff did more work than peer educators, and peer educators were not paid. All Together Against AIDS, these critics claimed, did not transmit responsibility or benefits to their sex worker constituents. “Peer educators are poor people in need. Volunteering should be requested only from people who have the means!” A Grassroots AIDS Action board member told me. By contrast, Grassroots AIDS Action prided themselves on what they claimed was a ‘more participatory approach’ that valued peer educator labor. As their sex worker program manager, Sanae, told me:

The payment of the peer educators is something that not every association does. In fact, All Together Against AIDS doesn’t give them a stipend. But at Grassroots AIDS Action we think peer educators are the most important, without them the work can’t exist. They are the ones that bring people for testing, to the workshops, and everything.

Here, Sanae argues that payment for the peer educators enhances their participation and recognizes their centrality and value in AIDS work.

The argument that payment of peer educators valorized their work was validated by my interviews and focus groups. When I asked if things had changed for them since they started
work at the organization, sex worker peer educators at Grassroots AIDS Action unanimously agreed that paid work had a positive influence on their lives, over and above the money it provided. Peer educators stated that employment at Grassroots AIDS Action provided a form of labor that gave them honor [sharaf], made them feel “more important” in their communities [mohimma fe al-mojtama’a], made them feel like “someone of value” [kaywelli insān lī ʿandū qīma]. This was both because they were providing a service to others, and because they were making halāl money that offered a sense of moral relief (relative to the harām money of sex work). And at least a few of the peer educators at All Together Against AIDS had moved over to Grassroots AIDS Action, or hoped to, in pursuit of a salary. For example, Zina, a peer educator at All Together Against AIDS, told me she was anxiously waiting for a spot to open up at the smaller Grassroots AIDS Action; she needed the money. And Manal had moved from All Together Against AIDS over to Grassroots AIDS Action for the same reason.

However, Manal also told me that she only stayed at Grassroots AIDS Action for the money and she expressed some nostalgia for her days at All Together Against AIDS. One day, Manal, Rania (another Grassroots AIDS Action peer educator) and I were sitting in the NGO’s courtyard, killing time while we waited for the women they had brought to the organization to complete testing. Rania had never been to All Together Against AIDS, but she mentioned that she had recently tried to recruit three people to Grassroots AIDS Action but they refused, saying they preferred the former. “Right,” Manal intervened. She told us that the “atmosphere” at All Together Against AIDS is “pleasant” [aj-jā zwīn], unlike the mistreatment they received at Grassroots AIDS Action. “For example,” Manal said, and began to tell us a story that happened to her a few weeks ago. Hafsa, a member of Grassroots AIDS Action frontline staff, had called to instruct Manal to come to the Agadir marina (an area well known for prostitution) and to bring as
many ‘sex workers’ as she could. Assuming they would be doing outreach for testing, Manal mobilized her networks and filled several taxis full of women. But when Manal and her contacts arrived, it was just Hafsa and a representative from a women’s NGO visiting from Guelmin. Manal tells us, clearly still angry, “Hafsa gave me two kisses on the cheek and said ‘Okay, you can go home now.’ And I said, ‘Aren’t we going to work?’ And Hafsa told me ‘No. I called you because the association from Guelmim wanted to see that you exist.’ I couldn’t believe it, so I asked again, ‘So we’re not going to work?’ And Hafsa said ‘No.’” Manal shakes her head, “That really got under my skin [bāqā fiya al-ḥāl]. All Together Against AIDS would never do that.”

Then her tone softens, and she tells us, her voice laden with nostalgia. “The staff members at All Together Against AIDS are really nice people. They helped me when I was sick. The staff, and even the doctors from time to time, would join us for trainings and workshops. They would ask us about our lives. We would all sit around, yelling [tanghowwetū] about our problems.” Manal remembers, laughing.

These positive statements about women’s treatment at the larger, more bureaucratic All Together Against AIDS were echoed by other sex worker peer educators. Lamea, a peer educator at All Together Against AIDS, told me enthusiastically, “The girls [dirriyāl] here are so nice, and you can learn so much from them. When you come into the association they treat you like you’re family.” Or Ghita told me, “I’ve been coming to [All Together Against AIDS] for seven years. There is [no organization] like it. They treat us well. They give us check-ups and provide us with medications. We like it and we’ve grown accustomed to coming. Now it feels like something is missing if we don’t stop by.” Kawtar echoes the sentiment that the organization has become a part of her life:

This organization is one of the only things I hold on to. I have two sick kids, one is at home and the other is in the hospital. But if [All Together Against AIDS] calls me for a meeting, I
will come. I can let go of anything, but not the organization, [here is] where we find our peace of mind [kănqlaq rahêtna].

In sum, while peer educators at the smaller *Grassroots AIDS Action* spoke positively about their salaries and the corresponding valorization of their labor, they also told me that the atmosphere of *Grassroots AIDS Action* was oppressive and that they were often disrespected. By contrast, peer educators at *All Together Against AIDS* described a positive environment, and feelings of support and community. This finding complicates *Grassroots AIDS Action* staff’s claims to be more participatory, and closer to their constituents; it also contrasts with the literature on NGOs and participation, which suggests that the character of marginal groups’ participation is likely to be superior at smaller, less bureaucratic association.

**Conclusion**

In this chapter, I explore how the abstract concept of sex worker ‘participation’ is practically translated on the frontlines of HIV/AIDS work, and with what consequences for the treatment of, and discourses about, the women so labeled. I draw on a comparison between two NGOs – one large, bureaucratic, and well connected; and one smaller and more grassroots – to examine how institutional context shapes the interface between ‘sex workers’ and non-sex worker frontline workers. In both organizations, frontline workers put in long and difficult hours, and were extremely dedicated to their jobs. However, as Brodwin (2013) has argued in a different context, the social abandonment and marginalization of clients and ‘target groups’ overflows onto frontline workers, creating anger, frustration, and particular kinds of judgments about the nature of their work and those they serve. My ethnographic comparison suggests that the character of these frustrations and judgments emerges, not necessarily from individual prejudice, but in relationship to organizational structure and everyday routines.
Grassroots AIDS Action was smaller, less bureaucratic, and had weaker ties to donors and national and international health experts; the NGO simultaneously had less technical expertise and administrative resources available, and greater pressure to prove its worth through numerical and administrative documentation of its activities. As a result, frontline staff members spent the majority of their time inside the NGO, trying to corral sex worker peer educators into helping them with the manual production of documents under high-pressure conditions. Here, the circumstances of ‘sex workers’ were viewed through the lens of (sometimes fabricated) demographic statistics and check marks on reporting forms – a perspective that obscured the larger socio-economic contexts of their lives. Furthermore, at Grassroots AIDS Action, sex worker peer educators were employees who held the important responsibility of doing outreach and bringing in new ‘sex workers’ for testing and services, and the hidden costs of this outreach work lay largely on their shoulders. Given the precarious socio-economic situations of those attending AIDS organizations, many ‘sex workers’ were unable to meet Grassroots AIDS Action’s performance requirements. Yet as paid employees, ‘sex workers’ were commonly held accountable for the difficulties of AIDS work. Notably, frontline staff largely did not criticize peer educators for immoral sexual behavior but for their deficiencies as employees: they were said to be untrustworthy, irresponsible, and unprofessional. And at Grassroots AIDS Action, peer educators often described the atmosphere using the word *qema*‘, which as a noun means “repression,” and as a verb means, “suppress” or “to stamp down.”

By contrast, All Together Against AIDS was a larger, more bureaucratic NGO with stronger ties to international funders and health experts. All Together Against AIDS had the technical expertise and social and material resources to absorb the burden of counting ‘sex workers’ and documenting their labor. As a result, the frontline staff had few administrative
duties, and were free to conduct outreach outside the NGO walls. Home visits rendered visible to the frontline workers the intimate details of everyday life for the women their organization served, and it afforded them a more ethnographic perspective on their socio-economic contexts. Furthermore, sex worker peer educators at All Together Against AIDS were enlisted as volunteers, not employees. My research suggests that the expectations of peer educators at All Together Against AIDS – to provide ad-hoc, voluntary assistance – were more reasonable for working-class women, who were often single heads of household struggling to make ends meet. As a result, frontline staff tended to be grateful for the voluntary contributions of sex worker peer educators. When faced with the difficulties of outreach work, frontline staff did not blame peer educators (as was the case at Grassroots AIDS Action) but reflected back on the gaps and inequalities in health care that both impeded their work and made ‘sex workers’ vulnerable.

This finding challenges the literature on NGOs and participation, which critiques large, bureaucratized organizations with strong relationships to western funders. In fact, my research suggests that there is not necessarily an oppositional relationship between donor-friendly, bureaucratic NGOs and the quality of participation of marginal groups. There is now a well-established argument that the audit requirements of contemporary global health (described in Chapter Three) serve to decontextualize HIV risk and reduce it to individual demographic and behavioral metrics (c.f. Reynolds 2014), which is supported by the findings of my work with Grassroots AIDS Action. Conversely, technocratic expertise and a bureaucratic division of labor – as in the case of All Together Against AIDS – may actually have an absorptive capacity, serving as a buffer or a shield that protects participating constituencies from the reductive gaze of audit culture. In Grassroots AIDS Action, one might say that ‘sex workers’ were left relatively exposed to the specific demands of audit culture; sex worker participation consisted of being
held accountable for recruiting quotas of high-risk groups (a task they were ill-equipped to complete). Moreover, ‘sex workers’ experiences and perspectives were filtered through the frenzied collection of discrete, numerical data, which ultimately obscured or rendered invisible their difficult conditions and circumstances of their everyday lives. In *All Together Against AIDS*, one might say that ‘sex workers’ were relatively shielded from the demands of audit culture; their participation included voluntary assistance and integration in the NGO community, and their lives were apprehended through multiple forms of contact and ethnographic and contextual perspective. As a result, at *All Together Against AIDS* ‘sex workers’ were viewed more generously, and perspectives on vulnerability articulated by frontline staff were more open and responsive to those articulated by ‘sex workers’ themselves.

Employees at *All Together Against AIDS* often said that contact with female ‘sex workers’ had challenged their stereotypes and views on prostitution. “When you get close to people, that’s how you change the way you think of them,” one frontline worker explained. However, my research suggests that “getting close to people” alone does not necessarily promote empathy and understanding. The terms and conditions of that proximity are crucial in shaping the opinions, assessments, and feelings that develop between the two groups. In fact, it is more appropriate to state that relationships between frontline workers and the women they serve are shaped by institutional features, the structure of daily tasks, and the terms of engagement, which in turn offered the frontline workers a distinct lens through which to interpret the ‘sex workers’ lives and vulnerabilities.
Conclusions

This dissertation is the first ethnographic investigation of HIV/AIDS programs in the Middle East and North Africa (MENA) region. Contemporary representations of the region’s HIV/AIDS epidemic in the public health literature recycle orientalist tropes, lumping together diverse countries, communities, and histories under the rubric of “a shared socio-cultural context” that is presumed to explain seemingly unique epidemiological dynamics in the region. Here, religion is conceptualized as a sort of cultural blanket covering the region, and is presented as all-important in either facilitating the spread of HIV/AIDS, or preventing it. My analysis takes a different angle and instead highlights how responses to HIV are themselves shaped and situated within distinct socio-economic, political, and institutional contexts. I approach the public health imperative to break silences, upend taboos, and draw HIV risk “out of the shadows” in the MENA (UNAIDS 2010) not simply as a call for intervention, but also as a warrant for ethnographic study. Internationally circulating ‘best practices’ in HIV prevention might be understood, I argue, as technologies of visibility that seek to (re)distribute visibilities, exposing particular bodies to forms of surveillance and management, highlighting certain narratives about risk and vulnerability, and spotlighting particular features of the Moroccan social terrain.

Importantly, I show how these technologies produce both visibility and invisibility, as sight is directed both towards some phenomena and away from others. In Chapter One, I describe how carefully cultivated religious control over the public face of HIV prevention turns the spotlight on state-supported Islamic actors and favors individuating discourses of sexual risk, leaving other, more radical ways of articulating the relationship between Islam and socio-structural HIV risk ‘in the shadows.’ Meanwhile, as I describe in Chapter Two, NGOs function in
a gray area, charged with simultaneously recruiting ‘at-risk’ populations through visible markers of gendered deviance, while at the same time ensuring that their activities to stay below the public radar. Chapter Three focuses on the visual markers and performances required for women to access NGO services provided with ‘sex worker programs.’ Chapters Four explores how the different ways of organizing the everyday tasks of HIV/AIDS work make particular narratives of HIV/AIDS risk visible, while obscuring alternative understandings of vulnerability.

My Moroccan case study also problematizes the concept of ‘best practices’ by showing how the internationally circulating package of HIV-related knowledge, technologies, and techniques is, itself, shaped within the Moroccan context and inflected by specific power dynamics and social histories, thus taking on a historically unique form. In Chapter One, I explore the call to incorporate Islamic leaders into HIV prevention programs in the MENA. I show how religious discourses and practices in HIV/AIDS work are shaped by the geopolitical context of the War on Terror as well as strategies of the Moroccan monarchy to bolster power, legitimacy, and authority. In Chapter Two, I describe features of the Moroccan context that both create the necessity for, and shape the character of, what is referred to in the international HIV prevention literature as ‘safe spaces’ for stigmatized groups. In Chapter Three, I examine how international best practices in ‘evidence-based public health’ and the corresponding imperative to recruit large numbers of ‘sex workers’ are translated on the frontlines of HIV prevention. Filtered through complex local understandings of sexual-economic exchange and intra-organizational contests of expertise, the category ‘sex worker’ comes to signify, not HIV risk, but visible markers of transgressive femininity among working-class women. In Chapter Four, I examine how the internationally circulating buzzword ‘participation’ is practically implemented in AIDS organizations. I compare two NGOs to show how ‘participatory’ peer education
manifested differently within distinct institutional structures and contexts, which in turn offered particular lenses through which to interpret the lives and vulnerabilities of working-class ‘sex workers.’

Throughout these chapters, my research foregrounds the narratives of the women served by AIDS organizations, largely working-class women from precarious socio-economic backgrounds, often single heads of households with limited literacy. My interlocutors used a variety of discursive strategies to frame their vulnerability in ways that challenged the limited lens of ‘individual sexual risk,’ as promulgated by the HIV/AIDS organizations. They drew on religious discourses to highlight a failed social contract, in which the Muslim rich had failed in their duties to the Muslim poor (Chapter One). They attempted to de-exceptionalize sex work by highlighting its commonalities with other arduous and exploitative dimensions of women’s low-wage labor, at the intersection of gendered and class-based inequalities (Chapter Three). And they spoke about the inadequacies of a healthcare system and a social service sector – of which AIDS organizations were a part – that did not provide the necessary human or financial resources to care for the poor (Chapter Four). In light of these narratives calling for socio-economic reform, an important tension weaves its way through the dissertation: between the individuating visibilities produced through HIV/AIDS work, on the one hand, and the potential for political action to address the structural factors of vulnerability, on the other. I ask, how does the implementation of ‘best practices’ in HIV/AIDS prevention rearticulate, manage, and selectively (re)distribute visibility? And how do these new visibilities open up or foreclose possibilities for politicizing risk and vulnerability?

I found that religiously inspired HIV/AIDS work in Morocco tends to work against the politicization of HIV risk. Instead, these state-managed strategies reinforced a ‘gentle’ and
apolitical form of Islam that recognized boundaries with AIDS organizations, provided they did not encroach on official definitions of ‘public morality’ (Chapter One). In the context of the criminalization of certain behaviors related to HIV risk (namely homosexual and non-marital sex), AIDS organizations’ need for protection trumped the call for social change, and ultimately served to further entrench socio-political hierarchies between stigmatized and criminalized peer educators, AIDS organizations, and the state (Chapter Two). While AIDS organizations tended to recruit working-class women with a great deal of need, as a result of intra-organizational contests of authority, performances of non-normative femininity and sexual comportment were singled out as the most salient markers for gaining access to sexual and reproductive services. Here, HIV/AIDS programs served as a means of regulating working-class women’s bodies – focusing narrowly on preventing transmission of sexually transmitted infections to the general population, without addressing women’s broader health needs and the contexts of their vulnerability (Chapter Three). Institutional contexts and the mundane organization of the work environment also shaped the responsiveness of frontline AIDS workers to the discourses of vulnerability articulated by ‘sex worker’ peer educators and the ‘sex workers’ they served. Here, the reductive lens of public health’s ‘audit culture’ contrasts with an ethnographic perspective on the broader contexts of women’s lives. Organizing AIDS work to incorporate this ‘ethnographic’ lens into the everyday aspects of prevention work, I argue, may expose the socio-structural features of risk and vulnerability. Thus, under the right conditions, I argue that particular institutional forms may produce visibilities that harbor the seeds of activism, political change, and more deep and meaningful participation of members of ‘at-risk’ groups (Chapter Four).

Here, I harken back to Selma’s invocation in the Introduction to this dissertation. In a bold comment during a focus group, Selma called on me, the ethnographer, to shift my gaze
away from the intimate details of her sexual life, and onto the broader structures of inequality and privilege, in which I myself played a part. Selma’s intervention came at a crucial moment as this study unfolded, and in many ways, allowed me to redirect the line of ethnographic inquiry. Selma led me away from a focus on ‘penetrating’ and ‘exposing’ the sex lives of marginalized women. Instead, she called on me to examine my own research as a technology of (in)visibility with the power to uncover a particular, socially situated story about HIV/AIDS work in Morocco. Here, I seek to tell, not a sensational tale about Arab-Muslim culture, nor a melodramatic representation of sexual exploitation, but a story of how international and regional best practices in HIV/AIDS make (in)visible, and (de)politicize particular social fault lines in the process of reading and responding to AIDS risk and vulnerability.
Notes to Chapter One

1 Cited in Al-Ghwell (2010)

2 By 1990, AIDS had been reported in every country in the MENA region. Most initial cases were contracted through contaminated blood products, organ transplants, or HIV exposure abroad (Setayesh et al. 2014).

3 Global Fund eligibility is determined based on disease burden and economic capacity. Algeria, Djibouti, Egypt, Jordan, Morocco, Somalia, Sudan, Syria, Tunisia, Occupied Palestinian territory, Yemen have all applied for and received Global Fund grants for HIV/AIDS response.

4 Interestingly enough, a significant body of evidence shows that HIV rates are lower among Muslims, suggesting that adherence to Islam may actually confer protective benefits in some circumstances. Circumcision and lower levels of alcohol consumption appear to account for some of the observed difference. However, the relationship between Islam and sexual behaviors—including premarital sex, extramarital sex, commercial sex, and homosexual sex—has been found to vary widely among Muslim populations (Gray 2004). In other words, empirical evidence suggests that Islam’s relationship to HIV risk behaviors is ambiguous and contextually specific. Adherence to Islam might increase vulnerability, decrease vulnerability, or both. The relationship manifests differently in diverse populations and settings.

5 This perspective is widespread in discussions of regional HIV response in the public health literature. To give another example, according to the Arab AIDS strategy produced by the Directorate of Health and Humanitarian Aid at the League of Arab States (2014), the current response to HIV in Arab countries is characterized by a “lack of strategic information and evidence for designing tailored and effective interventions” (10), due to a “limited [capacity]” for “surveillance, research and monitoring and evaluation of national responses.” The report argues that the “lack of strategic information” is particularly pronounced for “key populations at higher risk and vulnerable populations” (12).

6 For an exception, see McFarland et al’s (2010) call to examine not just the sociocultural sensitivities that prevent production of HIV-related data, but also the constraints derived from limited experience and lack of capacity: “It is also widely perceived that political and sociocultural sensibilities restrict access to HIV-related data and stifle relevant research in the MENA. Although these factors may contribute to the apparent lack of data, limited experience and capacity in designing, conducting, and disseminating the findings of local research are also severe barriers” (S1).

7 See also Amster’s (2016) discussion of so-called ‘Arab syphilis.’

8 Edward Said has also written that, in traditional orientalism, the “relation between the Middle East and the West…[is] sexual…the male scholar wins the prize by bursting open, penetrating through the Gordian knot” (cited in Massad 2007: 44).

9 “Incitement to discourse” is a Foucauldian concept used to describe “an institutional incitement to speak about [sex]” and “a steady proliferation of discourses concerned with sex” (Foucault 1990:17), resulting in the increasing discipline, administration, and regulation of sexuality.

10 As Claudette Lauzon (2008) poetically writes in her treatment of the disappearances of Aboriginal sex workers in Vancouver, the “hypervisibility [of sex worker bodies] entails and engenders hyper invisibility. Like an overexposed photograph that leaves only a ghostly trace of its surface content, the overexposed body of the other is constituted in normative discourse as a ghostly (non)presence” (160).

11 Paralleling the arguments of Joseph Massad, Sima Shakhsari (2012) argues that the post-9-11 international hypervisibility of Muslim gays has exposed Iranian queers to increased discipline and regulation by encouraging dangerous forms of visibility.

12 The additional countries cited include Iran, Djibouti, and Pakistan.
13 The text of the UNAIDS 2012 Global Report provides an example of the recommended relationship between knowledge and intervention: “Morocco has used strategic information to optimize the allocation of resources. The distribution of the people newly infected with HIV according to the mode of transmission was compared with recent spending patterns to focus future prevention planning. The modes of transmission analysis indicated that the main factors in the HIV epidemic in Morocco are unprotected paid sex, sex between men and the sharing of contaminated drug-injecting equipment. The comparison to spending patterns showed that HIV prevention spending in 2008 did not match the distribution of people newly infected with HIV in Morocco. As a result, projected resource needs for future prevention interventions were revised. The 2012–2016 National Strategic Plan for Morocco now proposes to allocate 63% of AIDS resources towards prevention among key populations at higher risk, up from about 25% according to the 2008 spending assessment”(68).

14 I had initially hoped to conduct ethnographic research on both the ‘female sex worker’ program and the ‘men who have sex with men (MSM)’ program. However, I was told that this topic of MSM was much more incendiary and potentially dangerous than the issue of female sex work. At one organization, my request to conduct official interviews with ‘MSM’ peer educators and beneficiaries was refused. At the other organization, my attempts to schedule formal interviews with ‘MSM’ peer educators and beneficiaries were largely unsuccessful. In total, I was able to complete only five formal interviews with this group. Therefore, my analysis of the ‘MSM’ program relies largely on participant observation and informal conversations. Furthermore, while I worked consistently with the ‘female sex worker’ outreach teams at both organizations, I worked only sporadically with the ‘MSM’ teams. As a result, while the ‘female sex worker’ program, its peer educators, and its beneficiaries are discussed throughout the dissertation, discussion of the ‘MSM’ program is largely confined to Chapter Two.

15 See Katherine Hoffman’s (2008) important ethnographic exploration of how the spoken Tashelhit of rural Moroccan women is fetishized by Amazigh indigenous rights activists, and rural women are marked as icons of an ‘authentic’ (and endangered) tamazirt homeland. As one consequence, Hoffman documents how rural women experience a lack of cultural and linguistic capital necessary to navigate and succeed in multilingual cities.

16 See David Crawford’s (2008) excellent ethnography of rural Morocco’s integration into economic globalization, including a description of the factors influencing rural-urban migration.

17 Furthermore, even what is known as “pro-poor tourism” has often been widely critiqued for its failure to deliver benefits from tourism to the poor (Harrison 2008).

18 For example, women from Agadir were featured in a recent Kuwaiti television series, aired on the channel El Watan, as sorceresses enchanting male Kuwaiti tourists (Et-tayeb 2010). In 2011, a few weeks after Saudi feminists came out against the ban on female car driving, they turned their attention to calling for a ban on the recruitment of housemaids from Morocco – claiming these women could not be trusted with their husbands (Kawash 2011). A Kuwaiti feminist popular on social media also made waves in 2012 when she posted a video calling Moroccan women prostitutes, and warning them to stay away from men from the Gulf (Belabd 2012).

19 In fact, most of my interlocutors claimed to prefer clients from Europe and the Gulf to Moroccans, who were said to pay less and be less likely to use condoms.


21 The ‘social determinants of health’ approach, as articulated by Marmot, Bobak & Smith (2007) and Link and Phelan (1995), offers a parallel framework.

22 Evidence suggests that the relative impact of poverty, wealth, and inequality as social determinants for HIV infection varies across contexts. In her analysis of Demographic and Health Surveys within sixteen countries in sub-Saharan Africa, Fox (2012) has found, for example, that “inequality trumps wealth: living in a region with greater inequality in wealth was significantly associated with increased individual risk of HIV infection, net of absolute wealth” (459).
23 Women in the Upper Egypt countryside, Abu-Lughod (2016) also argues, “counter and resist many aspects of gendered power, “traditional” and new, but usually by invoking their rights under Islam.”

24 See Maghraoui (2002) for more on the dynamics of depoliticization in Morocco.

25 For example, in a 2008 *Lancet* article, McGirk argues that the “key to HIV prevention” in the Middle East and North Africa is to involve religious leaders. In a 2006 *Lancet* article, El Feki quips: “it takes a leap of faith to act on AIDS today—something a region so steeped in religion should be readier than most to make” (367).

26 In a similar vein, Metzel (2010) links the over-diagnosis of skitzophrenia in African American men, beginning in the 60s, to structural racism and stigmatization of the civil rights movement.

27 Ticktin (2011) makes a similar critique of the role of humanitarian interventions focused on “sick and violated bodies” as opposed to bodies suffering from structural deprivation, poverty, and inequality. These kinds of interventions “reproduce[d] existing inequalities and racial, gendered, and geopolitical hierarchies”(5) and represented an “antipolitics of care”(19), which is “restorative rather than revolutionary”(21).

28 As quoted in the introduction, Kelley & Eberstadt (2005) argue, for example, that the political primacy of Islam across the Muslim world encourages authoritarian governments and passive citizenries; this, they argue, explains the Muslim worlds’ so-called failure to respond to the HIV epidemic.

29 U.S. counter-terrorism policy reports encourage the provision of support for governments in the Muslim world to revive and incorporate forms of Sufism – assumed to be a ‘moderate form’ of Islam – into national identity (Bouasria 2015: 163).

30 Zeghal (2008) argues, in Morocco as in other Islamic states, “the control of religious interpretation” and “the building, design, and regulation of religious institutions are so crucial to a government that needs to secure its control of state and society” (xvi-xvii).

31 As Howell & Lind argue, in the context of the War on Terror, service provision is highly implicated in political and ideological contests to “win the battle for hearts and minds” (2009: 205).

32 As friend’s parents described, during these years people were terrified to speak out against the regime, because it meant death. They called it “the years when it rained bodies”, because it was rumored that people who spoke out were taken into planes and thrown out alive. It was also a time of intense suspicion within families and communities, as even relatives and neighbors informed on one another.

33 Critics of the King’s development program (INDH) have argued that it renders development a technical issue, ultimately re-entrenching state and monarchal power, depoliticizing poverty and inequality, and discouraging political reform (Berriane 2010; Bergh 2012).

34 Bouasria (2016) defines a Sufi as “anybody who is willing to purify his/her soul, under the guidance of a teacher known as master”(5) who is “generally considered a saint…reputed for having paranormal powers and charisma summed up in what is called *baraka*, translated as divine blessing. The saint can be a religious scholar or an illiterate pious person.”(6)

35 As friend’s parents described, during these years people were terrified to speak out against the regime, because it meant death. They called it “the years when it rained bodies”, because it was rumored that people who spoke out were taken into planes and thrown out alive. It was also a time of intense suspicion within families and communities, as even relatives and neighbors informed on one another.

36 In fact, political analysts of Morocco have long argued that the relative stability of the monarchy and the *makhzen* is linked to strategies of divide-and-rule, and the cooption and incorporation of oppositional political forces. John
Waterbury’s (1970) foundational analysis, for example, contended that the post-colonial monarchy maintained its rule through the cultivation of a balance of power among political parties, preventing any one party from gaining too much power. Political scientist Daniel Brumberg calls contemporary Morocco a “liberalized autocracy” (2002), arguing that the monarchy’s combination of repression with a partial opening of the political sphere continues the divide and rule strategy. This “juggling act” strives to “pit one group against another in ways that maximize the rulers’ room for maneuver and restrict the opposition’s capacity to work together.” Here, the monarchy promotes a form of “state enforced power sharing” (61) by taking advantage of rival groups’ fear that full competition might lead to their own political exclusion.

37 Wearing one's lower garment below the ankles (for men) is known as isbāl, and this practice is prohibited in numerous hadiths.

38 Nouzha Skalli, a former Minister for Family and Social Development, spoke out in support of the ban, describing it as “an important step in the fight against religious extremism.” Prominent Moroccan intellectual Moha Ennaji, writes that “the burqa ban, which favors moderate Islam and secularism, is significant. Although it's obviously motivated by security concerns, the ban is part of a broader fight against religious extremism and terrorism.” (Ennaji 2017)

39 Lipton (2011) maintains that, in U.S. government discourses on the War on Terror, Sufism – understood as a “quietist, private, and internal faith” (431) – has functioned as a “template” for an “’alternative’ Muslim subjectivity” (427). See also Mahmood (2006).

40 See Hirschkind (2006) on how the circulation of audio media produces particular kinds of Islamic piety, voice, public community in Cairo.

41 Many scholars have critically examined how liberal understandings of gender and sexuality are implicated in modernist understandings of progress, serving as a barometer of civilization (Hirsch & Wardlow 2006). This is particularly true in representations of Muslim societies for Western audiences. From the colonial period through the present, scholars of the Middle East and North Africa have demonstrated how feminist projects have been mobilized to mark Arab-Muslim bodies and societies as backwards, and in need of intervention. See, for example, Abu-Lughod (2001) in the contemporary context, Ahmed (1992) and Lazreg (1994) on the colonial period, or Ewing (2008) for a discussion of the stigmatization of Muslim men in Turkey. In the realm of sexuality, see Puar’s (2013) framing of “homonationalism” as a concept for understanding how “’acceptance’ and ‘tolerance’ for gay and lesbian subjects have become a barometer by which the right to and capacity for national sovereignty is evaluated”(336). Puar examines, among other instances, “Israel’s gay-friendly public relations campaign” and movements against “pinkwashing,” or “Israel’s promotion of a LGBTQ-friendly image to reframe the occupation of Palestine in terms of civilizational narratives measured by (sexual) modernity”(337).

42 See Elliot (2014) for a critique of the limitations of the mudawwana reform as largely addressing the concerns of urban, married, middle-class women without offering sufficient rights or protection for unmarried or rural women.

43 See for example, the film Casablanca Calling (Durman & Rogers 2014) or the PBS News Hour (2015) entitled “Morocco Trains Female Spiritual Guides to Fight Extremism and Empower Women.”

44 Arguing against Hammoudi’s (1997) formulation that a kind of blind loyalty upholds Moroccan authoritarianism, Maghraoui (2001) argues that even within Morocco’s “traditional system” the “king derives his legitimacy both from divine right, as a descendent of the prophet Mohammed, and from collective will through the annual oath of allegiance by representatives of the community in a ceremony known as Bay’a”(75). The ceremony of the bay’a, he argues, embodies an understanding that allegiance requires the monarch to abide by certain requirements. As Pennell (2000: 15-16) writes, historically in Morocco the bay’a oath has been understood as a contractual relationship based on the ideal of a suitable and just ruler, which also stipulated the conditions for revolt against the ruler. And Sater (2007) describes, there are numerous historical examples to provide evidence for “the idea that civil disobedience and the concept of community sovereignty were well established in pre-colonial Morocco.”(28) (See Lahbabi (1975) for a famous articulation of this aspect of Moroccan pre-colonial political tradition, including an argument that the French protectorate had transformed a system of collective sovereignty into an absolute monarchy.)
acknowledges the limits to the power of religious dissent, he argues nonetheless that religious dissent has “cultural roots” and stresses the importance of religious ideals in “challenging the power of the ruler, which is embedded in the modes of legitimation that Morocco traditionally knew.” (33)

45 One recent news article noted that Range Rover saw a 200 percent increase in sales in Morocco after the king was pictured driving a Range Rover in Al Hoceima (Boudarham 2015).

46 As Spiegel notes, “‘Islam’ itself often becomes a stand-in for public ‘morality’ or ‘traditional values’ – and often is discussed as a way to reach a religiously conservative base” (Spiegel 2015: 7).

47 Yassine’s open letter “Islam or the Deluge” – sent to King Hassan II in 1974 – famously challenged the religious legitimacy of the monarchy and called on the King to step down. Although Yassine served three years in a psychiatric hospital as a result, this was only the beginning of his ongoing confrontation with the monarchical institution. He has also openly challenged the current King, Muhammad VI, to atone for his father’s crimes.

48 Membership estimates range from between 50,000 to 600,000. One reason for this wide estimate is the illegal status of the association. Some commentators hypothesize that the unknown membership numbers also serve as a political tool to increase pressure on the regime (Cavatorta 2006: 213).

49 Cavatorta (2006) argues that Justice and Charity’s activism in the domain of social services has pushed both the state and non-governmental organizations to increase their emphasis on service provision in order to counter this activism. Even “leftist groups,” Cavatorta argues “are beginning to see the necessity of competing with the Islamists on the provision of social services, in order to show that a social-democratic project can not only deliver human rights (a rather abstract concept in Moroccan shantytowns), but also practical results” (217).

50 The declaration was signed during a Middle East and North Africa Regional Religious Leader’s colloquium held in Cairo, under the auspices of the General Secretariat of the League of Arab States, implemented by Family Health International (FHI), with support from USAID and in close collaboration with UNDP’s HIV/AIDS Regional Programme in the Arab States (HARPAS) and UNAIDS. A second forum was held in 2006, which resulted in the formation of the First Regional Network of Arab Religious Leaders Responding to AIDS in the Middle East and North Africa – or CHAHAMA, a term that means “greatness, gallantry, or generosity” – that provides capacity building, workshops, and technical resources in mobilizing religion to prevent HIV/AIDS across the region.

51 Harm reduction has also been translated into Islamic terms using the principle of “necessity overruling prohibition [al-dharrurat tuhibul mahzurat].” See for example Karmarulzaman & Saifudddeen (2010).

52 During my fieldwork, I heard several anecdotes suggesting that the use of religious principles to promote harm reduction had begun to circulate. A friend of mine, for example, recounted a similar principle he heard on a religious radio program. A young man called in saying he had gotten a woman pregnant out of wedlock and asking what he should do. The scholar asked, “Did you use a condom [‘āzil ‘ībbī?]” The young man responded, “Isn’t that Haram?” The scholar laughed and said “Didn’t you think about that before you had sex outside of marriage?” The scholar continued, “If you have a moment of weakness, you should not make two calamities [muṣībat] out of a single calamity [muṣība].”

53 The International Sex Worker Harm Reduction Caucus (ISWHRC) – a working group committed to increasing the participation of sex workers and their organizations in discussions of harm reduction at the international level – offers this statement: “Sex work is work, not ‘harm’: Sex work (itself) is not inherently harmful. The reasons people engage in sex work vary widely, as do the reasons people choose a variety of other jobs. Many sex worker health and rights organizations use a harm reduction framework when they address the needs of sex workers. Other sex worker organizations have a less comfortable relationship with harm reduction because “harm” is sometimes erroneously defined as sex work or sex workers (themselves). We are resolute that any harm associated with sex worker results from repressive environments in which sex worker is not recognized as work, and because sex workers lack basic human rights and access to appropriate health services.” (ISWHRC 2008)

54 Bavikatte (2009) argues that Islamic approaches like these, which focus on the relationship between HIV risk and sexual behavior (including the primacy of adultery, premarital sex, and homosexuality as risk factors), provide a
vehicle to “affirm hetero-patriarchal interpretations of [Islam]” (189). Such interventions reify the role of religion and culture in the MENA and “aim to solve the AIDS problem simply by …[providing] education …without addressing the structural causes of the pandemic” (191).

55 *Kif-Kif* (literally meaning ‘same, same’ in Moroccan Arabic) is an NGO for LGBTQ Moroccans that was founded by Samir Bargachi, a Moroccan living in Spain. The organization also runs a publication called *Mithly* (which means both ‘gay’ and ‘like me’ in Modern Standard Arabic). The organization and the publication are illegal in Morocco, and the NGO is licensed in Spain.

56 See Siddiquee’s (2009) discussion of the prophetic statements in Ibn Majah’s *sunan*, which is widely used to support this perspective.

57 Discourses on HIV as a divine punishment are not unique to Morocco or to Islamic contexts, but have been documented around the globe. In the years immediately following the emergence of AIDS, the most vocal religious discourses tended to emphasize AIDS as a form of divine punishment, “God’s vengeance for perversity or immorality” (Dilger, Burchard & van Dijk 2010). Early epidemiological designations of risk – particularly in times before the HIV diagnostic test – also reinforced stigma and discrimination by focusing on ‘high-risk groups’, often at the margins of society (Oppenheimer 1992). For example, in 1983, in an effort to protect the US blood supply, the CDC recommended that gay men, intravenous drug users, and recent Haitian immigrants refrain from donating blood (Fairchild & Tynan 1994). In 1985, Haiti was lumped into a new high risk-category along with countries central and southern Africa: HIV ‘pattern 2’ countries, characterized by heterosexual transmission were marked as higher risk than ‘pattern 1’ countries, often in the US and Europe, characterized by homosexual transmission (Patton 1992). Regardless of intention, public health policies based on these categories suggested that HIV could be contained by policing the social boundaries between people who were different from the majority in ways that drew upon inequalities and stereotypes of uncontrollable sex drives and promiscuity among gay men, blacks, and Africans (Fairchild and Tynan 1994).

**Notes to Chapter Two**

58 A notable exception is Garcia et al. (2015)’s work with black MSM in New York, which argues that current HIV funding strategies and priorities – particularly a lack of political and financial commitment for capacity building and institutional infrastructure – make safe spaces difficult for HIV/AIDS organizations to maintain.

59 Jamal (2007) has argued that in Morocco the regime extends its influence by promoting associational agendas that directly serve its political mandate, and civil society groups tend to reinforce existing social hierarchies.

60 *hudūd* is literally translated as “limits” or “prohibitions” and refers to a punishment fixed in the *Quran* and hadith for crimes considered against the rights of god.

61 The full text of the Moroccan Penal Code can be found online in French and Arabic <http://www.wipo.int/wipolex/en/details.jsp?id=7323>

62 Article 489: « Est puni de l'emprisonnement de six mois à trois ans et d'une amende de 200 à 1.000 dirhams, à moins que le fait ne constitue une infraction plus grave, quiconque commet un acte impudique ou contre nature avec un individu de son sexe. »

63 Article 490 : « Sont punies de l'emprisonnement d'un mois à un an, toutes personnes de sexe différent qui, n'étant pas unies par les liens du mariage, ont entre elles des relations sexuelles. »

64 Article 502 : « Est puni de l'emprisonnement d'un mois à un an et d'une amende de vingt mille à deux cent mille dirhams qui, par gestes, paroles, écrits ou par tous autres moyens procède publiquement au racolage de personnes de l'un ou de l'autre sexe en vue de les provoquer à la débauche. »

65 Article 498 : « Est puni de l'emprisonnement de un an à cinq ans et d'une amende de cinq mille à un million de dirhams, à moins que le fait ne constitue une infraction plus grave, quiconque sciemment...entrave les actions de
prévention, de contrôle, d'assistance ou de rééducation entreprises par les secteurs, les organismes ou organisations habilités à cet effet vis-à-vis des personnes qui s'adonnent à la prostitution ou à la débauche ou qui y sont exposés.

66 As I would find out afterwards, outreach workers felt that my obvious foreign presence made their nighttime interactions even more conspicuous. After this outreach session, Grassroots AIDS Action told me that I would no longer be able to do ethnographic observation of sex worker outreach work outside the association. The reason given was that I had made the ‘sex workers’ uncomfortable. But based on my experience that night, Nadia and Touriya had seemed to be more anxious than the sex worker peer educators.

67 In the summer of 2012, the Association Marocaine des Droits Humains (AMDH) spearheaded a, to date, unsuccessful legal campaign to abolish the penal code provisions that criminalize extramarital sexual relations between adults, causing great debate in the press.

68 For example, Bennis (2012) writes, echoing the sentiments of many other critics: “Fairly put, are not a huge part of Moroccans already listening to their whims and participating in premarital relationships, adultery and fornication? … In fact, Moroccans have been enjoying their freedoms long before [the debate on 490] erupted. As a result, raising such issue is futile and meaningless, since practitioners turn a blind eye to ‘Article 490’ as is the case with numerous other articles within Morocco’s penal code.”

69 Approximately 500 dirham [US$50] per person, according to one journalistic report.

70 As one of my Arabic teachers told me, each müsem and Saint’s tomb specializes in something different, and the müsem Sidi Ali bin Hamdouch was widely known around Morocco for its association with issues related to fertility, marriage, and sexuality.

71 Oulamine (2012), for example, argues that vigilantes of Ain Leuh should be understood as a popular resistance movement for the betterment of society.

72 One of my Arabic teachers and I got in several heated discussions about this topic, where both of us were bordering on tears. I condemned the events, and she supported them. She told me that it was the responsibility of citizens to fight this problem, since the government continued to turn a blind eye. “What are the people supposed to do if the government will not stop this corruption?” she asked, “If it is not rooted out, it will spread.”

73 In interviews and focus groups, peer educators and outreach workers alike reported that, despite that it was not an official policy to use condoms as evidence of sex outside of marriage, police officers still used condoms to harass and women and bring them into the station.

74 I heard reports that some NGOs in other cities did, in fact, offer badges to their peer educators. However, I was not able to investigate or confirm this.

Notes to Chapter Three

75 Owczarzak, Broaddus & Pinkerton (2015) also critique the way data produced through these enumerative practices are often used to “demonstrate fiscal prudence, efficiency, and accountability to funders and the public, rather than to produce information for the organization’s benefit” (2015: 326).


77 The resulting study found that over 19,000 women in Rabat, Fez, Agadir, and Tangier work as “prostitutes” (Morocco World News 2015).

78 Time location sampling (TLS) – also known as time-space sampling and venue-based sampling – is used to collect data from hard-to-reach populations, such as men who have sex with men (MSM) and female sex workers, who can be found at identifiable locations. The sampling framework consists of venue-day-time units (VDT). For example, a VDT unit could be a defined period of three hours on a Friday in a nightclub.
According to my interlocutors, ‘sex workers’ often congregated in beauty salons to prepare for evenings out. As Susan Ossman notes in the context of Casablanca, some salons even act as fronts for sexual exchange (2002: 104).

Because of my willingness to go out at night, and the difficulty recruiting other outreach workers for this task, I had initially been invited by one of the NGOs where I did research to participate as one of their ‘counters’ in this study. However, I was later told that the Ministry of Health did not want me to participate in this study as a counter, or even to partake in or observe trainings. I was not given a reason why, but assumed it was because the information being collected was sensitive and the Ministry of Health did not trust my motivations or my discretion.

For example, my friend Kenza was a 20-year-old college student engaged to Mouhcine, a 25-year-old mechanic. Both their parents approved of the engagement and were eager for the marriage to take place, although they respected Kenza’s wishes to complete her education before holding the ceremony. The couple was sexually active, though this was kept a secret from family and most friends. Kenza lived alone to attend school, and Mouhcine paid for her rent, gave her spending money, provided functional gifts like an iPhone and a used laptop computer, and furnished transport to offset the cost of buses and taxis. When their engagement was called off due to an unrelated family conflict, Kenza and Mouhcine secretly remained friends, and Mouhcine continued to pay Kenza’s rent.

See also Mernissi (1987) for a discussion of ‘sexual anomic’ in Morocco caused by a disconnect between the traditional ideal of a male provider/female dependent in contrast to actual reality.

Drawing on the work of Eleanor Rosch (1978) and Ian Hacking (1995), Hart (2105) defines a prototype as “the example most likely to come to a person’s mind when thinking of a given category. For instance, when asked to give an example of a bird, respondents are much more likely to name a robin than a pelican or ostrich because it is considered a better example of the category bird” (206). Prototypes are context dependence, and historical in the sense that they change over time. Writing about the Moroccan context, Hart argues that the category autism does not circulate “primarily as a technically defined list of symptoms found in the American DSM or even the French CFTMEA. Rather, a prototype of autism was solidifying and circulating locally by way of concrete examples and specific instances.” Hart’s (2015) work examines how the autism prototype in Morocco has been shaped by particular cultural and religious histories, as well as local institutions of care.

Furthermore, actual policing practice (also discussed in Chapter Two) focused, not on the exchange of sex for money, but on visual, behavioral, and spatial markers of female respectability. These markers were also salient for AIDS workers seeking to recruit ‘sex workers’, which will be discussed in later sections.

The broad dichotomy between marital (licit) and non-marital (illicit) sex is based, in part, on the Islamic legal distinction between sex that occurs under an-nikāh (the legal act of marriage) and all other forms of sex including prostitution [al-bighā], which are referred to as az-zīnā. However, this distinction is not black and white. There are multiple forms of temporary marriage recognized by Islamic schools of thought. Referred to as nikāh misyār, (temporary marriage), urfi (customary or unofficial marriage), or mut’a (literally meaning ‘pleasure’) 86, there are reports that these unofficial and short-term unions are increasing in Morocco’s big cities as “a halal form of sexual freedom” (La Vie Eco 2012). In the Middle Atlas of Morocco, scholars have also documented the prevalence of both formal and informal temporary marriages as a means for families or widows to acquire temporary male labor (Venema & Bakker 2004).

See Carole Vance (1995; 2011a; 2011b) for a critique of the hyperfocus on female victims of trafficking. Vance argues that this focus obscures women’s agency in the sex trade, perpetuates the idea that “only the innocent deserve protection and rights” (2011a: 939), and encourages interventions that are often harmful and destructive for the women themselves. Ultimately, these “melodramatic” narratives “misdirect the eye from complexity and contradiction, offering a simplified and emotionally gripping substitute” (2011a: 940). This, in turn, is linked to the
trafficked person’s “right to be rescued” instead of their broader “claim to a multiplicity of rights and entitlements” (2011a: 941).

88 Here, there are important parallels to Janet Abu-Lughod’s (1981) discussion of colonial “urban apartheid” in which was European districts and the Moroccan city center [al-medina] were separated by green spaces, which were referred to as cordon sanitaire (literally “sanitary cords”) that aimed to minimize physical cultural contamination by containing native Moroccans within the bounds of the medina.

89 For comparison, see Venema & Bakker’s (2004) discussion of prostitution in Morocco’s Middle Atlas mountains, as well as Maher’s (1974) depiction of ‘Huriyin’ [literally, ‘free women’], or divorced women who engage in casual prostitution. If prostitution in cities was often segregated and set apart, according to these authors, in the rural Middle Atlas region prostitution was integrated into local social and economic worlds.

90 Interestingly, my contacts in AIDS organizations told me that feminist groups largely use the term ‘prostitution,’ as opposed to ‘sex work,’ to mark the practice as an instance of patriarchal oppression.

91 See Hirsch, Wardlow & Phinney (2012) for the argument that reputation – constructed through the spatial management of sexual practice – be understood as an important part of sexual identity.

92 As illustration, one of my Arabic teachers told me that women in bars are of two types. “Either they came for prostitution, or they are upper class [an-nās dyal clase, une personne de grande classe], maybe she lives a European lifestyle [ andha vie dyal Europe] or was educated in Europe, or maybe one of her parents is European.”

93 As Newcomb (2009) argues, conceptions of respectability in Morocco are related to class, and often juxtaposed with the conduct of women of poor and rural origin who are stereotyped as uncultured, loud and badly mannered.

94 See Wojcicki’s (2002a, 2002b) parallel description of South African sex workers as ukuphanda, or those who were trying to scrape something up.

95 In parallel, advocacy for unwed mothers in Morocco (as articulated by famous activist Aicha Ech-Channa, for example) seeks to catalyze sympathy by labeling protagonists “abandoned mothers” instead of “single mothers” (Salime 2015: 529).

96 See Fatima Mernissi’s book Doing Daily Battle (1988) for a seminal discussion of Moroccan women’s labor outside the home. Against development policy that assumes a male breadwinner, Mernissi describes Moroccan women as longtime “economic agents”(2), “a race of giants doing daily battle against the destructive monsters of unemployment, poverty, and degrading jobs”(5).

97 The phrase was also used by married women who ‘went out’ because they were not adequately financially cared for by their husbands.

98 There are potential parallels here with sex workers’ right movements that emphasize that sex work itself is not inherently risky, but only becomes risky in the context of criminalization and structural inequalities (see for example ISWHRC 2008).

99 See the Methods section of the Introduction for a precise description of sample demographics.

100 The male outreach worker also added that outreach at night is difficult in general “because the women are drunk [skrānīn], so its hard to discuss practical things like health and condoms. Plus, they’re working, so they lose money by talking to you.”

101 See Wojcicki’s (2002a, 2002b) discussion of sex work in South Africa for another example of distinguishing ‘sex work,’ not by the exchange of money for resources, but by styles of dress and appearance and modes of self-cultivation.
It is important to note that smoking could be interpreted either as a marker of being ‘a girl of the street’ (when it was done by a poor or working class woman) or as a symbol of class, wealth, and European affiliation. In fact, while many of the sex worker peer educators at the NGOs smoked, so did many of my wealthy upper-class Moroccan friends.

For example, my friend Layla was a teacher from a middle class family. She wore the headscarf, a jellāba [traditional Moroccan robe], and no make up. She was not married, but when she came for an HIV test while I was working one day, Asmae, the outreach worker in charge marked her on the log as ‘general population,’ not a sex worker. “Even though she’s not married, she doesn’t go out. It’s obvious,” Asmae explained.

Drawing on the case study of virginity testing in Egypt, Wynn (2015) describes doctors’ cultural authority to read women’s moral status through physiological markers. In Morocco the practice of obtaining virginity certificates from doctors before marriage is widespread. In 2014, the story of a husband who beat his wife because she failed to bleed on her wedding night made national news and caused public outrage. Coverage of the event focused less on the beating itself than on the husband’s of disavowal of the authority of the virginity certificate his wife had procured from a local doctor.


Studies in diverse global contexts have shown how women in the sex industry use particular performances of self to achieve social, material, or even political goals. See, for example, Sanders (2005) discussion of the strategic use of ‘manufactured identities’ among sex workers in Britain and Murray’s discussion of ‘puta politics’ in Brazil (Blanchette & Murray 2016).

This is not technically legal, but nonetheless was reported to occur frequently, in accordance with the doctor’s discretion. For this reason, peer educators and NGO clients sought out doctors who were referred to them by friends, and could be trusted.

During outreach with AIDS workers Asmae and Fatna, I witnessed one striking example. A young woman, who appeared to be in her teens, was sitting on the corner, waiting to be picked up for housecleaning or sex work. She was cradling small baby, “Six months old”, she told us in a soft voice. “I take her everywhere.” A woman standing next to me, would mutter, sounding concerned, not judgmental “She takes the baby even when she goes with men.” Asmae tells the young mother about a local association for single mothers, but the woman says she’s afraid to go back. She tells us that they refused her because she ‘goes out.’ When we’ve finished outreach and are headed back to the main office, the three of us discuss the woman’s situation. Asmae is shocked that they would turn away a baby so young. But Fatna confirms that this she’s heard this story many times before. “They won’t let in ‘girls who go out.’”

In Chapter Four, I explore the implications of outreach workers’ feelings of frustration at the limitations in the services they are able to offer women in need.

Notes to Chapter Four

Les personnes relais is translated from French as ‘frontline staff’ or ‘contact people.’ Relais literally means ‘relay,’ emphasizing their role as go-betweens.

With non-sex worker frontline staff, the key principle was not sameness (as in peer education) but proximity and a non-judgmental mindset, which were promoted through each NGO’s required trainings.

The French term la permenance is a noun meaning, ‘duty’ or ‘period of duty.’ It can be used to indicate the provision of a service, including being on call.
In order to keep the identities of both NGOs confidential, in-depth descriptions about their branches, administrative structure, and bureaucracy have been purposefully omitted.

There are parallels here with the French terms for ‘social worker’ [intervenante sociale] and ‘medical professional’ [intervenante médicale].

For example, during my fieldwork, UNAIDS organized a focus group for sex worker peer educators at All Together Against AIDS to give their perspective on Morocco’s progress in reaching the millennium development goals (MDGs).

For example, at one national meeting, two highly educated Grassroots AIDS Action frontline staff attended—both of whom were fluent in French, Arabic and Tashlehet, and between them had degrees in law and nursing. Yet when they arrived, I was told, they were treated like country bumpkins [min al-’arūbiyya]. One All Together Against AIDS staff member looked at them pointedly and said, “Oh, we need to speak Arabic today because not everyone is going to understand French.” And another All Together Against AIDS staff member asked if they needed help translating from Tashelhit. Otherwise, I was told that Grassroots AIDS Action representatives were ignored by the other NGOs and the Global Fund representatives alike; they were not even given training manuals. “Basically, the whole meeting was about ‘All Together Against AIDS this,’ and All Together Against AIDS that,’ as if they were the only ones working,” one of the Grassroots AIDS Action frontline staff in attendance told me.

See Farmer (2001) for a parallel critique on the use of the term ‘non-compliance’ for anti-tuberculosis treatment. See also Lutfey & Wishner (1999) on the debate in the medical community in the use of the term ‘adherence’ to replace ‘compliance.’

Since I left the field in 2013, I have stayed in touch with three out of the five frontline staff, all of whom have since quit All Together Against AIDS, citing these very frustrations.

Some public health literature has documented the effectiveness of practices of home visitation in improving health outcomes for vulnerable populations (Olds & Klitzman 1990) and it is an increasingly common model for community health worker interventions as used by organizations like Partners in Health.

Due to the criminalization of all sexual relationships outside of marriage in Morocco, a marriage license must be presented when a newborn child is registered for identification— and all children born out of wedlock are technically illegal. In 2004, a reform was passed to make it easier for some single mothers to register their children, but the paperwork remains difficult to obtain if the father is not present. Lack of proper paperwork makes life particularly difficult for children born out of wedlock— from going to school, to accessing health care, to getting a job. Obtaining paperwork for their children was a serious concern for many ‘sex workers.’ See also Bargach (2001) for an excellent discussion of illegal status of adoption in Morocco, and the translation of this illegality into the social abandonment and stigma of children with unknown or unregistered fathers, known as ‘bastards’ [wlad l’hram].

In 2012, the Moroccan government initiated a national scale up of the Régime d’Assistance Médicale (RAMEd), a publicly financed insurance program for Morocco’s poor aimed to remedy disparities in access to care. However, during my fieldwork concerns arose that RAMEd has resulted in declining service quality, creating a two-tiered system where public hospitals are overrun with demand and medication remains difficult to access. RAMEd also imposed new criterion of proof and paperwork requirements for potential recipients to prove their deservingness of public aid. Many of the women I spoke with had been unsuccessful at navigating RAMEd’s documentary requirements.
REFERENCES


265


270


prevention and control among Black men who have sex with men. *PloS one, 10*(10), 1-17.


Norman, OK: University of Oklahoma Press.


leader-sector-plan-emphasises-diversification-offering-improved-air-connectivity-and>
last accessed 17 May 2017.


286


Shakhsari, S. (2012). From homoerotics of exile to homopolitics of diaspora cyberspace, the War on Terror, and the hypervisible Iranian queer. *Journal of Middle East Women's Studies, 8*(3), 14-40


290


UNAIDS, 2009. Partnership with faith-based organizations: UNAIDS strategic framework


USAID (2013) HIV education and health services for sex workers. 

USAID (2015) Case study: Religious leaders respond to HIV/AIDS. 


Wojcicki, J.M. (2002a) Commercial sex work or *ukuphanda*? Sex-for-money exchange in Soweto and Hammanskraal area, South Africa. *Culture, Medicine, and Psychiatry, 26*, 339-370.


Zaïo Press (2011, November 8) *Shhab 3in llouh yshklun ljana sh3biya lm7aana aoukar ald3ara*  


295
Appendix A
Map of Souss-Massa-Drâa, Morocco
Appendix B
Photo of Agadir Beachfront
Appendix C
Data Analysis and Human Subjects Clearance

Data analysis
A major strength of ethnographic work is its iterative nature. Research questions are repeatedly and systematically reformulated throughout the data collection process. The study evolves as the investigator develops a greater understanding of the research questions and of the community under study (Emerson et al. 1995). This is important not simply for the creation of valid and reliable data, but for depth and texture that would be difficult to attain through other methods. Practically speaking, the “dialectical” nature of ethnographic production (Wolcott 2001) means that analysis took place concurrent with data collection. I generated descriptive fieldnotes with each ethnographic encounter over the 26 months of fieldwork, which were analytically coded on an ongoing basis. While in the field, I systematically reviewed fieldnotes and select interview recordings in order to identify new leads, and to explore contradictions and surprises. This allowed me to refine and redirect my research questions and interview protocols.

I also used triangulation to compare initial findings from different data sources – e.g., interviews, participant observation, and analysis of documents. Convergence between these different sources was used to increase the validity of my findings. However, points of divergence in the data generated by different methods also opened up fruitful avenues of exploration. For example, participant observation allowed me to investigate and theorize the differences between official documents, articulated strategies, and actual HIV interventions (Bernard 2006). And finally, triangulation was used for complementarity, in order to increase the scope and depth of the study, and to stimulate reflexive analysis (Murphy & Dingwall 2003). I engaged in ongoing “member checking” ( Lincoln & Guba 1985 ), asking my informants for their ideas about my initial interpretations, hypotheses, and conclusions. The perspectives of informants were not used as checks of validity on their own, but to expose alternative interpretations and taken for granted assumptions (Bloor 1997).

After the completion of data collection, with the help of a research assistant, I transcribed interviews in Moroccan Arabic and French and then translated the transcripts into English. I then systematically coded both interviews and fieldnotes using Atlas.ti software (version 1.5.4) and a grounded theory approach by which patterns and hypotheses are developed inductively and then iteratively checked against the data as it emerges from analysis (Strauss & Corbin 1990).

Human Subjects Clearance
This study received human subjects approval from the Columbia University Institutional Review Board (IRB) and through the Comité d’Ethique pour la Recherche Biomédicale (CERB) at Université Mohammed V in Rabat, Morocco. All names and identifiable information of my interlocutors have been changed to protect their anonymity. Whenever possible, names of places and organizations have also been changed.
Appendix D

Background on HIV in Morocco

The first case of HIV in Morocco was reported in 1986. By 1988 the Moroccan government had organized a national program followed by a series of National Strategic Plans supported by the King, the majority of government ministries, and international, regional, and national nongovernmental organizations. Sentinel surveillance of HIV, or the monitoring of trends in HIV prevalence over time and by region, was introduced in 1993. In accordance with WHO recommendations, surveillance was reformed in 2002 to concentrate data collection on infection and behavior in those sub-populations found to be at greatest risk for new infection (UNAIDS 2007). In 2003, Morocco became the first country in the Middle East and North Africa to receive finances from the Global Fund. Morocco received a second Global Fund grant, the 6th round, which will terminate at the end of June, and the 10th round, which will last until 31 December 2013.

The number of HIV infections in Morocco has doubled over the past decade and continues to increase at approximately 15% per year (Mumtaz et al, 2010; UNAIDS 2010). As of 2012, there were an estimated 30,000 people living with HIV (UNAIDS 2013). Three regions, Souss Massa Drâa (24%), Marrakech Tensift Al Haouz (18%) Grand Casablanca (14%), account for almost 60% of reported HIV cases in Morocco (Kingdom of Morocco 2015). The majority of newly reported HIV infections in Morocco are linked to heterosexual transmission but the main risk factor for male infection is engagement in paid sex networks, while for women, it is an infected spouse. Circumcision is said to have prevented over 30% of infections that would have occurred from the route of sex worker to client explaining why the rates of HIV among men and women are about equal, despite the estimation that 90% of high risk sexual behaviors in Morocco are practiced by men (Mumtaz et al. 2010).

Voluntary, free, anonymous and rapid testing is carried out in private offices, public hospitals, and mobile centers largely by non-governmental organizations. Morocco is one of only two countries in the MENA with a law explicitly prohibiting mandatory testing, although there is a pre-employment test required for military and police (Hermez et al 2010) for which no statistics appear to be made publically available. Since most HIV cases are being diagnosed at later stages, civil society groups are advocating for funding to expand HIV testing coverage and the Ministry of Health has recently begun to roll out voluntary provider initiated testing in public clinics (Wadoux 2005). Treatment is paid for by the Ministry of Health, and available to those with a CD4 count of less than 500 (as recommended by the WHO in 2013). Monotherapy was introduced in 1990, followed by bitherapy in 1995 and, with support of the Global Fund, tritherapy in 2002 (Wadoux 2005). With 30% of PLWHA on ARVs, Morocco has the third highest treatment coverage rate in the MENA and the second highest rate (26%) of HIV positive pregnant women receiving ARVs (UNAIDS 2011).
### Appendix E
Comparison between two AIDS organizations

<table>
<thead>
<tr>
<th></th>
<th>All Together Against AIDS</th>
<th>Grassroots AIDS Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SIMILARITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Method of reaching “high risk” groups</strong></td>
<td>A “participatory” and “community based” approach that relies on peer educators</td>
<td></td>
</tr>
<tr>
<td><strong>Outreach team</strong></td>
<td>Consists of (illiterate) <strong>peer educators</strong> and (literate) non-sex worker <strong>frontline staff</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Outreach goals for the sex worker program</strong></td>
<td>Bring sex workers into the clinic for HIV <strong>testing</strong>, and <strong>gynecological exams</strong>. Conduct safer sex <strong>education</strong> and distribute <strong>condoms</strong>.</td>
<td></td>
</tr>
<tr>
<td><strong>DIFFERENCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Institutional context</strong></td>
<td>Large, bureaucratic, strong ties to international funders and health experts</td>
<td>Small, “grassroots”, minimal bureaucracy, weaker ties to international funders and experts</td>
</tr>
<tr>
<td><strong>Administrative features</strong></td>
<td>Had administrative personnel and a software package to minimize the administrative work</td>
<td>No central computerized system or specific personnel for administrative tasks</td>
</tr>
<tr>
<td><strong>Role of frontline staff (FS)</strong></td>
<td>FS shoulder the responsibility for recruiting sex workers. FS do outreach, education, and visiting sex workers in their homes and neighborhoods.</td>
<td>FS manage a team of peer educators. FS spend bulk of their time doing paperwork and administrative duties.</td>
</tr>
<tr>
<td><strong>Role of sex worker peer educators (SWPE)</strong></td>
<td>SWPE participate as volunteers, doing supplemental labor on an ad-hoc basis. They help direct FS to areas where sex workers live, and help recruit new sex workers.</td>
<td>SWPE are employed with a monthly stipend and have primary responsibility for bringing in quotas of new sex worker contacts.</td>
</tr>
<tr>
<td><strong>Relationships between FS &amp; SWPE</strong></td>
<td>Mediated by SWPE voluntary assistance and a culture of ’visiting’. SWPE treated with gratitude. Lives of sex workers viewed through an ethnographic lens that highlights socio-structural context of their lives.</td>
<td>Mediated by pressures and demands of paperwork. SWPE held accountable for failing for difficulties of recruitment. SWPE treated as untrustworthy and irresponsible employees.</td>
</tr>
</tbody>
</table>