is fundamentally racist (Hunt 1988). The desire to see serious disease as coming from somewhere else, as an invasion, as foreigner, is widespread (Sontag 1978, 1989; Brandt 1985). The "African origins" theory is based on many weak arguments; almost all have been disproved, including the genetic relationship of the HIV-1 virus to the simian variety of retrovirus found in the green monkey of equatorial Africa (see Gallo 1987; Mulder 1988). The "African origins" myth also arose because cases of AIDS were discovered earlier in Africa than in Europe or in North America. This argument, too, has been refuted decisively (see Carswell et al. 1986; Garry et al. 1988; Huminer, Rosenfeld, and Pitlik 1987; Hunt 1988).

One of the remaining props of the "African origins" myth is the pattern of spread of the disease in eastern, central, and southern Africa. The thesis of this paper provides an alternative explanation to the myth insofar as the myth is supported by the rapid or early spread of HIV-1 seropositivity in Africa. The historical pattern of sexually transmitted disease in eastern, central, and southern Africa is related intimately to dependency development and to migrant labor. It provides a much more adequate explanation for the rapidity and the complexities of the spread of HIV-1 seropositivity in Africa than do any assumptions about the origins of HIV-1. "African origins" theories contradict the evidence not only genetically and clinically, but also epidemiologically.

In the foregoing discussion an alternative epidemic pattern has been presented for AIDS in eastern, central, and southern Africa. This pattern has appeared in other areas where migrant labor markets were combined with dependency development and where workers were separated incompletely from the land; it has occurred, for instance, in western Africa. This pattern is rooted in migratory labor markets and is based in systematic economic, historic, and social development. Previous epidemics of STDs occurred in eastern, central, and southern Africa, resulting from the conjunction of the same historic, economic, and social factors. Those epidemics demonstrate medical/geographic and temporal patterns that are based in the movements of labor between concentrations of work and industry and the labor reserve.

The data on HIV-1 seropositivity and AIDS prevalence in Africa are sparse, scattered,

small in scale, and often inaccurate. Yet even in view of these limitations, the available data on HIV-1 seropositivity and AIDS surveillance and testing in eastern, southern, and central Africa support the historical pattern and the labor market relationship in the AIDS epidemic now ravaging Africa. The highest prevalence rates of AIDS and HIV-1 seropositivity occur in the concentrations of industry and development in Uganda. In the rural labor reserves, particularly in Burundi, Rwanda, and southwestern Uganda, very high prevalence rates of HIV-1 seropositivity and AIDS also occur, but those rates are not as high as in the industrial and developed areas. Labor reserves in parts of Uganda where prevalence rates of seropositivity and AIDS are low show isolation from traditional labor migration because of war and social disruption over the last decade. The general rate of rural infection in eastern, southern, and central Africa is quite low.

There is some evidence of high rates of HIV-1 seropositivity among migrant laborers themselves. Certainly, prostitutes have very high rates of seropositivity and AIDS, as would be expected by most social theories of STDs. Further, those who suffered from previous STDs appear more likely to contract HIV-1 seropositivity and therefore AIDS. This interaction in the AIDS epidemic reinforces the historic patterns of STDs already occurring in this region in Africa.

In conclusion, the epidemic of HIV-1 seropositivity in Uganda and in other countries of the area is a social event, not simply a biological occurrence (see Stark 1977). Although a biological understanding of HIV-1 is necessary, it is inadequate. The epidemic of HIV-1 seropositivity and AIDS in Africa must be understood socially, in its historically specific context, or not at all.

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