

“Lipstick Girls” and “Fallen Women”: AIDS and Conspiratorial Thinking in Papua, Indonesia

Leslie Butt
University of Victoria

This is what I've heard: Since the problem of Free Papua arose, AIDS has come here so that Papuans die off. There were these fallen women [*perempuan sundal*] from Jayapura, well they [the Indonesian government] brought them all to Wamena. And those who want those women can have sex with them. And the women brought the disease with them.

We try and stay away from those lipstick girls [*wanita lipstik*]. But sometimes we come to town and they are wearing tight skirts and they are all clean and their hair is all fixed up and—well, we just can't resist!

According to widespread theorizing among indigenous Papuans, “lipstick girls” and “fallen women” infected with HIV were introduced into Papua as part of an Indonesian program aimed at eliminating indigenous people from the resource-rich province.¹ Papuans have heard through media and gossip that the number of HIV and AIDS cases in the province are the highest per capita in Indonesia and that the province is on the verge of an epidemic. The core logic of Papuan theories about the causes for this links AIDS with political conditions of disempowerment. Such assertions are made by numerous Papuans from many places and walks of life.

In August 2001, an indigenous woman farmer in the mountainous central highlands region told me: “This is what I've heard around here, that we have this problem here of [wanting a] Free Papua, so this disease [AIDS] is to make us dead. There was an infected woman from the capital Jayapura; they brought her here to Wamena town; this is what I've heard.”²

At an information seminar for religious leaders held in the highlands in June 2003, a well-educated man raised in the provincial capital made the following

statement in English: “AIDS is the easiest way to make extinct the people, politically. I suspect it’s one of the central government’s methods to kill Papuans.” Finally, this theory was also mentioned in a New Zealand newspaper article (Martinkus 2003) reporting on the views of Papuan religious and medical workers:

Leo Mahuye, a health worker . . . says HIV in Merauke district is spread by prostitutes brought in by the military from other parts of Indonesia. . . . “There is an indication it is systematic killing,” said one church official. “As long as they are importing these women, as long as the military and the police back these activities here, they are committing killings,” he said.³

These assertions stand out for their concrete specificity. In place of the symbolic and exotic richness that is so common in discourses of the oppressed, these statements assert that concrete, pragmatic methods are being used to eliminate the Papuan people from their land. These Papuan theories about sex work, infection, and genocide contain explicit political claims about their relationship to the Indonesian state, claims that are presented in the form of reasoned political analysis, even though the conclusions drawn by the affected group fall outside the parameters of mainstream political analysis.

For the most part, scholars have used the term “rumor” to describe forms of talk that treat, usually in a highly evocative symbolic manner, seemingly unrelated events. These interpretations provide the means for people to make sense of political or economic conditions (Masquelier 2000; Taussig 1987). In a host of societies, prostitutes and sexually transmitted diseases (STDs) have provided potent symbols in rumors of otherness, contagion, assault, and invasion. Sexuality offers a salient marker of otherness: the category of the marginalized, stigmatized prostitute particularly indexes external threats to communities (Jeffrey 2002; Law 1997; Stoler 2002); while HIV/AIDS is regularly rendered as an external attack (Buckley 1997; Lindenbaum 1998, 2001; Setel 1999; Taussig 1996). Treichler, for example, notes that in South Africa it is widely believed that AIDS enables control over the reproduction of blacks. Similarly, inmates in U.S. prisons cast AIDS as part of deliberate campaigns to exterminate communities of color (Treichler 1999:319). Clearly, both AIDS and sex workers are particularly good to “think with” as cultural categories for articulating power relations by oppressed groups. The oppositions between rumor and fact, on the one hand, and between emotional release and political analysis, on the other hand, fail to capture the complexity of Papuans’ discursive response to HIV/AIDS.

When hearing such claims, the question arises: “Well, is it true?” If the claims are seen as potentially true, they are amenable to rational analytic scrutiny; if the claims are not seen to be true they can be categorized as rumor, however provocative or revealing in their symbolic meanings, but at best only a truth of sorts about the experience of oppression. This problematic analytical distinction has the effect of privileging cultural meaning over observation and of privileging the experience of

oppression over pragmatic reasoning about it. It also obscures the critical role of local strategies of rule and the microphysics of power in the constitution of political rationalizations. This article shows that the heterogeneity of governance—both of individuals and of strategies, especially within the field of health services—is critical to the development of conspiracy theories. Thus, the question is not “Is it true?” but, rather, “How are the political conditions constitutive of the truth claims so formulated?”

This approach is consistent with recent developments in the study of conspiracy theories. Conspiracy theories are neither true nor false, scholars argue, but are reflections and responses to certain political conditions. These developments suggest a focus on the inconsistencies and disjunctures in information as the impetus for the construction of these theories (Fenster 1999; Keeley 1999). In Papua, such disjunctures exist in the interstices, overlaps, and omissions of governance at the local level. Papuan talk about AIDS and genocide derives, to a significant extent, from the vagaries of governance as it is intertwined with sex work and the AIDS industry in the specific political context of Papua. Here, conspiracy theories about HIV/AIDS surface as a partial response to the inconsistent, opaque, and often illogical practices of regulation.

This article begins with a critical review of debates about rumor and conspiracy theory, with particular attention to their articulation in the politically volatile climate of current-day Indonesia. I review the political situation in Papua, Indonesia’s isolated easternmost province and home to the country’s largest per capita rates of HIV and AIDS infection (see Figure 1). Ethnographic research in the town of Wamena in Jayawijaya regency reveals how Papuans use experiences from multiple fields to build conspiracy theories about AIDS and sex work in Papua. I then explore inconsistencies in institutional talk and practice with regard to AIDS prevention work and also the disjunctures in Papuan men’s desire for the stigmatized “lipstick girls” and “fallen women” of town and brothel. Insofar as these inconsistencies and disjunctures evolve from and echo conspiratorial strategies of governance in the province, they provide the building blocks for claims about Indonesian genocidal strategies.

Rumors and Conspiracies in Indonesia

Among anthropologists, the term *rumor* has been widely used to describe collective imaginaries reacting to experiences of inequality. Following the seminal work of Michael Taussig (1987), it has become commonplace to note that rumors, superstitions, and occult formulations surface from local forms of sociality or cultural practice (Drake 1989; Eves 2000; Fordham 2001; Weiss 1998) and gain strength and dynamism during times of exploitation, suffering, and powerful social upheaval (Feldman-Savelsberg et al. 2000; Masquelier 2002; White 1997, 2000).⁴ There is a “constitutive and dynamic quality to rumors . . . that makes it hard to pin them down” (Masquelier 2000:91). This flexible, generative quality is what makes rumors productive vehicles for articulating experiences of difficult political

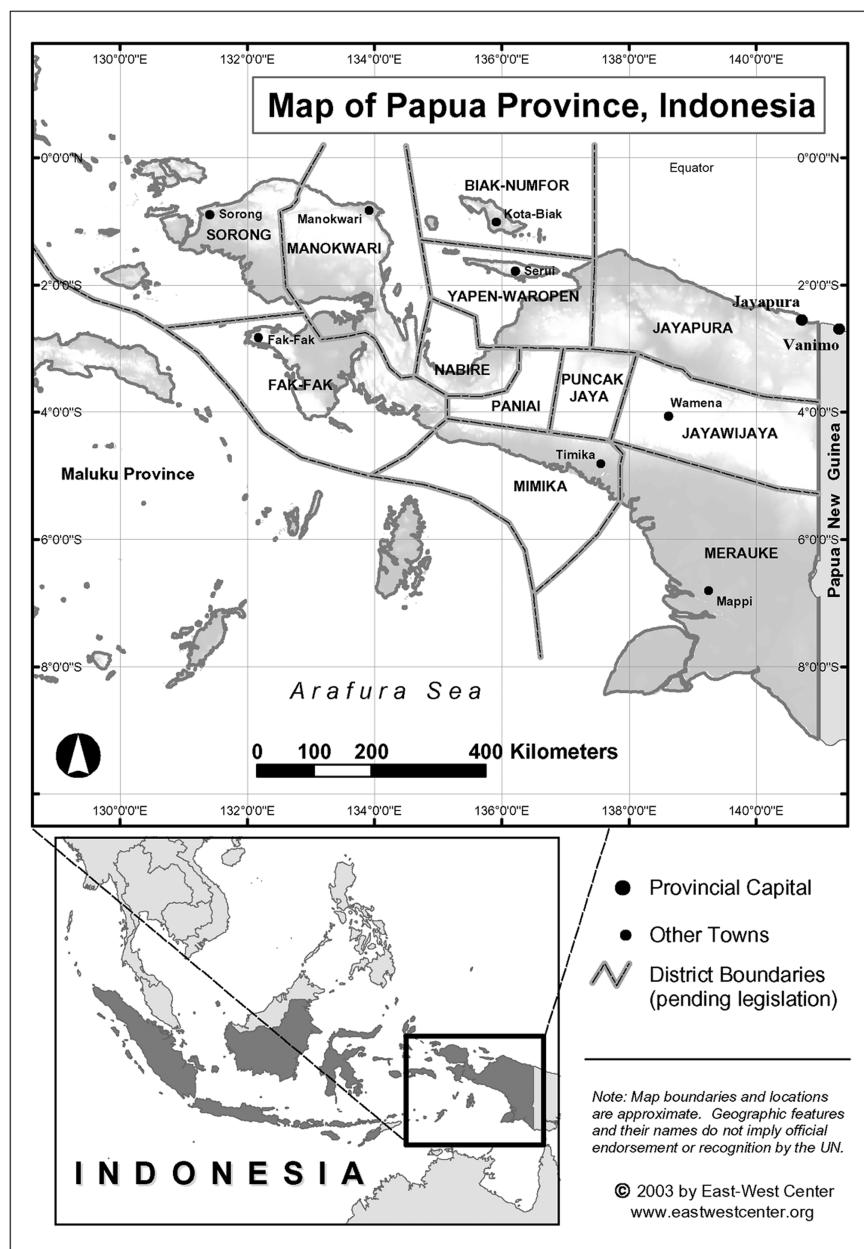


Figure 1
Map of Papua, Indonesia. Courtesy of the East-West Center.

conditions. In the fluctuating political and economic conditions of present-day Indonesia, rumors thrive.

Many contemporary Indonesian rumors express reactions to ambiguities and oppression arising from the Indonesian version of modernity. This has been

shaped by a political climate characterized first by long-time Indonesian President Suharto's authoritarian New Order regime, and then Indonesia's awkward move toward political democratization after his downfall in 1998. Since then, the Indonesian government has adopted some of the forms of liberal democracy in an attempt to become a less oppressive state. Regional units have gained significant power: local elites now have access to political and economic systems of power and once-marginal administrative personnel find themselves suddenly able to wield influence. However, “‘less state’ does not automatically result in ‘more democracy’” (Schulte Nordholt 2003:580). These moves toward democratization coexist with continuities from the old regime. Notably, the military retains a strong role in all systems of power. At the regional level, a nonliberal form of democracy run by money politics, corruption, and political thuggery has become even more entrenched (Hadiz 2003; Siegel 2001).

Many rumors in Indonesia revolve around the disempowering effects of technological transformations and modernization. Reproductive assaults provide a fertile source of symbols, such as rumors about babies and children who disappear or whose blood is extracted to serve and feed the grandiose projects of foreigners (Hoskins 2002; see also Comaroff and Comaroff 2002; Drake 1989). Rumors of white headhunters who steal children have been recorded for over a century. Now people fear a “government headhunter” (Erb 1991; George 1996; Hoskins 1993; Tsing 1993). Rumors of children stolen, killed, and fed as fuel for electrical projects have also surfaced in some locations. Hoskins cites eastern Indonesian Sumbanese stories about foreign tourists whose cameras magically and invisibly suck blood from Sumbanese children for use in foreign factories, “representing their own visual appropriation through the idiom of globalized vampires who come to feed on local sights” (Hoskins 2002:799). Similarly, Kroeger (2003) documents tales of mysterious AIDS assailants appearing in malls and other locations of intense economic development on Java. People with infected needles attack innocent victims unexpectedly in elevators, hallways, and car parks of new building developments. Also on Java, Indonesians see the magical power of the state in tattoos worn by criminal gangs as an embodiment of the violent habits of Indonesian political life (Barker 2003). When the authority of New Order discipline was lifted in 1998, waves of helplessness and panic swept Javanese communities, resulting in articulations of violence that had long been repressed through political means. Siegel (2001) shows that murders of suspected sorcerers proliferated after this lifting of local forms of control. The Javanese were reacting to a new absence in structure and patronage hierarchies that had once been dominant in village-level relations. Similar concerns have given rise to rumors in another eastern Indonesian case, where fears of state Islamicization in a predominantly Christian area of Sulawesi led to theories of enforced conversion to Islam (Schrauwers 2003).

The specific tensions occurring in Papua begins with the disputed incorporation of Papua into Indonesia in 1969, initiating a rush of new development projects that included a hydroelectric dam scheme, logging, and gold and oil exploration.

In areas targeted for large development schemes, anxieties appear similar to those recorded in Java. The violence of development produced rumors of a horde of mysteriously mobile, violent, and cannibalistic women who acted out of revenge against men.⁵ These women were imagined to engage in forms of violent assault that Papuans commonly associate with the military and police repression used to maintain peace and stability in the region over the past 40 years. Stuart Kirsch argues that the Papuan rumors articulate the often intangible experience of political threat and danger: “Through rumours people both concretely *experience* the threat of political violence and *express* their concerns about it” (Kirsch 2002:57; see also Hyndman 1987; Stasch 2001).

In short, rumors allow Indonesians to articulate their political experience of oppression and violence anonymously and collectively, through explicit reference to domains outside the mainstream. In almost all cases, the assaulted, dismembered, or decapitated human body comes to stand for the inchoate forces that threaten the wider body politic. Comaroff and Comaroff (2001:19) have labeled such incidences of rumor production as “occult economies”: forms of explanation for social and material exchanges that defy conventional practical reason. In these situations, the workings of power, the opaque distribution of wealth, and the “mysterious mechanisms of a changing market” (Comaroff and Comaroff 2001:24) cause people to explain why they have been left out of the benefits of global capital through rumors about missing body parts and deaths by witchcraft.

Explanations focusing on the use of symbols, however, tell only part of the story. It is easy to label what appears to fall outside the conventional terms of practical reason as simply a strategic form of symbolic explanation; the obverse of reason and scientific rationality. As Sanders and West (2003:14; see also Kapferer 2002) note, it is hard to avoid assessing the “truth” of these beliefs. Consequently, symbolically laden claims are often presented as true only to their tellers. Papua’s “cannibal women” make sense to researchers only as symbolic explanation, for example, as everybody knows it is not really “true”! But in so doing, anthropologists run the risk of what Roy Wagner calls settling for the meaning of a symbol: “finding the meaning reduces the symbol to its use” (Sykes 2003:164). Such an approach leaves out precisely how symbols produce meaning. It leaves out the possible role of evidence in constituting symbols. In particular, it privileges cultural or abstract roots of symbols and downplays the on-the-ground political processes that can lead to normalization, both of the symbolic formulations and of the contexts that generate them.

The analysis of conspiracy theories offers a way around this problem. Conspiracy theories, however, have had a bad name. Derided since the 1960s as pathological forms of thinking common among peripheral and marginalized groups, conspiracy theories have been widely understood as false political analysis (Hofstadter 1965). These theories are assumed to be the thoughts of a small group of people about the secret, conspiratorial actions of others. By asserting conspiracy, they make themselves politically and intellectually unacceptable (Keeley

1999:111). However, conspiracy theories have received more critical attention of late, in recognition of the fact that agencies of modernity increasingly appear to rely on conspiratorial practice to achieve their goals of sustaining power. In Indonesia, for example, despite a discourse of government transparency, there are hidden and unstated but widely recognized rules of corruption that drive whole industries, fuel regional economies, and determine individual wealth and power.⁶ Consequently, observers of conspiratorial political practice are increasingly inclined to understand politics in conspiratorial terms, as structurally situated, historically contingent responses drawing from empirical observations of contemporary political practice (Sanders and West 2003).

Conspiracy theories build from contradictory, incomplete, or unaccounted-for information, filling the gaps with speculation. Information, or its absence, is foundational: “Conspiracy theories always explain more than competing theories, because by invoking a conspiracy, they can explain *both* the data of the received account *and* the errant data that the received theory fails to explain” (Keeley 1999:119; also see Fenster 1999). The reason for doubting received information and explanation varies with political and sociocultural conditions, but the outcome is a competing political analysis expressing the tensions within existing conflicts.

During Suharto’s New Order regime and, increasingly, since his fall, Indonesia is a nation-state known for its “open secret” of corruption (Pemberton 1999) in which elites manipulate political and economic outcomes through illegal or covert means. It is also a nation-state in transition, where shifting bureaucratic regimes and ill-explained rapid transfers of power exist alongside ongoing efforts to adhere to an appearance of order and stability. These inconsistencies, which are fertile ground for conspiracy theories, are especially apparent in Papua. The following section reviews the political context of Papua and strategies of governance in a time of rapid political change. In this setting, conspiratorial thinking reveals two things to its Papuan adherents: the inconsistencies of Indonesian rule and the conspiratorial practices used by outsiders to maintain hegemony.

Papua in an Age of “Reform”

I like the Indonesians. . . . It's the system I hate.

—Papuan politician Wim Zonggonau (King 2002)

Only 2.2 million people live in Papua, Indonesia’s largest and most resource-rich province. Of these, 1.2 million are indigenous Papuans (comprising 254 linguistically distinct tribal groups), and another one million are migrant Indonesians. The latter are usually called newcomers (*pendatang*) or straight hairs (*rambut lurus*) by Papuans, who identify them in opposition to their own black skin and curly hair. Since 1969, when the province was formally incorporated into Indonesia, economic inequities have been compounded by an ongoing history of racist relations between the financially and politically dominant migrant Indonesians and the often-marginalized Papuans. The military has consistently deployed violent tactics

to enforce pacification, create conditions for economic development, and allow for a steady influx of in-migrants. Policies from the 1980s and 1990s were widely seen by Papuans as genocidal. These included the Indonesian government's movement of migrants into transmigration settlement camps, maintaining state ownership of land, and the implementation of a "two is enough" family-planning policy, targeting indigenous families whose fertility rates were already at or below replacement level. Until recently, immigrant Indonesians, both state-sponsored and self-funded, dominated virtually all aspects of Papuan political and economic life. From 1962 to the present, these practices have fueled an indigenous separatist movement that has provoked a sustained military response resulting in thousands of deaths in multiple episodes of violent assault and repression.

Since the fall of the New Order regime in 1998, decentralization of political power has remained an illusory goal in Papua. Political initiatives in the name of reform have been highly inconsistent and erratic. This is clear in the changes over how political boundaries have been delineated for the province. A law passed in 1999, known as Law 99/1999, divided Papua into three provinces, but this was then rescinded by Law 21/2001 in 2001 and the province was returned to a single entity. Another two years later, Presidential Decree 1/2003 split the province into three parts again, this time dropping the name Papua.⁷ The second of these three laws granted Papua a special autonomy status that gave the province 80 percent of its mining revenues and 70 percent of its oil and gas revenues. Although such new revenues have served to improve infrastructure and services in certain regions of the province, they have also promoted corruption among newly wealthy bureaucrats and increased the in-migration of non-Papuans. Furthermore, many critics also argue that revenues are not being redistributed as promised. Among working-class and rural Papuans, these laws are widely unpopular and have done little to counter prevailing concerns about genocide and the appropriation of land and resources for the benefit of the state.

In addition, sustained militarization continues to dominate Papuan experiences of local-level political rule. The military has retained its political power because it controls property rights and sells protection (Schulte Nordholt 2003). In 2000, there were approximately 17,000 military personnel in Papua continuing the vigorous and repressive features characteristic of New Order governance (Ballard 2002; Davies 2001; Tapol 2003). Foucault reminds us there is an intimate connection between the exercise of life-administering power (through immunization, health care, family planning, etc.), and the exercise of life-threatening power (Foucault 1991). In authoritarian regimes, the power to disallow life can become an overt, necessary form of governance, such that "massacres become vital" (Dean 1999:140). In Papua, military assaults have consistently been used over the past four decades in attempts to create the illusion of mass politics and unreflexive violence on the part of Papuans.⁸

From the Papuan perspective, any claims to reform have to surmount the past half century of broken promises that consist of: "Indonesia's dismal human

rights record of the past forty years, the prolonged failure of Jakarta's security-plus-exploitation approach to Papua, and the almost literally mindless contemporary reassertion of the rights of *Indonesia Raya* [the Indonesian Nation]" (King 2002:125). Siegel (2001) argues that in the new absence of order at the local level in Indonesia there has developed a nationwide illiberal, illogical, and violent "mass" (*massa*) of lower-class citizens who broadly react in similar ways. In Papua, however, the presence of civil society organizations, such as provincial-level groups promoting Papuan identity, human rights agencies focused on local abuses, and Papuan women's groups, signals an aspiration for independence in which most Papuans would identify themselves as Papuans as readily as they would identify themselves as members of a tribal group.⁹ Papuans remain highly organized and they have grounded their activism in an increasingly coherent conception of ethnic unity that has enabled them to unite around political goals (Rutherford 2001).¹⁰

In this case, it should not be assumed that moves toward democratization will result in the lifting of disciplinary regimes on groups deemed to be marginal or a threat to sovereignty. Discriminatory attitudes among Indonesians are widespread and are often expressed summarily in terms of Papuans who are "not yet ready" for development, independence, and responsibility. This phrase masks the fuller meaning of "not yet able to self-regulate," suggesting that others (the state and migrant Indonesians) must impose codes of behavior on populations that are seen as estranged and uncivilized or, in other words, as "generic primitives" (Li 2000:154). This is an example of the "flexible and variable language of 'efficiency' of populations" (Dean 1999:138) in which group incompetence is used as justification for wide-ranging interventions.

Controlling the domestic domain has been a key feature of Indonesian governance of marginalized populations. Indonesia's claims to developmental prosperity are highly reliant on the promotion of its human resources through the production of healthy citizens (Ferzacca 2002). Scientific developments offer important techniques for nation-building, and therapeutic initiatives in the domain of health are no exception to the process of legitimating state authority. In the past 20 years, policies in Papua have imposed caps on family size and promoted narrow gender ideals and a restrained, monogamous sexuality. The claim that Papuans are "not yet ready" is a constant refrain in the field of sexuality and sexual regulation. Decisions about sexual health campaigns are all made for Papuans by non-Papuans. Most outreach efforts conform to national-level mandates and initiatives and are limited to a significant extent by nationwide moral values of "silence, shame, and secrecy" (Bennett 2000:54).¹¹

The Indonesian government's perceptions of Papuan sexuality have varied over time. In the 1960s, official stereotypes of Papuan sexuality were informed by a metaphor of savagery. At the time, Jayawijaya regency was considered a particularly empty, unknown territory open for exploitation. Papuans were considered cultural blank slates in need of development. Sexless at best, savage at worst, their physical nudity was considered an emblem (and perhaps cause) of

their backwardness (Butt 2005). This association between underdevelopment and stereotyped primitive sexuality is best illustrated by *Operasi Koteka*, or Operation Penis Gourd, a development initiative from the early years of Indonesian rule (1971–72). At that time, men in highland communities wore only penis gourds to cover their genitals, while women wore only low-slung grass skirts. In Operation Penis Gourd, military pilots were ordered to fly over these communities and drop off clothing and other material symbols of development. The threat of nudity that Operation Penis Gourd tried to eliminate was rooted in a fantasy of nudity as equated with an absence of modernity, not with nudity as associated with deviant forms of sexuality.

Today, the metaphor of savagery remains strong, but instead of being portrayed as sexless and underdeveloped, Papuans are constructed as sexually voracious, promiscuous, out of control, and thus in need of more stringent regulation.¹² As Bibeau and Pederson (2002) remind us, it is easy to produce categories of sexual promiscuity when local knowledge of reproduction, values of procreation, lineage, power, and bodies are all downplayed or ignored.¹³ According to a recent study conducted by members of Indonesia's Institute of Scientific Research (LIPI), for example, there is a “serious problem” of high rates of promiscuity in the Jayawijaya regency because youth regularly attend “traditional free sex parties,” where they engage in unclean, unregulated premarital sex (Hartono et al. 1999:xvi; see also Butt 2005). Indonesian health bureaucrats draw on claims such as these to substantiate the monitoring of “not yet ready” Papuans, reinforcing pacification by the Indonesian military with tightly monitored development programs and other interventions based on simplified notions of a primitive, potentially savage Papuan.

Interacting with misunderstandings of the diverse Papuan sexual attitudes and practices is a modern set of discourses about healthy families, safe sex, and AIDS prevention. However, in the Papuan setting these discourses lack the authoritative aura of scientific and technical superiority because to Papuans they are riddled with inconsistencies. The following section describes some of these inconsistencies and Papuans’ reactions to them. As I have been arguing, these reactions include conspiracy theories about sex workers, AIDS, and genocide.

“Lipstick Girls” and “Fallen Women”

Why do you want to send me to [the village of] Ninia to study sex? If you want me to study sex, send me to Wamena. Because all the people from Ninia who want to have sex go to Wamena to do it”

—J. Bahabol, highlands researcher (Butt et al. 2002)

Located in the central highlands, Wamena is a bustling administrative center of about 10,000 residents accessible only by foot or by air. It boasts the only large airfield in the mountainous interior, where cargo such as cars, construction materials, and store provisions are unloaded daily from mid-size and mission

aircraft. The planes also bring in migrants from elsewhere in Indonesia, and about 5,000 Indonesians have relocated there to take up work as entrepreneurs, civil servants, or members of the military. The town also attracts migrants from within Papua. About 50 percent of its residents are Papuans, mostly from the nearby Dani, Western Dani, and Yali tribes. The town also houses large numbers of Indonesian military personnel sent there to counter the separatist threat and enforce pacification in the region.

At dusk many Papuans and Indonesians, students, soldiers, and businessmen congregate on Jalan Irian, Wamena's most notorious street. It is one of the few places where the class and status divisions that divide typically wealthy and well-connected Indonesians from less affluent Papuans are in temporary abeyance. Although many young men and women are forbidden to go there, hundreds of people cram the street and its side alleys, as bikes, motorbikes, pedicabs, and cars with dark windows inch their way along. Some Papuan women dress up in their best outfits, fully made up, while many young men wear dreadlocks, brightly colored clothing, and tight jeans. Some people drink, sniff glue, smoke cigarettes, or just hang around in the alleys. Others walk by in groups, hand in hand, just checking things out.

Although the valley has a mere 100 kilometers (about 60 miles) of paved roads, for years the ultimate status symbol has been owning a car. On Jalan Irian, established Indonesian bureaucrats and newly wealthy Papuan officials show off their affluence through the ostentatious display of their vehicles. Lately, many of these vehicles have been SUVs, trucks, and vans with installed tinted windows that allow the driver and occupants to see out while no one can peer in. Are the occupants Indonesians or Papuans? Are they high-ranking officials or just employees? It is never clear. These dark-windowed cars are dangerous, it is said, because young Papuan girls hanging out at night get cajoled into taking a ride and are then forced into sexual relations. These stories have some basis in fact. The dark-windowed vehicles are indeed a locus of casual sex, some of it forced. In interviews conducted with 20 young Papuan women who had engaged in street sex on Jalan Irian (but who do not consider themselves sex workers), more than half said they had done so in one of the new vehicles.¹⁴ In a focus group discussion with a local nonprofit agency, street kids recounted numerous tales of sexual abuse, and these included assaults that occurred inside the cars of elite officials.

Other stories about darkness, anonymity, and sexual aggression involve violent motorcycle drivers. In Wamena, many people get around after dark by paying for rides on the back of motorcycles (*ojek*). Ojek drivers can be either Papuan or Indonesians, and young Papuan men and women will make every effort to avoid getting on a motorcycle driven by a “straight hair” (Indonesian). “Wait for a Papuan driver,” they told me on more than one occasion, “that way you are sure to be safe.” Papuan women are afraid of meeting a man with nefarious intentions who might masquerade as one of these drivers. Typically, this is said to be a military man who works as a soldier during the day but wears a ninja mask and helmet when he rides



Figure 2
Police at war festival.

at night. Thus disguised as an ojek driver, he picks up Papuan female passengers, rapes them, and then drops them off on the edge of town.¹⁵

First-hand experience fuels the tales of military violence. Many Papuans noted they had personally experienced violence at the hands of non-Papuan soldiers and policemen, especially if the soldiers suspected them of troublesome behavior or of being under the influence of alcohol. Several women said they had been subjected to sexual assaults. In December 2000, there were approximately 2,000 military and police personnel in Wamena, or one for every five persons (Davies 2001; see Figure 2). Wamena, among all regions in the province, has been described as having the worst experience with security forces, and the ethnolinguistic groups who live nearby—the Dani, the Nduga, Lani, and Ngalum—have the most documented cases of human rights abuses (Mote and Rutherford 2001). Most relevant to our argument about conspiratorial thinking and inconsistencies, soldiers are simultaneously suppressors and protectors of the local sex industry. For example, although they are supposed to arrest and remove sex workers from Wamena, soldiers are known to watch the entrance of certain brothels in town so that clients might enter and exit the bar without being seen.

The presence of Indonesian women in the sex industry further fuels genocidal suspicions. Papuan men tell stories about the seductive powers of migrant

Indonesian “lipstick girls” working at the military-patrolled brothels. The sex workers at these elite-tier establishments are almost all Indonesian women earning between 60,000 and one million rupiah (\$8–\$125) per encounter. Most of the Papuan women working on Jalan Irian only make around 25,000 rupiah (\$3) per encounter and payment can sometimes be as low as a pack of cigarettes, a plate of rice, or a chance to get drunk on moonshine. Papuan men say Indonesian sex workers render men powerless by putting poison in their food, spiking their drink, or putting magic dust on the end of a cigarette. The men are thereby rendered weak with desire and unable to resist paying the high prices commanded by Indonesian sex workers. As one man lamented, “We have desire and are in a spot, and she is there, and so we will pay whatever!”

Papuans also point out the differential spread of venereal disease, which appears to affect Papuans disproportionately. Many Papuans argue that this is deliberate. Government and military officials, along with other wealthy residents of the town, have organized the sex-work industry so that they and visiting dignitaries can freely visit brothels and Jalan Irian without fear, whereas Papuans become infected. Contradictions in the health care system provide further evidence of conspiracy. One piece of evidence often cited is the practice of fining patients with STDs. At many government and mission clinics, if Papuans test positive for an STD, they must pay a fine before they can receive medication. Another telling contradiction is the special test reserved for sex workers. Lipstick girls are enmeshed within state systems of health regulation. In Papua, as elsewhere in Indonesia, the government regularly tests sex workers in brothels and bars for STDs as part of a national campaign to improve the health of prostitutes. Not only are these free checkups disproportionately available to Indonesian sex workers (but not to the lower-tier Papuan sex worker), but this service appears to contradict other government messages that prostitutes are illegal and immoral. As one tribal elder asked, why are Indonesian sex workers given free tests, when a Papuan sick with an STD has to pay a fine at the health clinic before getting treatment? For many Papuans, the answer to this question is that the government wants infected sex workers to infect Papuans while making sure some workers remain disease free for non-Papuan use. If this were not the case, Papuans argue, would not soldiers also get sick from sex workers? But in Papuan eyes, soldiers have robust bodies and do not fall ill; only Papuans suffer from AIDS.¹⁶ One elder succinctly said: “You get AIDS from a Papuan man having sex with a straight-haired woman.”

An interview I held with Lucianus Wuka, the Papuan director of a small Christian nongovernmental organization, encapsulates the ways seemingly disparate events and experiences unite to form a coherent explanation. Lucianus and his colleagues work to reform social problems in Jayawijaya regency. When I asked them whether their agency planned to make AIDS intervention a priority, they replied they did but complained that the government’s efforts to spread AIDS among Papuans were overwhelming their efforts to prevent it. Sitting down with his three Papuan codirectors, Lucianus compiled a list of the methods used by the

government to spread the disease. In this list, the word *they* (*mereka*) refers to the state both as an abstraction as well as its concrete local embodiment in the form of the soldiers and health workers. Notably, this list of methods links the accelerating spread of prostitution to the increased assertion of government control through the parceling up of highlands territory to form new administrative regencies:

1. They give free women to Papuans in new regencies. They don't make them pay, just send them in.
2. In every new regency, they send in 500 women infected with AIDS. They send them in directly from the center of Indonesia right to the new regencies.
3. Women use a special technique to make clients sick by enticing them. They fix the place up so men want to go in, the men are overpowered by this, and then the sex workers have ways of kissing them so they lose the power to resist.
4. They distribute free pornographic films.
5. They give out free birth control.¹⁷

Thus, conspiracy theories abound in Wamena because Papuans readily find ways to link infection patterns to noted inconsistencies in government practice.¹⁸ The fabulousness of the images associated with sex work—vast sums of money, magic cigarettes, and weakened politicians—builds on pragmatic assessments of inconsistent yet authoritarian conditions of governance. Were brothels less regulated, were soldiers less omnipresent, and were expectations of hierarchy and performance less clearly etched in bureaucratic practice, the search for conspiratorial connections would likely be far less acute. The following section focuses more closely on the pragmatics of health services in the field of AIDS prevention and efforts to raise awareness about AIDS because, as I show below, the scope of its inconsistencies also ground conspiratorial thinking. The language of AIDS prevention and the ways in which information about AIDS is disseminated play a major role in shaping how Papuans comprehend HIV and AIDS in political terms.

The AIDS Industry in Papua

With almost 1,400 HIV/AIDS cases, Papua makes up 40 percent of Indonesia's total case numbers (Yates 2003). Actual HIV rates are almost certainly much higher, and at least one expert has suggested as much as five percent of the population in Papua may already be infected (Yates 2003). In Indonesia, the state carefully controls which interventions are put in motion and who receives funding for them. Following international models of AIDS management, Indonesia has created the National AIDS Commission (KOMNAS-AIDS) to coordinate a strategy of education and risk reduction.

As Altman (1999) notes, AIDS is not just a disease cluster associated with HIV; it has given rise to a global “AIDS industry” replete with scientific truth claims, complex languages, preferred intervention strategies, national and regional targets, and development agencies to implement policy down to the most minute

levels. This industry's simplified, universal humanism privileges scientific discourse about disease transmission that distances intervention efforts from local experiences (Pigg 2001, 2002). This discourse treats AIDS as "a terrible human tragedy that demands care and compassion" (Treichler 1999:317) even as it narrows the field of what care and compassion might look like on the ground.

Posters in Papua reflect the "AIDS industry" style of standardization. Although they localize their visual content by incorporating Papuan skin color and hair type, for the most part, they duplicate designs from national promotions that are strongly conditioned by international norms. These posters, therefore, reflect the values and issues of the nation. On the rare occasions in which condoms appear in the images, they are shown in the context of sex between monogamous adults for whom condom use is a dutiful step toward successful intercourse. The few large billboards observed in urban centers emphasize the problems associated with intravenous drug use, which is a problem elsewhere in Indonesia even though it has yet to be linked to a single case of HIV in Papua. Wamena's lone billboard warns against sharing needles or receiving blood transfusions (see Figure 3).

In addition, the AIDS campaigns are hampered by racist stereotypes of Papuans and their sexuality, in striking emulation of the racial and sexual summarizing that occurs in AIDS interventions in Africa. Indonesian bureaucrats and AIDS workers speak of Papua as an "uncharted, supranational mass" and Papuans as prone to "dangerous" heterosexual practices such as multiple sex partners or sex without foreplay (cf. Patton 1997:279–280). Universalist discourses of epidemiology ground prevention efforts, but local racialized assumptions about sexuality shape how campaigns are conducted. Promotions use images of the diseased



Figure 3
AIDS sign in the market.

black phallus and the hypersexed aboriginal to show the perils of unprotected sex. These are combined with exhortations to follow normative Indonesian models of monogamy. The scientific language of AIDS provides the means to mask racialized categories of difference with a patina of rationalizations drawn from core scientific assumptions. The opposition between the cause and the cure highlight the awkward union of international scientific neutrality with local politicizing of race and sex in practice on the ground.

These stereotypes have evolved over decades of interethnic face-to-face contact. In a focus group interview, three Indonesian health workers, each of whom had worked in Papua for over 20 years, asserted that all Papuan women had the capacity for wild lovemaking outdoors and in the forest. Papuan men were seen as more virile than Indonesian men, although offering less tenderness and fewer lovemaking skills. Papuans were also seen as sexually deviant, retaining putative cultural patterns such as wife swapping (*tukaran isteri*), or group sex (*seks antri*). These trends were ascribed to all Papuans even though, in most cases, whatever continuities existed were regional in nature and were intimately connected to ideas of procreation and bodily substances.¹⁹ Similarly, a nonprofit agency director recently condemned the “negative sexual habits” of villagers (Somba 2004). A recent press release from Jakarta quoted “health experts” explaining that AIDS was spreading in Papua because of “rituals in some Papuan tribes where partner swapping takes place, the traditional absence of foreplay, which increased the risk of abrasions, poor education about AIDS and a lack of condoms” (Yates 2003).

The effects of these broad stereotypes and authoritative condemnations are aggravated by disjunctions and inconsistencies while communicating AIDS information to the public. Across the region, local meetings and events aim to inform through “socialization” (*sosialisasi*) of the dangers of unprotected sex.²⁰ Core scientific claims ground the presentations. However, the information provided is incomplete. These events are thus crucial sites in which disjointed, incomplete information propels Papuan theorizing about AIDS. In their recent work on the discourse of sex in global perspective, Pigg and Adams (2005) have argued that, despite the neutral languages of AIDS, the science of AIDS serves to denigrate sexual difference. Yet this reading presumes that scientific explanations are part and parcel of local languages about AIDS risk and prevention and that scientific language forms a key part of local training sessions. As the following example of an AIDS information seminar shows, the opposite may indeed be the case. Scientific explanations of how the HIV virus is spread are barely mentioned but are quickly set aside in favor of explaining the effects of AIDS.²¹ This creates a powerful disjunction in which horrible visual symptoms are highly magnified but concepts of contagion, transmission, and prevention are given short shrift. In Papua, this disjunction enables local conceptualizations about genocide to take hold.

In June 2003, a meeting was held in Wamena at the nonprofit agency Bintang Agama to convey AIDS information to people who had been tested for STDs. A Papuan nurse and a Papuan administrator, both women, set up a slide show for this

purpose.²² The sparsely attended show included many close-up photographs depicting AIDS sufferers at their most ravaged. The slides, produced in Latin America in the mid-1990s, used suffering, nameless, and often faceless black African bodies to convey the perils of AIDS. These horrifying images were preceded by a set of ten slides explaining HIV and patterns of contagion, but nurse Dorce skimmed quickly through them, explaining later that doing so was necessary to hold the attention of the audience. When Dorce gives this talk in halls lacking electricity, she shows only the photographs of AIDS sufferers, leaving the science posters behind. Although the slide show ended by showing the proper procedures for putting on a condom, Dorce skipped through these as well. Consequently, what remains in the audience's mind are the close-up depictions of extreme physical suffering rather than accurate information about the disease cluster and how to prevent it.

Omissions of information about contagion and prevention also occurred at Papua's first AIDS Open House, held in the capital, Jayapura, in 2001. The exhibition included wordy posters explaining HIV and AIDS with complex diagrams that were detailed and difficult to understand. These diagrams and explanations were overshadowed by enormous blown-up images of grotesquely deformed black bodies suffering from AIDS-related complications. An enormous display on STDs other than AIDS captured the most attention. Enlarged close-up photographs of diseased sex organs were posted around an area where attendees could test their knowledge of STDs and drug treatments. The sole condom booth was tucked away at the rear of the hall, staffed by a uniformed health worker who blushed crimson whenever anyone approached her booth. The image of the diseased body, seen as a legitimate form of communication because it renders scientific claims in visual form, is meant as a stark message to convince and reform. Instead, the images live as fleeting, grotesque figures of other black bodies that inspire fear. However, this fear leads to critical theorizing because it is framed in the highly politicized context of existing health care communication strategies and state moralities.

Given the haphazardly disseminated information about AIDS transmission and prevention, in which AIDS prevention efforts are disproportionately focused on non-Papuan prostitutes, and given that the number of non-Papuan sex workers in Papua is increasing, it is not surprising that well-informed Papuans might conclude that the government is deliberately infecting "their" people. In a major survey carried out across the province by indigenous researchers in 2001 (Butt et al. 2002), the vast majority of respondents questioned about the causes of AIDS blamed Indonesia and Indonesians. Bos, a highlands male, said the following: "AIDS constitutes a measure to exterminate Papuan ethnicities, and this is an order that comes from the highest levels of government management. And we see this as a threat for Papuans. . . . AIDS is a disease brought into Papua as a systematic way to force and exterminate the Papuan people from Papuan land." Natan, another highlands male respondent, noted:

We think AIDS was brought here by the straight hairs [Indonesians], and from them it got spread to other people. If you go to Jayapura [provincial capital] then you can get this disease, through the vagina or the penis. Gonorrhea, AIDS, and other diseases but I forget the name. We think that these diseases are a way of talking about [dealing with] the problem of Papua, in that with the diseases the Papuan people will die or be finished off.

Rendy, a coastal man, said the following:

According to me, we Papuan people had never experienced the AIDS disease, but since Indonesians moved to Papua, then we began to know the virus HIV or AIDS. So this disease virus HIV/AIDS, it was brought by newcomers. The syphilis disease. The AIDS disease. Because Indonesian people are not very clean. What I mean is that they don't clean themselves very well; they're dirty and their environment is really dirty, and they came from a dirty place.

Even though Rendy had attended several AIDS-information sessions, the scientific information he received there was vague enough, and yet, at the same time, specific enough to facilitate linkages between AIDS, dirt, and non-Papuans.

A final matter that contributed to conspiratorial thinking lies with condoms—or more precisely, their absence. In Papua, most health workers know that condom use can prevent the transmission of HIV. Yet there are generally no condoms available. There is an overwhelming reluctance on the part of leading figures within the AIDS industry in Papua, including mostly Indonesian health workers, doctors, and nonprofit agency directors to talk about condoms, to demonstrate how to use them, or to hand them out.²³ Although the nation's nonprofit condom producer promotes AIDS prevention through the acronym ABC: "A" for "abstinence" (*abstinen*), "B" for "monogamy" (*baku setia*), and "C" for "condom" (*kondom*), only A and B make their way into most messages. This skewed interpretation suggests that the state's interest lies more with attempting to regulate sexuality, or at least be seen to be attempting to regulate sexuality, than with organizing effective AIDS prevention. If an agency has condoms available, which often they do not, they are hidden away in a back room alongside unused posters and undistributed pamphlets. One health center that does AIDS advocacy and outreach in Wamena kept no condoms in stock. Another agency had condoms but did not make them available during meetings. Government health clinics have condoms, but only for family-planning purposes. Indonesia's existing family-planning programs, which are generally well run, would be an ideal channel for communicating AIDS information and distributing condoms. However, condoms across Indonesia are widely associated with nonnormative (e.g., nonmonogamous, extramarital) sex. This ideology of shame, transformed into state ideology, has prevented family-planning organizers from taking up this opportunity (Murray 2001).

Papuans, however, do not see the absence of condoms in the context of nationwide feelings of shame and stigma. When asked whether Papuans would like to be told about condoms in a standardized socialization format, interview respondents

were quick to situate the issue of condom education in the context of local patterns of omissions in health care. One respondent noted with a degree of sarcasm: “We Papuans want to use a condom, but we don’t know how to use it, what is it used for? Now if we knew, oh, a condom is used like this, this is the way to use it, then yes, we would like to use it.” Others were opposed because of the long history of top-down teaching that occurs in socialization strategies: “Papuans would be angry if shown condoms by an Indonesian. They would say, ‘Ah, here is another place where they are trying to push us again into using something.’”

An event halfway through my 2001 research project on AIDS brought home the impact of the missing condoms. I was heartened one day while walking down the alleyway near my house in Abepura, on the outskirts of the capital Jayapura, to spot what looked like used condoms littering the muddy ground. It was the first and only time I saw condoms in Papua outside of back storerooms, and I took heart at the thought they were at least being used by someone. Later that night, I heard a sound so familiar that it roused me from my sleep. I had recently taught a standard workshop on desensitizing researchers to condoms and condom use, and one of the exercises was to have participants blow condoms up like balloons. They make a unique noise as they inflate, sort of a soft whoosh, and it was this noise that woke me out of a deep sleep. The two young men sitting on the bench in the small square were as surprised to see me appear out of my house at 2 a.m. as I was to see them sitting with an entire box of condoms on their laps, the remains of their game littering the ground. As we chatted about what they were doing, they revealed that they had found the box of condoms, along with a dozen others, on a garbage pile outside the emergency health center down the road. The boxes had been discarded because they had expired several months before. Intended for free distribution through agencies, health clinics, and family-planning posts, they had ended up, expired, on the nearby garbage heap, and therefore, somewhat ironically, coming into the hands of the very young men who should have been given them in the first place. As I explained to the young men what condoms are and why the health center carried them, I could see that my explanation was engaging them on two levels. In addition to realizing what condoms were for, these young men were speculating why it was that such an important tool was being thrown away unused. In such situations, where both the means of protection and the knowledge of its use are being withheld from the public supposedly being served, it becomes easy to find evidence that supports the conspiratorial theory that the government allows and even encourages the spread of AIDS.

On Evidence and Conspiratorial Thinking

For Papuans, the experience of “hypermodernity” (Foster 1999) and the inconsistent messages conveyed by the troubled nation-state together create the conditions for conspiratorial thinking. AIDS and sex workers stand out in this case not just because of their symbolic polyvalence, although their explanatory potency is

undeniable, but because of the kinds of images and languages used in AIDS promotions together with the discriminatory practices that accompany them. There are three core inconsistencies embedded in the ways AIDS prevention is communicated and translated into practice in Papua that are critical to the formulation of conspiracy theories. First, the effects of AIDS are rendered as gruesome and spectacular while scientific explanations about disease transmission are missing. Sensationalist images of diseased black phalluses dominate while information about contagion and prevention are lost. The information is presented in accordance with normative Indonesian models of how ideas should be communicated and what the moral message should be. In consequence, the state retains the authority to determine what is to be learned and how best the information is to be communicated. Second, although AIDS is said to be a danger, the core prevention message about the importance of condoms is missing. Half of a message, conveying half of the science, leaves large omissions and inconsistencies. Third, the legitimacy of government-supported rhetoric about AIDS and STD prevention is undermined by obvious state support for illegal brothels employing Indonesian sex workers and a bias favoring interventions with the very sex workers who are reviled in public discourse.

The process of generating conspiratorial thinking depends particularly on slippages within the normalized discourse of AIDS. In Papua, the normalized discourse of AIDS enables the regulation of a society that needs to be made “healthy.” This requires taking a “not yet ready” people and reshaping them to conform to developmental models of happy, monogamous families consistent with the rest of the nation. As Rabinow (2002:138) describes it, “norms function actively so as to ceaselessly spread a grid of normativity onto an expanding range of situations.” In Papua, formal norms of Indonesian morality, AIDS industry practice, and scientific models of contagion have some impact on experiences. AIDS norms draw from moral positioning, from a place of judgment, that asserts the legitimacy of prevention measures through science, through diluted human rights claims, and through a liberal humanistic model of disease prevention in which the rights to intervene and transform sexual practice are nearly sacrosanct. None of these norms is free of Indonesia’s economic interests, a potent contender “in determining *who* speaks morally, *how* to speak morally, and *what* moral speaking is about” (Rabinow 2002:141; see also Butt 2002). These norms are applied on the ground in slipshod, inconsistent, and discriminatory ways. Because of this inconsistency, Papuans clearly take these norms as problematic. Problematizing normative explanations of AIDS involves a type of relationship between observer and a problematized situation in which the observer regards the situation as both problematic and as requiring reflection. One of the largest slippages for Papuans is the contradiction between a globalized, putatively neutral discourse of sexual morality and AIDS and the local, racialized manipulation of it that clearly furthers the institutional powers of the state.

How do Papuans think about sex work and AIDS as problematic? On the one hand, I could argue that Papuans use sex work and AIDS to problematize political conditions symbolically. In other words, lipstick girls and infections can

be described as rumors articulating political powerlessness. Rumors provide an imaginary means to formulate an understanding of norms within Papua (cf. Spyer 2002). Genocidal claims allow Papuans to reinforce their sense of difference and to further their aspirations for independence. From this perspective, evidence would matter little. Evidence, as Siegel (2003) asserts for cases of sorcery in post-Suharto Java, would be used merely to confirm claims: “The terms are connected before any kind of testing” (Mauss 1972:124). The terms themselves are unproblematic, it is the connection that matters. Stories get circulated, in other words, to allow speakers to engage in problematizing what they take to be true (White 2000:33). From this viewpoint, stories of ninja motorcycle riders and poisoned sex workers are circulated not because the riders or the sex workers are in and of themselves meaningful, but because they are flexible symbols that fit powerfully into rumors of genocide. One can plausibly argue that these tales develop in response to systematic distortions within regimes of power. They “catch, behind the smooth surface of the text, a subtle interplay of threats and fears, of attacks and withdrawals” (Ginzburg 1989:161; Davidson 1994).

On the other hand, I have argued that Papuans think about AIDS and sex workers in more systematic ways, seeking to link actual experiences of AIDS outreach and observations of practices protecting the health of sex worker with genocidal practices. Looking merely to the idea of rumors to explain Papuan talk discounts the fact that not all Papuans share similar experiences of powerlessness or exploitation. Poisoned sex workers are as likely to surface in conversations with bureaucrats as they would in conversations with a highlands woman subsistence farmer or with youth closely aligned to the Free Papua movement or even with a Papuan academic based in the United States.²⁴ This does not mean all Papuans have suffered similarly as an oppressed indigenous majority, and it does not signify a united voice of resistance. The fixed category of “oppressed” does not work in the Papuan case. Calling Papuans “oppressed” solidifies the process of object construction, naturalizing the group rather than seeking to understand their strategies of analysis. Instead, analysis of the particular situation suggests certain forms of political discourse are legitimate because claims arise out of exposure to a ubiquitous, erratic, conspiratorial form of governance. Evidence, in this case, is not a flexible means to establish connections. Instead, evidence is observations about disjunctions. Each Papuan has a slightly different experience of bad science, illogical testing, and sensationalized community outreach. These are critical pieces of evidence that conspiratorial thinking draws on to confirm connections between events. But they deal with a common political and bureaucratic context in which sustained provincial experiences of militarization, racialization, and colonization intermingle with inconsistent applications of policies, missing information, and omissions in formal practice. In this context, the magic dust evaporating in the smoke of a sex worker’s cigarette and the box of expired condoms on a garbage heap are both equally compelling pieces of evidence of government complicity in the dangers that AIDS and the sex industry pose to Papuans. Under certain

conditions of rule, both the connection (genocide) and the terms (sex workers, AIDS) are vital to the constitution of evidence.

Conspiring Political Alternatives

In 2001, when the compilers of the study on AIDS in Papua were finalizing their report, they let it be known at a meeting of health officials that the report would mention Papuan suspicions that the AIDS epidemic in Papua is state-supported genocide. The news evoked two opposing reactions. The first was a fiery response by Pak Hery, a senior Indonesian health official who angrily retorted: "Papuans are engaged in wrong thinking [*salah pikir*]; it must be stopped." The second was a quiet comment over tea and cake by Pak Damianus, one of the few Papuan health officials in attendance, who said: "All Papuans know this to be right thinking [*pikiran benar*]."

Although Pak Damianus's quiet aside confirms the collective nature of the conspiracy theory in Papua, it also reflects on the relative safety of this form of political talk. His critique challenges rationalist models of state organization and the language of compliance that accompanies it. Health officials constitute themselves as the sole legitimate source of authoritative knowledge about AIDS. Challenging this role is, however, a minor threat to the "hierarchies of credibility" in place in the province (Stoler 1992). Articulating claims to genocide through critiques of government inconsistencies in the field of health care and sex is a safe way to be political without getting into trouble. Papuans are complicit in propelling a normalization that renders health interventions as secondary concerns. Health becomes something about which much can be said, a salve for the aggrieved, but not something that is necessarily foundational to active political change. Processes of normalization can turn conspiracy theories into a second-tier political discourse, a process fomented in part by the rigid and formal political language within Indonesia that seeks wherever possible to establish a firm monopoly on truth claims.

The astute reader will already have envisaged some of the ways conspiracy theories about AIDS could be referenced to promote condom usage. Rather than nasty pieces of pleasure-spoiling latex, condoms can be a means of fighting genocide by protecting Papuans against disease. During a focus group interview with young men, one youth got so excited at the idea of this perfect alignment between standing up to political enemies while obtaining sexual satisfaction that he began jumping up and down with unbridled excitement. The last time I saw him, he was heading jauntily into town in his best clothes, his sample condom in his pocket. As a pragmatic reaction to a specific problem, identified and understood in conspiratorial terms, countering the personal and collective threat of AIDS by putting on a condom is perhaps as strategic a solution as any.

Notes

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1. The province of Papua (formerly Irian Jaya, and also known as West Papua) is located in Eastern Indonesia.

2. Free Papua (*Papua Merdeka*) is a phrase commonly used by Papuans to describe the separatist movement, active since 1961, aimed at liberating Papuans from Indonesian rule.

3. This resembles other recent reports issued outside of Papua. See Flanagan 2002.

4. Examples of these disruptions include forced relocations; forced schooling; post-colonial policies by missions and state; transformation of technologies; dangerous, and uncertain labor and labor migration; and other social upheavals.

5. In addition, Kirsch describes a rumor linking AIDS and sex workers in Papua as "prey[ing] on insecurities regarding new forms of sexuality . . . but [also signaling] the penetration of political violence into the most private and intimate areas of life" (2002:61).

6. Pemberton (1999) provides a chilling example of how corruption undergirds the entire legal system in Indonesia.

7. The names of the new provinces are Irian Jaya, Central Irian Jaya, and Eastern Irian Jaya, drawing on the name President Suharto gave the province in 1971.

8. In 2002, for example, two Americans and an Indonesian were brutally murdered near Freeport McMoran's gold mine. Attempts to pin the murder on Papuan separatists backfired, and the military were widely seen as the real instigators of the attack.

9. Papuan identity is a political subjectivity linked to a political analysis, but it is a political subjectivity that is not outside the discourse of the Indonesian state (see Boellstorff 2002). Identity becomes reconfigured via specific political positions, for instance, between those advocating autonomy and those advocating independence. In the past decade, with the increasingly rapid transformations taking place in political and economic circles, some leaders have been accused of personally profiting because their leadership position in the separatist movement gains them access to lucrative contracts or corruption networks. I nonetheless use the term *indigenous* to describe Papuans despite the alignment of identity with nation-state politics. Papuans are the indigenous inhabitants of the territory that is now ruled by an external group. The roots of the separatist movement are complex, but this is overwhelmingly a Papuan movement, grounded in a shared resentment and aimed at a common enemy.

10. Separatist politics notwithstanding, many Papuans embrace Indonesian forms of governance, accepting the personal and bodily regimes of valuation and control implicit therein. Consumption patterns across the province increasingly emulate pan-Indonesian trends, reinforcing the powerful silencing effects of television and DVDs to consolidate desire for the tangible expressions of a middle-class lifestyle. Papuan conformity signals

Indonesia's phenomenal success in bestowing public benefits to those who appear to adhere to state norms in the private sphere.

11. Most Papuans are at least nominally Christian, and some Papuans are influenced by church policy on appropriate sexual behavior. This affects Papuan and Indonesian readiness to discuss sexual matters. However, this article does not address this issue in detail in part because many highland Papuans have suggested to me that adherence to Christian practices is superficial and does not actually affect practice. This claim bears further study.

12. Among the equally isolated Meratus population of Borneo, Tsing (1993) suggests that the state's random, inconsistent assumptions about sexuality both confirm an authoritarian rule and give evidence of its fallibility. Although the same patterns of commission and omission might be found in Papua as well, the intransigence of the "savage Papuan" model arguably enables regulation to a greater degree than in locations where sexuality is used more sporadically as a political tool.

13. Numerous ethnographic accounts from across the island describe varying sexual practices associated with locally potent ideas of procreation and power. In the highlands, among Dani and Western Dani groups around Wamena, for example, semen is widely believed to have poisoning capacities. Semen must be kept off the ground, must not enter a woman's mouth, and must be ejaculated only into the vagina. Among most Dani, these values remain key to decisions about how and with whom to have sex. Notions about semen and its poisoning effects have led to the Dani being misunderstood as exhibiting low sexual energy, a claim that has been challenged in recent publications (Butt 2001; Clark 1997). Sexual behavior is regulated and channeled in these societies but not in ways that reflect Indonesian ideals of monogamous, heteronormative behavior.

14. Parallel stories are told in the Papuan capital, Jayapura, where a researcher from the Sentani tribe recorded accounts of officials picking up schoolgirls and sex workers dressed as schoolgirls on their way from the airport to downtown Jayapura.

15. Siegel (2001:71) notes a similar association between ninja masks, the military, and violence in Java.

16. Undoubtedly soldiers do get HIV, but the rapid rotation of soldiers through the region and their apparent robust and healthy bodies makes them not seem sick. This kind of leap of logic characterizes conspiratorial thinking more generally.

17. Pak Lucianus here is referring to the state promotion of long-term birth control methods involving DepoProvera and Norplant.

18. Language about sex workers also reflects Papua's increasing involvement in the global landscape. Papuans receive national media messages through radio, television, and especially newspapers about contagion, sex workers, and HIV risk. Increased exposure to global ideologies such as human rights or indigenous rights has begun to shape how young Papuans understand their situation.

19. For example, among the Marind-Anim, early ethnological reports describe insemination of wives by many men in a ceremonial context (see Baal 1984; Knauff 1993; Warip and Abrar 2001). Debates rage within Papua as to whether these practices are still ongoing. In a seminar held in 2001 for health officials about AIDS and culture, I was asked to provide "proof" to government officials on whether the practice was still active. The point is not whether it is still practiced but how this issue is so actively debated.

20. The efficacy of these socialization meetings in reaching large numbers of people is debatable. For example, a group of elite church women I interviewed had never heard of AIDS. These women had ready access to Wamena, participated fully in the largest Protestant church's activities, and had their children educated at schools in the capital or outside the province. Yet they had never been asked to attend any socialization meetings as of 2003.

21. Making science sound difficult, and therefore to be avoided when possible, appears to be widespread across Papua. Richards (in press) notes a similar fascination among

indigenous Papuans with disease combined with a lack of knowledge of the science of disease in her recent research about AIDS in Manokwari, Papua.

22. Ironically, the STD testing did not include tests for HIV. Because most parts of Papua lack services for HIV+ patients, most agencies do not do the tests as they cannot comply with international human rights protocol.

23. This has resulted in a low condom awareness rate. Among rural highlands Papuan youth aged between 19 and 25, only 4 percent of respondents recognized a condom and not one had ever used a condom during sexual intercourse (Butt et al. 2002).

24. AIDS conspiracy theories are not articulated with the same intensity across all of Papua. In Manokwari, a sizeable town at on the northwest coast, the theory has little credence (S. Hewat, personal communication, June 2003). Similarly, among the “power elite” of Jayapura, and also among some academics, the tendency is to ascribe conspiracy claims to the uneducated masses (Ondowame 2002). However, to a significant degree, most Papuans, educated and otherwise, express conspiratorial suspicions.

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ABSTRACT *A widespread theory in the province of Papua, Eastern Indonesia, links the spread of sex workers and HIV/AIDS to a broader government conspiracy to eliminate indigenous Papuans. Explicit conspiratorial thinking by indigenous Papuans draws from diverse evidence such as provincial partition legislation, patterns of sex-industry usage, economic transformations, rumors of witchcraft, and new automobile technology. This article argues against treating conspiracy theories about AIDS simply as symbolically powerful rumors expressing indigenous Papuans' perceptions of oppression and unequal access to state resources. Rather, conspiracy theories articulate awareness of inconsistencies in the government's formulation and administration of sexual regulations and AIDS-prevention policies. AIDS conspiracy theories can therefore be understood as pragmatic and detailed interpretations of Papuan lived experiences in a context of ethnically disenfranchising forms of power in post-Suharto Indonesia. [HIV/AIDS, health promotions, political reasoning, conspiracy theories, Papua, Indonesia]*