

*Now That's a Good Girl: Discourses of African American Women,
HIV/AIDS, and Respectability*

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Dedication

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Mom, this dissertation is *for* you because it only happened *because* of you.

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Abstract

Now That's a Good Girl: Discourses of African American Women, HIV/AIDS, and Respectability draws upon black feminist theory, black queer studies, and HIV/AIDS cultural studies to examine discursive representations of African Americans in the HIV/AIDS epidemic. This dissertation argues that the discursive production of the HIV/AIDS epidemic takes place at multiple sites within the nation-state. Combining a analysis of biomedical discourses and African American popular discourses, this dissertation interrogates the ways these discourses have worked to support normative constructions of race, gender, and sexualities. *Now That's a Good Girl* illustrates both how state discourses of HIV/AIDS drew upon racist and gendered ideas of black women and men in its construction of the HIV/AIDS epidemic and how African American HIV/AIDS discourses attempted to counter these discourses. It argues that African American HIV/AIDS discourses revitalized a politics of respectability in an effort to shield African American women, families, and communities from racist stereotypes of deviancy. Finally, this dissertation attempts to read past these politics of respectability in order to question the queer possibilities these discourses attempt to repress.

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Introduction: Producing Black Women in the HIV/AIDS Epidemic

There is no reason to suppose that we will ever tell two identical stories of two different instances of making up people.

Ian Hacking, "Making up People"¹

The professional legitimacy of a critic, researcher, counselor, activist, and other parties in the health field of the academy depends upon the ability to create objects of study, service, and intervention. . . . Professional legitimacy and mobility depend on the alignments of the work of experts with policies of the state—with the problems researchers formulate, the studies they undertake, and the solutions they propose.

Carlos Ulises Decena "Profiles, Compulsory Disclosure and Ethical Sexual Citizenship in the Contemporary USA"²

All the Women Are White, All the Blacks Are Men, But Some of Us Are Brave, the 1982 anthology edited by Patricia Bell-Scott, Gloria T. Hull, and Barbara Smith, not only began to chart the beginnings of the field of black women's studies, but reflected on the status of social movements and academic inquiries that focused solely on white women and white feminisms or black men and movements to end racial oppression. With this title the authors encapsulated the erasure of black women as unique subjects and political actors when gender is not racialized and race is not gendered. Today, awareness of the epistemic violence done to identities that are at the intersections of multiple oppressions is a concept that is not new to feminist studies. The figure of the black female subject as multiply oppressed, having to navigate multiple categories of identity, and as a subject often put into the tense and irreconcilable position of being asked to choose what is more

important to her reality, has received a lot of attention in African American and feminist studies. I draw our attention to these constructions of black women at the beginning of this dissertation because while these theoretical interventions have been crucial to black women's studies and black feminisms, I argue that there are times when the black female body is hailed, as both a gendered and a racialized subject, that are also overtly racist and sexist. One example of the way gender, race, and sexuality are mutually constitutive in the lives of black women is within discourses of the HIV/AIDS epidemic. This dissertation examines the multiple ways that black women have been constructed in the HIV/AIDS epidemic through the lens of national, state, and dominant African American discourses.

HIV/AIDS, as an epidemic associated with stigmatized sexualities and behaviors, is a particularly loaded site to examine the proliferation of discourses about black women. As a syndrome that was first believed to be isolated within gay men, and of no threat to the 'general population,' HIV/AIDS has held a variety of meanings as the epidemic grew since the early eighties and became increasingly understood as an epidemic that affected everyone.³ However, its original association with marginalized populations had a large impact on shaping the public's understandings of the epidemic which continue to shape beliefs about HIV/AIDS today.⁴ For black Americans, as the nation became more aware of the impact of the epidemic on black communities, and black women specifically, the stigma and deviancy attached to AIDS had to be managed within African American discourses.⁵ Here, epidemiological discourses of the epidemic, produced largely through

the Centers for Disease Control and Prevention (CDC), collide with constructions of black sexualities producing a myriad of conflicting results for black women.

Black sexualities have been overdetermined by discourses of pathology and deviancy. Black women and men and have been maligned as hypersexual, sexually aggressive, and excluded from the parameters of white heteronormativity.⁶ Thus, the intersection of meanings associated with AIDS and racialized sexualities in the bodies of black women in the epidemic produce a politically fraught and contested site where various interests vie for discursive dominance in the constructions of black women and AIDS. For the black female subject caught at this particularly laden location, there are multiple and competing concerns that need to be addressed, including discourses that draw upon a dichotomy of innocence and guilt in the epidemic which work to redeem some ‘deserving’ women and not others; discourses that use the HIV/AIDS epidemic to police black female sexualities; and discourses that use black women’s bodies to vilify ‘deviant’ subjects from respectable black communities, particularly gay and bisexual black men.

Deconstructing the multitude of ways black women have been produced in the HIV/AIDS epidemics is important because these various meanings are utilized by institutions that allocate resources, that set national research agendas, and who try to intervene in the epidemic through prevention and education efforts, at the national, state, and community levels. The ways that any subject is produced in relation to the HIV/AIDS epidemic holds importance for the ways we think about whether or not the epidemic is about “us,” important to “us,” and how we navigate a variety of behaviors,

including, but not limited, to sexual ones. For black women (and black Americans, more generally), HIV/AIDS was not initially believed to be important to them. As a “white gay man’s disease” there were several boundaries of otherness that made the epidemic seem distant from the topic of black women’s health. Now, over twenty years later, HIV/AIDS has become central to any discussion of the leading causes of illness and death for black women. Yes, epidemics change, that is not news. However, being attentive to *how* the production and the regulation of black female bodies in constructions of the HIV/AIDS epidemic have changed, and continue to change, dramatically, is of the utmost importance.

In order to intervene in discourses of black women and the HIV/AIDS, which are produced across a variety of sites within the nation-state, it is imperative that we be attentive to the many actors within this cluttered discursive landscape. Therefore, this dissertation draws upon epidemiological and biomedical discourses produced by the CDC, black popular discourses, black feminist theory, HIV/AIDS theory, and queer theory to analyze the constructions of black women and HIV/AIDS. While these sites may seem disparate, I argue that the boundaries between the sites are ultimately blurred and unable to be easily differentiated. The production of black women within the HIV/AIDS epidemic has long crossed various discursive sites that mutually construct and reinforce one another.

One of the goals for this dissertation is to delineate how and when African American women enter into the many varied and overlapping discourses of the epidemic. While African American women have been disproportionately affected by HIV/AIDS

since the beginning of the epidemic, there are only certain moments when they gain epidemiological attention and enter into popular discourses as more than a passing reference. First, this dissertation seeks to answer the questions: why, when, and how do African American women's bodies enter the discursive landscape of the HIV/AIDS epidemic (biomedical and popular) and establish new nodal points around which the epidemic is constructed and understood?⁷ And, what makes black women's bodies in the epidemic important at these moments? I posit that there are three important periods in the biomedical construction of HIV/AIDS for black women: the late eighties when women became more visible within the surveillance of the CDC, the mid-nineties when black Americans with AIDS exceed the number of white Americans with AIDS, and the twentieth anniversary of the HIV/AIDS epidemic in 2001, which brought renewed attention to HIV/AIDS and highlighted the increasing impact of the epidemic on communities of color in the U.S. Significantly, these events in the epidemiology of HIV/AIDS correspond to an increased attention to black women and AIDS in black popular discourses which play an important role in shaping how the epidemic is framed for African Americans.

Secondly, this dissertation asks, what gendered and racialized discourses are employed to explain black women's importance in the epidemic at these times? I argue that constructions of race, sexuality, and disease are often intimately connected and produce certain subjects and populations as marginal, unredeemable, and/or as threats to the nation. Biomedical and popular discourses construct subjects within the HIV/AIDS epidemic in ways that both reify and contradict one another. At times, these discourses

attempt to reclaim black women within the normative boundaries of the nation-state and/or black communities and gendered innocence, while at other times black women are relegated to the margins of these discourses. In this dissertation, I analyze the ways that race and gender intersect within these discourses and what effects they have for black women's position within the landscape of HIV/AIDS.

As stated above, to begin to understand the various meanings of race, gender, sexuality, and HIV/AIDS for black women in the epidemic, I must draw upon several disciplines and theoretical lenses. In this introduction I will first discuss the theoretical insights of black feminist theory with an emphasis on the critiques of racialized constructions of black female sexualities. In this section I draw our attention to the ways that black women and communities have responded to the racist constructions of their sexualities with an appeal towards respectability. I argue that these strategies for responding to racist stereotypes now operate as common sense within black political discourses in ways that can and have harmed discussions of black female sexualities which is especially significant to addressing HIV/AIDS.

Second, I discuss the construction of subjects within CDC publications including the *Morbidity and Mortality Weekly Reports (MMWR)*, and the annual *HIV/AIDS Surveillance Reports*, to illustrate the role that this institution played in defining the HIV/AIDS epidemic⁸. I argue that these discourses produce subjects that operate in a larger field within the nation that is not completely contained by the CDC and the state. Thus, in addition to the 'official' publications of this state institution I discuss the interventions of feminist, queer, and HIV/AIDS theorists into dominant constructions of

the epidemic that attempted to alter the homophobic, racist, and sexist constructions of HIV/AIDS by the CDC.

Finally, I conclude with an explanation of the subsequent chapters of this dissertation that will examine each of the three moments of significance for black women in the HIV/AIDS epidemic and their uptake into black popular discourses including nationally distributed African American magazines, novels, and film.

Constructing Black Female Sexualities

Respectability versus Pathology

Theoretically, my interests lie in questioning current theories of black female sexualities. In many ways the conversations have stalled, situating black women either within the racialized stereotypes of sexual deviancy or within appeals to respectability in order to counter these stereotypes. I argue that the HIV/AIDS epidemic, with its proliferation of meanings, can serve as an important site to analyze the contested and overlapping constructions of black women's lives. Second, I argue that black common senses play a role in the ways black communities have responded to HIV/AIDS. Therefore, if we are able to complicate constructions of black sexualities, then black common senses might also be able to grapple with a broader understanding of black communities and what is in their best interest. Finally, I posit that we must begin to queer our understandings of black female sexualities. Again, HIV/AIDS discourses provide a prime site for reconstructing our understandings of race and sexuality.

Since the eighties, a significant focus of black feminist theorists and historians have been on detailing the histories of racist constructions of black women's and men's

sexualities in the U.S. and examining the constructions of them as hypersexual, oversexed, endowed with excessive sexual prowess, as having insatiable sexual appetites, and as more animalistic than other races.⁹ They illustrated how these racialized constructions of black sexualities were produced primarily for the purposes of justifying slavery, the rape and lynching of black women and men, respectively, unjust social and economic practices such as de jure segregation, and justified characterizations of black women as sapphires, jezebels, and later unredeemable welfare queens.

Additionally, black feminist theorists have contributed to our understandings of the strategies black women have used to counter racist constructions of their sexuality beginning in the early twentieth century in the U.S. These strategies include adopting a politics of respectability, choosing silence, or enveloping themselves within a culture of dissemblance. Dissemblance refers to the practice where black women put up the façade of openness, while revealing nothing of their inner thoughts to the public, hoping to diminishes and alter dominant stereotypes.¹⁰ These historical analyses and theoretical insights have been invaluable to black feminist theories of sexuality.

However, my question is, how do we theorize constructions of black female sexualities not limited to these dichotomies? The organizing binary of respectability versus pathology has become an overdetermined and reified framework for theorizing black female sexualities. Here, I join an ongoing conversation about black sexualities taking place across the disciplinary boundaries of black women's studies, African American studies, and most recently in the growing literature of black queer studies. For example, Evelyn Hammonds and Evelyn Higginbotham have critiqued the politics of

respectability and silence as viable political strategies to counter these racist constructions of black women's inner lives. They argued that these politics have also been used as a disciplinary tool used by upper class black women to police the behaviors of lower class, poorer, black women, or any women who challenge these normative desires by not adhering to these sanitized versions of womanhood, gender, and sexuality. Other theorists, including Angela Davis and Cheryl Wall, have provided examples showing that black women did not always choose respectability or normativity.¹¹ For example, the blues women of the twenties and thirties who openly sang about multiple lovers, bisexuality, smoking, drinking, and generally behaviors that were suppressed by desires for respectability.

In this dissertation I draw upon theories that seek to complicate our understandings of sexualities, and I use HIV/AIDS discourses about black women to illustrate the necessity of analyses that are attentive to how the intersections of race, sexuality, and heteronormativities, produce differing consequences for marginalized populations. Theorists of racialized sexualities have begun the work of bringing both black feminist theory and queer theory together with the goals of queering black feminist theories of sexuality and challenging queer theory to engage more closely with race and to critique homogenized conceptualizations of sexuality. This dissertation builds upon the work of Evelyn Hammonds, Cathy Cohen, Roderick Ferguson, and Kara Keeling, who have each sought to expand queer theories relevance to black women's studies, to the study of racialized sexualities, to question the epistemologies of sexualities, and to challenge the often repeated and accepted histories of black (female) sexualities.

To be sure, these critiques go back more than a decade to the mid-nineties when black feminist theorists began to call for a deeper investigation into black female sexualities prompted by an engagement with the growing field of queer theory.¹² I argue that HIV/AIDS is an important site where the interventions of queer theory could be particularly useful for critiquing the constructions of black women in the epidemic *and* where constructions of black sexualities could be insightful to queer theories engagement with both sexuality and HIV/AIDS. Therefore critiques of black feminist theories' and queer theories' lack of engagement with one another is important to delineating my framework for this dissertation.

Writing in 1994 for *differences* second special issue on queer theory, Evelyn Hammonds argues that queer theory has yet to seriously incorporate studies of race as a constitutive component in the construction and experience of sexualities, queer or otherwise. Part of her argument is that in order to theorize the specifics of black lesbian and/or queer sexualities, we must have better understandings of all black female sexualities. The concomitant issues of race and sexuality must both be more closely investigated for all black women, before we can begin to delineate the histories of black lesbians. This is not to say that heterosexualities are more important than exploring queer sexualities, but rather within discourses of black female sexualities already characterized by silence and invisibility, queer sexualities are even more hidden. Or to use Hammonds words, black lesbians may have been even more reluctant to express their desires for other women because, “[their] deviant sexuality exists within an already pre-existing deviant sexuality.”¹³ Hammonds argues that black feminist theory and queer theory both

have a ways to go in theorizing black female sexualities. This call for queer theory to incorporate critiques of race and for black feminist theory to more fully incorporate queer critiques have also been echoed in the work other scholars, including Cathy Cohen.

In "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?,"¹⁴ Cohen argues that queer theory needs to expand its focus beyond 'queer' sexualities to include those that may resemble the heterosexual and heteronormative, but in fact are excluded from these privileged categories because of race, class, and sexuality. She uses the construction of black female sexualities as excessive, deviant, and hypersexual, and stereotypes such as the black female jezebel or the black welfare queen to illustrate that while some black heterosexual women may have access to the privileged category of heterosexuality their race and class may still exclude them from white heteronormativity. Beyond these exclusions black women's race and class often mark their bodies as one in need of policing and containment. Cohen argues that queer theory needs to be attentive to these critical intersections because they mark certain bodies as 'queer' in other ways beyond sexuality. She urges queer studies to move beyond the dichotomy of queer and heterosexual to employ an intersectional analysis that accounts for more than only sexuality within queer theory. Together, Hammonds and Cohen, illustrate the exclusions of both theoretical fields.

The intersection of black sexualities and HIV/AIDS, each overburdened with multiple meanings, is a fruitful site for negotiating meanings of gender, race, and sexuality and therefore for intervening in the stalled conversations about respectability versus pathology. I argue that investigating the meeting point between race, sexuality,

and HIV/AIDS is particularly important to the understanding of the proliferation of discourses of otherness, pathology, and heteronormativity. To use Kathleen Stockton's terminology, the intersection of racialized sexualities and HIV/AIDS could produce an important switchpoint in the constructions of both. Stockton writes,

By switchpoints here, I mean the point at which one sign's rich accumulations ...lend themselves to another....Largely, I will use the term to refer to a point of connection between two signs (or rather two separate connotative fields) where something from one flows toward (is diverted in the direction of) the other, lending its connotative spread and signifying force to the other, illuminating it and intensifying it, but also sometimes shifting it or adulterating it.¹⁵

Switchpoints are a useful way to consider what understandings of racialized queerness and heteronormativity can bring to analyses of black female subjects within the HIV/AIDS epidemics. Both black feminist theory and queer theory can gain insights from bringing their insights to bear on black women and HIV/AIDS.

Black Common Sense

Bringing together discourses on black sexualities and on HIV/AIDS, and questioning the ways that they are mutually constitutive in producing black female subjects in the epidemic, also hold importance for intervening in black common senses. Black common senses are widely held beliefs by African Americans about their past experiences and history in the U.S., beliefs about what is in the best interest of the black community, and beliefs about the strategies, past and present, used by African Americans to resist racist practices that shape their life chances¹⁶. Similar to the black female strategies for intervening in racist constructions of their sexualities, the strategies used in

the past by black communities to resist racist politics continue to be employed by black Americans despite evidence that they are unsuccessful. I argue that in the HIV/AIDS epidemic we have seen the reemergence of common sense discourses of respectability as a political discourse used to distance the association of HIV/AIDS from black Americans.

In Wahneema Lubiano's essay "Black Common Sense and Black Nationalism," she argues that black nationalisms have been an important tool in the creation of counternarratives and resistance to racism in the U.S. for black Americans. She writes,

Black nationalism, in its broadest sense, is a sign, an analytic, describing a range of historically manifested ideas about black American possibilities that include any or all of the following: racial solidarity, cultural specificity, religious, economic, and political separatism...Black nationalism has most consistently registered opposition to the historical and continuing racism of the U.S. state and its institutions.¹⁷

Black nationalisms, as a broadly accepted set of ideas about what is in the best interests of black Americans, functions as a form of common sense beliefs and strategies useful in achieving full citizenship both legally and culturally in the U.S. These strategies have been important buffers for African Americans against racism, allowing for the definition of a space and identities that are unique, valid, and important.

However, while common sense black nationalisms are critical tools that have aided in African Americans' survival, they also contain disciplinary measures that police certain identities or practices within black communities. Lubiano critiques these commonly accepted beliefs as often sexist for their uncritical policing of gender and sexuality, and the ways that certain black nationalists beliefs and practices can become

aligned with the racist policies of repression used by the state. Examples of black nationalist discourses that hail black Americans in the name of racial uplift or progress while also participating in sexism that denigrates the needs and desires of black women include African American responses to the Clarence Thomas-Anita Hill trial and The Million Man March. In both of these examples black women are called upon to take a backseat to the needs of black men so their political aspirations and community/nation building efforts can take priority.

Therefore, common senses can be both useful and harmful; they can reinforce hegemonic constructions of gender and sexuality at the same time that they offer resistance to racism; and they are often accepted as traditional wisdom by groups when it might be in their best interest to contest them. For example, common sense black nationalisms might contend that promoting a black man to the highest court in the land, the United States Supreme Court, and encouraging black men to take leadership positions in their communities, as the Million Man March did, are efforts to be supported. However, upon closer examination these efforts require black Americans, specifically black women, to subsume issues of gender to those of race. This form of common sense, as a strategy that has aided the survival of black communities, is also one that black feminists identified as detrimental to the lives of black women. For example, in the HIV/AIDS epidemic, I argue that black women and men are made more vulnerable by these common sense strategies that are reluctant to address issues of sexuality.

I began this section by positing that bringing together the previous discussion of the fruitfulness of analyzing constructions of race, sexuality, queerness, and

heteronormativity as mutually constitutive categories could aid in challenging black common senses. Within HIV/AIDS discourses, black women and men have been ignored and relegated to the margins of the epidemic or vilified as a population that has not heeded the prevention messages. Additionally, while biomedical and dominant popular discourse have proffered these construction of black Americans in the HIV/AIDS epidemic, black common sense strategies have unwittingly aligned themselves with the racist discourses in an attempt to distance black communities from the stigma of HIV/AIDS. Once again we must ask whether these strategies can be successful.

Challenging Common Sense Perceptions of the Present

Wedding constructions of black female sexualities-- characterized by the reified dichotomy of respectability and pathology—to the concept of black common sense, provides an avenue to theorize the ways that these accepted deployments of black female sexualities function as social narratives. The politics of respectability and silence are strategies of resistance born out of the history of black women in the U.S. They respond to the need for black women to protect themselves from stereotypes of their sexuality as well as real threats to their bodies based on these racist notions. These politics are focused on survival, and on responding to the dominant constructions of black female sexualities. The common sense articulations of respectability and silence attempt to provide a bulwark against racism. However, as black feminists have argued, these politics have also been used as disciplinary tool by upper class black women to police the behaviors of lower class, poorer, black women, or any women who challenge normative desires by not adhering to sanitized versions of womanhood, gender, and

sexuality. Finally, within the HIV/AIDS epidemic the appeals to proper womanhood and chastity have often come at the expense of frank discussions of sexuality, sexual behaviors, and desire for both black women and men.

For Keeling, common sense is important for several reasons.¹⁸ First, it is a form of memory of a people's history and experiences and it is inherently multiple. As Keeling writes, "There is not just one common sense, but various common senses"¹⁹ There is not one memory, but many competing memories of a people's history. Relating to the history of black women, multiple common senses allows us to recognize the politics of silence and respectability alongside narratives of resistance to sanitized representations and modes of being. The concept of the common sense allows us to incorporate an understanding of competing black sexualities. Common senses also do not require the existence of one *black community*, but allows for various black public spheres/communities to exist.

Non-dominant common senses both adhere to dominant common senses as well as contain antagonisms to them.²⁰ Relating common senses to black women's lives allows for a reading that both accepts the politics of respectability as acquiescence to dominant white discourses of true womanhood, but also leaves room to read respectability as performance; a performance that claimed the pedestal of proper womanhood for black women, thus producing a challenge to white womanhood that by definition excluded black women. As Keeling writes, "[Common Sense] contains what has worked in the past to enable survival in the face of the new, and it therefore can appear in a present perception to accommodate another new situation..."²¹

Respectability, as a politics that black women employed beginning in the early 20th century as a way illustrate African American women's, and by extension families and communities, to replicate the normative family structure and gain access to the rights of the nation state, was an attempt at enabling the survival of relatively new post-emancipation black communities. While the politics of respectability has been contested, it is possible that their re-appearance, particularly in HIV/AIDS discourses, could enable new survival tactics.

Linking black common senses to my examination of constructions of black female sexualities, particularly the accepted history of black female sexualities in the U.S. of pathology versus respectability, provides a fruitful space to theorize why these histories have become common sense and seen as part of the culture of black Americans. This framework enables a questioning of the ways common senses have supported hegemonic notions of race, gender, and sexuality as well as contested them. Finally, it provides a way to examine the ways that the politics of respectability and the politics of silence, as common senses, have been used as survival strategies by black women. For this analysis of black female sexualities and HIV/AIDS, common sense provides a way to understand why certain politics of respectability and silence are dominant within black HIV/AIDS discourses, but also allows for the existence of multiple meanings to be present within the text.

Constructing Subjects in the HIV/AIDS Epidemic

When AIDS arrived, the real and imagined links between women's bodies and disease—especially infectious and sexually transmitted disease—were many, complex, and long standing. This was a subject with heavy baggage: indeed, with bags that in 1981 were already packed. Yet, as the decade unfolded, women were repeatedly told that this time they would not be traveling. If they were in the airport at all, it was for someone else's flight.... What a surprise, then, for many women to find themselves at the end of the decade in midair over the Atlantic without even a toothbrush, let alone a barrier contraceptive, on board. Paula Treichler, *How to Have Theory in an Epidemic*²²

In the previous section I discussed how this dissertation will contribute to theories of black female sexualities through an analysis of the ways black women have been constructed in HIV/AIDS discourses. In this section I will analyze the key HIV/AIDS discourses that we must examine in order to begin deconstructing the various ways black women have been positioned with the HIV/AIDS epidemic. HIV/AIDS has been called an “epidemic of signification.” HIV/AIDS has produced a plethora of subjects, identities, and meanings that are significant far beyond their biomedical importance. The significations associated with HIV/AIDS intersect with constructions of race, class, sexuality, and citizenship in ways that determine who we understand as innocent or guilty, deserving or undeserving of sympathy or recognition by the nation state. Thus, analyzing the meaning making effects of HIV/AIDS is crucial to understanding black women in the epidemic.

The epidemiological and biomedical discourses that I trace in this dissertation are produced through institutions that work in tandem with and are authorized by “the state.” Therefore, the significance of what they study, and why, has meaning for much larger

audiences than researchers. By “the state,” I am referring to machinations of power that invade the formal laws, policies and institutions identifiable as official agencies of the state, but also the informal norms and regulations of society that shape the lives of all the subjects that operate in relationship to them. In the case of HIV/AIDS discourses, attempting to draw clear divisions between the state, medical institutions, and the nation, is difficult because as new findings by the CDC get disseminated through the news media and annual conferences, they are taken up in popular discourses and knowledges (e.g. glossy magazines, novels, films). Here I adopt Steven Epstein’s framework for addressing discourses, power, and regulations of the state. He writes,

Taking my cue from others who have called for the “disaggregation of the monolithic entity of the state,” I approach “the state” through attention to particular agencies and offices and with an understanding that the practices carried on within them may sometimes merge seamlessly with ones conducted “outside” the state.²³

I am drawing upon Steven Epstein’s concept of a “biopolitical paradigm,” in which the increasing coordination of medical research with the goals and purposes of the nation-state has led to a model where the categories or subjects of science and the state have become closely aligned.

I argue that the state, here represented through the CDC and the dissemination of CDC narratives, has been central to creating the populations that come under surveillance in the epidemic. Ian Hacking argues that definitions of illness and disorders that create identities that people can identify with and as, certainly produce subjects that did not have this possibility of identification before. These definitions or identities are not only

descriptions, but they interact with the subjects they describe and ultimately change them.²⁴ The CDC has been central in producing the subjects seen as important in the HIV/AIDS epidemic, which impacts how the nation-state sees these populations and how they see themselves. I examine the constructions of HIV/AIDS through CDC publications to illustrate the role that the institution played defining the boundaries of the epidemic. The CDC's construction of the epidemic has a significant impact on how the epidemic gets constructed both for other researchers, and biomedical discourses relevant to HIV/AIDS, and for the understandings of the epidemic transmitted to the public. Thus, what is considered "inside" and "outside" of the "state" becomes increasingly difficult to delineate.

In this section, I first discuss the impact of the CDC in defining HIV/AIDS and the populations who are most at risk in the epidemic. While they played a particularly important role in the early 1980's, the CDC's influence continues to be important in changing constructions of the epidemic through the present. Second, to further illustrate my argument that the difference between the state and society is difficult, if not impossible to delineate, I discuss feminist critiques and challenges to the CDC's definitions of HIV/AIDS that constructed women as peripheral to the epidemic, which ultimately succeeded in getting the CDC to change its AIDS case definitions to be more inclusive of women. Finally, I analyze the ways that race further complicated the construction and inclusion of women in the epidemic. In order to understand the ways that black women have been excluded, marginalized, or made hypervisible at various

moments in the HIV/AIDS epidemic, we must be attentive to the CDC's, and by extension, the state's, ability and authority to create legitimate or illegitimate subjects.

Defining an Epidemic

The CDC's almost exclusive attention to gay white men in the newly emerging epidemic had a large impact on how HIV/AIDS was initially constructed for researchers and for the public. Most importantly, it led to the erasure of women and racial/ethnic minorities in the epidemic despite doctors reporting these populations to the CDC within the first year of the epidemic. The official beginning of the HIV/AIDS epidemic in the U.S. is generally cited to be June 5, 1981 when the CDC published the *MMWR* reporting the deaths of five gay men from pneumocystis pneumonia.²⁵ In the next several months doctors in other cities across the U.S. began to report similar symptoms and deaths in gay male patients. Due to the majority of the early cases being reported in young gay men it was believed that this was a disease linked to gay sexual practices. Many theories about how this new disease was spread were produced including: that the use of recreational drugs, like contaminated amyl nitrates (poppers), which were heavily used in gay clubs, were the source of this new disease; or that the cause was the unnatural deposit of sperm into the male anus that was destroying gay men's immune systems and causing their deaths. Because of the belief that AIDS was somehow inherently linked to gay men's sexual practices these types of theories proliferated and the syndrome was informally named Gay Related Immunodeficiency (GRID). However, the syndrome was renamed Acquired Immune Deficiency Syndrome (AIDS) in 1982, signaling a shift, at least nominally from attaching AIDS to gay identities.²⁶

This dominant narrative of what HIV/AIDS has meant in the United States is, quite simply, wrong. Like all overarching narratives of progression, important distinctions and differences get flattened and erased. However, for an epidemic that has a plurality of biomedical and social meanings, it is not only differences that get erased, but important discursive constructions of HIV/AIDS from various sites (epidemiology/ biomedicine, the state, minoritarian populations) that get collapsed and/or forgotten in the hegemonic construction of HIV/AIDS.

Within the first year of the epidemic, it had become clear that women, blacks and Hispanics comprised growing proportions of the HIV/AIDS epidemic.²⁷ In fact, according to Cathy Cohen, “In an August 1981 issue of the MMWR, the CDC publicly reported the first case of a heterosexual with AIDS—a woman.”²⁸ Therefore, just months after the initial cases were reported by the CDC the first case in a woman was reported in the same publication. Yet, the CDC’s, and the state’s, myopic focus on gay men in the epidemic reinforced the notion that HIV/AIDS was a “gay epidemic.” This bifurcation between “us’ and “them” harmed populations who were not gay men that were being affected by the epidemic as well as allowed the nation to ignore HIV/AIDS because it was seen as an epidemic harming only one already marginalized and stigmatized group.

Many are familiar with this now common story of the early years of the HIV/AIDS epidemic in the U.S. What I want to add to this conversation is an attention to how even after the initial years in the epidemic, the CDC continues to be a formative actor in “making” HIV/AIDS. I draw upon three examples to illustrate the role the CDC plays in constructing the epidemic: the late eighties, with an emphasis on the revised

AIDS case definition in 1987; the revised AIDS case definition in 1993, and its impact on the “changing” epidemic of the mid- 1990s; and the 20th anniversary of the epidemic in 2001 which galvanized renewed interest in HIV/AIDS, especially in black communities. Each of these epidemiological moments prompts attention from black popular and political discourses, exemplifying the ways that “the state” and the subjects and discourses it produces are not contained to one sphere.

The Late Eighties

In 1987 the AIDS case definition was revised to reflect reports from doctors concerning the types of illnesses they were seeing in patients.²⁹ The revised AIDS case definition included additional “indicator diseases” that could determine an AIDS diagnosis. The expanded AIDS case definition significantly increased the number of AIDS cases reported to the CDC overall, and women and racial/ethnic minorities accounted for the most drastic increases. The percentage of women reported to the CDC grew from 7% of cases reported in 1985 to 11% of cases reported in the first half of 1989.³⁰ After the revised definition came into effect the proportion of reported AIDS cases among blacks (men and women) grew from 24% to 36% of all AIDS cases reported.³¹ These dramatic increases illustrated that these populations may be more drastically impacted than previously thought.³² This is important because, as Ian Hacking argues, subjects are produced through and interact with the ways that we define illnesses or in this case, epidemics. Until this period, arguably beginning in 1986, but solidifying with the changing AIDS definition, black Americans were not recognized by mainstream discourses as subjects of importance with the HIV/AIDS epidemic.³³

Blacks and women were affected by HIV/AIDS from the beginning of the epidemic, but it is during this time period, when the CDC begins to target blacks as a population in need of separate attention due to high rates of HIV/AIDS -especially in heterosexually defined populations, that we begin to also see the increase in media coverage in African American newspapers and magazines.³⁴ A population that did not receive much attention in the early years of the HIV/AIDS epidemic became increasingly recognizable as an “at risk” group through the CDC’s efforts to inform the public about HIV/AIDS through media campaigns. Similar to the revised AIDS case definition which encompassed a number of individuals who already had HIV/AIDS, but were now officially recognized by the CDC and the state, changing discourses in the media helped construct black Americans as a racialized group within the epidemic, as well as a group that needed to be more attentive to women in the epidemic.’³⁵

For example, take this excerpt from Evelyn Hammond’s 1987 article “Race, Sex, and AIDS: The Construction of ‘Other’”:

In March of this year when Richard Goldstein’s article, “AIDS and Race—the Hidden Epidemic” appeared in the *Village Voice*, the following statement in the lead paragraph jumped out at me: “a black woman is thirteen times more likely than a white woman to contract AIDS, says the Centers for Disease Control; a Hispanic woman is at eleven times the risk...” My first reaction was shock. I was stunned to discover the extent and rate of spread of AIDS in the black community, especially given the lack of public mobilization either inside or outside the community.³⁶

Hammonds is writing in 1987, over six years into the epidemic, and detailing her shock that the number of African American women with AIDS was so high, while there was

seemingly silence on several fronts, in both the white and black media, concerning the epidemic. This illustrates that the late eighties brought the dual problem of increasing HIV/AIDS cases in black communities *and* increasing awareness of the high rates of HIV/AIDS in black women and men. The epidemic was hitting too close to home for black communities who had tried to distance themselves from AIDS.

The *Village Voice* was not the only newspaper taking notice of these reports from the CDC. In February 1988, the *New York Times* published an article by Philip M. Boffey entitled "Spread of AIDS Abating, But Deaths Still Soar." Boffey writes, "While the number of people sick with AIDS will continue to soar, the previous wildfire spread of the virus appears to have slowed and shifted its targets, *changing the face of the epidemic*³⁷. Whereas the epidemic in its early years primarily afflicted middle-class white gay men, it is now spreading more rapidly among poor blacks and Hispanics in the ghettos of a few major cities, particularly among drug addicts and their sexual partners."³⁸ Boffey touts the slowing of the epidemic and the belief that the "much-feared explosive invasion of the general population is not occurring, and never will" at the same time that the CDC reports that HIV/AIDS for women and racial/ethnic minorities are rising, which he acknowledges. Of note here is the dual implication that first, AIDS is shifting, and second, that it will not explode into the "general population", largely white non-drug using heterosexuals. Not only is HIV/AIDS rising among women and racial/ethnic minorities, but heterosexual transmission is increasing among women of color. So, the "general population" which most often refers to non-drug using heterosexuals, excludes non-drug using non-white heterosexuals.

Mid –Nineties

In the mid-nineties black Americans return to the public attention through another revision in the AIDS case definition.³⁹ Like the expanded case definition of 1987, the addition of new clinical conditions indicative of AIDS in the 1990s greatly impacted the number of AIDS cases reported, especially for women, blacks, and AIDS cases attributed to heterosexual transmission. Between 1993 and 1995 over 200,000 AIDS cases were reported. For context, it is important to know that in the U.S. the milestone of the first 500,000 cases reported was not reached until November of 1995.⁴⁰ Therefore, almost half of the total AIDS cases were reported in a two year time frame, a period that also saw a significant increase in the number of black Americans with AIDS. 1995 was also the year that "for the first time, the proportion of persons reported with AIDS who are black was equal to the proportion who are white (40 percent)".⁴¹ Finally, by 1996 blacks exceeded the proportion of white Americans with AIDS for the first time.⁴²

This is relevant not only because black Americans are increasingly represented in the HIV/AIDS epidemic in the mid-nineties, but because an expanded definition of AIDS brought many people who already had HIV/AIDS under official surveillance of the CDC and the state. For black Americans, this change pushed them into the forefront of the epidemic as a population "in crisis." Biomedical and popular discourses focused on what these rates of HIV/AIDS in black Americans meant for both black communities and the nation.

For example, in a *New York Times* article, "The Changing Face of AIDS" in 1996, the author writes,

According to the Harvard AIDS Institute, the face of AIDS has changed dramatically in the past decade. In 1986, 60% of those diagnosed with the disease were white, 24 percent black and 15 percent Latino. Last year the figures were 40 percent, 39 percent and 19 percent respectively. By the year 2000, blacks are expected to account for more than half of all newly diagnosed AIDS cases, while whites will account for about 30 percent.⁴³

The title of this piece indicates the perception that there was a marked shift in the epidemic. Asserting that the epidemic has a “changing face” in the mid-nineties does a disservice to the impact of the HIV/AIDS epidemic in black communities since the early eighties. Furthermore, the changing face is attributed to the belief that black Americans have not been attentive to HIV/AIDS because of more pressing and immediate concerns such as drugs, “guns and violence.”⁴⁴ The article discusses how HIV/AIDS rates have decreased as result of prevention and education in gay communities, but these efforts have not been able to reach black communities. What is lacking is an attention to the impact the constructions of HIV/AIDS by the CDC had on who perceived themselves to be the targeted audiences of HIV/AIDS education campaigns. Thus, black communities are discussed as irresponsible, and “at-risk,” without any critique of power differentials or the role the CDC, and state, played in shaping HIV/AIDS discourses in the U.S.

2001 and after

Finally, the twentieth anniversary of the HIV/AIDS epidemic in 2001 brought renewed attention to black Americans. The CDC used the anniversary as a moment to reflect on the previous twenty years and to provide a current snapshot of what was perceived to be the most pressing concerns. Black men who have sex with men (MSM) were identified as a group with concerning rates of HIV infection, showing high rates of

exposure in young men particularly.⁴⁵ The CDC attributed this difference in black MSM to the difficulties minorities have identifying themselves as homosexual or bisexual.⁴⁶ The inability of these men to appropriately identify as gay or bisexual was cited as the reason they were not being reached by prevention messages and raised concerns about whether or not this also contributed to HIV/AIDS rates among black women.

This is significant because by signaling that there might be a connection between the rates of HIV/AIDS among black MSM and black women, the CDC created a need to find and verify that there was indeed a “bridge” between these two identities. It was not long before a new identity or subject was produced through the discursive power of the CDC to construct identities in the epidemic that reach far beyond their institutional use. Take for example the changing use of what it means to be “down low.” In an article in *The New York Times*, Linda Villarosa quotes Maurice Franklin, a program director of Gay Men of African Descent of Harlem as saying, “There has always been a secret society of men who were undetectably gay and continued to live in the black community. But the term ‘on the down low’ is fairly new. Now in focus groups that our organization has done, about half of men describe themselves as being on the D.L.”⁴⁷ As the term becomes more widespread, and more recognized as an identity that connotes men who sleep with men secretly, more men claim the identity for themselves. Men who identify as “down low” are increasingly produced by, interact with, and ultimately change what it means to be on the down low as it becomes a more salient category. This production of a new identity that is both constructed through medical and state discourses and the

construction of identities in particular communities is a prime example of the way that people are made through interactions with discourse.

Beginning in 2001, the down low becomes increasingly aligned with the HIV/AIDS epidemic. In an October article published in *Essence* magazine Tamala Edwards writes, “Welcome to the Down Low, a secret world that included a surprising array of men—from Brooks Brothers brothas to “homo thugs.” This brotherhood may be age-old, but it has recently become the topic of discussion for the most modern reasons: the rising AIDS rates among women of color.”⁴⁸ Here, the down low is directly linked to HIV/AIDS in women. Additionally, while it is acknowledged as a behavior that existed previously, it is marked as newly important and of interest *because* of AIDS. The influence of the CDC in constructing subjects in the epidemic that move across the boundaries between the state and society illustrate how artificial those boundaries are.

Why Were Women Invisible?

In the previous section I delineated the changes in the CDC’s epidemiological categories that impacted our shifting understandings of HIV/AIDS, with an emphasis on the effects on black Americans. In this section, I will focus on the ways that the CDC’s constructions of gender contributed to the erasure and invisibility of women in the epidemic. To be sure, I am *very* aware of the epistemic violence done by splitting these sections into race and gender, which implies that I have failed to heed my own warning concerning the problems we face when gender is not racialized and race is not gender from the beginning of this chapter. However, despite my desire to do so, black women are often split by the CDC’s categories of “blacks” or “women.” In fact, the annual

HIV/AIDS Surveillance Reports do not subdivide the categories of women and men by race until 1988. Thus, the CDC, as a privileged site knowledge production, shapes the ways that subjects must identify themselves to be recognized by the state. Because of this history, attempting to trace the construction of black women in the epidemic requires an approach that at least initially must deal with this problematic and false division.

As we know, in the first year of the HIV/AIDS epidemic there was evidence that this mysterious increase in opportunistic infections also affected women, and significantly affected black and Hispanic people. While the actual numbers of women with an opportunistic infection may have been small, they *were* reported to the CDC.⁴⁹ Yet in addition to being seen as collateral damage in an epidemic affecting gay men, besides having their presence overlooked, when they were included in the CDC's surveillance and analyses of the impact of HIV/AIDS they were often discussed only in relation to affected populations. Paula Treichler's analysis of the *Morbidity and Mortality Weekly Report* (MMWR) from 1981-1988 details the problematic classification system used by the CDC early in the epidemic that classified women as "sex partners of" or "mother of", which obscured the routes of transmission for women and referred to them only in relation to who transmitted the virus to them or to whom they may have passed the virus (e.g. children), but not as subjects in and of themselves.⁵⁰ Thus, the categories served to conceal women's risk by not focusing on what behaviors the women were engaging in that may be putting them at risk.⁵¹ If more attention had been paid to the number of women who were reported to the CDC within even the first two years of the

reported epidemic in the U.S., the idea that AIDS was a gay epidemic could have been challenged more widely sooner.

Women's erasure within HIV/AIDS discourses since the beginning of the epidemic has had a drastic impact on our understanding of the epidemic in the U.S. Because of the focus on gay men, it was not until the end of the eighties with the increasing number of women with HIV/AIDS, especially in black and Hispanic women, that women began to receive greater attention within both biomedical and popular discourses. It is important to remind ourselves that this attention also did not simply happen. Feminists and activists, particularly working with ACT/UP, organized and lobbied to get various institutions of the state including the CDC and the Food and Drug Administration (FDA) to respond more quickly and more attentively to the broad impact HIV/AIDS was having on gay men, women, and people of color in this country. One especially important example is the pressure the Women's Caucus of ACT/UP put on the National Institute of Allergy and Infectious Disease (NIAD) officials to revise the AIDS case definition in 1993 to include indicator illnesses specific to women such as invasive cervical cancer.⁵²

While women, who were always a part of the HIV/AIDS epidemic, slowly began to gain more recognition, HIV/AIDS cultural theorists have also reminded us that that new visibility was not without its problems.⁵³ Cindy Patton explains that the admission of "heterosexual AIDS" came with qualifiers.⁵⁴ Heterosexual AIDS was often explained away by identifying a 'deviant' source of infection most often a bisexual male or an intravenous drug user. Therefore, heterosexual men and women could keep HIV at bay,

continue to identify the epidemic with stigmatized risk groups, and leave their sexual behaviors unaltered, by associating heterosexuals with HIV/AIDS queerness, or as Patton states by classifying them as “nominal queers.”⁵⁵ This simultaneous visibility and erasure of heterosexual AIDS is an effect of the conflicting discourses of the epidemic and about how it is spread, and who should be concerned. These various discourses attribute blame and stigma in differing ways, creating an unstable discursive terrain for heterosexual AIDS. While acknowledging that HIV/AIDS was larger than identity, labeling heterosexual AIDS as different from gay or “regular” AIDS, this framework continues to construct gay men as the source of the epidemic.

Like Cindy Patton, Robin Gorna brings our attention to the frameworks used to understand an ever changing HIV/AIDS epidemic. In a chapter titled "A Queer Disease" in *Vamps, Virgins, and Victims: How Can Women Fight AIDS*, Robin Gorna analyzes these various frameworks for understanding HIV/AIDS, which include: as a gay disease, as heterosexual AIDS, as a woman's disease, as everyone's problem, etc.. Gorna argues that each of these terms or frames for understanding the epidemic are problematic in various ways, either obscuring or making invisible women's presence in the epidemic or erasing the groups that have been and continue to be most affected by the epidemic, gay men and i.v. drug users. She posits that no terms will be without its problems, however we should attempt to find ways of discussing the epidemic that do not succumb to ideological frameworks that do a disservice to everyone.⁵⁶

Patton and Gorna remind us that any of these monikers like the “gay plague” or “heterosexual AIDS” function to delineate *who* is identified with AIDS. Whether we call is gay or heterosexual, the queer is never erased from AIDS.

This history brings into focus one of the intriguing paradoxes of women in the HIV/AIDS epidemic and illustrates the problematic nature of visibility. While women needed more attention in the epidemic, their increased visibility often led to different problems. Because the ‘queer’ origins of the epidemic have largely remained in many of the constructions of the epidemic, when women entered these discourses it was often as a way to represent the growing threat to the ‘general population’. These innocent victims are called forth as those who are put at risk from AIDS and who must be protected. In the mainstream media, they are more often than not white, heterosexual, often middle class, monogamous, non drug using, good girls. Women are used to represent the threat to the nuclear family posed by AIDS. However, the families, communities, and ultimately the nation that need protecting are ones understood to be white. When black women are included in dominant discourses of the epidemic they are rarely positioned as innocent.⁵⁷

In "Seeing AIDS: Race, Gender, and Representation" Hammonds discusses the ways African American women are both visible and invisible in the HIV/AIDS epidemic. Hammonds argues that black women are labeled as undeserving of sympathy, not deserving of protection, drug abusers, and/or bad mothers. While simultaneously they are made invisible by representations of the epidemic that exclude them. As Hammonds writes, "African American women do not fit into the categories of: innocent child;

victimized patient of irresponsible health care workers; creative artist; or African American male super- athlete."⁵⁸ Hammond's insights emphasize the complexity of these discourses and narratives of African American women and HIV. This particular dilemma of stigmatized visibility and concurrent invisibility highlights the ways that African American women are both silenced and made visible in very problematic ways in the epidemic.

Sites of Analysis

Media coverage of AIDS offers a barometer of what is considered important at different points in time and illustrates typical strategies for "disambiguating" conflicting information from researchers. . . . So media coverage cannot be simply taken as a record of the epidemic—although of course it serves this function—but must also be counted as a participant. In the case of AIDS, the U.S. media clearly played a significant role not only in reporting and interpreting biomedical accounts of the epidemic but also in constructing the reality that the public would perceive- Paula Treichler, *How to Have Theory in an Epidemic*⁵⁹

At each of the moments detailed above in the CDC's research and surveillance of the HIV/AIDS epidemics, black women and men became recognizable to the CDC and the state in new ways that had effects on how they were constructed in the epidemic across various sites. First, as a population that was not widely perceived to be at risk from or associated with HIV/AIDS; then as a population in which HIV/AIDS was out of control, matching and later surpassing all other racial/ethnic groups; and finally, and finally, as a population particularly at risk because of bisexual black gay men or black men who have sex with men (BMSM), a now racialized identity, previously identified

simply as MSM. These changing recognitions have an impact on CDC discourses and research as well as within mainstream and black American HIV/AIDS discourses.⁶⁰

These three examples of how the CDC defined and constructed the epidemic are illustrative of how recognition, or increased recognition, is important to being identified as a population that is or is not in need of intervention by the nation-state. At each moment it is not as if the changing definition of AIDS, or the increased focus on particular racial/ethnic minorities, or sexual identities changed the number of people who were HIV/AIDS positive. However, it did change the number of people *recognized* as part of the epidemic by the nation state and the shaped the social discourses responding to the changing epidemic.

I argue that the state discourses, approached through the publications of the CDC, are in relationship with black popular HIV/AIDS discourses.⁶¹ Dominant discourses of HIV/AIDS shape the backdrop against which we must read how black Americans have responded to and negotiated the epidemic. As I argued above, black American discourses have long been attentive to how representations and constructions of themselves operate in the nation-state. Since the late nineteenth century, black women and black communities have attempted to intervene in racist stereotypes that continue to exclude them from full recognition as citizens, both legally and culturally.⁶² Therefore, I argue that we must be attentive to the multiple meanings contained within black HIV/AIDS discourses that must address the intersections of race, sexuality, and stigma in both black communities and within the larger context of the nation. In addressing multiple audiences, these discourses contain multiple meanings.

Each chapter addresses both the CDC and biomedical discourses of the HIV/AIDS epidemic at that particular temporal moment as well as an analysis of how black popular discourses were engaging with HIV/AIDS discourses. I show the contention between state and medical HIV/AIDS discourses and black American popular discourses which responded to and negotiated these meanings of race, sexuality and the epidemic. Therefore, each chapter is attentive to the ways race, gender, class and sexuality were deployed in these multiple discourses of the HIV/AIDS epidemic. At times the popular discourses produced challenges the CDC's construction of the epidemic and at other times state discourses were employed to further vilify "dangerous" subjects seen as putting African Americans "at risk" from HIV/AIDS, but also politically and culturally in this country. Examining these discourses in conjunction is important, particularly to understanding the multiple significations of the HIV/AIDS epidemic as both a biomedical and discursive epidemic.

As I move through the various HIV/AIDS discourses analyzed in this dissertation, I am always following the appearance of the black female through the epidemic. At each of the identified moments or events of significance for black Americans in the HIV/AIDS epidemic, my focus is on the ways HIV/AIDS discourses produce black women. Conversely, I argue that the figure of the black female also functions to define the HIV/AIDS epidemic. Again, I assert that this intersection of overdetermined meanings of race, sexuality and disease operate as a powerful switchpoint of signification. Therefore, we must look at the center and the margins, the appearances and the absences of these

discourses. While, at times, in this epidemic, she may be hidden, the figure of the black female is ever present.

In this dissertation I follow the figure of the black female across significant periods in the HIV/AIDS epidemic and across multiple sites that participate in producing black women as racialized and gendered subjects in the HIV/AIDS epidemic. I have culled my sites of analysis together from the starting question, how have black women been constructed in the HIV/AIDS epidemic? Therefore, my theoretical and methodological approaches come from multiple disciplines, including, feminist studies, African American studies, queer studies, geography, cultural studies, and science studies. In each of the chapter synopses I discuss the theoretical and methodological approach employed for that site, which I expanded upon in each of the subsequent chapters of the dissertation.

“Nobody’s Safe: The Production of Respectable Women in Ebony and Essence”

In the first chapter, I examine the HIV/AIDS coverage in the black national magazines *Ebony* and *Essence* from 1981-2006, the first twenty five years of the official HIV/AIDS epidemic in the U.S. This chapter responds to a gap in feminist writing about the media coverage of women in the HIV/AIDS epidemic. In Paula Treichler and Catherine Warren’s essay "Maybe Next Year: Feminist Silence and the AIDS Epidemic," they analyze the publication of articles on HIV/AIDS between 1981 and 1988 in three types of media including, mainstream and medical coverage (e.g. "Morbidity and Mortality Weekly Report", "Life"), glossy women's magazines and glossy feminist magazines (e.g. "Cosmopolitan", "Ms."), and finally journals, both academic and non-academic (e.g. "Signs", "Off Our Backs"). Their work highlights the scant attention paid

to women in the HIV/AIDS epidemic across these differing sites, but most importantly critiques the contradictory discourses present in the coverage on women. They concluded that both the absence of women in these publications, and the sexist frames of reference that were employed to discuss women and HIV/AIDS when they did appear was an important issue for feminists. Yet, by the late eighties there had not been any widespread attention by feminists to address the epidemic in women's lives.⁶³ Treichler and Warren's provided an insightful analysis of the gendered politics of visibility in the HIV/AIDS epidemic, but there was little discussion of how race impacted which women were discussed in these publications.

Cathy Cohen's work filled in some of the gaps around race and gender in media coverage of the epidemic. Cohen analyzes black popular magazines including *Jet*, *Ebony*, and *Essence* from 1981- 1993. She is attentive to the ways black popular magazines, and black communities and politics in general, were slow to respond to HIV/AIDS, and when they did, primarily focused on the "innocent victims" of the epidemic.⁶⁴ Cohen's influential work on black political discourses' inability to grapple with HIV/AIDS and stigmatized identities in black communities is important to any discussion of the intersection of gender, sexuality, and race in the epidemic.

My work in "Nobody's Safe" contributes to the body of feminist work on representation of women in the HIV/AIDS epidemic by continuing the work of Treichler and Warren, and Cohen, examining the changing constructions of black women after 1993. "Nobody's Safe" provides an overarching view of the first quarter century of the epidemic. The analysis is attentive to what topics were prioritized, what frames of

reference were employed to explain the epidemic, and how frequently the magazines featured stories on the topic. The focus is on the salient moments in the black HIV/AIDS coverage in the *Ebony* and *Essence*: including, the initial coverage beginning roughly in 1987, the second peak in coverage in the mid-nineties, and finally, the rise in articles published during and after 2001, commemorating the twentieth anniversary of the epidemic.

These three moments that garnered the magazines' attention share in common their focus on the impact that the HIV/AIDS epidemic was having on heterosexual women. Beginning in the eighties and continuing across the epidemic the narratives presented in the magazines repeatedly warn about the *new* scare or threat that HIV poses to black women. I argue that heterosexual AIDS is repeatedly made "new" in order to distance the epidemic from respectable black communities. Each time HIV/AIDS received increased attention in *Ebony* and *Essence* it both coincides with changes in the constructions of HIV/AIDS by the CDC *and* an attempt by the magazines to distance these changes in the epidemic from the boundaries of respectable black communities who are the magazines' presumed audience. In this chapter, using *Ebony* and *Essence* as a proxy for common sense black nationalist discourses, I argue that HIV/AIDS was repeatedly produced as 'other' to black communities. Black women, framed as innocent victims, are reclaimed into respectability, while black gay men are continuously reproduced as a threat to them. The next two chapters offer closer analysis of two time periods that are highlighted in the magazine's coverage: the mid-nineties and post-2001.

Method: I use qualitative media analysis to identify shifting discourses of the epidemic as they are employed in the popular black publications, *Ebony* and *Essence*. I

identified articles in both *Ebony* and *Essence* that included the words HIV, AIDS, or HIV/AIDS from 1980 through 2006. I coded the articles by type including, full length essay, announcement, letter to the editor, etc. Second, I recorded the gender of the primary subject(s) of the essay. Finally, I recorded what frames of reference were employed to discuss HIV/AIDS. For example, how did the piece discuss gender in the HIV/AIDS epidemic? How was sexuality framed in reference to HIV/AIDS? Were women and/or children framed as victims of HIV/AIDS? Additionally, I recorded how HIV/AIDS was discussed in reference to other topics considered important to black communities. I recognize the limitations of these publications which target a middle class audience, and often espouse ideals of respectability and upward mobility. Therefore, I am attentive to the ways these discourses may inhibit critiques of class and discussions of non-normative sexualities and the ways these issues impact African American women and the epidemic.

“Why Can’t We Flip the Script?: The Politics of Respectability and Silence in Black Women’s HIV/AIDS Fiction”

In the next chapter, I focus my analysis on HIV/AIDS discourses from the mid-nineties. In the mid-1990’s black women in the epidemic become increasingly important within both epidemiological and popular discourses as the CDC continued to report ever increasing rates of HIV/AIDS for black Americans and more specifically, increasing rates of HIV/AIDS in black women. It is in this context that a cohort of novels authored by black women is published with HIV positive black female protagonists including: *Touch* by Charlotte Sherman Watson, *Push* by Sapphire, *Li’l Mama’s Rules* by Sheneka Jackson, and *What Looks Like Crazy on an Ordinary Day* by Pearl Cleage. These novels

center issues of gender, sexuality, marriage, family, children, and community as the most salient issues for the protagonists as they deal with and come to terms with their recent HIV-positive diagnosis. These redemptive narratives (excluding *Push*) require that the protagonists regret and renounce their former sexual practices that put them at risk for contracting HIV and choose a more acceptable path of monogamy, family, and community uplift.

Drawing upon the themes of the novels, this chapter analyzes the ways respectability is employed in the service of reclaiming the women within the roles of proper womanhood and heteronormativity as a way to counter both the stigmatization of AIDS but also the history of racist constructions of black female sexualities. I read these novels for the ways in which the women are (re)positioned within black communities and the home, and the black common sense strategies employed to do so. However, in this context, the novels also serve as counterdiscourses to racist explanations of the growing epidemic in black Americans, showing us how black common senses and respectabilities are strategic, and must be read for their double intents.

I focus on two of these novels, listed above, about black women and HIV/AIDS: *What Looks Like Crazy on an Ordinary Day* (from now on referred to as *What Look Like Crazy*) by Pearl Cleage, and *Push* by Sapphire. Both of the novels received a large amount of public attention in both dominant and black American discourses. One reason why I chose *What Looks Like Crazy*, over *touch* or *L'il Mama's Rules*, was because it was an Oprah Book Club choice in 1998, pushing the book and Cleage into national prominence. Additionally, Cleage most explicitly engages the constructions of women in

the HIV/AIDS, and addresses the ways that race works to exclude black women from being reclaimed within innocence in dominant HIV/AIDS discourses.

Push is an important novel to include because of its distinction from the narratives of redemption found in other black female authored HIV/AIDS fiction in the late nineties. Sapphire eschews discourses of respectability and instead launches a critique of both state and social institutions (including schools, welfare, and the family), and black political and religious discourses that serve to marginalize black women and girls. Due to the inclusion of topics like incest, domestic abuse, illiteracy, teen pregnancy, and AIDS in black communities, *Push* quickly became the target of critics who accused Sapphire of being a race-traitor, pandering to a white audience, and contributing to racist stereotypes of black families.⁶⁵ Therefore, *Push* provides an important challenge to respectability through its content, which is illustrated by the reactions to the novel that are clearly so critical of narrative *because* of this violation.

In this chapter I argue that black popular discourses, represented by the novels, responded to the HIV/AIDS discourses of the state that began reporting on the increase of black Americans, and more specifically, black women, in the epidemic. *What Looks Like Crazy* and *Push* both incorporate dominant discourses of the epidemic and present challenges to it. I contend that the novels offer an important site to analyze the ways that the subjects of the epidemic constructed by the CDC are re-constructed through the lens of black HIV/AIDS discourses and common sense strategies that have enabled these communities survival. Finally, I argue that the critiques offered by these novels apply not

only to dominant HIV/AIDS discourses, but also to black nationalist constructions of respectable communities, as well.

Method: As stated above, my project holds as one of its primary goals an interrogation of the construction and representations of black female sexualities. I argue that fiction allows a place where authors and audiences can explore and construct black sexualities in new ways not based on silences, invisibilities, or deviance. Using HIV/AIDS cultural theories, and black feminist literary criticism, I analyze narratives by and about African American women and HIV/AIDS, specifically asking if and how these texts engage discourses of African American women and HIV/AIDS.⁶⁶ As I stress throughout this dissertation, discourses reflect as well as shape our world. This project assumes that the texts, discourses, and social practices are interrelated. Therefore, these texts cannot be analyzed in isolation from the larger social context. In this chapter I illustrate how common sense black respectabilities and HIV/AIDS converge in these narratives to structure the discursive representations of gender, race, sexuality and the epidemic.

“And, Yes, the Bogeyman is for Real: Down Low Discourses of Fear”

In the last chapter, I analyze discourses about down low, or about black men who secretly sleep with men. There were two important events in 2001, which brought renewed attention to HIV/AIDS in both biomedical and popular discourse. First, there was the twentieth anniversary of the HIV/AIDS epidemic which garnered special attention from the CDC and media outlets across the country. Second, in the June 1, 2001 edition of the *MMWR*, the CDC published the result of an ongoing study called the

Young Men's Survey (YMS), which had released early results that indicated high rates of HIV/AIDS among young gay and bisexual black women. As I discussed above, there was a significant public response to these findings.

Using this context, I examine the emergence of the down low in public discourses. First, I analyze the appearance of the term "down low" in newspapers and magazines, illustrating the ways the terms underwent a very rapid redefinition beginning in 2000 but solidifying very quickly as a black male identity closely related to the spread of HIV. I point to the ways the Young Men's Survey was problematically employed in newspaper and magazine articles to support the identification of a new culprit that black women should be aware of. Finally, I discuss how these discourses were employed by Duke in the making of the film *Cover*. While I am interested in the content of film, more importantly, I am interested in Duke's motives for making the film, and his employment of down low discourses to ostracize black gay men from the boundaries of respectable black communities. In this chapter I argue that black down low discourses that blame female HIV/AIDS rates on gay and bisexual black men align themselves in dangerous ways with the discourse of the state that produced black MSM as a distinct and deviant group among MSM. Here, I illustrate the ways that black common senses can be employed in ways that are harmful to black communities.

Method: First, I search the medical data base Medline for articles published on the Young Men's Survey. Second, using the search engine Lexus Nexus I identified newspaper articles that referenced the "D.L." or the "down low" between 2000 and 2006. I also searched using the key terms "Young Men's Survey," "black bisexual men,"

“HIV/AIDS,” and “twentieth anniversary HIV/AIDS” in various combinations. I track the emergence and proliferation of discourses about changing HIV/AIDS rates in young men and the down low in biomedical literature, and U.S. newspapers to illustrate the transformation that the meanings associated with the D.L. underwent in a relatively short period time. In each of the articles I recorded the use of sexual identity categories, descriptions of the identities and behaviors of black men who sleep with men, and the inclusion of statistics and/or findings from recent CDC studies referencing the high rates of HIV/AIDS in black MSM. By recording when and in what context different terms and categories were used to reference sexual behavior, identity, and relevance to the HIV/AIDS epidemic, I show how the subject of the down low male was produced in relation to HIV/AIDS discourses in the nation-state.

Conclusion

HIV/AIDS remains an epidemic constructed through associations with stigmatized identities and behaviors, particularly those linked to men who have sex with men. We have failed to actually make HIV/AIDS an epidemic that “affects everyone” in meaning, even if we understand that anyone can contract the virus. Because it is an epidemic that remains queer in its signification, HIV/AIDS discourses participate in the management of these excess meanings through obfuscation. This project examines constructions of black women in the overdetermined landscape of HIV/AIDS discourses. In other words, this dissertation asks, how are black women’s experiences shaped by HIV/AIDS discourse that first overlooked them and then attributed their presence to queer origins? The high rates of HIV/AIDS among black women are often cited, and we

are well aware that they represent the largest percentage of women with HIV/AIDS in the U.S. Yet, black women still do not get centered as primary subjects within scholarship on HIV/AIDS.

This dissertation tells the story of the shifting constructions of the black female subject in the HIV/AIDS epidemic in the U.S. This focus emphasizes the multiple ways that the figure of the black woman has been hailed within HIV/AIDS discourses to both explain the trajectory of the epidemic and to attribute innocence or guilt to black women and men. At the center of this argument is an attention to the overlapping discourses of epidemiology/ biomedicine, the state, and both majoritarian and black American popular discourses. I argue that black women in the HIV/AIDS epidemic are produced through multiple sites and discourses of race, gender, sexuality, epidemics, biopolitics, and nationalisms that must be considered in concert to understand the various meanings at the intersection of race, gender, class, sexuality, and HIV/AIDS.

To be sure, in answering the question of how black women have been constructed within the HIV/AIDS epidemic (and more broadly, within discourses of sexuality), it is necessary to ask “which” black women are we discussing? We must not assume a monolithic racialized, gendered, classed, or sexual identity for women who are considered to be black or African American. This dissertation is primarily attentive to biomedical discourses of HIV/AIDS and black popular discourses about the HIV/AIDS epidemic. Within these two overarching sites, I examine CDC documents, African American magazines, films, and novels. Each of these sites has its own assumptions

concerning race, class, gender, and sexuality that shapes the HIV/AIDS discourses constructed within them.

Within biomedical HIV/AIDS discourses defining race, class, gender or sexuality is often very difficult. As we know, with many attempts to classify people racially, it is an imperfect system, at best. For example, the CDC uses the term blacks, which includes people who are African American, but also includes people from a wide range of ethnic, cultural, and or geographic backgrounds.

On the other hand, black popular discourses also participate in collapsing and essentializing whom is recognized as their black audience and readers. In many of the black popular discourses examined here the black middle class is prioritized and addressed as if they represent all of black Americans. For example, when examining *Essence*, or sista- lit novels such as *What Looks Like Crazy on an Ordinary Day* they often present middle class discourses supporting proper womanhood and communicating behavior that is to be modeled and endorsed.⁶⁷ Therefore, while this dissertation is largely attentive to issues of class, within the sites I examine here, they are middle and upper class discourses and constructions of gender, womanhood, sexuality, and the HIV/AIDS epidemic.

To be sure, this does not mean that these middle class discourses are intended solely for a middle class audience. Nor does it mean that the readers and consumers are only from the middle-upper classes. In fact, I argue that the audiences are widely varied and in some ways these middle class discourses, found in *Essence* for example, are used

pedagogically to teach consumers how to model middle class behaviors and desires and aspire to middle class goals.

The issue of class is at the center of this dissertation shaping how these discourses construct representations of black women in HIV/AIDS discourses. In the most prominent representations of HIV/AIDS in black American, what we see is the desire for middle class respectability and status reiterated across these various sites.

By examining multiple discursive sites in the nation state from CDC publications to black magazines, novels, and films, I show how the figure of the black female is employed within HIV/AIDS discourses in order to discuss black male sexualities and HIV/AIDS, and to reposition black families and communities as good citizen, but rarely on her terms. This project shows how the black female has become simultaneously a hypervisible figure in the epidemic, and a marginalized subject. My dissertation seeks to intervene in this dynamic by showing how pervasive this construction of black women and HIV/AIDS has become, especially in black HIV/AIDS discourses. HIV/AIDS has proven to be a site where intersections of gender, race, and sexuality and the stigma of disease have produced a surplus of meanings that both reify and challenge norms. For black women, and particularly, constructions of black female sexualities, HIV/AIDS could also be a productive site for demanding new examinations of race, gender and sexuality.

My analysis makes clear that we have failed to consider the lives and experiences of black women in the HIV/AIDS epidemic even as their bodies are used to animate our understandings of HIV/AIDS. This dissertation begins the work of shifting our ideas

about both the HIV/AIDS epidemic *and* black female sexualities by positing that if we consider the ways they are mutually constituting categories, we might begin to construct differing understandings of both. Accordingly, in this investigation, the figure of the black female will lead and we will follow in order to see what she might teach us about the relationship between gender, race, sexuality, the nation-state, and HIV/AIDS.

Nobody's Safe: The Production of Respectable Women in Ebony and Essence

How many times do we have to hear, "AIDS is not just a gay disease"? "The virus doesn't discriminate."

"Heterosexuals get AIDS, too." "HIV is transmitted through heterosexual intercourse." "Everyone is potentially at risk." "AIDS is everybody's problem." How much longer will the us/them rhetoric remain in place?

Douglas Crimp, "Accommodating Magic"⁶⁸

In the epigraph Douglas Crimp expresses his frustration about the tendency for HIV/AIDS discourses to continuously stall around the topic of 'heterosexual AIDS.' He was specifically writing about the media frenzy that followed Earvin 'Magic' Johnson's announcement that he was HIV positive in 1991 and the subsequent claims that now AIDS had a heterosexual face that everyone could relate to, and perhaps even more importantly a black heterosexual, celebrity face. As Earvin Johnson is declared the new black spokesperson for AIDS, Crimp reminds us that HIV/AIDS activists, education and prevention workers have been fighting to get the public to recognize heterosexuals, women, and minorities within the epidemic since the early eighties. Crimp, like many others, was frustrated that in 1992, over a decade into the epidemic, people were still surprised by a straight male acquiring HIV through heterosexual intercourse.

Furthermore, many were frustrated by public's surprise that HIV/AIDS could affect someone who was seemingly the poster child for success: a college basketball star, who successfully made the transition to the NBA, and married his college girlfriend, Earlitha "Cookie" Johnson, who was appropriately a professional cheerleader and dancer. It would seem that despite the prevention and education efforts at the federal, state, and

grassroots levels, they had failed to change the perception of AIDS as a disease of queers and junkies.

While constructions of AIDS as a queer's disease has been debunked and we have all learned that "everybody is at risk", the association of AIDS with gay men, the initial labels of the epidemic as the gay plague, or as Gay Related Immune Deficiency (GRIDS) remains important references. Before prophylaxis that helped to manage the syndrome, HIV/AIDS manifested itself visually on the body either through lesions or the wasting of the body and marked the ill as HIV-positive but also linked them to stigmatized behaviors. The association with stigma has long haunted the HIV/AIDS epidemic and even as more women and men are diagnosed with HIV/AIDS attributed to 'heterosexual' transmission the queer specter of the epidemic has not relented. As a queer epidemic it affected those who were excluded from the heteronormative sanctions of proper citizenship. Because of this problematic distinction between "us," the proper subjects of the nation and "them," the subjects on the periphery who do not command the same attention, HIV/AIDS has been resistant to activists' and theorists' efforts to reframe the epidemic in order to garner more attention and support for prevention efforts from the nation-state.

HIV/AIDS history as a disease of the 'other' allowed many to diminish the importance of the epidemic from the 'general population.' If HIV/AIDS is an epidemic of gay men and drug users, even when we have examples of heterosexuals acquiring HIV, these apparitions can be explained away. These women and men had something to hide. If we looked careful, somewhere in their past we would find the link to their deviant

behavior. Therefore, even as HIV/AIDS was acknowledged as an epidemic that could potentially affect everyone, this fact was often diminished by questioning the identities and practices of those purporting to be upstanding individuals. Attempts to change perceptions of the epidemic were and continue to be exceptionally difficult. HIV/AIDS's association with deviancy and stigma remain incredibly effective regulators encouraging those of us not immediately identified with these groups to tirelessly work to ensure the distance between "us" and "them" as large as we can.

In this context, Johnson's announcement was incredibly important to both national HIV/AIDS discourses, and to black HIV/AIDS discourses. As an athlete who is strong, virile, masculine, rich, and whose heterosexuality is assumed and unchallenged because of his wife and children, Johnson did not embody any the characteristics we had come to associate with HIV/AIDS. Perhaps ironically, as he challenged stereotypes about HIV/AIDS he also gave black popular and political discourses a well respected African American person to discuss in the epidemic *without* having to report on gay men or intravenous drug users. Coverage of Johnson's story in *Jet*, *Ebony*, and *Essence* elicited the most discussion of issues related to HIV/AIDS to date in these magazines. Arguably, these stories had more to do with Johnson personally, rather than HIV/AIDS, but it did force some discussion of the epidemic in black discourses at least peripherally. Therefore, there were some positive effects of Johnson's announcement in terms of bringing more attention to HIV/AIDS. Yet, Crimp's critique of the framing of Johnson's announcement is still important. After ten years of the documented epidemic in the U.S., and the reporting of women, men and children with HIV/AIDS that crossed race, class,

and sexual identities, Johnsons' announcement could still garner shock about the ability of the virus to affect those who identify as heterosexual. This framing does a disservice to the efforts to change the nation's perspective about the epidemic, but more specifically it does a disservice to black Americans, women and men, who were affected by the epidemic since the early eighties and received little attention in dominant newspapers and magazines, or black American publications.

In this chapter, I examine HIV/AIDS discourses in *Ebony* and *Essence* with an emphasis on tracking the very issue that frustrated Crimp in his essay as he asked, "How much longer will the us/them rhetoric remain in place?" The declaration that AIDS affects everyone, and that AIDS poses a threat to heterosexuals is one that is repeated across the course of the epidemic, particularly as black women become a larger proportion of women living with HIV/AIDS. Even more important in these repetitious reminders that AIDS is a threat to heterosexuals, is the need within African American discourses to identify *how* the virus got in, who is to blame for the number of black women diagnosed with HIV/AIDS, and how to protect 'us', the general population from 'them.'

I also examine *Ebony's* and *Essence's* HIV/AIDS coverage for the ways in which these discourses rely upon common sense respectabilities. As Wahneema Lubiano and Kara Keeling have argued common sense ideas about what is best for black Americans often collude with other racist, sexist, and/or homophobic discourses. Common sense respectabilities ignore sexualities that do not adhere to strict boundaries of heterosexuality and heteronormativity, which is evident in the lack of attention given to

sexual identities other than heterosexuals and drug users in the magazines' coverage.

Only women who are redeemable within common sense black respectabilities are given priority within these narratives.

Why Magazines?

To examine the construction of black women and AIDS, I turn to *Essence* and *Ebony* magazine's HIV/AIDS coverage from 1983-2007. This work is heavily influenced by Cathy Cohen's book *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* and Paula Treichler and Catherine Warren's article, "Maybe Next Year: Feminist Silence and the AIDS Epidemic."⁶⁹ Cathy Cohen's book is a systematic analysis of the political structures within African American communities that has inhibited responses to the epidemic in general, but more specifically hindered responses to the most marginalized, namely gay men and intravenous drug users. As part of her larger analysis Cohen examines the black press' coverage of HIV/AIDS and the politics which have structured the content of this coverage. Cohen analyzes black popular magazines including *Jet*, *Ebony*, *Essence*, and *Black Enterprise* from 1981- 1993. In this analysis she identifies multiple themes and frames of reference the articles use in order to shape African Americans' understanding of the politics of AIDS. She is attentive to the ways that most of the attention within black popular magazines, and black politics in general, has focused on the "innocent victims" of the epidemic, namely women and children. While I fully agree with Cohen's analysis that those seen as innocent and therefore able to be redeemed into respectability within African American communities have received the most attention, I think it is imperative to also examine the ways black women are

inscribed within these discourses. Visibility is not without its problems. The scripts used to make certain women redeemable are as important to analyze as the scripts that continue to marginalize those who cannot be made respectable (e.g. gay men, lesbians, intravenous drug users). Additionally, as the epidemic continues and black women become an increasingly large proportion of women living with HIV/AIDS, these gendered narratives from the early years of the epidemic are often revised and redeployed in the service of making even larger numbers of supposedly innocent victims redeemable.

One theme that Cohen identifies is the ways women and children are portrayed as innocent victims worthy of sympathy. She argues that women have to construct narratives that will position themselves as deserving of support from black communities. One of the most common ways is what some call the “come to Jesus” moments where the person confesses all of their sins, or at least reaffirms their commitments to the church, and shows proof of how they have changed their life. In this moment the person, often women, are respectably repositioned within black communities and in turn the communities can be seen as doing their part in the struggle against AIDS. Cohen writes, “These women were being asked to tell their stories not as an empowerment act in their struggles against AIDS, but instead so they might become worthy victims for the attention and concern of both black officials and readers. Their stories were often used as a respectable way to bring along “the black community” in the fight against AIDS.”⁷⁰ Cohen illustrates the problematic visibility that black women often obtained in the pages of black magazines and newspapers. While the topic of HIV/AIDS in black communities was receiving attention it was within very limited parameters of what was considered

acceptable. Therefore, at the same time that certain black women in the epidemic were gaining coverage in the black press there was a simultaneous silencing of other narratives.

I draw upon Cohen's conclusions to frame my inquiry into the frames of reference used to understand HIV/AIDS within *Ebony* and *Essence*. I agree that "innocent victims" received the most coverage which served to ignore the populations most affected by the epidemic, gay men and intravenous drug users. However, I want to be attentive to the so called innocent victims as they are produced and constructed within the bodies of black women. It seems that for black women to claim innocence there must be a strategic policing of not only black women's heterosexuality, but also a policing of the borders of innocence. In other words, their innocence is a privilege bestowed upon bodies that adhere to policing but also participate in the policing of heteronormativities. How much of this strategic reclamation has relied upon the disavowal of black bisexual and gay men from the beginning of the epidemic with very obvious intensifications most notably in the mid-nineties and the 2000s with discourses of the DL? This disavowal is a necessary step in continuing to make the AIDS epidemic a disease of the other- located outside of black communities. One of my interests in continuing this research on black magazine's coverage of HIV/AIDS is to analyze not only what is made visible in the magazines but what is required to be invisible or marginalized for these redeemable representations to be prioritized.

Drawing on Cohen's work I extend her analyses of *Ebony* and *Essence* from 1994 through the present, with an emphasis on the gendered and racialized discourses that

shape black women's construction in the epidemic. Not only is it important to extend her analyses to the most recent decade of the epidemic, but particularly in discourses about African American women and HIV/AIDS the mid-nineties and early 2000's have seen very significant changes in the HIV/AIDS epidemic. I posit that commonsense black respectabilities work to position women in these stories within a conservative, upper middle class, gendered and (de)sexualized politics that portrays a positive (yet homogenous) black community. These politics are what I refer to when I say women have been both visible and invisible (or silenced) in the magazines' coverage.

Ebony and Essence

Using the national black magazines *Essence* and *Ebony* as a barometer for the types of popular discourses circulating about black Americans and AIDS, I provide an overview of the most salient time periods and events in the epidemic. *Essence* and *Ebony* are important cultural texts for the dissemination of mainstream or commonsense beliefs for black Americans. While *Essence* caters to black women specifically and includes the requisite fashion and beauty sections, *Essence* and *Ebony* are similar in their efforts to speak to middle and upper class black audiences, focusing on politics, finances, entertainment, sports, and people seen as representative of black interests in the U.S. and around the world.

Essence, was first published in May 1970, with a circulation of 50,000. Today the magazine has a monthly circulation of 1,050,000 and a readership of 8.5 million.⁷¹ *Essence* is indicative of other mainstream glossy women's magazines with sections including Beauty, Fashion, Culture Books and Body and Soul, for example. However,

Essence also includes sections that focus on news and topics specific to African Americans such as “Our News and Voices: The Stories of Our Lives,” where “African-American women and men explore a diverse range of personal, emotional and social issues that speak to our experiences”.⁷²

Ebony has a longer history than *Essence*, with its first publication in November 1945.⁷³ It is published by Johnson Publishing Company, which also publishes the African American weekly magazine *Jet*. *Ebony's* circulation is approximately 1.5 million, with a readership of 12 million. According to the Johnson Publishing Company website, “The magazine profiles successful African-American role models; discusses the issues that our community faces today; goes one-on-one with the hottest celebrities and community leaders; and brings you tips on career, relationships, health, parenting, personal finance and much more.”⁷⁴

Some may argue that *Essence*, as a woman’s magazine is more likely to prioritize stories about women. While they cater to women, the stories are not always exclusively about women, but speak to issues of importance to black communities. For example, in the health section of the magazine they have featured articles about how to keep the men in your life healthy, including information on diabetes, heart conditions, strokes, and prostate exams, etc. Therefore, the priority given to women and children in the AIDS epidemic, or personal narratives about women and AIDS still reflect choices and ideas about who is deserving of attention. Additionally, the ways in which women are framed in these articles is also very important to understanding the ideological work being done

to reclaim innocent women into respectability, while othering the supposed ‘source’ of the virus (i.e., drugs users, gay/bisexual men).

Although many of the feature stories in both magazines do focus on women, this does not mean that discussions about men and AIDS are absent. Because HIV/AIDS has and continues to be understood as an epidemic of ‘deviants’ or ‘others,’ even when primarily discussing heterosexual women and HIV/AIDS these stigmatized identities are almost always present to illustrate *how* these women acquired HIV/AIDS. Whether explicitly stated or implied, the ‘other’ is ever present within these discussions and being attentive to the ways gay and bisexual men are framed in reference to the featured women is just as important to this analysis. For example, within the discussions about black men on the down low transmitting the virus to unsuspecting women, there are plenty of beliefs and ideas being posited about *both* women and men’s sexualities.⁷⁵ Therefore, my examination of the HIV/AIDS coverage in *Essence* and *Ebony* is attentive to both the constructions of black women and men within the epidemic.

I draw upon the ways the epidemic has been discussed within these magazines to illustrate the status of popular discourses about the epidemic at key moments in the more than twenty-five years of the epidemic. I posit that the magazines are enmeshed within a common sense politics of respectability. Here, respectability is not always directly tied to sexual politics, but maintains as its priority, representing African Americans in a positive light and furthering the goals of black communities to be recognized and treated as full citizens within the nation state. Taking that *Essence* and *Ebony* are magazines whose origins and missions were and are guided by politics of racial uplift, advancement, and

respectability, it should come as no surprise that in their coverage of the HIV/AIDS epidemic their coverage was focused on making sure the epidemic was not seen as a 'black disease,' and prioritizes those seen as innocent victims, namely heterosexual women and children.⁷⁶

Across the more than quarter century of the epidemic, articles appeared detailing the growing threat of HIV/AIDS to black women, often warning these women of where and with whom the threat lies and criticizing those identified as the culprits responsible for the high rates of HIV/AIDS within black women. I argue that the HIV/AIDS discourses represented in the magazines' coverage implicitly and explicitly participated in policing black women's and men's bodies in order to dissociate black Americans from the queer within AIDS.

Methodology

Using *The Reader's Guide to Periodical Literature*, and the databases "Academic Search Premier" and "Lexis Nexus", articles were identified that included the words HIV or AIDS in *Essence* and *Ebony*. These three data retrieval systems were cross referenced to produce a final list of articles published in the magazines from 1981- 2006. Multiple indexes were used because while both, "Academic Search Premier" and "Lexis Nexus", retrieved most articles on HIV/AIDS there were articles returned in the searches unique to both databases when I searched for HIV, AIDS, or HIV/AIDS.

During this twenty six year period there were a total of 151 pieces published in *Essence* that referenced HIV/AIDS in some way, and 107 in *Ebony*. Of note here, is that my analysis included any piece in the magazine with the words HIV or AIDS in. This is

important because the type of article included in the total numbers vary from a letter to the editor, a general announcement, to a full story. Therefore, while I provide the total number of articles as a reference that can guide our attention to the years when there is more coverage, analysis and context for the types of pieces included is imperative.

The first piece appeared in *Essence* in 1983, whereas, *Ebony* did not publish anything on HIV or AIDS until 1987. Most of the yearly coverage does not reach the double digits, staying close to 6-8 pieces being published each year. However, in 1997, 2000, 2001, and 2004 *Essence's* coverage reached at least 10. In 1997 there were 10 references, in 2000 there were 12, in 2001 there were 10, and finally, 17 references in 2004. In *Ebony* their coverage of HIV/AIDS reached double digits in 1992, 1997, and 2004, each year totaling 10 references. However, I have excluded 1992 from my analysis because that spike in coverage is primarily due to the coverage dedicated to Earvin 'Magic' Johnson.

What do these numbers mean? Simply counting the absolute number of references can only provide us with a limited amount of information. I want to caution against jumping to conclusions about what these numbers say about these magazines' coverage of HIV/AIDS. It would be very easy to be able to say that the coverage of HIV/AIDS got "better," that there was more attention given to African Americans and HIV/AIDS in the years where coverage peaked in the magazines, but it would be overly simplistic.

1992, the first year that we see a small increase in *Ebony's* HIV/AIDS coverage is the year following Magic Johnson's announcement that he was HIV positive. Johnson's

announcement of his HIV positive status is often touted as one of the most important public moments in the epidemic for black Americans. An epidemic that was largely perceived as one only affecting white gay men had now become of more importance and significance to black Americans through the much loved basketball star. While many African Americans had already been affected by HIV/AIDS and much had been done in the form of community mobilization to educate people about the transmission of HIV and the disproportionate impact the epidemic was having on blacks and Hispanics, Johnson's "coming out" and subsequent involvement in HIV/AIDS education and organization/committee work was taken up in way that dismissed these previous years of activism.⁷⁷ I have chosen not to include HIV/AIDS coverage of celebrities, including Earvin Johnson and Arthur Ashe, because they receive a substantial amount of media coverage which is not indicative of the general media coverage of the epidemic. During the years when there are celebrity announcements concerning HIV/AIDS we see large increases in HIV/AIDS coverage but it is largely due to the interest in the particular celebrity, not the epidemic in general. Therefore, I give less weight in my analysis to *Ebony's* rise in HIV/AIDS coverage during 1992, because in large part it is due to Johnson's newly revealed HIV positive status.

Additionally, while I let the number of published pieces on HIV/AIDS guide my attention to particular moments in the 25 years of coverage, I also include analysis of articles that fall outside of those years that are important to understanding the trajectory of black HIV/AIDS discourses. For example, the first articles about Rae Lewis-Thornton, an HIV positive black female speaker, appeared in *Ebony* and *Essence* in 1994.

While those years have fewer pieces on HIV/AIDS than others, Lewis-Thornton is a major figure in HIV/AIDS for black Americans. She is written about several times in both of the magazines in 1994, 1997, and 2001. I include an analysis of the ways Lewis-Thornton has been framed in black HIV/AIDS discourses because she garnered a lot of attention because she is a middle class, well educated woman, who had a promising career in politics ahead of her before her HIV positive diagnosis. Thornton gained popularity precisely because she countered stereotypes of who was at risk in the epidemic.

I begin with a discussion of the early years of coverage in the magazines, 1983-1989. Although there are only 2-3 articles published per year during these early years in HIV/AIDS coverage, they are particularly important not only because they attempt to make sense of the meaning of this new epidemic, but they are exemplary of the strategies employed within black discourses to minimize the impact of this new epidemic and its association with homosexuality and drug on popular and political discourses about black communities and HIV/AIDS. The initial coverage in *Essence* included reports on the basic facts about HIV transmission, phone numbers for AIDS hotlines, and where to go to get more information, a personal narrative written by a woman taking care of her gay brother living with AIDS in 1985, and included a piece on AIDS in Africa in 1986. Interestingly, the first article in *Essence* in 1983 stated that approximately 4% of those living with AIDS were women and children who were excluded from the CDC's 4-H categories of homosexuals, hemophiliacs, Haitians, and heroin users. As early as two years into the epidemic *Essence* reported on the oversight by governing health institutions

when it came to identifying the impact HIV/AIDS was having on women. *Essence* reported on this problematic classification, and the exclusion of women and children in 1983! However, four years later, in 1987, we see articles talking about the *new* threat HIV/AIDS posed to heterosexuals. Repeatedly, heterosexual AIDS is reframed as new, despite the accumulation of past knowledge and evidence to the contrary.

I examine the initial coverage in *Essence* and *Ebony* to illustrate the ways in which the AIDS epidemic was first framed, understood, and discussed within black popular discourses. How were women and men positioned in relation to the AIDS epidemic in early coverage? What frames of reference were employed to explain the spread of HIV/AIDS? How was gender and sexuality constructed in these early frameworks? Extending my analysis from the Introduction, I examine how African American discourses framed the changing epidemic and responded to the increasing emphasis on African Americans. My interest lies in how these discourses addressed women, and positioned them as innocent victims in need of protection and/or as guardians against the infiltration of AIDS into respectable black communities.

Late Eighties

The most important frame of reference or lens used to understand current trends in the HIV/AIDS epidemic for black Americans are the references to the threat AIDS is becoming to heterosexuals, black women, and black communities in general. As I discussed above, black women have always been overrepresented from the beginning of

the epidemic. Yes, the number of people living with HIV/AIDS grew over the years, as the epidemic progressed, and as AIDS case definitions were revised to include more symptoms. However, the proportion of all women diagnosed with HIV/AIDS who were black was always higher than other populations of women. In April 1987, *Ebony* published “The Truth About AIDS,” followed by *Essence*’s “Nobody’s Safe,” in June. Both articles responded to the perception of the growing threat AIDS posed to black heterosexuals. Prioritizing heterosexuals, especially innocent women, gave reporters both a novel angle on covering an epidemic that was still closely linked to gay men, and allowed black magazines and newspapers to cover AIDS without having to write about stigmatized populations like gay men or intravenous drug users. In “Nobody’s Safe,” the authors write,

“As the deadly disease, which has no cure, makes its way into the heterosexual world, the number of women and children with AIDS is increasing at a frightening rate.”⁷⁸

Later in the article, they describe AIDS as ‘infiltrating the heterosexual world,’ most notably in black people. While AIDS has always impacted black women in disproportionate numbers, here it is described as “making its way into the heterosexual world” and as “infiltrating.” The AIDS epidemic in heterosexual women and men is in fact not new, although it is often framed and reframed in this way. While the article does provide information about how to protect oneself, and how to practice safer sex, the emphasis remains on discussing the new wave of victims, primarily black women.

For the premier article in *Essence*, the overall story is very informative, providing facts, citing recent CDC studies, and attempts to educate the female readers. However, the references to the new wave of victims, and AIDS infiltrating heterosexuals and black people imply that the trends being seen in black communities are novel, when they are not. The article repeatedly states that the epidemic is becoming more important to black people, but black gay men and intravenous drug users (male and female), were already a large part of the epidemic. This early coverage excludes gay men and intravenous drug users, unless they are discussed in reference to the innocent/redeemable women who contracted the virus from them. Describing these trends as new six years into the epidemic does a disservice to the longer and more complicated histories of the epidemic. Even more bothersome, this frame of reference which makes ‘heterosexual’ AIDS new is repeatedly employed across the epidemic, most notably in the mid-nineties and after 2001. Women are continuously framed as aberrant, exceptional, or anomalies within the epidemic and thus the supposedly ‘queer’ origins or source of women’s infection must be identified. By attributing HIV/AIDS to a queer source outside of black spaces, these narratives work to make HIV positive black women redeemable within proper black womanhood and heteronormativity. The stigmatizing history of AIDS and black common sense respectabilities’ desire to distance black people from the epidemic, makes it necessary to find ways to redeem black women (especially as black women represent larger percentages of HIV positive women) and distance them from an epidemic of “junkies and queers”.

The second salient theme that emerges in the early coverage of the HIV/AIDS epidemic in *Essence* and *Ebony* is the link between the rates of HIV/AIDS in black women and their relationships with men who secretly sleep with men. This issue is referenced in almost all of the articles that appear in the late eighties. A selection of quotes from the articles provides insight in the pervasiveness of the issue:

Today, however, the highly contagious disease is spreading rapidly through the heterosexual population due to widespread intravenous (IV) drug use and bisexual activity. Not only is it killing “them,” but many of “us” as well.- “The Truth About AIDS,” *Ebony*, 1987⁷⁹

At 38, Cheryl Thompson (victims' names have been changed) had everything going for her. She lived in a middle-class Los Angeles neighborhood with her caring husband and their two children. She was bright and well educated, with a promising managerial career at a large company. Then tragedy struck when her husband died of a rare form of pneumonia in November 1985. Trying to pick up the pieces of her life, she threw herself into her work. But by April of last year she started having night sweats and feeling weak and fatigued during the day. After a bout with pneumonia, she tested positive for AIDS. She had no idea of how she might have contracted it until one of his relatives casually mentioned that Cheryl's husband had been bisexual. “I never knew my husband was gay.” says Thompson, who has lost 45 pounds—and her job. She now spends much of her time in and out of hospital beds. “Nobody’s Safe,” *Essence*, 1987⁸⁰

If I find a guy who’s a little swishy, I stay away. Too many people who were closet bisexuals have died from AIDS, and I’m not taking any chances. “Don’t Get Around Much Anymore,” *Essence*, 1987⁸¹

The problem, put bluntly, is that women who have unknowingly slept with bisexuals-- persons who date both men and women—could have unknowingly passed the virus or the disease on to their sexual partners since then-“The Hidden Fear: Black Women, Bisexuals and the AIDS Risk,” *Ebony*, January 1988⁸²

In each of the quotes from these late eighties articles published by *Ebony* and *Essence* bisexuals, men who are “swishy, and gay men are identified as the source of infection for

black women. Women whose husbands were secretly having sex with men or women who unknowingly bedded bisexual partners are the tragic victims of the epidemic. The focus on highly sensational stories about deceitful bisexuals, verifiable or not, ignores the more important need for education about how to prevent the transmission of HIV/AIDS via safer sex practices and cleaning one's works, not identifying who is swishy, who is gay, and who might be a closeted bisexual. However, focusing on the sexual behaviors and attitudes of black women would make the epidemic about them, about black women, families, and communities, which has not been prioritized in black HIV/AIDS discourses. Common sense black respectabilities have continuously tried to 'other' the epidemic in ways that make it peripheral to black communities, centering black women in media coverage would be antithetical to these goals. Thus, visibility for black women was particularly problematic. While *Ebony* and *Essence* provided some coverage addressing the impact of the epidemic on black women, the types of discourses were largely limited to discussing black women as unwitting victims. It was a visibility that did not provide black women full subjectivity. We learned about black women, but not from black women.

In *Essence* and *Ebony* the emphasis was on the increasing threat to heterosexuals, particularly women and children, by bisexual men. In many ways the duplicitous bisexual is the perfect scapegoat for high rates of HIV/AIDS in black women. The specter of the bisexual black male allows the epidemic to retain its perceived origins in gay men. Bisexual men are to blame for carrying the virus from its initial population (or victims) to black women, the unintended victims of the epidemic. This theory allows for

an easy target to be found, punished, and exiled from proper black communities. The bisexual male is already considered a deviant because of his sexuality, and wedding the blame for HIV/AIDS to this figure makes it even easier to ostracize these men. Furthermore, the figure of the duplicitous bisexual does not fade away after the late eighties, but in fact is called forth in various ways over the last quarter century to repeatedly explain why HIV/AIDS rates are so high in black communities. Particularly, this trope re-emerges anew in discourses about black men on the down low.

Significantly, the themes and frames of reference employed to explain and understand the epidemic in early discourses, remain the regularly employed explanatory tools used to give meaning to the epidemic. The continuing desire to (re)claim black women into respectability and proper black communities, attributing their infection to a deviant source that can (in theory) be identified and expelled, is in line with common sense strategies for the survival of black communities. Additionally, drawing upon often employed strategies of respectability used to counter marginalization helps to provide a sense of familiarity to new crises and events. At the center of HIV/AIDS discourses are constructions of race and sexuality, and stigma and pathology, all of which have been key to racist constructions of blackness since colonialism. Therefore, even if new forms of analysis may be more helpful to understanding HIV/AIDS discourses, drawing upon these lenses from the past remain easily accepted common sense articulations about the epidemic.

The Mid-Nineties: The New AIDS Scare

I am the quintessential Buppie: I'm young—32. Well educated. Professional. Attractive. Smart. I've been drug and alcohol-free all my life. I'm a Christian. I've never been promiscuous. Never had a one-night stand. And I am dying of AIDS. "Facing AIDS," *Essence*, December 1994.

Rae [Lewis-Thornton] also believes that Black heterosexuals, in particular, are not confronting the disease realistically and says, "One of the reasons there's so much reaction [to me] is because people still have some kind of conceptualization of what a person with AIDS looks like. If we believed we were at risk, my picture on the cover of a magazine would be no big deal. "AIDS Victim Marries and Faces Life and Death," *Ebony*, June 1995.

After 1988, the next major spike in articles begins in 1994 (excluding the spike in published articles due to Earvin Magic Johnson's announcement of his HIV-positive status in December 1991). The mid-nineties is an important time period in the epidemic for both black women and men. The revised AIDS case definition in 1993, which increased the number of AIDS cases reported, as well as the number of black AIDS cases surpassing those of whites in 1996, brought increased attention to the HIV/AIDS epidemic in black Americans in the mid-nineties. When popular black discourses began to take significant notice of the HIV/AIDS epidemic in the late eighties the threat the epidemic posed to black women received the most attention. In the mid-nineties this trend continues, with an even larger emphasis on the redeemable black female subject.

"Positive" stories about black families and communities rallying to confront the epidemic in black women received increased attention in the mid-nineties. Perhaps, the impact of Earvin "Magic" Johnson's announcement of his HIV-positive status combined with the growing number of black heterosexual women diagnosed with HIV, influenced how *Essence* and *Ebony* framed their coverage. This is not to say that worries about the threat HIV/AIDS posed to black women was completely absent in black HIV/AIDS

discourses in the mid-nineties, because heterosexual AIDS was continuously announced as new, but there were additional frameworks that emerged in the mid-nineties.⁸³

In the pages of *Essence* and *Ebony*, black women who can be easily included within black common sense respectabilities receive the most coverage, either as undeserving victims of HIV/AIDS or women who have committed themselves to educating others about the epidemic. One example of the redeemable black female subject that we see appears in *Essence* and *Ebony* is Rae Lewis Thornton. She was first mentioned in *Ebony* in April 1994 alongside other women with HIV/AIDS in an article entitled “New AIDS Scare for Heterosexuals.”⁸⁴ The first full-length article about Thornton, “Facing AIDS,” written by herself, appeared in *Essence* in December of the same year.⁸⁵ Thornton positions herself as exemplar of a heteronormative ideal. She is not promiscuous, she's a Christian, well educated and successful, never used drugs, never been pregnant, and never been on welfare. Throughout the article Thornton provides all the reasons for why you would *not* think she would have AIDS. The appeal of this article rests upon the emphasis on Thornton's *unlikely* HIV positive status. She has done everything right. She is well educated, active in black politics, has not used drugs, and wasn't promiscuous, in effect, it shouldn't be her. She is an anomaly because she contradicts the implicit queer within AIDS. As the HIV/AIDS epidemic in black Americans garnered more attention in the mid-nineties, Rae Lewis-Thornton was an ideal spokeswoman embraced by black popular discourses.⁸⁶ Although she had some obstacles in front of her as a child, having a rocky relationship with her parents and grandmother, and ultimately being put out of the house at 17, she managed to educate herself and have

a successful career. Lewis Thornton represents the ideals of many black common senses such as work hard, overcome all obstacles, “make a way out of no way,” strive for the middle and upper classes.

Of interest to this argument is not Thornton herself, but rather the repetition of this type of narrative about African American women and HIV/AIDS that positions these women as worthy victims and simultaneously works to marginalize other narratives. In other words, this analysis is interested in critiquing the dominance of this type of narrative, which allows women to speak and to tell their stories only if they have the *correct* stories to tell. So while it provides some visibility, this visibility is problematic and limiting in ways that serve to silence other stories. In December 1996 a story was published called “AIDS in the family”, about a young woman named Lisa Lynch. At 16 she fell in love with a man named Dennis fourteen years her senior. They were together for two years with plans to get married when he died and she found out postmortem that he had died of AIDS. When she went to get an HIV test she learned that she was six weeks pregnant and eventually she did test positive for HIV. The rest of the piece details her story of telling her family the news, her reliance on God to be there for her, and the work she began making public appearances to discuss HIV/AIDS. The piece also tells of how, eventually, her family rallied around her in support. What I want to draw attention to is the beginning of the piece, where the author mentions that before meeting Dennis, Lisa had recently left home due to a troubled relationship with her mother. This piece seems primed to discuss the multiple factors affecting Lisa’s life including her sexual relationship with a much older man, her leaving home at 16, and eventually living with

him and relying on him for financial support. However, the author never returns to these details to discuss the ways sexual politics may make it difficult for young women to negotiate safer sex practices in relation to such power differentials. Instead the focus is on Lisa's reliance on her faith, her return to her family, and her community outreach work. In this way, parts of Lisa's story are erased in favor of the aspects that reaffirm her and her family's respectability.

AIDS: The Second Wave

Our bodies were stolen by slave owners, and we were turned into "breeders"—raped or coerced into sex, and forced to bear children against our will. No one talked to us about our sexuality and taking control of our bodies. That was out of the question.... The fact is, if we want to survive, we must take steps toward reclaiming our sexuality. "AIDS: The Second Wave: Taking Back Our Bodies, Our Live," *Essence*, 1997.

In both *Ebony* and *Essence*, in 1997 the number of articles matched and/or exceeded the highest number of annual articles published about HIV/AIDS, barring spikes attributed to celebrity coverage. *Essence* published a total 10 pieces with references to HIV/AIDS, including four personal narratives (articles which focus on an individual's experiences with HIV/AIDS) and two informative articles (articles whose content is primarily educational). Three of the pieces were published in September in a three part series titled "AIDS: The Second Wave." As the title of the series indicates, in the mid-nineties the perception that the epidemic had changed or shifted was often used to describe the rise in HIV/AIDS cases in black women. However, black women have always been disproportionately represented in the epidemic. The idea that the epidemic shifted, or that we were seeing the second wave, is in many ways a result of changing AIDS cases definitions and reporting in both biomedical and popular discourses. The

first article in the series, "Curing" focuses on a small group of Kenyan, female, sex workers who have a resistance to HIV, or in other words, they are immune. The article discusses the research that is being done with the women and the implications it may have for treatment and possibly a cure. The second article, "Coping" is the story of Monia Perry's life, how she got HIV and how it has impacted her life. The final piece, "Taking Back our Bodies, Our Lives" is an opinion piece about the history of black women's sexuality. This collection of articles does not clearly reflect on who constitutes the second wave, what is different about this particular wave, or provide any newly relevant information about the epidemic. However, as a response to the epidemic in black Americans is it an important moment to analyze, particularly as it elicited a series of articles discussing the topic.

In the final article in the series, "Taking Back Our Bodies, Our Lives" Teresa Wiltz offers a historical analysis for how and why African American women have become at increased risk for contracting HIV and other sexually transmitted infections (STIs). Wiltz goes back through history, before the Middle Passage, back to Africa to understand the problems of black women's sexuality. She writes, "In precolonial Africa, sex had its proper time and place....Strict rules governed sexual behavior: Sex before marriage and having children out of wedlock were unacceptable. Our parents and our husbands protected us from abuse and exploitation."⁸⁷ Wiltz goes on to argue that these traditions were shattered through dispersal and slavery. Now we cannot depend upon the protections of our elders and men, we must protect our own sexuality. At the end of the article Wiltz provides her five steps for sexual responsibility, which includes: "Have the

courage to seek adequate sexual knowledge."; "Trust your values to guide your sexual behavior and practices."; "Protect one another from abuse or exploitation."; "Value your ability to make your own sexual decisions."; and "Create respectful and mutually satisfying relationships that also include sex."⁸⁸ I want to bring our attention to second in the list of suggestions, "Trust your values to guide your sexual behavior and practices, more closely.

"Trust your values to guide your sexual behavior and practices. As women, we have our own values regarding what we should and should not do with our bodies. No one—not even a loving partner—should be allowed to violate those beliefs. For example, if there's a man in your life urging you to try anal sex but you've always believed that it's wrong, don't do it. When you allow someone to convince you to go against your own values, you put your emotions and health at risk."⁸⁹

She calls on women to trust their values, assuming that women have a certain set of values based on their gender, and that those values will protect them. While Wiltz does not tell women not to have anal sex, she names this particular sexual act after saying that women have their own values concerning what is right and wrong for their bodies. Wiltz argues that the United States, or white people, have corrupted black people's essential forms of community, family, and sexuality.

Black common senses continue to be used to find explanations and support theories for what has led to the rates of HIV/AIDS in Black women. Wiltz's reliance upon the histories of colonialism, slavery, and the severing of African Americans from their roots have led to the ways black women grow up, learn how to be women, and explore their sexuality straying from their cultural traditions. Arguing that these shores and white men have corrupted black Americans, Wiltz implores both black women and

men to rectify this problem by drawing upon their pre-Middle Passage practices in order to bring our communities back into balance. She uses the HIV/AIDS epidemic as one example of the pathologies, diseases, and aberrant sexualities and behaviors that have become endemic to black communities disconnected from this utopic past, which is not fully known, but assumed to be better for women. Heterosexual AIDS must be explained in women and repeatedly the answer is not unprotected sex or intravenous drug use with contaminated needles, but rather the bisexual men, histories of racism, and racist practices are to blame for high rates of HIV/AIDS in black women. Obviously, all of these factors play a role in the spread of HIV/AIDS, however, it is the disproportionate guilt ascribed to them in lieu of discussing sexuality, sex, and safer sex practices that continues to be a highly problematic and ineffective way to address the HIV/AIDS epidemic.

2001: The Down Low. Or, Could You be Sleeping with a Gay Man?

Who's really to blame for this raging epidemic that is killing so many black women and poisoning Black male and female relationships? As it stands now, the "Down-Low Brother"—that unscrupulous fellow who has unprotected sex with other men behind his wife's or girlfriend's back—has emerged as public enemy No. 1 to every Sister in the 'hood. - "Why Sisters are the NO. 1 Victims of HIV," *Ebony*, July 2004.

Whether you're gay, on the down low, or occasionally just like to get your freak on with a big dude who looks like you, it all boils down to the same thing: If you have sex with men and then lie about it, your dishonesty can be fatal to me. Let me be clear. I am incensed by the dramatic numbers of African-American women being infected with HIV, mainly from men who sleep around with other men. - "Deadly Deception," *Essence*, August 2004.

Like many Black women, my sister and I are still trying to make sense of something that does not make sense. And it won't make sense until the down-low Brother faces the truth. Come out of the

closet, out of the basement. Down-low Brothers, face up to who you are, and let us live!- “The Low-Down on the Down Low,” *Ebony*, August 2004.

While the topic of African American men living on the down low has received much attention recently, the reference to bisexuality as a contributing factor in the disproportionately high rates of HIV infection in African American women has been an consistent explanation across the course of the epidemic. Beginning in 2001, discourses of the dreaded bisexual have reemerged in the apparently new African American male cultural phenomenon of the down low. In this section, I analyze down low discourses as they emerge within the pages of *Essence* and *Ebony*.

Much of the backlash to the down low is based upon the violation of common sense black respectabilities: women and men should be faithful in their relationships; heterosexual couples and families are the foundations of good black communities, and black men have a responsibility to protect black women and children. Obviously, this list is not nearly complete when it comes to the dictates of proper black manhood and womanhood, but in reference to the HIV/AIDS discourses, especially those about the down low, these are some of the most important and often repeated rationales for demonizing gay/bisexual black men. Additionally, assumptions about sexual identities and behaviors are also challenged by the down low. The notion that identity does not easily align with sexual behaviors makes any easy distinction between us and them impossible. If prior strategies to distance respectable black communities from the HIV/AIDS epidemic relied upon identifying and expelling gay and bisexual men, the down low male proves those efforts to be ineffectual.

Looking at the selection of quotes above, beginning in 2001 we see an attempt to explain the disproportionate numbers of black women living with AIDS, again. This time the culprit is men who are living on the down low, or secretly having sex with men while maintaining their relationships with their wives or girlfriends. What is unique here, compared to the attention given HIV/AIDS in the eighties and the nineties, is the amount of attention the down low and related HIV/AIDS stories received. For example, with the twentieth anniversary of the HIV/AIDS epidemic in 2001 and the requisite “AIDS at 20” stories, *Essence* published a total 10 pieces on HIV/AIDS. However, the largest peak in coverage in *Essence* came in 2004 as the down low frenzy increased with 17 pieces on HIV/AIDS. HIV/AIDS coverage triggered by increased attention to the down low nearly doubled *Essence’s* coverage dedicated to HIV/AIDS during the twentieth anniversary. Following my analysis earlier in this chapter, I am questioning the ways in which HIV/AIDS discourses have repeatedly announced heterosexual AIDS as new, and identified new threats to heterosexual women. Secondly, I remain attentive to the ways in which black women and men are constructed within these discourses in relation to common sense black respectabilities.

In October 2001 *Essence* published an article titled "Men Who Sleep With Men" by Tamala Edwards. Edwards writes,

While one in 3,000 White women are infected with HIV, an alarming one out of 160 Black women carry the virus. Years ago HIV-infected women usually contracted the disease through drug use. But these days one of the main methods of infection is heterosexual sex. In some instances, women are having sex with men infected through drug use. But researchers say that, more than generally suspected, female infection has come through the “bridge” population of men who have sex with men.⁹⁰

Edwards is correct in saying that heterosexual sex is one of the main routes of transmission for black women living with HIV/AIDS. Since the beginning of the epidemic intravenous drug use and heterosexual sex with HIV- positive partners have been the two main routes of transmission for women. However, there was a shift in the mid-nineties when more black women began to report heterosexual contact as their route of transmission rather than intravenous drug use. It was not until 1993 that the annual HIV/AIDS surveillance reports separated the reported AIDS cases from the reported HIV cases. That year the number of black women diagnosed with HIV who reported heterosexual transmission as their risk category was higher than those who reported intravenous drug use. However, in the reported AIDS cases, intravenous drug use was still higher. It was not until 1996 when the number of black women with AIDS attributed to heterosexual transmission was higher than those reported with intravenous drug use. Because it takes years for individuals to progress from HIV infection to and AIDS diagnosis (and with the advances in treatment with drug therapies), reported HIV infections are seen as a more accurate reflection of current trends. Therefore, 1993, the first year HIV cases are reported separately is the first year we can most accurately report that more black women were diagnosed with HIV attributed to heterosexual transmission. The lag in the heterosexual AIDS cases reported outnumbering intravenous drug use, indicates that during the early to mid-nineties there was in fact a shift occurring. Therefore, in 2001 when Edwards reports that heterosexual contact has become the main route of transmission for HIV infection for women, she is partially correct: heterosexual

contact is one of the main routes of transmission of HIV for women, but it has been from at least 1993 (and 1996 if you use reported AIDS cases as your indicator).

Edwards goes on to say that researchers are arguing that much more than recognized, infections are coming through this “bridge population” of men who sleep with men. However, again we need to be attentive to the problematic nature of HIV/AIDS reporting. What we know about people’s exposure categories, is only what they report. Additionally, the route of transmission goes unreported for many new HIV/AIDS diagnoses each year, further complicated the collected data. And, for example, if a woman says she was exposed to the virus through heterosexual contact, she may not know or report what her partner’s exposure category was. Therefore, we have to take reported exposure categories with a bit of hesitance; misreporting, non-reporting, or the fact that some may have several possible routes of transmission but have to choose the most likely one, make siphoning out how someone acquired HIV, a very difficult task.

However, using what information we have, let’s take a look at the number of HIV/AIDS cases reported in black women attributed to sex with a bisexual man during the time period Edwards is referring to. In 2000, the CDC reported that 4,569 black women diagnosed with HIV. Of those 2,440 did not report a risk category at all. Meaning, we have no idea how over half of black women reported with HIV in 2000 acquired the virus. 1,632 women reported heterosexual contact as their risk category and of those 1,292 did not report their partners risk category. Finally, only 84 of the 1, 632

women who attributed their HIV diagnosis to heterosexual contact, identified their partner as a bisexual male.⁹¹

By 2001, it is clear that black women comprise higher percentages of the total number of women in the U.S with HIV/AIDS. There are plenty of reasons to be concerned about the statistics being reported. However, in this moment of crisis bisexual/gay/down low men become easy targets, with little evidence, for being “the bridge” for HIV/AIDS into black women. Again, the threat to black women has been the center of the focus for much of *Essence's* and *Ebony's* coverage and the duplicitous bisexual male becomes an easy figure to conjure up from earlier narratives. Now he is said to be on the down low, but the behavior he is vilified for is the same from the articles that warned of the bisexual male's risk to black women in 1987.

The common sense belief that we have not been able to fully discard, that AIDS is an epidemic of queers and junkies, continues to work its way into the theories about the epidemic in 2001. The continued marginalization of gay black men and women, and their characterization as other, and as deviants, contributes to the lore that AIDS must be finding its way into straight black women through a queer source, yet to be identified and weeded out. It is this history of beliefs about HIV/AIDS that allows for easy acceptance of the down low as a common sense explanation for the rates of HIV/AIDS in black women.

In many ways these easy conclusions confirm what many believe about the trajectory of the epidemic. The down low confirms our ideas about gay/bisexual men. It confirms what we assume about homophobia in black communities and racism in the

U.S.: that due to racism it is more difficult for black gay men and lesbians to come out of the closet because they rely on their communities' acceptance and support since they are already marginalized with the nation state as a whole; and because black communities need to shore themselves up against racist practices and beliefs they are less tolerant of gays and lesbians. The down low even supports the politics of respectability as it pertains to constructing the black woman as non-promiscuous, pious, and dedicated to black communities. In these articles the women are most often married or in committed relationships. There is no discussion of possible infidelity on the women's part. What about the women who are secretly having sex with other men or women? In the articles even when black women are referenced generally is often in the form of pleas to black men to "stop killing us." The down low confirms so many black common sense beliefs that it is difficult to debunk it, or even thwart the impact it has had on HIV/AIDS discourses in the U.S.

For example, in 2004 *Essence* printed an article titled "Deadly Deception" by Taigi Smith⁹² which draws very problematic linkages between rap music, and a sexually violent culture, which desensitizes men to sex. She argues that this desensitization leads to more thrill seeking behavior among men, which includes experimenting with sex with men. Smith writes,

The greater reality is that we have *always* had gay men and lesbians in the population, and there have always been gay men who married or had relationships with women, but remained down low. So the question becomes, Why *now* does it seem that so many more Black men are secretly choosing to have sex with other men? Part of the answer has to do with the oversexualization of American culture in general. Today any child old enough to reach for the remote can be bombarded with sexual images of video girls shaking their booties, showing their boobs or otherwise displaying sex set to music.

Smith attributes men "secretly choosing to have sex with other men" to the increased availability of sexualized images in American culture. She continues,

Then we have the lyrics of the music itself, with rappers telling women to "show me what you're working with" or listing all the defiling things that are going to be done to them once they do show what they're working with. By the time a boy reaches 18, he is already desensitized to both the sexual act and the feelings of women. It's no wonder that as our men become sexually desensitized, it takes more to stimulate them physically. (How many times can you watch a thrusting pelvis before it stops having any meaning?) They start to crave sex that may be a bit more risky and a lot more lewd as the ante is upped on what will satisfy them. Gay or not, men on the DL are wanting—and getting—"their freak on," by engaging in a kind of sex that most women simply find hard to stomach."

Smith attributes the supposed increase in men having sex with men, identified as gay or on the DL, to the hypersexualization of American culture, but more specifically to rappers, and one could say Hip Hop culture (which gets the blame for much of the United States grievances about race, gender, and sexuality). In looking for a reason why it is now that black men are secretly choosing to have sex with men, Smith posits rap/Hip-Hop culture and an oversexualized culture in general as the site that has made these men gay/bisexual, or has made *more* men gay/bisexual. It is the excesses of this culture with its repetitious pelvic thrust that has desensitized black men to the heterosexuality and made him crave new and more excitement in by engaging in sex with men.

Similar to Wiltz's 1997 claim the history of colonialism and slavery had robbed black women of both the protection of black communal wisdom about gender and sexuality and divorced black women from true understandings of their sexuality, Smith draws upon black common sense beliefs about primarily black male sexualities. The problem for Smith is not colonialism and slavery, but the culturally specific art forms of

rap and Hip Hop which have led black men astray and made them express their sexuality in increasingly dangerous ways. In Smith's argument, the down low is produced through sexual excesses (which has to be supported by women's participation in their own degradation). Black men engage in increasingly risky behavior because the readily available and oversexualized female body has become...boring. (The counterpoint to this argument is to tell women to save it for marriage, warn them that men will not buy the cow if the milk is free, and that if they dress to sexy, dance to exotic, and generally are not conscious of their affect on men, then they risk throwing off the natural balance of male and female relationships). In this argument, Smith provides a rationale for the down low based on hyperbole. Citing a cohort of issues that are at the center of black (and at times dominant) political discourses including rap music, rap videos, media representations of African Americans, and HIV/AIDS, Smith weaves these various issues into a causal explanation for both men having sex with men and black women acquiring HIV.

Together, Edwards and Smith represent the types of discourses surrounding the re-emergence of gay/bisexual black as the cause of high rates of HIV/AIDS in black women that begins in 2001. Now labeled the down low, men who secretly have sex with men gain renewed importance because of her perception that the number of black women with HIV/AIDS is increasing. With this perception of the once again shifting or changing epidemic comes the desire to find an explanation for the disproportionate rates of black women in the epidemic. As I have detailed, those answers are not so easy to find. The down low functions as a discourse that links perceptions about the current status of the epidemic to earlier understandings about the role bisexual men played

transmitting the virus. Identifying black gay/bisexual men as the source continues to make discussions about black female sexualities, behaviors and choices less important in black HIV/AIDS discourses. The focus remains on identifying populations that should be avoided, not on discussing black women's sexual choices or how they understand HIV/AIDS in relation to their lives. Black HIV/AIDS discourses remain mired in early prevention strategies based on identities not behaviors, which has long been debunked as an effective model of prevention.

Conclusion

When looking at the three time periods (the late eighties, mid-nineties, and post-2001) of increased coverage in *Ebony* and *Essence* what we see is the consistent concern for the impact HIV/AIDS is having on heterosexual women. This concern for the threat HIV/AIDS posed to heterosexual women reemerges every time there is new attention brought to the epidemic, whether it be to the increasing numbers of black people reported with HIV/AIDS by the CDC or to a new tell all book about men on the down low. When reading all of these articles in concert the messages conveyed are: 1) women are under attack and threatened by the infiltration and invasion of HIV/AIDS from men, namely bisexual men; 2) that heterosexuals acquiring HIV/AIDS still elicits shock and surprise; and 3) that women should adhere to normative gender roles of caretaker, for their families and communities, as they work to educate others about the epidemic and draw attention to the disproportionate impact of the epidemic on African Americans.

The repeated invocation of the HIV/AIDS as a *new* threat to heterosexuals, and of bisexual black men as the cause of disproportionate rates of HIV in black women,

reifying the notion that AIDS is a gay disease, should make us pause and question what is prompting and supporting these repeated frames of reference. The similarity in articles that spanned almost twenty years of the epidemic, yet delivered and reaffirmed similar messages, challenged my understandings of what should happen as more information became available about AIDS. As we learn more about the history of the epidemic, there should be modifications in the ways the epidemic is framed, and the ways in which gender and sexuality are discussed in reference to the epidemic. Instead, what we see is a continued reliance on the black common sense respectabilities and an unwillingness to challenge accepted understandings of the HIV/AIDS epidemic.

Drawing upon the concepts of black common sense respectabilities provides a framework for thinking about how these tactics may have been successful in the past, both as a way to reproduce normative values, and as a prescriptive guide for how women and men should behave. In the context of AIDS, these strategies could be usefully employed to function as counternarratives to racist theories about the spread of the epidemic. They might also be used as a strategy to stem the transmission of HIV. Titles such as “Nobody’s Safe,” “The New AIDS Scare for Heterosexual,” and “Why Sisters are the Number 1 Victim of AIDS” serve as warnings to women. But, while these strategies to qualify the stigma attached to AIDS might be usefully employed within African American discourses to counter racist discourses, common senses can also function to marginalize some and may align themselves with discourses that are not in the best interests of those who support them. In this case, both black women and

gay/bisexual black men are respectively, silence and vilified within the pages of *Ebony* and *Essence*.

Why Can't We Flip the Script: The Politics of Respectability and Silence in Black Women's HIV/AIDS Fiction

I know as well as anybody that being diagnosed HIV-positive changes everything about your life, but it's still *your life*, the only one you know for sure you got, so you better figure out how to live it as best you can, which is exactly what I intended to do. I wanted to move someplace where I didn't have to apologize for not disappearing because my presence made people nervous. I wanted a more enlightened pool of folks from which to draw potential lovers. I wanted to be someplace where I could be my black, female, sexual, HIV-positive self.

- Pearl Cleage, *What Looks Like Crazy on an Ordinary Day*⁹³

In this chapter I turn to the second time period that is most salient for African Americans in the HIV/AIDS epidemic, the mid-1990s. First, the 1993 revised AIDS case definition increased the number of reported AIDS cases, with the most increases in diagnoses in blacks, Hispanics, and women. Second, 1995 and 1996 were particularly important in the epidemiological history of the epidemic, respectively, as the years where the number of black Americans with AIDS first matched and then exceeded the number of white Americans with AIDS. The nineties also saw the continued rise in the number of HIV infections attributed to heterosexual transmission. I read these significant epidemiological moments for black women and men alongside the cultural responses produced in black women's fiction. I argue that black women writers created protagonists and stories that negotiated the HIV/AIDS discourses produced by the nation-state, including the CDC, dominant popular discourses, and black popular discourse to illustrate how black women had to grapple with gender, race, class, sexuality, and perceptions of a changing epidemic that was increasingly impacting black women and men.

Between 1995 and 1997 four novels were published written by African American, with an HIV-positive black female protagonist: *touch* by Charlotte Sherman Watson, *Push* by Sapphire, *L'il Mama's Rules* by Sheneska Jackson and *What Looks Like Crazy on an Ordinary Day* by Pearl Cleage.⁹⁴ Excluding Sapphire's *Push*, the remaining three novels share eerily similar plot trajectories and conclusions. The female protagonists begin the novels as self-reliant, (fairly) successful, women in control of their own lives and sexualities. However, as the women either learn of or reflect upon their recent HIV-positive diagnosis, they are cast not only as women who should regret their previous choices, but as women who are ultimately being punished for their sexual transgressions. Finally, each novel ends with a marriage or coupling. What I find most provocative in using these texts as a site to examine constructions of black female sexualities and HIV/AIDS during the mid-nineties is that while this space could be ripe for contesting and re-examining black female sexual politics, the overwhelming theme in these three novels is of redemption and respectability.

Collectively, the narratives offer several pieces of advice to single women who have made the mistakes of the protagonists by choosing to remain single or focusing too much attention on their careers. They urge women to consider what may happen to them if they do not settle down into the security of not only monogamy, but also heteronormativity. It is not merely coincidence that these novels chart identical stories of progression for the protagonist from single, yet sexually active, to the more acceptable, and more valued, committed relationships with black men. While the novels work against the stigmatization of African American women in the epidemic, they fail to offer a vision

of relationships, sexuality, or HIV/AIDS in all their complexities, thus continuing to limit the ways African American women define themselves.

The similarities of these narratives begs the question of why? Why do the novels position their protagonists in relation to service, in an out of the home? What ideologies are guiding such similar narratives? What political importance does this type of narrative hold for understanding constructions of black female sexualities? Or AIDS? Why this retreat into ideas of community and respectability in response to the HIV/AIDS epidemic? Why is there a seeming denial of anti-normative desires and/or lifestyles? Why after several decades of work by black feminist theorists, feminist movements, and more than a decade into the HIV/AIDS epidemic is there a closing off of possibilities for performing black female sexualities instead of discourses that challenge these heteronormative constructions more intensely? Where are the discussions about black sexualities not predicated on the survival of the heterosexual nuclear family and by extension heteronormative black communities?

I argue that individually and collectively these narratives indicate a revitalization of the politics of respectability. In the HIV/AIDS epidemic, this is particularly problematic because it is clear that ascribing to heteronormative ideals or reinvesting in marriage is not a solution to slowing the rates of HIV/AIDS. In fact, continuing to ignore the complex issues surrounding HIV/AIDS including drugs, sex, and sexuality we potentially do more harm. I am not arguing that choosing family or committing to rebuilding black communities are not ideal choices for many people. However, I am attempting to ask why these choices seem to be only ones available, and what these

discourses exclude. I argue that individually, and collectively, the novels operate as a moral narrative that warns black women against promiscuity and not adhering to ideals of true womanhood which include having one male partner, whom you should be married to, and having a family.

In this chapter, I have chosen two novels, *What Looks Like Crazy on an Ordinary Day* and *Push*, to illustrate the ways that black popular discourses engaged the issues of race, gender, sexuality, and black communities in the context of the HIV/AIDS. While *What Looks Like Crazy* is Pearl Cleage's debut novel she was an accomplished playwright, the author of two collections of essays about sexism, racism, black nationalism, feminism/womanism and other topics she views as pressing to black women and men. Her first novel engages all of these topics as well as the social problems impacting black women, including HIV/AIDS, drugs, and violence. *What Looks Like Crazy* is a text written for a popular audience, yet Cleage as a successful playwright, professor, womanist, and chronicler of black women's roles in black communities, brings readers to the text who may otherwise have eschewed the novel. Additionally, and perhaps most importantly to the immense popularity of the book, it was chosen for Oprah's Book Club in 1998. The combination of Cleage's previous successes and Oprah's seal of approval has made *What Looks Like Crazy* a mainstay on recommend reading lists for black women.

I provide an analysis of the ways the novel engages both dominant and black HIV/AIDS discourses and contests their applicability and meaning to black women's lives. Second, I provide an analysis of the spaces within *What Looks Like Crazy* that

could potentially offer alternative choices and possibilities for the HIV positive protagonists, but are ultimately suppressed by the narrative. Finally, I argue that while the narrative holds the potential at for re-imagining black women's lives in the HIV/AIDS epidemic, the narrative ultimately aligns itself with normative discourses that emerged in the mid-nineties around black women and the epidemic. I identify and highlight the common sense respectabilities in the novel that influences the choices that the protagonists makes as well as work to define the boundaries of proper black communities.

Next, I turn to Sapphire's *Push*, the story of Precious Jones, a young girl coping with the sexual and physical abuse she has suffered at the hands of her parents, two pregnancies resulting from this abuse, and an HIV-positive diagnosis. Sapphire examines many social problems affecting many African American including HIV/AIDS, sexual abuse, domestic abuse, incest, poverty, and illiteracy. While the novel itself does not attempt to portray a solely positive representation of black families and communities the public backlash to this book criticized the novel precisely for its failure to do so. *Push* was critiqued for its content and portrayal of Precious Jones and her family, and Sapphire, the author, was accused of being a "...tool of the white people and that the only reason *Push* was being heavily promoted because it presented a dysfunctional view of the black family."⁹⁵ Interestingly, *Push* becomes enmeshed in issues of respectability even as it attempted to circumvent its demands.

Sapphire is an accomplished poet with multiple published collections, including, *Meditations on the Rainbow* (1987) and *American Dreams* (1994). She was granted the

MacArthur Scholarship for Poetry in 1994 and graduated with a Master of Fine Arts from Brooklyn College in 1995.⁹⁶ *Push* is an important text in the cohort of novels published between 1996 and 1998 because it stands alone in its representation of harsh inner-city living conditions and explicit portrayal of sexual and physical abuse. It is also the only novel the inspired public critique of the content and the author's motives. Unlike *What Looks Like Crazy*, *Push* is not as easily classifiable as a popular text. The content and style of the novel, which is written as a series of journal interests by Precious as she learns to read and write, initially positioned the text for a literary audience. However, with its recent adaptation for the film *Precious*, released in 2009, the novel has garnered a much larger audience.⁹⁷

I include an analysis of *Push* as a counterpoint to *What Looks Like Crazy* because it challenges the politics of respectability, and common sense black nationalist discourses that I argue *What Looks Like Crazy* embraces. *Push* offers a narrative that struggles with the intersections of race, class, gender, sexuality, and the life chances of young women who are marginalized by these systems of inequality, including illiteracy and lack of education, welfare, housing, etc. *Push* offers an important counternarrative to politics which attempt to sanitize representations of black women in the epidemic, and challenges the black political discourses that provide some of the impetus for these desires for respectability.

Methodology

This approach to analyzing the discourses of HIV/AIDS and black females sexualities in fiction draws upon Hazel Carby's methodology of reading black women's

fiction which she put forward in *Reconstructing Womanhood: The Emergence of the Afro- American Woman Novelist*.⁹⁸ Carby's analysis encourages us to examine fiction as produced within a specific context, historical time period, and within a particular nexus of power relations and ideologies. However, she argues that we need to resist the temptation to read fiction as a reflection of reality. The purpose of fiction is not to be an objective representation. Rather, we should approach these texts as produced within a particular context, but not as mirror images of reality.

In my analysis, I am attentive to how these narratives frame and represent black women and HIV/AIDS and the potential tensions between the epidemiological/biomedical discourses and popular fiction. What is indicative of these novels is their shared position at the intersection of multiple discourses about HIV/AIDS, sexuality, gender, and the growing emphasis on the "changing face of the epidemic," meaning the rise in new HIV- positive diagnoses in poor communities of color in the U.S. Instead of mirroring what was happening socially, these novels grapple with ideas of proper womanhood, marriage, sexuality, race, and HIV/AIDS and offer happier, if not utopic, endings for these protagonists, almost in defiance of the realities of the mid-1990s. Therefore, I do not engage these novels to find their *real* message, but rather, to read these discursive representations as constructions situated within multiple and changing ideologies and power relations.

I draw upon two theoretical fields to inform my readings of these novels, black feminist theory and HIV/AIDS cultural theory. I use black feminist theories that highlight historical constructions of black female sexualities characterized by

hypervisibility, 'deviance', silences, and African American women's strategies of resistance to such constructions to interrogate HIV/AIDS discourses. I utilize HIV/AIDS cultural theory for its critiques of the ways discourses about the epidemic rely upon socially entrenched ideas of heterosexuality, homosexuality, stigma, and deviance in creating explanations and representations for who is and is not 'at risk' in the epidemic. Additionally, HIV/AIDS cultural theorists such as Katie Hogan, for example, critique the ways that HIV/AIDS discourses often rely upon sexist, racist, and homophobic notions of women's and men's role in the epidemic.⁹⁹ Hogan has thoroughly illustrated how women and racial/ethnic minorities are often depicted in the role of caregiver to men and children who are HIV positive, further relegating their presence, realities and needs in the epidemic. I argue that these theoretical fields, black feminist theory and HIV/AIDS cultural theory, together provide a critical lens which is imperative to reading discourses of African American women and the epidemic.

My goal is to highlight discursive trends in these novels that speak to the ways African American women's sexualities and experiences in the epidemic have been represented and understood in HIV/AIDS discourses across multiple sites, such as medical, social, and political discourses. I situate black women's HIV/AIDS fiction within its sociohistorical context in order to illustrate the importance of the changing discourses about the HIV/AIDS epidemic in the mid-nineties, reading the novels as both an engagement with and response to HIV/AIDS. I ask, what do HIV/AIDS discourses and these fictitious accounts black women's lives in the epidemic have to say to one

another? And perhaps more importantly, what do they both have to say to and about race, gender, class, and the HIV/AIDS epidemic in the U.S?

What Looks Like Crazy on an Ordinary Day

Cleage's main character, Ava Johnson, is a single, successful owner of her own hair salon in Atlanta, and has recently learned that she is HIV positive. Ava has not been one to settle down, she has clearly had her share of lovers, and enjoys her sexuality. As the plot progresses, we learn that Ava has essentially been run out of Atlanta due to people ostracizing her and avoiding her salon due to her HIV status. We meet Ava as she plans her relocation to San Francisco via Idlewild, Michigan, where she will spend her summer with her sister in their hometown before she moves to California in hopes of finding some peace. Upon her return to Idlewild, however, Ava finds that poverty, drugs, and even HIV, which she is in many ways running from, have found their way to the quiet Midwestern town that she grew up in. Once she is in Idlewild, she almost immediately begins to fall in love with Eddie. He is calm, centered, and understanding. Ava and Eddie swiftly negotiate what safer sex will entail for them, begin their relationship, and by the close of the novel they are married (in fact, their wedding is the final scene of the book). At the novel's closure, we can rest assured that Ava has her happy ending.

When Ava returns to Idlewild, she finds that her sister has become involved with the Sewing Circus. The Sewing Circus began as a young women's church group with little focus, but under Joyce's guidance eventually comes together with the goal of trying to empower these young women to take what control they can over their lives, whether it

is through teaching them to navigate safer sex with partners, learning work skills or learning other everyday life skills, like gardening. Initially, Ava is peripherally involved with the group through pressure and cajoling from her sister. As the novel progresses, Ava slowly takes more interest in Joyce's goal to help these young women, and her increasing involvement leads to her using her profits from selling her hair salon in Atlanta to purchase a building for the group so they can get out of the church's basement and away from the church's stifling rules. Additionally, on the day Ava returns to Idlewild, Joyce is granted temporary custody of an infant, Imani, who has been abandoned by her crack-addicted mother, when she was told she was HIV-positive the day of the birth. Initially, Ava wants nothing to do with the child. She has come to Idlewild to visit with her sister and relax before moving to San Francisco, not be confronted with a child who might be possibly battling the same disease she is. However, as the story progresses she comes to love Imani just as much as Joyce does.

What Looks Like Crazy on an Ordinary Day establishes itself early as speaking from a tradition that values community focused activism. The town of Idlewild is a former summer vacation town where wealthy black people came to spend their summers during segregation. However, even before this was a legendary black haven it was land bought by an American Indian man who purchased the land back from the 'white folks' who had stolen it. He declared that only American Indians and other people of color were allowed on the land. Idlewild has its roots in political and cultural empowerment. Cleage situates this community historically so that we can see the tradition Ava comes from and is now returning to.

Talking Back to Dominant HIV/AIDS Discourses

In this section, I analyze Ava's negotiation of HIV/AIDS discourses that rely upon the polarized categories of innocence and guilt; straight and queer; and black and white; to explain who is and is not redeemable within the AIDS epidemics, or in other words, which citizens matter and which do not in the (black) national body politic. I argue that Cleage creates a protagonist that does not fall easily into these binaries as an attempt to counter these discourses. Ava's engagement with these discourses and swift denial of their validity and explanatory power for her life is an important critique of the frames of reference prioritized in black popular discourses during this time period.

On the very first page of the novel as Ava watches a television talk show whose guests for the day are women with HIV, she becomes annoyed with the women's seemingly obligatory confession of their 'deviant' behavior in order to be forgiven for their transgressions or at least garner some public sympathy. She thinks:

The audience was eating it up, but it got on my last nerve. The thing is, half these bitches are lying. *More* than half. They get diagnosed and all of a sudden they're Mother Theresa. *I can't be positive? It's impossible! I'm practically a virgin!* Bullshit. They got it just like I got it: fucking men...I try to tune out the *almost-a-virgins*, but they're going on and on and no one is really sobbing and all of a sudden *I get it*. They're just going through the purification ritual. This is how it goes: First, you have to confess that you did the nasty, disgusting sex stuff with multiple partners who may even have been of your same gender. *Or* you have to confess that you like to shoot illegal drugs into your veins and sometimes you use other people's works when you want to get high and you came unprepared. Then you have to describe the sin you have confessed in as much detail as you can remember. Names, dates, places, faces. Specific sexual acts. Quantity and

quality of orgasms. What kind of dope you shot. What park you bought it in. All the down and dirty. Then, once your listeners have been totally freaked out by what you have told them, they get to decide how much sympathy, attention, help, money, and understanding you're entitled to based on how disgusted they are.¹⁰⁰

Ava's inner monologue calls forth the dichotomies of innocence and guilt, only to swiftly deny their explanatory power. She, almost defiantly, claims her route of transmission, her agency, and her sexuality. Through Ava, Cleage makes a very clear statement about the discursive politics of straight women and heterosexual HIV/AIDS. Rather than blame the intravenous drug using or cheating, possibly gay or bisexual, male partner, or attempting to prove her innocence by ascribing to a sanitized construction of true womanhood, Ava acknowledges her role in acquiring HIV, she had sex with men. Ava does not let herself or us, the readers, off the hook. Readers are not given an exceptional set of circumstances surrounding how Ava acquired HIV, which we can in turn use to say "that is not me," "I do not belong to that group," or "that would not happen to me." There is no shadowy figure lurking at the edges of this text that we can blame. Ava makes it very clear, this is about sexual behaviors *not* identities. If you are not engaging in safer sex, this pertains to you.

To further drive home the significance of the dichotomy of the innocent versus the guilty in the HIV/AIDS epidemic, Ava's disgust with this television spectacle continues, but now complicates who gets to deploy these rhetorical categories by implying that race is a determining factor in the ability to deny guilt. She thinks,

I'm not buying into that shit. I don't think anything I did was bad enough for me to earn this as the paycheck, but it gets rough out here sometimes. If you're not a

little kid, or a heterosexual movie star's doomed but devoted wife, or a hemophiliac who got it from a tainted transfusion, or a straight white woman who can prove she's a virgin with a dirty dentist, you're not eligible for any no-strings sympathy.¹⁰¹

Cleage draws on the sensational story of Kimberly Bergalis who accused her dentist of infecting her with HIV. Bergalis, middle class and white, was portrayed as an innocent victim, and more importantly an innocent *virgin*.¹⁰² Cleage invokes the Bergalis case, which received a considerable amount of largely alarmist media coverage, and the trope of the innocent victim to counter the racialized discourses that excluded black women from these categories of innocence. In the 1980s popular discourses of HIV/AIDS soothed public fears by repeatedly reporting that HIV/AIDS would not break out into the general population, meaning white heterosexual women and men did not have to worry. While not explicitly stated, these discourses did not include black women and men within the “general population.” Blacks who listed their routes of transmission as heterosexual sex had been represented in CDC data since the early eighties. Ava’s thoughts confirm that she is aware that even if she attempts to claim access to this privileged category of innocence, she will be denied based upon gendered and racialized constructions of the epidemic.

Evelyn Hammonds argues that the dichotomous representations of women with HIV/AIDS often position the "middle-class single yuppie" against the "unmarried procreating low-income woman of color" in a structure of binaries that include; innocent versus deserving; and white female victim versus the pathologized and deserving woman of color.¹⁰³ Ava's commentary mirrors Hammond's critiques, she acknowledges that it is

white children (Ryan White), and straight white women (Kimberly Bergalis) who can access these privileged categories deserving of sympathy and protection. Racialized constructions of black women's sexuality excluded them from being seen as 'good' women. Controlling images of the jezebel, sapphire, hot momma, and welfare queen have long histories in the U.S., and in the context of HIV/AIDS they serve as implicit explanations for the high rates of HIV/AIDS in black women. Ava knows that whatever story she constructs she will remain suspect within the dominant discourses that police women's behavior. Furthermore, beyond Ava's denial of these discursive strategies based on the ways they confine what women can admit to and behaviors or desires they can claim, her identity makes it impossible to easily categorize her at all. She is middle class, but not white; she is not a virgin but has no desire to represent herself as pure or chaste; she is not a drug user or a prostitute, yet she does not fully fit into the category of innocence because she refuses to deny her sexual choices (and race precludes the recognition of her as innocent). Ava necessitates a questioning of these dichotomies as her identity illustrates the impossibilities of these strict divisions.

Ava's sister, Joyce, has been working with a group of young women trying to teach them some basic life skills, including how to protect themselves sexually. However, since it is a church-based group they have been met with some opposition concerning sex education that does not emphasize abstinence only. Upon hearing the resistance that the group has been met with, Ava thinks

I shouldn't have been surprised, but I was. I spent a lot of years being ignorant about AIDS because it was new and the information was usually bad or nonexistent. In 1981 they were still calling it a gay cancer...but this plague is

more than a decade old now. Claiming it's too nasty to talk about in front of God is hardly the most effective defense.¹⁰⁴

Ava is responding to more than a decade of denial and slow political responses by black political leaders and black communities. Yes, early information on the epidemic was incomplete, many believed that HIV/AIDS was a gay white male disease. However, she reminds us that we are long past that moment. Continuing to ignore the epidemic, refusing to talk about it in black churches, and not discussing sex, sexuality, and safer sex practices with youth, especially young women, is contributing to the disproportionate rates of HIV/AIDS in black communities. Interestingly, as the pastor and his wife insist upon an abstinence only sex education policy one of the reasons they site for this is that “They [the youth] are already overstimulated and confused by all the terrible *sex* material aimed at them....The last thing they need is more information about those kinds of things.”¹⁰⁵ Overstimulation, overexposure to sex, and the oversexualized media, have all been cited as common sense reasons for the higher rates of teen pregnancy and HIV/AIDS in black communities, and even as one of the reasons why so many black men are on the down low.¹⁰⁶ These assumptions about how the epidemic is being spread and how black churches and communities should respond have been at the heart of the debate in black political discourses about HIV/AIDS since the beginning of the epidemic. Ava, as the person with HIV in this exchange between herself, Joyce, and the pastor's wife, reminds us of the consequences of not addressing the epidemic responsibly.

Ava's responds to discourses of HIV/AIDS in two important sites: the media and in black churches. She brings our attention to the ways in which common sense frames

of reference used to both understand the epidemic and guide how black Americans should respond, have proven to be inadequate. In both sites, appropriate sexuality is at the center of discourses of HIV/AIDS. Whether it is the women who deny their sexual past or religious and/or political discourses that call for limiting the available sexual knowledge, controlling women's sexuality has been a key feature of HIV/AIDS discourses. Ava recognizes the limits of these strategies, and encourages the reader to be suspect of them as well.

Queering the Possibilities

Across the course of the novel many of Ava's choices and desires shift. One of the most important shifts is her decision not to continue her journey to San Francisco and instead, remain in Idlewild. Initially, Ava wants to move to San Francisco because she believes people will be more accepting of HIV positive people there than they were in Atlanta, where she has been shunned. Ava is looking for an environment where she will not be hated because she is HIV positive, but also where she will be able to explore her sexuality. She is not willing to let HIV/AIDS completely take over her life. As we come to understand why she is leaving Atlanta and moving to San Francisco, Ava lets us know, "I wanted a more enlightened pool of folks from which to draw potential lovers. I wanted to be someplace where I could be my black, female, sexual, HIV-positive self."¹⁰⁷ Ava is attempting to define her life in a way that recognizes her HIV positive status, while not letting it define her. In a long history of racist discourses that have demonized and blamed uncontrollable black female sexualities for a myriad of social problems including the high rates of HIV/AIDS in black Americans, it is not insignificant that Ava

claims her own sexuality and maintains her right to it even in the context of the HIV/AIDS epidemic. However, Cleage quickly shuts the door on Ava's vision of the possibilities waiting for her in San Francisco. What does it mean to this narrative that Ava's move to San Francisco is never realized?

I posit that Cleage hints at a more queer possibility for Ava at the beginning of the novel, but this potential is never fulfilled. Here, I use queer as a term that connotes resistance to the normative. In this reading of Ava's desire to move to San Francisco in hopes of finding a more progressive community, queer is not inherently linked to sexuality, but it is used to discuss a position or belief that is anti-normative, calling into question many concepts including, sex, sexuality, gender, race, and even time. Queer theorists argue that the HIV/AIDS epidemic forced many people to re-examine previously static ideas of gender, sex, and sexuality and produce new theories of the relationships between these concepts and identities.¹⁰⁸ Saving lives required finding new ways to think about sex and sexuality, without demanding or relying upon people to simply abstain.

Returning to the beginning of the novel when Ava is sitting in the airport listening to the talk show with the HIV positive women and she dismisses their claims to be 'almost' virginal, she thinks, "Bullshit. They got it just like I got it: fucking men." Ava continues,

Most of us got it from the boys. Which is, when you think about it, a pretty good argument for cutting men loose, but if I could work up a strong physical reaction to women, I would already be having sex with them. I'm not knocking it. I'm just saying I can't be a witness. Too many titties in one place to suit me.¹⁰⁹

This is the first reference to lesbianism that Ava makes. She denies the possibility of lesbianism for herself through a lack of attraction largely based on anatomy. Later in the novel Ava thinks,

I'm just lonesome. I've even been thinking that when I get to San Francisco, I might be more open to the idea of having a woman lover. Wondering where do the titties go is only one small step from asking, "*Which one gets to be the man?*" one of the top ten most ignorant questions of all time. Besides, there is another possibility. *What if both of them get to be the woman?*¹¹⁰

Here, Ava seems more open to the possibility of lesbianism, and in contrast to her earlier comment denies heteronormative remarks about the navigation of anatomy and gender roles. In fact, she hints at a more queer reading of lesbianism that does not rely upon heteronormative role play by asking, "what if they both get to be women?" Ava's ideas about being a lesbian may vacillate, but what becomes clear is that San Francisco is a site where Ava believes she can perform her sexuality in a variety of ways. She wants to move to San Francisco because that is where she can be her "black, female, sexual, HIV-positive self," and she does not see this possibility for herself in Idlewild.

In another scene, Ava has gone to the drug store to pick up her medication where she is subjected to ridicule and abusive remarks by the pharmacist and other Idlewild residents, including one of the town's menaces, Frank, who is known for using drugs and beating his girlfriends. As she considers leaving Idlewild, Ava thinks,

I was trying to think about everything at the same time and all I could hear was Frank's voice talking about *death pussy* and how scared I was that he was right

and that even in the progressive, AIDS informed haven that was San Francisco, nobody was ever going to want to hold me again. *Not ever.*¹¹¹

Again, Ava's hope of finding someone to hold is equated with San Francisco, an "AIDS informed haven." Ava can move to San Francisco and embrace HIV supportive communities and she can even become a lesbian. However, if she stays in Idlewild, the possibility of her exploring lesbianism is thoroughly erased along with the need for her to find HIV supportive communities.

San Francisco is evoked several times throughout the novel in juxtaposition to Idlewild. San Francisco is HIV friendly, understanding, progressive, and accepting. Whereas Idlewild is not HIV friendly, it is not progressive or accepting, and is riddled with problems of poverty and drugs. San Francisco serves as a trope for gay sexualities as well as whiteness while Idlewild is coded as heterosexual and black.¹¹² Furthermore, these cities are characterized as exclusively queer and straight, respectively. People in San Francisco are gay, lesbian, bisexual, transgender, or queer. But, people in Idlewild are heterosexual or straight and explicitly not queer. This dichotomy is supported by Ava's thoughts that she may become lesbian once she arrives in San Francisco, yet she never considers this possibility in Idlewild. Each time San Francisco is discussed it is in reference to Ava's search for a place where she can feel comfortable with herself. However, each time the city is mentioned Ava's choice to stay in Idlewild trumps her desire to leave. Thus, San Francisco is touted as a liberatory possibility, but not for Ava. Finally, in the last pages of the novel, San Francisco is eliminated as a possibility for anyone committed to black communities.

In the closing chapter of the novel Ava is talking to Sister Judith a new pastor who has recently moved to Idlewild from San Francisco. Ava wonders:

Why would anybody leave a city like San Francisco to come to Idlewild? When I put the question to Sister Judith directly, she looked surprised.

"San Francisco never really belonged to me. Not like this place does. There's something about it. How it started. How it used to be, and how it fell apart. I want to see if we can fix it."¹¹³

This exchange between Ava and Sister Judith completely evacuates San Francisco of any possibilities it may hold for Ava. Sister Judith has been there and can report that the city "never really belonged" to her, at least not like Idlewild does. Throughout the novel Ava's choices have been between leaving for San Francisco and exploring, in Halberstam's understanding, queer possibilities for her life or remaining in Idlewild where she is currently positioned in the gendered roles of wife, service, and proper black female respectability. Ava has chosen to remain in the non-queer space of Idlewild, yet, her denial of San Francisco and all it stands in for still seems to hold some doubts for her, which the exchange between her and Sister Judith finally cast aside. Sister Judith confirms for Ava that Idlewild, and what it stands for, is the right choice for Ava and ostensibly serves as an example for African American women in general who do not conform to normative roles of gender and sexuality.

If San Francisco is an imagined queer space for her to perform her multiple identities, her return to Idlewild and her marriage serve as a reminder of what she *should* value. Ava's narrative places her firmly within the politics of respectability, because Ava

not only adopts a more acceptable form of sexuality but also becomes involved in literally rebuilding Idlewild. In accepting her responsibilities Ava denies her initial desire for a more radical, queer performance of identity for one that situates her instead securely within African American traditions and community.

I have argued that *What Looks Like Crazy* constructs Idlewild as a non-queer black community where Ava finds her proper role within respectability. However, what also must be emphasized is that this construction requires that San Francisco remain a space coded as white. Therefore, while Idlewild cannot contain both queerness and blackness, San Francisco also cannot contain both queerness and blackness. Even if Ava had chosen San Francisco over Idlewild, what would that mean for her racialized identity? It seems that in either possibility Ava cannot find a place large enough to hold all of the pieces of herself. In this narrative, the two, queerness and blackness, cannot coexist in the same space. Race mediates our understanding of sexuality and queerness.

Coupling and Marriage

Marriage has been an important literary theme and trope for African American women writers in the U.S. since slavery. Black women writers have used fiction and personal narrative as a terrain to challenge and resist the exclusion of black women from the institution of marriage and ideals or cult of true womanhood. Some black feminist critics have critiqued black women writers' inclusion of marriage as an acceptance of white ideologies of true womanhood. While others, like Ann duCille and Hazel Carby, have argued that the inclusion of marriage in black women's fiction has many meanings beyond mimicry including, a way to redefine and challenge politics of sex and sexuality

which have been at the heart of black women's oppression. The marriage or coupling convention was also used to extend the protective status of true womanhood to black women who were excluded from this privileged status based on racialized stereotypes of femininity and the construction of black female sexualities as deviant.

In *The Coupling Convention* Ann duCille examines the use of marriage as a literary trope or convention in black women's fiction in the late nineteenth and early twentieth century. She uses the phrase the "coupling convention" to challenge not only the heteronormative assumptions embedded in the "Anglo American romantic tradition," but also to bring attention to the history of the denial of the right to marry for African Americans in this country.¹¹⁴ Also, the coupling convention acknowledges a host of relationships that may not be legal marriages, by choice or by law, but are important parts of constructed families. Drawing upon Ann duCille's analysis of marriage in black women's fiction, I argue that the novels' inclusion of the coupling convention draws upon a long tradition in black women's fiction that employs the concept of marriage within specific formations of race, class, and gender, but also links this tradition to larger projects of community/racial uplift and progress.¹¹⁵

This analysis of the coupling convention in *What Looks Like Crazy* is situated in the context of the HIV/AIDS epidemic and the increasing numbers of black Americans being affected by the epidemic in the mid-1990s. Continuing my analysis of the ways black common sense respectabilities have worked to redeem black women in black HIV/AIDS discourses, and distance them from this 'queer' virus and epidemic, I argue the novel engages discourses about black women and black communities in the

ideologically charged context of the late 1990s combining discourses of HIV/AIDS, black female sexuality, marriage and/or coupling, and racial uplift with a resolution that is complicit with larger sociopolitical discourses circulating in the 1990s. My focus will continue to be on the transition in Ava's desires from the beginning of the novel to the conclusion, her choice to alter her plans from moving to San Francisco and staying in Idlewild, and committing to a life with Eddie and the community.

To illustrate the black nationalist discourses circulating in the mid-nineties I draw upon Marc Anthony Neal's analysis of the 1995 Million Man March. In *The New Black Man*, Neal cites the Million Man March as one of the "grandest" recent examples of the desire to reclaim black families and reinvigorated investments in black patriarchy. Neal argues that for many purposes the march was a performance of respectable black masculinity, citing the chivalrous treatment of the few women who were in attendance as well as the Million March Pledge that the men took which emphasized the need for the "demonic male forces within the black community" to atone for their behavior, mostly as it pertains to abusing black women and children. In short, Neal argues that the March was a call for the (re)birth of the Strong Black Man. Consequently, if the Million Man March was invested in shaping strong black men, it simultaneously had to call for the submissive black female to take her place as helpmate to the men. As Neal writes, "The march organizers explicitly told black women and girls [...]"so now that we have made up our minds to stand up for you and our families, we want you to aid us in this march by *staying home with the children teaching them in sympathy with what Black men have decided to do.*"¹¹⁶

I draw on Neal to illustrate the social context that I want to situate this reading of *What Looks Like Crazy* within. Ava and her immersion into Idlewild must be situated in the context of the mid- 1990s, a time period where: the rebuilding of communities and the emergence of the Strong Black Man is prioritized; the reestablishment of proper nuclear families is legislated through welfare reform; and common sense black discourses of respectability are widely circulating, especially in relation to HIV/AIDS. The narrative supports black common sense respectabilities' efforts to redeem black women by using the literary trope of the coupling convention to fully position Ava in her proper role within black communities.

In the scene following Eddie's marriage proposal to Ava she thinks,

I can't believe it. I've been waiting all my life to find what I've got with Eddie and when it finally arrives, I'm a walking time bomb. I wanted a life with Eddie so bad it made my bones ache, but what did I have to offer him? A honeymoon full of night sweats? A future full of ugliness and pain and stink"[...] I haven't done flashbacks in ages, but now, suddenly, my mind was clicking through a photo montage of all the men who could have been *the one*. The nasty one. The infected one. The lying, bisexual one. The intravenous dope fiend one. I wanted somebody to blame besides me. Somebody else to be mad at. Somebody else to hold responsible for the crime of my own stupidity and carelessness.¹¹⁷

Ava is looking her ideal man in the face, but all she can think about is what her future holds in terms of her health. In this moment, Ava who has previously spoken of her sexuality and HIV/AIDS in terms of choices she made that she will not be demonized for, now speaks of her actions in terms of crime and punishment. She begins thinking about who could have infected her, listing the usual culprits that we are so familiar with,

including bisexual men and drug users. To be sure, I am not arguing that Ava would or should not express an array of emotions about having HIV/AIDS or what that means for her and her partner that may include guilt, anger, or sadness. However, Ava's doubts about her choices and her slippage into drawing upon normative discourses about sexuality and HIV/AIDS, comes after she has begun to realize she wants to be with Eddie.

During the next conversation they have about the possibility of marriage, Eddie is trying to convince her that marriage is a good idea and he knows what he is signing up for in terms of her illness, Ava thinks,

I looked up into his face and it looked like *home*, and all of a sudden, standing there keeping watch outside of that madhouse, I felt like I almost *understood*. What was important and what was not. What was worth the time and effort and what was just a bunch of bullshit. And the more I looked at Eddie looking back at men, the more it was starting to make sense.¹¹⁸

The words *home* and *understood* are italicized in the text, placing emphasis on the conflation of Eddie, their relationship, and the community work they have been engaged in with Joyce and the Sewing Circus. When Eddie first proposed they were working on the new building Ava had just bought with her profits from her business in Atlanta. Eddie had managed to complete all of the major repairs to the building, and now he and Ava were painting in order prepare it for occupation by Joyce and her young women that comprised the Sewing Circus. In the days after the proposal, which remained unanswered, Imani's negligent family returned to claim the child they had abandoned. The family is comprised of an aunt who uses crack cocaine and an abusive, drug dealing

uncle. They make it clear that they want the child because, first, they believe she will come with a check from the state to support her in her biological parents absence, and second, out of spite. They resent Joyce and Ava for taking over the care of Imani and implying, right or wrong, that they were unfit. In the midst of all these problems facing the community represented through the individual characters including HIV/AIDS, poverty, abuse, and drug use, Ava is negotiating her own future. The context of Idlewild is important to shaping our expectations and ideas about what Ava should want. She had already committed herself to Idlewild through the community center she is supporting, but her accepting Eddie's proposal, significantly delivered in the center realized through their labor, would fully commit the couple to rebuilding this historic black community through both their union and service.

Prior to returning to Idlewild, Ava was a woman unencumbered by any of these social problems haunting black communities. She reminisces about the days where she partied all night and had a wide selection of men to choose from. She was single, living for herself, and enjoying it, until she became HIV positive. Contrasting this to what she now sees as *home*, her new understanding of what really matters in life and, to use her words, what is bullshit, Ava's enlightenment and full transition comes through her committing to a "good black man" and a good black community. Ava finds her home in and through Eddie. Consistent with black HIV/AIDS discourses and common sense respectabilities of the mid-1990s, Ava is made redeemable through her relationship with black communities. Initially, she does not lament her past, but as she comes to

understand her role as helpmate, as sister, and as stand-in mother to Imani, she learns what her choices have jeopardized and comes to value her new life even more.

For black women marriage is a contested space and practice. To be sure, marriage is a concept that carries a lot baggage for many women who critique the historical origins, inherent gender dynamics, and imbalance of power and privileges invested in the institution. However, for black women in the U.S., the intersections of race, gender, sexuality and the history of exclusion from both full citizenship and the boundaries of proper heteronormativities makes the desire to marry or not an especially charged decision. Combine this history with the rising rates of HIV/AIDS in black women and black communities and the desire to counter racist perceptions of sexual deviancy and pathology that crop up in HIV/AIDS discourses, and marriage becomes a concept overburdened with racialized meanings and investments. Therefore, the narrative conclusion of *What Looks Like Crazy* is fraught with multiple meanings not easily dissected. Is Ava's marriage evidence of the politics of respectability and a re-investment in common sense black respectabilities/nationalisms that have restricted proper roles for black women? Or is her marriage and struggle to rebuild Idlewild a conclusion that counters the stigma and marginalization associated with HIV/AIDS? This analysis posits that in the framework of common sense black respectabilities, both of these questions should be asked and we should answer them both in the affirmative. As I have argued common sense black respectabilities are prescriptive in terms of proper behaviors and beliefs for black women and men, but also function as a set of strategies that have been utilized by black Americans to resist racist discourses of black pathology

and deviancy. So, here, marriage may be understood both as a tenant of these politics, but also as a strategic response to HIV/AIDS discourses.

As I indicated above, *What Looks Like Crazy* is one of several novels published in the mid-nineties that follows this plot trajectory moving from a single protagonist diagnosed with HIV/AIDS that transition into a couple or marriage by the conclusion and also dedicates herself to service in some way through a community group, volunteering at an orphanage or medical clinic, or mentoring/adopting HIV positive children. In each of these narratives marriage, family, and community are at the center of the protagonist's transition from her formerly selfish and self-centered person to one with a better understanding of what should be prioritized in life. I argue that this transition is more than simply a way to deal with illness or death, but within black American discourses marriage and service are indicative of a longer history of specifically black women's intercommunity activism. A longer history of respectability that at this point has become a common sense strategy employed by black communities to access the full rights of citizenship by producing normative constructions of gender and sexuality. In the mid-nineties as HIV/AIDS increasingly becomes an epidemic comprised of black people, these strategies (that have not been fully successful) are redeployed as a way to distance the stigma associated with HIV/AIDS. They serve as a cautionary tale to black women who have not succumb to the same fate as Ava and her counterparts, and they function as a model for black women outside of common sense black respectabilities to redeem themselves. On the other hand, they are also "positive" representations of black women,

men, and communities that stand in oppositions to the stereotypes associated with HIV/AIDS, drug abuse, and welfare that are key social issues in the mid-nineties.

What Looks Like Crazy on an Ordinary Day takes on multiple discourses of sex, sexuality, and HIV/AIDS from various perspectives. The importance of this narrative lies in the various discursive landscapes that Ava finds herself positioned within, and the need to figure out how to negotiate all of these intersecting spaces. Cleage in many ways presents Ava, race, gender and HIV/AIDS in a complexity that is difficult and often lacking in popular fiction. She hints at the various paths that Ava could choose, and Ava's various desires associated with those choices. The novel is an important inclusion in black HIV/AIDS discourses in the mid- 1990's. As I have argued, how we understand our protagonist and her negotiation of HIV/AIDS, marriage, and community is not easily aligned with dichotomies of innocence or guilt, right or wrong. The narrative poses the question of where can Ava find a space to be herself, and the answer given, despite the alternatives, is within black coupling and community.

Push: A Challenge to Silence and Respectability

I have discussed *What Looks Like Crazy* both for the ways Cleage speaks back to dominant and black HIV/AIDS discourses about women, and for the ways the novel also deploys and reinforces black common sense respectabilities. In this section I move to a discussion of Sapphire's *Push* for the ways that it challenges discourses of respectability in African American communities. I argue that *Push* also takes on black common sense respectabilities and nationalisms but for very different purposes than in *What Looks Like Crazy*. *Push* not only engages discourses of HIV/AIDS, but like *What Looks Like Crazy*, negotiates the political context of the nineties with Welfare Reform and The Million Man

March featuring prominently within black politics. *Push* discusses issues of HIV/AIDS, poverty, incest, abuse, and neglect that happens within the ‘safety’ of black homes and black communities while highlighting the dangers of uncritical acceptances of black nationalist ideas that espouse sexist and homophobic beliefs, especially for women.

“I was left back when I was twelve because I had a babe for my fahver.”¹¹⁹ The first sentence in the novel belongs to Claireece Precious Jones. She explains that she has been left behind twice, once when she was seven because she couldn’t read, and once when she was twelve because she was out for the entire year when she had her first child by her father. Now she is sixteen, in the ninth grade and pregnant by her father again. Now, Precious is being kicked out of middle school, due to her age and her second pregnancy. The school fears she is a bad influence on the other children and essentially tells her not to return. After her expulsion, Precious begins attending Higher Education Alternative/ Each One Teach One, an alternative school for students who need to earn their GED. It is not until she attends Each One Teach One, in a cohort of other women in similar positions, that Precious finally learns to read and write. She is 16, expecting her second child, and up until this point, illiterate. After the birth of her second child, Precious leaves home tired of her mother’s physical and mental abuse, and finds shelter in a group home for abused women. Soon after, her mother comes to visit to deliver the news that Precious’ father, and father of her children, has died from AIDS. Precious is tested and she is HIV positive, although her son, Abdul, the child she has custody of, tests negative. As Precious tells her story we see the level of neglect and physical and sexual abuse she faced by her parents, schools, hospitals, police, and community.

I draw on Sapphire's *Push* and Precious' story to illustrate the ways in which Precious understands and frames her life. Precious has been ignored and abandoned by society in general. In the novel this neglect is localized in the failure of the school system, social workers, hospitals and the police. She is allowed to get all the way to the ninth grade without being able to read, write, or count, despite being held back as a child because she could not read. When she was pregnant, both times, none of the teachers reported it or followed up to inquire about her well being. In fact, she is thrown out of school *because* of her second pregnancy. At the hospital, at age 12, delivering her first child, neither the nurses nor the police intervened although she told a nurse that her father and the father of her children were one and the same. Precious has clearly suffered an amount of abuse that is inconceivable to many. Sapphire uses Precious' life to illustrate the complexities of her experiences as a young black girl living in poverty. The abuses heaped upon Precious are not fully understandable without an analysis of the intersections of race and racism, sex and sexism, and poverty. As a diary of sorts, told completely from the Precious' viewpoint, the novel highlights how she frames and understands her life and why these things have happened to her specifically. This analysis highlights the way Precious understands race, class and gender and draws upon black common sense respectabilities and nationalist beliefs as explanatory tools for her experiences.

Precious tries to make sense of her life and her feelings through a conflicting collection of ideas about race in the U.S. and her understandings of black nationalism, largely personified through the public figure, Louis Farrakhan. If we look at a selection

of statements and thoughts by Precious the racialized and racist ideas she relies upon to decipher her world become more apparent:

The buzzer ring. I wonder who it could be. Don't nobody ring our bell 'less it's crack addicts trying to get in the building. I hate crack addicts. They give the race a bad name.¹²⁰

First thing I see when I wake up is picture of Farrakhan's face on the wall. I love him. He is against crack addicts and crackers. Crackers is the cause of everything bad. It why my father ack like he do. He has forgot he is the Original Man! So he fuck me, fuck me, beat me, have a chile by me.¹²¹

I'm in the elevator moving up when I realize I left my notebook and pencil in the chicken place! Goddam! And its 9:05 a.m. not 9:00 a.m. Oh well teacher nigger too. Don't care if she teacher, don't no niggers start on time.¹²²

I think what my fahver do is what Farrakhan said the white man did to the black woman. Oh it was terrible and dood it in front of the black man; that's really terrible. Yeah, on the video, Farrakhan say during slavery times the white man just walk out to the slavery Harlem part where the niggers live separate from the mansions where white people live and he take any black woman he want and if he fell like it he jus' gone and do the do on top of her even if her man there. This spozed to hurt the black man more than it hurt the woman getting rape—for the black man have to see this raping.¹²³

“They give the race a bad name.” “Crackers is the cause of everything bad.” “Niggers don't start on time.” “Rape hurts black men more than black women.” All of these statements and beliefs by Precious either draw upon widely circulated stereotypes of black people or generally echo black nationalist's beliefs. Precious is not fully aware of

the ideologies she is referencing, but she understands how to use them to explain her own life experiences as a black girl. She believes that black people should work to make the race look good, which is why she doesn't like crack addicts. She explains her sexual abuse on the belief that her father has lost his way in racist North America. If he remembered his roots, where he came from, his elevated status as the Original Man, he would not be mimicking the perversities of whites, or be lead astray from who he really is. Precious' beliefs reference a particularly masculinist brand of nationalist thought which holds that all so-called perversities including sexual abuse, drugs, crime, and homosexuality in black communities were the products of the white man. None of these behaviors were naturally a part of black culture and communities when they lived in Africa. It was through colonialism, slavery, and being exposed to centuries of racist brutalization, that black people, or African Americans have internalized these destructive behaviors. What I find extremely important in Sapphire's use of Precious as the voice of racist, homophobic, and sexists thoughts is that she shows the danger of uncritical black nationalisms. At the same time that Sapphire is positioning Precious as a victim, she makes her the voice of divisive and hateful social commentary. These black common sense nationalist beliefs help Precious orient herself in a world that she experiences as cruelly racist. Her responses to her own experiences and to the world she sees around her are shaped primarily by her beliefs about race. While she clings to rhetoric about the original man and the shamefulness of crack addicts, she has internalized racist ideas about beauty.

Precious' inner thoughts often turn to issues of beauty. She does not think she is beautiful and at least, in part, this is why her father has molested her, and why the world in general seems to treat her with contempt. For Precious, the answer to the question of why she is not beautiful lies in her distance from whiteness. She not white, and she does not have straight blonde hair and blue eyes. To add insult injury, she is not even a lighter skinned black person. Throughout the novel we see these themes repeated:

I like light-skinned people, they nice. I likes slim people too. Mama fat black, if I weigh two hundred she weigh three¹²⁴

My fahver don't see me really. If he did he would know I was like a white girl, a *real* person, inside. He would not climb on me from forever and stick his dick in me...¹²⁵

Soon as he git born I'ma start doing the ABCs. This my baby. My muver took Little Mongo but she ain taking this one. I am comp'tant. I was comp'tant enough for her husband to fuck. She ain' come in here and say, Cark Kenwood Jones—thas wrong! Git off Precious like that! Can't you see Precious is a beautiful chile like white chile in magazines or on toilet paper wrappers. Precious is a blue-eye skinny chile whose hair is long braids, long long braids.¹²⁶

Her beliefs about beauty and the value of whiteness, and particularly white femininity stand in contrast to the nationalist ideas that value blackness. Despite having received very little education in or out of school, Precious has learned and taken to heart the lessons she has learned about white girls and women being beautiful, more valuable, and more cherished than black girls and women. She believes that pretty white girls do not get sexually abused by their fathers and light skinned girls of color are more valued in

the world than dark skin girls, even if they are not white. These racist ideals of beauty and purity based on whiteness, which for Precious at least partially explain the abuse she has been subjected to, are antithetical to her beliefs about the Original Man, or essentialist black nationalist thought that claims black culture as better than others by definition of simply being black. She is trying to make sense of the racism and sexism she sees and experiences on a daily basis through very conflicting ideologies of race/racism and gender/sexism. Interestingly, while she repeatedly draws upon Farrakhan's rhetoric about the original man, about crack addicts, abortion, and in general people who give the race a bad name or do not contribute to the betterment of the race, she cannot translate these pro-black ideals into a belief about her own beauty. Black is beautiful, by the 1990s a familiar black power refrain, does not register for Precious. She believes she is black and ugly, and her position in the world is based on these facts. Additionally, she also repeats other platitudes about what it means to be black, for example, "niggers never start on time." Her beliefs about what it means to be black in the U.S. are contradictory and harmful to her. Precious' ideas are a convoluted mixture of internalized ideas about the inherent beauty of whiteness, and white femininity and black nationalist ideas that seek to counter racism and racist discourses, but problematically police the borders of race, gender, and sexuality.

Precious cannot align her beliefs about the value of black people, black men as the Original Man, and in general her black nationalists ideals with what she has learned about racialized beauty in our society. While she worries about those who might give the race a bad name, pointing to the fact that she takes at least a limited amount of pride in

being black she views her real self as a white girl. She is envious of those who are lighter skinned and believes she will only be considered beautiful if she is viewed like the white children in the media.

As the novel progresses Precious is confronted with situations that challenge her previous ideas and she is forced to reevaluate her beliefs. For example, she, like her idol Farrakhan, believes that homosexuality is wrong. At her alternative school, Ms. Rain, (a lesbian) and the class read *The Color Purple*. Precious explains that she is moved by the novel and identifies with Celie. She states,

I cry cry *cry* you hear me, it sound in a way so much like myself except I ain' no butch like Celie. But just when I go to break on that shit, go to tell the class what Five Percenters ' n Farrakhan got to say about butches, Ms Rain tell me I don't like homosexuals she guess I don't like her 'cause she one.¹²⁷

Her belief that homosexuality is wrong is challenged by the teacher she respects, and who has taught her how to read. Precious goes on to write,

I was shocked as shit. Then I jus' shut up. Too bad about Farrakhan. I still believe allah and stuff. I guess I still believe everything. Ms Rain say homos not who rape me, not homos who sell crack fuck Harlem. It's true. Ms Rain the one who put the chalk in my hand, make me queen of the ABCs.¹²⁸

Later in the novel as Precious continues to expand her thinking about her worldview she thinks,

Ms Rain a butch. This still shock to me 'cause you can not tell it, but I remember what she said—not homos who rape me, not homos who let me be ignerent. I forgets all that ol' shit lately—Five Percenters, Black Israelites, etc etc¹²⁹

Across the course of the novel the beliefs and assumptions that Precious holds concerning race, sexuality, and HIV/AIDS are challenged by her experiences with the people she meets at Each One Teach One. Through Ms Rain, and Jermaine, a fellow student, Precious has to confront what she has learned about butches, or lesbians and gay men from Farrakhan and nationalist discourses (81). While she says that she thinks about Five Percenters less lately, she continues to struggle with what she believes. For example, as she reminisces about having wanted to go to dance school as a child she puts the dream behind her because she is too old and Abdul, her second child, is a boy and only “faggot” boys go to dance school and she does not want him to be a “faggot” (106). Her beliefs about gay men stand even as she makes accommodations in her beliefs for Ms Rain, Jermaine, and even Celie in *The Color Purple* (95). After she is diagnosed with HIV and she struggles to come to terms with how this will affect her life, she writes,

“Rita say, All people with HIV or AIDS is innocent victims; it’s a disease, not a “good,” a “bad.” You know what she mean? Well, thas good ‘cause I don’t. I cannot see how I am the same as a white faggit or crack addict. Rita kiss my forehead, hold each my cheeks with her hands, look me in the eyes,”Negra,” she say her eyes big like babies’, black black eyes. “You don’t see now but will. You will.”¹³⁰

In Precious’ mind, the people she has learned to hate are the one who get AIDS: white (people) faggots, and crack addicts. Her diagnosis makes her question her relationship to these identities, rather than re-evaluate what she knows about HIV/AIDS. She maintains her relationship to black nationalist beliefs, even as she qualifies some of its tenets, rather than discard the entire belief system. Black nationalism is important because, in general,

it references desire among black Americans to build stronger communities and access and claim the rights of full citizenship in the U.S. These are desirable goals. However, it's the limits and boundaries that are set which exclude certain identities from proper blackness.

Precious represents many of the social problems affecting black communities: illiteracy, incest, welfare reform, teenage parents, etc. She is not successful, prepared or ready to contribute to the ongoing project of racial uplift. Precious also disrupts the simple binary of innocence or guilt established in relation to how people acquired HIV. Unlike Ava, Precious cannot reflect upon her previous attitude about sexual partners and relationship and decide to change her behaviors and settle down in one monogamous relationship. Precious has had no control over her life up until this point. She acquired HIV from her sexually abusive father. This was not a choice she made. She did not acquire HIV from intravenous drug use, she hates crack addicts. We cannot easily blame bisexual black men or men on the down low for Precious having HIV. However, Precious does not easily fit into dominant constructions of innocence, which is usually reserved for married white women. Precious is not easily championed as the new face of AIDS, or written about in black magazines under titles like "The new threat to heterosexuals." Precious requires a much deeper analysis of race, class, and gender that quick headlines are not prepared to deal with. She cannot read. She cannot write. She has two children. And she and her family live are supported by welfare. Precious is one of the people who are marginalized and excluded according to proper respectabilities. We do not want to discuss her life or the lives of many women and children that resemble her experiences.

On the topic of welfare, and specifically aid to children and families, common sense black respectabilities and nationalisms are easily aligned with the 1996 welfare reform policies and unjust social practices of the state. They support, implicitly and explicitly, the ideas which were the basis for reform, calling for the strengthening of black communities via the black nuclear family, advocating for strong black patriarchs to return to the head of the family, and lamenting out- of- wedlock births. Precious and her family are the antithesis to these calls for stronger families, and she disrupts beliefs that the answer to these problems is to return men to the head of the family. Precious' experiences necessitate a critique of the inherent safety of the family and the home, as this is the site for most of her abuses. Welfare reform and its focus on increasing the presence of men in the home, substituting women and children's reliance on the state with reliance upon men, could possibly have endangered Precious even more. Sapphire draws our attention to the need to question and critique what we assume to be common sense understandings of what is and is not in the best interests of black Americans and communities. Particularly, through Precious she highlights the ways that these nationalisms or common sense respectabilities are capable of marginalizing and excluding identities that do not conform.

Conclusion

The mid-1990's proved to be an extremely important time for black Americans in the HIV/AIDS epidemic, particularly for black women. Rising rates of HIV/AIDS combined with black nationalist discourses produced a context in which a return to respectability and heteronormative black communities was promoted. I have posited that

to understand the constructions of black women in the HIV/AIDS epidemic during the mid-1990s we must consider the intersection of changing epidemiological trends, black HIV/AIDS discourses, and black political discourses that converged in this discursive landscape of race, gender, and HIV/AIDS. As I detailed in the previous chapter, in the black national magazines *Ebony* and *Essence*, black HIV/AIDS discourses emphasized ‘exceptional’ stories of black heterosexual women, who other than their HIV positive status, upheld middle class respectabilities and values. Of interest in turning to fiction that incorporated black female protagonists living with HIV/AIDS was to see how these authors engaged these discourses, but also renegotiated and remade them in ways that challenged notions of common sense respectabilities and/or nationalisms.

What Looks Like Crazy takes on competing constructions of HIV/AIDS, within both black and dominant discourses, common sense black respectabilities, and the attendant representations of race, class, gender, and sexuality. I have argued that while *What Looks Like Crazy* ends with a marriage and happy ending that neatly wraps up Ava’s life and her choice to remain in Idlewild, the narrative includes challenges to HIV/AIDS discourses that dichotomize women into either, innocent or guilty, redeemable or expendable. Cleage takes on this messy terrain in ways that even the narrative conclusion cannot fully erase. Evoking queer associations with HIV/AIDS through Ava’s thoughts of lesbianism and desire to move to Idlewild reference the social history of the epidemic and its identification with gay white men and the first reports of the epidemic coming out of San Francisco. Combining these real and imagined queer origins of the epidemic with Ava, who is not white, and is not a gay man, encourages a

reexamination and critique of HIV/AIDS discourse that seek to keep these identities separate. Continued efforts to locate the virus within queer bodies and queer cities situate HIV/AIDS as outside blackness. However, Ava is clearly located within geographies coded as black, first, in Atlanta, the new black mecca, and then returns to Idlewild, a historic black community. Cleage uses Ava's shifting location and desires to encourage a breaking down of distinctions within black (and dominant) HIV/AIDS discourses that construct the epidemic as white and gay, or black and heterosexual. Her desire to move to San Francisco to find a HIV-friendly place to be draws upon association of HIV/AIDS with gay identities. However, by choosing to stay in Idlewild, and rebuild this community, Ava invests herself in building a place where she can be herself. Cleage encourages a redefinition of AIDS within black discourses that does not displace the epidemic or code it as other. The conclusion of *What Looks Like Crazy* does reify black HIV/AIDS discourses and common sense black respectabilities widely circulating in the 1990s, yet Cleage has left too many clues along the way concerning the various ideologies she is hailing in the novel. We can either give the narrative over to the final scene that fully redeems Ava as respectable black woman or we can encourage a negotiated reading of the marriage or the coupling convention in line with other narrative fissures remaining in the narrative.

Push presents its own challenges to common sense black respectabilities and nationalisms through the contrast between what Precious has been taught to believe about race, gender, and sexuality and what she experiences. Black nationalist ideologies are varied and do not adhere to any one set of beliefs or strategies for achieving the general

goal of carving out unique black cultural, political, or territorial spaces, and resisting racism, marginalization and oppression by white power structures. In *Push*, black nationalist discourse is epitomized through Louis Farrakhan who achieved a particularly high public visibility in the nineties surrounding The Million Man March. Precious' ideas about whom and what gives "the race a bad name" ultimately contradict what she learns as she increases her education and expands her social network. While she has learned to hate butches, homosexuals, crack addicts, and white people, these are not the people who have abused her for her entire life. Black lesbian women become her closest allies in becoming literate and getting away from her abusive mother. As she struggles with her HIV positive status and how she could have contracted a gay or junkie's disease, she has to reconcile the associations that come with HIV/AIDS and who she is. While she has not fully come to terms with the meanings and signification of AIDS and how it bears on her life, her friends begin the work of teaching her that not only is her HIV positive status not her fault, but neither was the incest or the pregnancies. Her identity and perceived lack in terms of race and beauty are not the reasons why her family abused her or why she is HIV positive. Precious' beliefs about the boundaries of proper or respectable black communities precludes her, unless she redefines what she understands to be *good* or at least not *bad* for the race.

“And, Yes, The Bogeyman is for Real”: Down Low Discourses of Fear¹³¹

“Why look at popular culture? For what it has to teach us about the nexus of politics and desire; to look at what one or two cultural producers can make of salient ideas in the world; to think about what an audience can find appealing enough to consume; and to chart what political resonances exist or can be read off the intersection of these things.”¹³²

Wahneema Lubiano, “Black Nationalism and Black Common Sense”

Through the nineties many of the African American HIV/AIDS discourses surrounding black women encouraged coupling, respectability, and a return to essentialized ideas of community in order to “save” black women. Post-2001 the focus of African American discourses shifted due to the emergence of the ‘down low’ (DL). As I discussed in the introduction, the DL has been posited as one explanation for the high HIV/AIDS rates in black women. In this chapter I will examine the emergence of the ‘down low’ as an epidemiological category signifying both identity and behavior, as well as a popular culture reference that most recently come to be used to describe a black male sexual minority who do not identify as gay or bisexual but sleep with men.¹³³ My goal in surveying the use of the ‘down low’ in epidemiological and biomedical literature, newspapers, and finally, film, is, first, to illustrate the ways that the down low as a racialized identity and set of behaviors was produced in relation to changing constructions of the HIV/AIDS epidemic and achieved widespread circulation and saliency. Secondly, I will consider the ways that this “deviant” and “irresponsible” subject has been positioned as a threat within both African American communities and the nation-state.

My interest in and contribution to the critiques of the down low is in an examination of the way a (problematic) epidemiological category was employed within African American HIV/AIDS discourses. I argue that common sense respectabilities incorporated the behavioral/identity category of the down low male in support of framing the epidemic as a disease of the 'other.' To be sure, this is a strategy which had been relied upon throughout the epidemic, but acquired a new significance with the emergence of the down low.

As I have argued throughout this dissertation, African American HIV/AIDS discourses have relied upon black common sense strategies to redeem black women into innocence and to identify the vectors of transmission that threaten the lives of black women and communities. Unfortunately, these strategies often coalesce with repressive epidemiological, biomedical, and state discourses that should be examined more closely for the ways in which they exclude certain behaviors and/or identities from respectable black communities as well as reify racist discourses of pathological blackness in the U.S. One example within the HIV/AIDS epidemic has been the production and proliferation of the "down low" black male as a sexual identity in need of intervention in both biomedical and popular discourses. Problematically, these discourses support the policing of an internal menace or threat that is dangerous to the citizenry. Black common sense understandings of proper communities, politics, beliefs, and desires, become unwitting partners in the repressive policies of the state. Ironically, black communities who have been unable to achieve full citizenship in terms of recognition and the enforcement of

rights in the nation-state produce discourses of respectability that become complicit in the practices of the very state that refuses to respond to their needs.

Specifically, I am interested in the ways in which the rapid dissemination and acceptance of the logic of the down low as one of the causes of high HIV/AIDS rates in African American women was legitimated on and through the bodies of black women. Arguing that much of the interest in the down low was largely motivated by this unfounded belief that black women were the unwitting victims of black men on the D.L., I track the emergence of the down low black male as an identity important to the construction of HIV/AIDS in black communities through both CDC reports and black popular discourses. I analyze three sites including the June 1, 2001 *Morbidity and Mortality Weekly Report (MMWR)*, newspapers articles reporting CDC findings and discussing their implications, and finally the 2008 film *Cover* which took on the topic of the down low in black communities.

First, the June 1, 2001 *MMWR* is important because it was a special issue commemorating the 20th anniversary of the HIV/AIDS epidemic in the U.S. and therefore garnered significant attention within biomedical discourses. Second, because the 20th anniversary was an important milestone in the history of the epidemic, the CDC hosted a special press release for the June 1, 2001 *MMWR* and thus encouraged further reporting on the current status of HIV/AIDS.¹³⁴ Of note, in both the June 1, 2001 *MMWR* and the news articles published about the current trends in HIV/AIDS at the twentieth anniversary, was an emphasis on the high rates of HIV/AIDS being reported in young black men who sleep with men, but reportedly do not identify as gay or bisexual.

Articles in newspapers across the country discussed the implications of these findings and why black men do not “correctly” identify themselves sexually. In this context, discourses about the down low emerged and circulated rapidly in popular discourses. Finally, I discuss one example of the uptake of the down low discourses into popular culture through the Bill Duke’s, an actor and director, film project, *Cover*, which, by his own admission, was motivated by a personal experience with the down low and HIV/AIDS.

Methodology

Beginning in 2000, but gaining significance in 2001, two topics gained increased attention in the newspapers that are important to the emergence of the down low male as a unique identity *and* the association of that identity with the disproportionately high rates of HIV/AIDS in black women. Using the search engine and databases Lexus Nexus and Proquest, I identified newspaper articles that referenced the “Young Men’s Survey,” “HIV,” “gay and bisexual black men,” and/or the “down low” between 2000 and 2006¹³⁵. I track the changes in HIV/AIDS discourses along with the changes in down low discourses in order to examine where they come together, where they overlap, and how they have influenced one another. In early 2001, the initial findings of the Young Men’s Survey began to be reported in newspapers nationwide after the preliminary results were released at the 8th Conference on Retroviruses and Opportunistic Infections (CROI).¹³⁶ Finally, as I began arguing above, with the June 1, 2001 *MMWR*, the high prevalence rate among gay and bisexual black men became top priority in HIV/AIDS discourses in the U.S. It is during this same time period that the down low gains saliency as an identifiable

and separate identity particular to black men. I argue that the down low black male as a discursive construction is created through HIV/AIDS discourses that seek to identify risks to the national body. In this case, these discourses rely upon the construction of black female victims to support the emergence of this identifiable threat.¹³⁷

In the early 2000's there is a marked shift in the way the down low is used, whom it refers to, and what behaviors are being kept secret. It has always referred to secret practices usually involving infidelity, but it did not refer to an *identity*. Someone might be keeping something on the down low, but *they* were not D.L. themselves. In addition, in more recent years the down low has become inextricably linked to black gay/bisexual men and HIV/AIDS within black communities. Therefore, while the down low continues to be about secrecy and infidelity, it has taken on new constructions and meanings.

As I will discuss in this chapter, what it means to be “on the down low” is very different depending upon context. I am interested in how the down low came to be defined after 2000 in the context of the HIV/AIDS epidemic in the U.S.¹³⁸ I argue that in relation to HIV/AIDS popular discourses after 2000 being on the down low became an identity attached to bisexual and gay men who “secretly” slept with men while maintaining at least the appearance of heterosexuality.

Being on the down low can signify a broad type of behaviors and beliefs. In popular discourses it is most often understood as a gay or bisexual man who cannot “come out” for fear of stigma and thus leads maintains the pretense of being heterosexual by having a girlfriend or wife. However, being on the down low, or identifying as down low can also be a an identity that has nothing to do with hiding one's sexuality, but rather

a way to signal to others what *form* of identity or sexuality you are trying to express. Being down low can reflect a style of dress, a hip-hop aesthetic, a preference in clothing, or a favored location to socialize. Being on the down crosses sexualities, class, racial, and gendered lines. For some it may be an imitation of heteronormativity, but for others it is a challenge to both hetero and homonormativities.

The down low is a very slippery concept used to connote an identity, secret behaviors, or a style of living. It is at times used pejoratively to demean bisexual men; at other times it can signal a re-envisioning of what homosexual male sexualities could look like, at times it can be a homophobic response to those very same sexualities. It has been tied to more current hip-hop inflected masculinities as well as longer histories of gay and lesbian men and women who maintained lives within African American communities and churches as long as they maintained the charade of heterosexuality. It is not my intent to argue that there is a clear genealogical history that can connect all of the various uses of the down low. Instead, here I focus on the emergence of the term as it is connected to bisexual men and the HIV/AIDS epidemic post-2000.¹³⁹

Identifying Behaviors

In order to understand the emergence of the down low as a category employed within epidemiological research, CDC literature including the *Morbidity and Mortality Weekly Report*, and in the media, it is necessary to examine the terms used within biomedical discourses prior to this moment. Initially, the HIV/AIDS epidemic was categorized as a gay disease, called Gay Related Immune Deficiency (GRID), and closely identified with gay men. This identity- based label and association brought education and

prevention efforts under critique for the ways it stigmatized gay men in the AIDS epidemic. Beyond the issue of stigma and AIDS, and of significance to efforts to prevent HIV transmission is the difficulty of studying sexuality which is at times understood as identity, as behaviors or a set of practices, and which is more often than not a complex combination of both. To begin addressing this issue the terms *men who have sex with men* was used in order to move away from using terms that connote identity like gay and lesbian. Young and Meyer report, “The behavioral category *men who have sex with men* has been used in HIV literature since at least 1990. The acronym *MSM*, coined in 1994, signaled the crystallization of a new concept.”¹⁴⁰ Moving to MSM was meant to reach more individuals regardless of their sexual identity, and to lessen the stigma of HIV/AIDS and its association with gay men, communities, and spaces. As Young and Meyer discuss, with the implementation of the category “Men Who Have Sex With Men (MSM)” “...epidemiologists sought to avoid complex social and cultural connotations that, according to a strict biomedical view, have little to do with epidemiological investigation of diseases.”¹⁴¹

This move from identities to behavior was supposed to both alleviate the problem of attaching the stigma of HIV/AIDS to identifiable communities as well as respond to the critiques of feminist and queer theorists concerning the fluidity of sexual identities and their complicated relationship to actual behaviors. Social construction argues that sexual identity is produced through social processes and categories of race, class, gender, time, and nation. Therefore, attempting to use the identity based categories of heterosexual, gay, bisexual, and lesbian across a variety of settings would inevitably lead

a collapsing of unique and contextually specific experiences. Thus, moving to behavioral categories instead of identity in HIV/AIDS discourses responded to the need for a shift in both epidemiology but also to our broader understandings of sexuality.

While the intentions of this transition from identities to behavior was meant to ensure that prevention messages were more likely to reach the needed subjects, the label of MSM has come under critique for several reasons. First, many argue that the MSM category has largely become reified within epidemiological and popular discourses. In other words, MSM continues to mean “gay.” Therefore, while the term was meant to lessen stigma and alter identity based prevention efforts, MSM has become the politically correct, but readily recognized, term for gay men. Secondly, and perhaps more importantly, for the purposes of research, prevention, and education, the category of MSM has not been deployed in more nuanced ways to respond to the sexual minorities, or sexual behaviors and activities that do not correspond to sexual identities. Finally, while MSM was employed to respond to those without a “gay identity,” it has erased sexual identities that exist outside the dichotomy of either “gay” or “not gay.” Meaning, if a MSM does not identify as gay, then it is assumed that this person does not have a viable sexual identity or community. As Young and Meyer point out,

Gay men, lesbians, queers, two spirited people, and men on the DL prefer to use their own identity terms, but many contemporary public health writers prefer the terms MSM and WSM, ostensibly because these terms avoid assumptions about a singular, misleadingly coherent gay identity. In practice, however MSM and WSW [women who have sex with women] often signify not a neutral stance on the question of identity but a decided lack of sexual-minority identity. More important, by implication, *MSM* and *WSW* imply absence of community, social

networks, and relationships in which same-gender pairing is shared and supported.¹⁴²

Interestingly, Young and Meyer include the category of DL among the list of identities for sexual minorities that get subsumed under the label MSM. They differ in their use of the term DL from most down low discourses. As they discuss in the above quote, MSM, while being used to avoid any assumptions about behavior and the homogenization of gay identities, it is most often used to denote a *lack* of sexual identity, which is how the down low is constructed most often.

In both the CDC reports and popular discourses examined in this chapter, black men on the down low are characterized as men who will not or cannot come out with their *true* gay or bisexual identity.¹⁴³ In these discourses, the down low was not understood as a sexual identity with its own behaviors, community, patterns of relationships, or support, but rather as a label assigned to deviant men who needed to claim their identities. To be clear, even before the down low was understood as a set of behaviors or identity attributed to black men, the assumed inability of gay black men to come out because of fear of being ostracized from black communities was seen as an obstacle to HIV/AIDS prevention efforts attempting to reach “gay” men as well as these men’s secret lives being posing a risk to their female partners. The centrality of the reliance upon identity, even as epidemiologist were supposed to be using behavioral categories, is important to understanding the demonization of black men on the down low within epidemiological and both dominant and African American HIV/AIDS discourses.

Many feminist and queer theorists have critiqued the notion of “the closet,” as an accurate way to conceptualize gay identities.¹⁴⁴ The closet has been utilized as a central metaphor explaining the process by which gay men and women first come to understand their sexuality and then process through feelings of shame, stigma, and a desire to hide their difference to accepting their sexuality, and finally “coming out” to the world by declaring their sexuality to family and friends. The most important critiques of this progressive narrative of liberation to my argument is first, that this homogenous understanding of sexuality formation is not attentive to any difference other than sexuality, erasing the impact race and class have on the process of identity formation. Second, it is misleading to think that anyone moves such discrete, linear and teleological steps in their process of claiming as sexual identity. And, finally, that for sexual minorities, or same gender sexual behaviors and identities, identifying as “gay” is the only recognized form of responsible, self-actualized, and productive form of identity.¹⁴⁵

In the HIV/AIDS discourses that draw upon the categories of MSM and/or the down low, very often these labels infer that these men have not come out, or achieved a positive gay identity. Within the AIDS epidemic, these men’s apparent inability to move fully into adulthood and be responsible citizen supports the notion that they are both deviant homosexuals and irresponsible and dangerous citizens. The epidemiological creation and utilization of MSM has posed its own challenges for researchers studying sexual behaviors and identities within the HIV/AIDS epidemic since the 1990s. What I want to bring our attention to is the ways these categories of identifying sexual minorities behaviors became increasingly important in 2001 when several significant events brought

renewed attention to HIV/AIDS, in general, and black gay and/bisexual men and black women, specifically. These events include: the 20th anniversary of the HIV/AIDS epidemic and the publication of the results of the Young Men's Survey.

I argue that HIV/AIDS discourses during this time period reflected the problematic history of the use of the category MSM and the conflation of sexual identity and sexual behaviors in epidemiology, public health, and popular discourses. Beginning in 2001, the CDC emphasized the high rates of HIV/AIDS being found in young MSM of color, particularly black men. As researchers and the nation were asking what were the causes of these high rates of HIV/AIDS in young men of color, one of the most striking hypotheses provided was that *because* these men did not identify as “gay” or “bisexual” they were not receiving or being attentive to HIV/AIDS prevention efforts. Thus, despite the last decade of efforts to target behavior and not identity, it is identity which is targeted as the culprit in undermining prevention and education efforts.¹⁴⁶ Furthermore, as more attention is brought to this issue at the 20th anniversary, it begins to be used as a rationale for why rates of HIV/AIDS are higher in black and Hispanic women as well. To be sure, there is not a marked increase in rates of HIV/AIDS among black women during this time period. As I have reiterated throughout this dissertation, black women have always comprised a significant number of women in the epidemic and while these high rates were and should be of concern, they were not rising during this time period. Ultimately, reports on the high rates of HIV/AIDS in young MSM of color get highlighted at a moment when the CDC is “recommitting” itself to HIV/AIDS and these

reports become a basis for the production of the down low male as an dangerous subject in the epidemic, both to himself, but more importantly, to black women.

June 1, 2001: The 20th Anniversary of the HIV/AIDS Epidemic

In this section, I will analyze the June 1, 2001 *Morbidity and Mortality Weekly Report* which commemorated the role the CDC, and particularly, the role the *MMWR* played in identifying the emerging epidemic in 1981. Importantly, this same *MMWR* reported the data from the Young Men's Survey, a two-phase venue based survey conducted in Baltimore, Dallas, Los Angeles, Miami, New York, San Francisco Bay Area (Oakland, San Francisco, San Jose), Miami, and Seattle whose goal was to find the incidence and prevalence rates of HIV for young men who have sex with men.¹⁴⁷ This is an important publication to be attentive to because the CDC uses the twentieth anniversary as a moment to both reflect on the history of the epidemic, to evaluate the current status of HIV/AIDS in the U.S, and chart a path forward, attempting to bring renewed interest and research to the ongoing epidemic. Additionally, the results of the Young Men's Survey, which found disproportionately high rates of HIV/AIDS among black and Latino gay and bisexual men was reported alongside the call to arms the CDC issued at this landmark moment. Thus, racial/ethnic minority gay and bisexual men become the number one site for HIV/AIDS research and intervention at the behest of one of the most important public health institutions in the U.S. The conflation of state and public health interests in this group of men and their sexual behaviors and identities (or lack thereof) was the impetus for the solidification of the profile of the down low male, which as I have argued, required the production of a black female victim.

The first article included in the June 1, 2001 *MMWR* is entitled, “First Report of AIDS.” It begins:

Twenty years ago, on June 5, 1981, *MMWR* published a report of five cases of *Pneumocystis carinii* pneumonia (PCP) among previously healthy young men in Los Angeles. [...] In June 1981, CDC developed an investigative team to identify risk factors and to develop a case definition for national surveillance. Within 18 months, epidemiologists conducted studies and prepared *MMWR* reports that identified all of the major risks factors for acquired immunodeficiency syndrome (AIDS). In March 1983, CDC issued recommendations for prevention of sexual, drug related, and occupation transmission based on these early epidemiologic studies and before the cause of the new, unexplained illness was known.

In this first paragraph, the CDC reminds us of its prominent role as a key player in identifying an emerging epidemic and its attendant risk factors, and methods of prevention, even before anyone fully understood how the disease (now understood to be a syndrome) was being transmitted, or that it was a virus. Curiously, this paragraph does not remind us of the early label of Gay Related Immune Deficiency (GRID) used by many who noticed that many of the initial cases of this disease were gay men, and who subsequently believed that somehow this epidemic was specific to gay identities and sexualities. Nor does this introduction point to critiques launched against researchers who essentially ignored women, and racial minorities in the epidemic during those initial years. Yes, the CDC and the *MMWR* were instrumental in early identification and constructions of our understanding of HIV/AIDS, but for a host of reasons that extend beyond being innocuous research pioneers. “First Report of AIDS” continues,

MMWR has published more than 400 reports about human immunodeficiency virus (HIV) and AIDS and remains a primary source of information about the epidemiology, surveillance, prevention, care, and treatment of HIV and AIDS. This anniversary issue provides new reports on the epidemiologic features and impact of HIV/AIDS on communities in the United States and in other countries.¹⁴⁸

The CDC/*MMWR* situates itself as a key site of knowledge production and dissemination about ongoing issues of importance to the HIV/AIDS epidemic. This 20th anniversary report reconfirms the CDC/*MMWR* as a key institution in the continued efforts to respond to the HIV/AIDS epidemic. Additionally, what they report will hold a high level of importance in the course of future investigations, as it has since 1981. After setting the stage, the report goes on to give an overview of the last twenty years, pointing to what they believe to be noteworthy in the changing demographics of the HIV/AIDS epidemic. This is of particular importance to my argument because the current landscape of the epidemic that they report, and the populations and trends they call attention to, are considered high priority within both epidemiological and popular discourses. Under the heading “HIV and AIDS—United States, 1981-2000,” they report,

The greatest impact of the epidemic is among men who have sex with men (MSM) and among racial/ethnic minorities, with increases in the number of cases among women and of cases attributed to heterosexual transmission.[...] In the early 1980s, most AIDS cases occurred among whites. However, cases among blacks increased steadily and by 1996, more cases occurred among blacks than any other racial/ethnic population.¹⁴⁹

This report re-establishes the populations of priority in the epidemic. While it is not necessarily news that racial/ethnic minorities, particularly blacks, and women have come to represent larger proportions of those with HIV/AIDS, in the context of setting the agenda at the beginning of the third decade, blacks, MSM, and increasingly women are the groups most in need of epidemiological and state intervention. Finally, in the Editorial Note, it states,

A new generation of MSM has replaced those who benefitted from early prevention strategies, and minority MSM have emerged as the population most affected by HIV. [...] Minority MSM may not identify themselves as homosexual or bisexual because of the stigma attached to these activities and may be difficult to reach with HIV prevention messages. In addition, the proportion of AIDS cases attributed to heterosexual contact and among women is substantially greater than earlier in the epidemic.¹⁵⁰

While the categories of blacks and MSM had not been collapsed, or considered together, in the body of the report covering the last twenty years of the epidemic, the editorial note makes the connection explicitly for the reader. The report began with the discussion of how the first cases occurred among whites, and notes that the new generation is primarily one of “minority MSM.” In their view, minority MSM are less likely to identify as gay due to the stigma attached to that identity. As I discussed above, MSM has become conflated with being gay in many of its usages. Here, minority MSM, unlike non-minority MSM, do not have gay identities. While MSM was supposed to apply to any men who have sex with men, there is a racial distinction being posited between MSM who properly identify as gay, and those who do not.

In addition, this division does epistemological violence to the history of the HIV/AIDS epidemic in the U.S. The article argues that in this new generation of MSM, minority MSM have emerged as the population most affected by HIV/AIDS. However, men of color were always disproportionately represented in the HIV/AIDS epidemic. By continuing to use a model of first and second waves of the HIV/AIDS characterized by a white gay male first wave, and a minority second wave, we continue to distort the disproportionately high presence of minority men and women since the beginning of the epidemic. Furthermore, the division does more than create a false dichotomy between the time periods, and the populations it most affects in each era; it also has implications for the type of sexual subject being addressed in this report. According to the CDC, this new generation, increasingly minority men, who do not identify as gay or bisexual are impervious to the strategies and efforts used to intervene in the transmission of HIV in the early years of epidemic. If they are less likely to identify as gay or bisexual, then they are more likely to maintain heterosexual relationships, while secretly sleeping with men. In this framework, the original intent that MSM would make researchers less reliant on identity and more able to focus on behavior (particularly for sexual minorities, and racial/ethnic minorities who do not identify with white, gay male sexualities and communities) is erased. For “minority MSM,” the lack of gay or bisexual identity become an impediment that the epidemiological category of MSM cannot surmount. The meanings implied by this editorial note concerning how the readers should utilize the information presented in the report is important because of its inclusion in the 20th anniversary edition, but even more so because this report also included the publication of

the Young Men’s Survey data that prompts both epidemiological and popular attention to minority MSM and their perceived lack of sexual disclosure.

The Young Men’s Survey

As I stated above, the Young Men’s Survey is a two-phase venue based survey conducted in Baltimore, Dallas, Los Angeles, Miami, New York, San Francisco Bay Area (Oakland, San Francisco, and San Jose), Miami, and Seattle whose goal was to find the incidence and prevalence rates of HIV for young men who have sex with men. Between 1994 and 1998, the first phase of the study enrolled 3492 young men between the ages of 15 and 22.¹⁵¹ In the table below we see the breakdown of the number and percentage of each racial or ethnic identity in the study and what the HIV prevalence rate was for each group in phase I of the Young Men’s Survey.

Race or Ethnicity	Number/Percentage of total participants (n= 3449)	HIV Prevalence
White	1246 (35.7%)	3.3%
Hispanic	1027(29.4%)	6.9 %
Black	587 (16.8%)	14.1 %
Mixed or other	380 (10.9%)	12.6
Asian/Pacific Islander	203 (5.8%)	3.0%

The second phase of the Young Men’s Survey conducted between 1998 and 2000 included men between the ages of 23- 29. This study enrolled participants in 6 of the 7 initial cities, excluding the San Francisco Bay Area. There was a total of 2942 young MSM enrolled in the second phase of the study. Again, in the table below we see the breakdown of the number and percentage of each racial or ethnic identity in the study and what the HIV prevalence rate was for each group in phase II of the Young Men’s Survey.¹⁵²

Race or Ethnicity	Number/Percentage of total participants (n= 2942)	HIV Prevalence
White	1409 (48%)	7%
Black	498 (17%)	32%
Hispanic	651 (22%)	14%

What is of interest in this data is first, the high prevalence rates for young MSM, especially the high rates reported in black and/or mixed MSM. Although in both phases of the study black MSM accounted for approximately 17% of the study participants, they represented the highest rates of HIV prevalence rates per race/ethnic group with 14.1% prevalence in phase one and 32% prevalence in phase two of the Young Men’s Survey.

Secondly, a significant piece of data was included in both reports from the Young Men’s Survey, and that was the sexual identity of the participants. The participants were asked “whether they considered their sexual identity to be straight (heterosexual), bisexual/gay (homosexual), or transgender.¹⁵³ Below I have included the breakdown for phase I of the study.¹⁵⁴

Phase I:

Sexual Identity	Number/percentage of total participants (n=3449)
Homosexual	2240 (65%)
Bisexual	1025 (29.7%)
Heterosexual	132 (3.8%)
Transgender	42 (1.2%)

First, I point to these two issues, prevalence and identity, because they become the two findings from the Young Men’s Survey (YMS) that received the most attention in the medical and epidemiological literature as well as within the media. Second, it is significant that why the study was seeking to measure HIV prevalence among young men

who have sex with men, sexual orientation remains an important piece of data to ascertain. Writing about the findings of Phase I of the YMS, Valleroy et al write, “Sexual orientation was measured by reported sexual identity and by reported lifetime sexual activity with men only or with both men and women[...].”¹⁵⁵ Here, sexual orientation is determined by a combination of what the male participants reported their identity to be *and* their behaviors. The behavioral category of MSM was supposed to eliminate the need to identify with a sexual identity. Yet, in this example a participants reported identity is analyzed along with his reported behavior in order to determine *actual* identity. Clearly, the behavioral category MSM and sexual identities get collapsed in problematic ways in HIV/AIDS discourses. Researchers continue to align identity with sexual behaviors even as they use MSM as a research category meant to distance us from complex social identities. To be sure, in 2001 researchers are not explicitly saying that men who do not identify as gay are the cause of HIV/AIDS rates in black women. However, the Young Men’s Survey reports detailing the higher prevalence rates of HIV in black and Hispanic men *and* the inclusion of the data on identity later become misused in research and reporting on the status of the epidemic.

I have chosen the publication of the June 1, 2001 *MMWR* and its inclusion of a summary of the Young Men’s Survey as a key moment in shaping the discourses of the down low and HIV/AIDS in black women and men that gained increasing importance in 2001 because I posit that the two topics spurred a renewed interest in AIDS and racial minorities in the media. To be sure, there are other publications of import during this time period that perhaps played a significant role in fueling these discourses including:

the January 14, 2001 *MMWR* that included a report, “HIV/AIDS Among Racial/Ethnic Minority Men Who Have Sex with Men-- United States, 1989–1998 (which reported that black MSM represented a growing proportion of MSM, and that a significant barrier to effective prevention programs was that many black MSM do not identify as homosexual or bisexual), Linda Valleroy’s et al article, “HIV Prevalence and Associated Risks in Young Men Who Have Sex With Men,” published in the *Journal of the American Medical Association* in July, 2000 (which provided a thorough overview of the Young Men’s Survey’s methodology and findings), or the February 7, 2003 *MMWR* article “HIV/STD Risks in Young Men Who Have Sex with Men Who do not Disclose Their Sexual Orientation—Six U.S Cities, 1994-2000”, which surely brought the epidemiological link between black gay/bisexual men who do not disclose sleeping with men to their female partners, and the rates of HIV/AIDS in black women much closer together.¹⁵⁶ Beginning in 2000 and gaining more attention in 2001, the “problem” black MSM who secretly sleep with men gained more prominence in epidemiological and popular literature, surely.¹⁵⁷ The congealing of the down low subject into an identifiable subject begins there. To further support this argument, I look to the discussion of the results of the YSM study in newspapers and the simultaneous link to black gay/bisexual male behaviors and identities.

The Emergence of a New Identity

The first article in my sample where the phrase the down low or DL appears was published in the *Village Voice* February 8, 2000 titled “Homo Thugz Blow up the Spot” by Guy Trebay. The article details the rise of a Hip Hop club in New York City called the

Warehouse that caters to “homo thugz.”¹⁵⁸ One of the interviewed men who goes by the name Junior (a.k.a. Lester Richards), is reported to be a “veteran of New York’s underground black gay scene.” Junior states, “It’s a whole change in how people are seeing gay men,” [...] Around my way, they call me a homo thug. It’s a style thing, like you’re not putting your business in the street. You’re gay but you keep it on the d.l.”¹⁵⁹

What is of note here is that being on the down low is not used to describe men who identify as heterosexual, or bisexual, or have wives or girlfriends but secretly sleep with men. Instead, being on the down low is described as a “style thing.” It’s a way for gay men to present themselves, to perform their gendered and sexual identities in a way that is comfortable to them. For Junior, he does not want his “business in the street”, but he frequents gay clubs, and states that he is gay. In his description it seems more like the Warehouse, as a location, and homo thugz, as an identity, provides a space for some men to combine their Hip Hop identity/aesthetic (clothing, way of speaking, and behaving) with their gay identity, in ways that both other gay night clubs and straight or heterosexual hip hop clubs do not allow for. This is a drastic difference from the way the down low comes to be characterized. The most common definition of men living on the down low posits that they do not identify themselves as gay men, rather they are heterosexually defined men, who sleep with men. However, in this construction, the down low is not an identity, but rather is being used as a way to show a topic is a secret, or to reference information that is not meant to be widely broadcast. Here, homo thug is how Junior has identified himself, and part of that is keeping his business down low, or

secret. It does not necessarily mean that people do not know he has sex with men, but that it is something he does not necessarily display.

However, the article does begin to establish a key factor in discourses about the DL, which is its assumed link to the high rates of HIV/AIDS in African American communities. The article states,

“There are those who’d suggest that the subterranean culture of the d.l., or “down low,” has not just glamorized canine behavior in heterosexual men but has served to recloset gay men of color. They point to alarming CDC statistics demonstrating disproportionately elevated rates of HIV infection in the black and Latino communities. They cite the difficulties of tracking viral vectors among men who have sex with men who don’t identify as gay.”¹⁶⁰

Some of the loose correlations of factors that support the arguments that men on the down low are the bridge for HIV to women are present, even if not explicitly stated. First, the men are reported to not identify as gay and thus difficult for epidemiologists to track. Second, the high rates of HIV infection in communities of color are cited to support the need to be able to identify these men for testing and prevention efforts. These ideas mark the beginning of our current understanding of the DL: the combination of an element of secrecy, and an assumed correlation between the down low and HIV/AIDS rates.^{161, 162} Furthermore, while “they” say it is difficult to target men who do not identify as gay, the homo thugz, or the men who frequent the Warehouse do not seem to fall neatly into this “closeted” category. They have an identity. They attend clubs catering to men who sleep with men within hip hop culture/hip hop generation.

This article illustrates the difficulty of discussing sexual behaviors versus sexual identities. Junior is discussing his own way of identifying as gay (using his own words), while the article attributes the behavior of men like him to being re-closeted. As I noted above, the use of MSM, and understandings of the closet and coming out, have both elided the meanings of gay and MSM into one another and posited a single and linear model of responsible sexual behavior and identity for gay men. In this article, as is commonly done in many of the articles, these distinctions are erased in favor of aligning improperly identified MSM with the rise in HIV infection in both men and women.

In February 2001, the first media reports of the 8th CROI were published that included the preliminary findings of the Young Men's Survey. In one of the first articles, '1 in 3 young black men are HIV-positive; Societal status fuels high infection rate,' published in *USA Today* by Steve Sternberg, it reports that nearly 30% of blacks in the six cities studied by researchers were HIV positive. The article goes on,

“It's so hard for African-American men who have sex with men to come out,” says CDC epidemiologist Rob Janssen, who reported the data on behalf of lead investigator Linda Valleroy. “They're more likely to identify themselves as heterosexual and have sex with women.” AIDS is one of the leading causes of death in young black women, he adds.¹⁶³

Interestingly, Rob Janssen, who is reporting on the results of a study on prevalence rates of MSM, makes the connection to the importance their finding have for black women. Janssen's comments points to the conflation of sexual identity and behavior and the role they play in tracking the epidemic. He points to the difficulty of “coming out” for black

men, their continued sexual relationships with black women, and black women's high HIV/AIDS rates.

The next week, and a year after the first article on homo thugz appeared in the *Village Voice*, *The New York Times* printed "Undeterred by a Monster; Secrecy and Stigma Keep AIDS Risk High for Gay Black Men" by Jennifer Steinhauser (February 11, 2001).¹⁶⁴ In the title of the article, "Undeterred by a Monster," the monster refers to the HIV/AIDS epidemic, and those who are undeterred are blacks and Hispanics who have comprised a growing percentage of the epidemic for years. The author posits that what contributes to these high rates of HIV for black gay men is the need for them to remain closeted. In the article the usual suspects are listed concerning why it is difficult for black men to come out, including homophobia within African American communities, the lack of a cohesive black gay community, and the requisite secrecy surrounding black gay men. Steinhauer continues, "To many, like Jay [an interviewee], down low means double life. Jay describes himself as bisexual. In Harlem, he moves easily in a straight world, at times with a female lover."

Two meanings of the down low are at work in this article, one interviewee describes it as gay life on the down low, another refers to it as a double life, he is bisexual, but sometimes 'passes' in a straight world. Interestingly, neither of these constructions is the same as the way the homo thug was described previously. There seems to be some fluidity at this point around what the term signifies. As we move from the down low as it was used previously in popular culture to simply connote secrecy, to something that is coming to represent men who have sex with men, the meaning of the

phrase, the identity, the culture, has not established a definitional hegemony. None of the men are described as down low men, but rather as gay men or as bisexual. The term has not yet been used to refer to a specific subculture of men who do not identify as gay or bisexual, but sleep with men.

Importantly, this article makes the connection that the first article on homo thugz did not explicitly make. First, it cites the release of a recent study that reported that “30 percent of young, gay black men” were HIV positive.¹⁶⁵ Secondly, it links the down low to men who have sex with both men and women, citing a man identified as Walter who discussed seeing the men he had had sex with later on the street with their girlfriends, and Jay, who self identifies as bisexual. These become the two most important and oft-cited reasons for the public to be concerned about HIV/AIDS and the threat to black women’s lives and are therefore important inclusions in early discussions of the down low.

A week after the previous article was published in *The New York Times*, on February 18, 2001 *The Times Union* in Albany, NY published an article titled, “For gay blacks, HIV alarm sounds in shadows” by Paul Grondahl. In the article, Grondahl quotes Robert Janssen, the researcher that was interviewed for the previous USA Today article. Janssen states,

“It’s so hard for African-American men who have sex with men to come out.”

Grondahl continues, “Janssen added that young, gay black men are likely to identify themselves as heterosexual and to cover up their identity or lead a double life that puts their sexual partners at risk in order to avoid a fierce cultural stigma.

[...]

Janssen’s role as researcher and a proxy for the state is critical to the narrative being presented here about men who identify as heterosexual, but sleep with men, their

relationship to HIV/AIDS, and the risk they pose to their sexual partners. Again, one of the major problems cited by Janssen is the difficulty that coming out poses for African American men. Ironically, Janssen's use of the epidemiological category of MSM, which was supposed to preclude the need for anyone to "come out" in order to be addressed by HIV/AIDS discourses and prevention efforts, to discuss black men's difficulty in identifying as gay, illustrates the way that MSM has largely come to mean a denied or hidden gay identity. Secondly, by attaching the denial of a true gay identity to the risk it poses to the sexual partners of these men, and by extension to black (and Latino/Hispanic) communities, Janssen points to the relationship between these lack of positive gay identities and the health of black communities, if not the health of the nation state.

The next month, on March 15 2001, *USA Today* published, "The danger of living 'down low' black men who hide their bisexuality can put women at risk" by Steven Sternberg, which was the first article that clearly uses the phrase "living on the down low."¹⁶⁶ Not surprisingly, this is also the first time the now infamous J.L. King, the self-proclaimed poster boy for the down low, and author of the book *On the Down Low* made an appearance in a national publication. The article titled "The danger of living 'down low'" begins, "Black women think he's Prince Charming: well-paid, well-educated, nicely dressed, active in church and devoted to family. Yet, there's something the women don't know and maybe never will: He's secretly having sex with men. What's more, he might bring home an unwelcome guest—HIV, the AIDS virus." This is the most explicit connection between black women, the down low, and the HIV/AIDS epidemics to appear in print to date.¹⁶⁷ Previously, there had been tenuous connections made between

HIV/AIDS in the black community and the down low, but as yet the two had not been so clearly wedded. In the article Jim King (not yet J.L) is quoted as saying, “I call it the secret society...It’s a culture that represents probably millions of men around the country. It’s huge—from the pulpit to the police force.”

What is remarkable about “The Danger of Living on the Down Low,” and many similar articles about the down low, is that the evidence used to support the theory that men on the down low are, at least, in part the cause of such high rates of HIV/AIDS among black women is gleaned from the Young Men’s Survey, but misinterpreted or used to conjecture about the relationship between HIV rates in gay/bisexual men and black women. The article reports, “A study by the Centers for Disease Control and Prevention of 8,780 HIV-positive men who have sex with men found that 24% of the black men identified themselves as heterosexual, compared with 15% of Latinos and 6% of whites.” The article continues, “Another CDC study, this one of 3,492 young gay and bisexual men, found that one in six recently had sex with women—and nearly 25% of those men recently had unprotected sex with both men and women.”¹⁶⁸ The article highlights that these two studies found that identity may not neatly coincide with sexual behaviors, emphasizing that some men who had sex with men identified as heterosexual, and some men report having unprotected sex with both men and women. What is clear in tracking the use of the term “down low” or “on the down low” is that a significant amount of the public frenzy about the importance of this identity is tied to the emerging reports from state and federal agencies (i.e. New York Health Department, CDC).

With the release of the findings of the Young Men's Survey at the 8th CROI, the 30% HIV prevalence rates in black gay and bisexual men and the potential risk this posed to black women began to receive widespread attention.¹⁶⁹ However, the approaching 20th Anniversary of the HIV/AIDS epidemic and the spotlight given to it by the CDC, including releasing the special issues at a press conference at the National Press Club in Washington D.C., fueled the amount of attention the Young Men's Survey received as well as the growing concern about men living on the down low¹⁷⁰. There were articles about the anniversary and the new statistics concerning black gay men in newspapers across the nation.¹⁷¹ I want to highlight a few to illustrate the ways the topic was framed by the media and by the CDC which supported theories of the threat men on the down low pose.

In one article, "Young gays contracting HIV at 'explosive' rate, CDC says" in the *San Francisco Chronicle*, the author writes, "Rates were highest—extraordinarily high—among gay and bisexual African American men..." "These are explosive HIV rates," said CDC epidemiologist Linda Valleroy, director of the agency's Young Men's Study, which has been tracking AIDS in seven U.S. cities, including San Francisco, since 1994. It's comparable to rates in South Africa."¹⁷² In several articles HIV/AIDS rates among black men and black communities are compared to developing countries, primarily on the African continent; or are compared to rates at the beginning of the epidemic in the early 1980s. Black gay/bisexual men are framed as impervious to intervention, incapable of accepting their true gay identities, and as dangerous to the nation state, making *us* more

similar to other nations, like South Africa, where AIDS reportedly threatens national stability.

The comparison of black gay men to countries where HIV/AIDS is perceived as not being properly managed by the state is an important part of the contemporary biopolitics of nation state where the health of a nation is in part measured by its ability to properly manage its population's health. As Nikolas Rose writes, "While international comparisons are undoubtedly still significant, their contemporary political function is no longer that of marking the potential vulnerability of a polity in geo-political rivalry; rather, they serve as public indices of the extent to which nations have instituted successful policies for the governance of health."¹⁷³ Black gay/bisexual men are thus marked as particularly risky individuals and communities because of their "explosive" numbers.

Twenty years into the HIV/AIDS epidemic black/gay bisexual men's prevalence rate is being articulate as similar to if not worse than the initial number of HIV/AIDS the CDC saw in the early eighties. At this milestone in the epidemic, it becomes even more important to find ways to effectively reach gay/bisexual black and Latino men as the CDC and the nation-state is called to renew their commitment to reducing the number of people living with HIV/AIDS and ultimately ending the epidemic.

In a particularly reactionary and vilifying article by Bob Herbert black gay men and black America in general are blamed for their irresponsible behavior. Herbert writes,

The warning sirens are wailing, but young black men who are gay don't seem to be listening. And so the march into self-destruction continues.[...] I am waiting for the so-called leaders of the black community—the politicians, the heads of

civil rights organizations, the preachers—to step forward and say, in thundering tones, that it’s time to bring an end to the relentlessly self destructive behavior that has wrecked so many African American families... The denial runs so deep—and the stigma surrounding homosexuality is still so strong among blacks—that many black men who have sex with other men nevertheless think of themselves as heterosexual, not gay or bisexual. These men, while attempting to present a heterosexual image to the outer world, frequently engage in compulsive, high-risk sex with men while engaged in ongoing sexual relationships with one or more women. This is behavior that puts girlfriends and wives in grave danger.¹⁷⁴

Herbert may be the most explicit in his call for black gay men and black Americans generally to be more responsible sexual citizens, but his framing of the problem is right in line with the dual emergence of these statistics and the down low male as the bridge to black women. In the short span of approximately one year black men who have sex with men and do not identify as gay undergoes a rapid transformation, prompted by the need and desire of dominant and African American discourses to have an identifiable culprit and subject to target for intervention and prevention efforts.¹⁷⁵

The importance of outlining this history in this chapter lies in the goal of illustrating the ways that black HIV/AIDS discourses latched upon these characterizations of down low men to continue to emphasize difference between respectable black communities, and these men who are endangering them. As I discussed above, the identities of men who sleep with men, and how HIV prevention efforts attempt to target them has been an ongoing site of struggle between understanding of behavior versus identities, lack of “gay” identity versus a sexual minority identity that may not be described as gay, but is an identity nonetheless with its own manifestations, structures,

and sites of community. Therefore, identifying black MSM as different from other MSM, and the commonly repeated phrases that unlike other MSM these men do not identify as gay, elided multiple layers of meaning that are not easily disentangled. However, one thing that stands out is the role that race plays in the construction of this new sexual identity, the need to respond to threat this identity poses, and the use of black women's bodies to make the need for intervention and the management of this risk that much more urgent.

Racialized discourses of AIDS often combine references to historical stereotypes of black deviancy with current constructions of blackness. Discussions of African Americans attitudes about homosexuality are often characterized as "more homophobic" than white Americans. Like Jasbir Puar argues in *Terrorist Assemblages*, these understandings mark minority communities as less progressive, and, in this case, more homophobic than the U.S in general. These notions of exceptional whiteness and less progressive communities of color extends beyond charges of homophobia with the AIDS epidemic to characterizations of African Americans ability to perform the normative values and formations associated with proper citizenship. Thus, the recent discourses of black men living on the down low, while ostensibly engaging homophobic arguments, are also about the deviancy of black female and male relationships, families, and communities.¹⁷⁶ Racially already excluded from heteronormative citizenship, AIDS further marks African Americans as deviant, even among other formerly/supposedly queer bodies, as the epidemic becomes increasingly entrenched in black communities, and HIV/AIDS rates for black men and women exceed other populations

The management of the down low is as much about black gay and bisexual men as it about the management of populations, in this case African American populations. As I have shown, the proliferation of the down low and the discourses of the CDC/state concerning the current status of the HIV/AIDS epidemic are not mutually exclusive, and, in fact, at times are dependent upon one another. The identity of men on the down low is produced explicitly through the need of the state and researchers to construct a subject to target.¹⁷⁷ The role of the state is to “secure the general conditions for health” for the nation.¹⁷⁸ In this quest, identifying the populations that risk the health of the nation is crucial, and requires the ability identify and construct particular individuals or communities as a threat. Nikolas Rose argues that in the changing biopolitics of nation-states the desire and ability to eliminate, or will to death, certain populations, is not the current system we live under, but rather we exist in a system that not only let’s live, wills to live, but is active in the management of life.¹⁷⁹ Continuing, Rose posits that in the project of managing life, in the second half of the 20th century, the state has increasingly enlisted individuals and communities into the job of managing their own lives in the name of ‘health.’ Thus, when communities (and individuals) become incapable or do not properly manage their health or, conversely, their risk, interventions by the state (or other concerned individuals/communities) is not only warranted, but necessary. Marking this shift in biopolitical enterprises, Rose argues:

The binary distinctions of normal and pathological, which were central to earlier biopolitical analyses, are now organized within these strategies for the government of risk. Such strategies are organized at a number of levels. There are actuarial or epidemiological strategies that seek to reduce aggregate levels of risk

across a population. There are strategies for the management of high- risk groups. And, increasingly, there are strategies based on identification of, and preventive intervention for, risky individuals.¹⁸⁰

The management of risk, and the role of responsible citizens to actively reduce risks, converges in the construction of down low. Most importantly, it enlists black common sense nationalisms in the project of risk management, through internal surveillance. As I have argued throughout this dissertation, black HIV/AIDS discourses relying upon respectability and black nationalisms have flirted dangerously with discourses of the state that historically served to marginalize African Americans.

As discussed in the introduction, Wahneema Lubiano argues that black nationalisms, broadly defined, are a variety of beliefs and practices that have been produced by black people to articulate a past, present, and future in relation to racism and marginalization in the United States. Lubiano defines black nationalism as “[...] plural, flexible, and contested; that its most hegemonic appearances and manifestations have been masculinist and homophobic; that its circulation has acted both as a bulwark against racism and a disciplinary activity within the group.”¹⁸¹ Black nationalisms are ways of producing visions and politics, past and present, that help unify black people, and also create campaigns to petition the state, in its many manifestations, for rights and better conditions. These beliefs are extremely complicated, often reactionary, and dangerously effective in the way that it can and has organized specific groups of black people, under specific circumstances, to ally themselves with harmful and dangerous policies of the state.

Black nationalisms also participate in policing black communities. For example, on the topic of welfare, some black nationalism encouraged common sense ideologies about the value of traditional family models and the importance of the male breadwinner in black homes. These politics were closely in line with conservative discourses that also promoted marriage, a father in the home, but also supported the policing of women's (particularly black women's) bodies and reproduction that fueled the passing of the Personal Responsibility and Work Opportunity Act of 1996 (PRWOR), otherwise known as welfare reform. Reform implemented new caps on the number of years families were eligible for aid as well as instituted a host of punitive policies that harshly sanctioned families if they did not comply, ultimately harming many women and children, leaving them in greater poverty or homeless. Another example of common sense black nationalisms aligning themselves with the project of the state is discourses about black on black crime among African Americans that call for *more* policing by law enforcement and harsher sentencing. While crime is surely a problem for many communities, many of these discourses do not critique the social institutions that create inequalities in education, housing, and labor and which are often the impetus for criminal behavior. In the contest of HIV/AIDS and the construction of the down low black male as threat to black women and communities, common sense black nationalisms and respectabilities participate in the policing the sexual behaviors of black men who have sex with men.

I argue that we must be as wary of dominant discourses that construct black women as victims as we have become vigilant of exposing those that demonize women, particularly, when that innocence relies upon the guilt of a supposedly *more* deviant

population. As we know, race has and continues to exclude black Americans from full legal and cultural citizenship in the U.S. Thus, African Americans discourses that participate in identifying risky populations both for the good of black communities and for the good of the state become unwitting partners in the biopolitical projects of the state that ultimately seek to regulate these same communities.

Responsible Identities in Bill Duke's "Cover"

In the final section of this chapter I want to illustrate the importance/impact of the emerging identity of the down low male in black popular discourses. I think it is imperative to illustrate the ways that the discourses of the state, public health, and media are not distinct forms of knowledge production. The topic of down low black men, or non-disclosing black men, and their impact on black women's rates of HIV/AIDS gained ground in several important venues that were intricately connected and mutually reinforcing.

I want to examine the 2008 film *Cover* by director Bill Duke as one example of where black popular discourses used the identity/subject of the black male, largely garnered from public health discourses, as the subject for a film meant to both entertain and educate black communities about this danger. Primarily, I am interested in the ways Bill Duke situated the film in relationship to public health interventions, the reasons he cited for wanting to make the film, and the ways the goals of the film are aligned with the goals of the state in identifying deviant sexual identities in need of intervention. Here, I argue that common sense black nationalisms and respectabilities become partners in the states quest to produce responsible citizens. Additionally, the surveillance tactics used to

identify black gay and bisexual men who do not align themselves with these normative desires, is supported by calls to protect black female bodies.

While *Cover* in its entirety was not released until 2008, Bill Duke released a trailer for the film in 2006, under its original title *Invisible*. The two minute and forty-eight second trailer gives us a glimpse into the plot of the film. Dutch Moss is a family man, with a wife, a daughter and promising career. Kevin is a man who can help Dutch get where he wants professionally. The two start a relationship which ends in devastation with lies, betrayal and Dutch endangering his family. In the trailer, it is hinted that Dutch acquires HIV from Kevin and has put his wife in danger of also contracting HIV (which does not happen in the final release). As the trailer closes a list of startling “facts” and statistics appear on the screen. The first, “Down Low men live heterosexual lives but secretly have sex with other men.” The second, “Women, mostly African- American women, don’t know these men’s secrets.” Finally, “70% of these women have contracted HIV or are dying of AIDS.” These “facts” seem out of place at the end of a trailer for a popular film, but as we learn more about Duke’s reasons for making this film the presence of the statistics, accurate or inaccurate, becomes more telling about the goals of the project.¹⁸² Although the specifics of plot may have changed in the transition from *Invisible* to *Cover*, I argue that the goals of the film remain the same.

On Duke’s official website, there are several documents of interests pertaining to the HIV/AIDS epidemic and *Cover*. First is Duke’s Mission Statement addressed to the cast and crew of *Cover*. In this letter Duke reveals that he is making this film because a “woman in my family recently discovered that she is HIV positive after contracting it

from her husband who had been secretly living on the ‘Down Low’ and having unprotected sex with other men.”¹⁸³ Duke goes on to say that while the cast and crew are all joining him for their own reasons, “AIDS is still an epidemic throughout the world and in this country Black women are its leading victims. For my family and my community I am choosing to take a stand.” Duke’s call to action for the cast and crew of the film positions *Cover/Invisible*, not solely as entertainment, but as an educational endeavor, with the goal of intervening in the HIV/AIDS epidemic on behalf of black women. He is using his currency as a well know black actor and filmmaker as well as the names of the black Hollywood stars he enlists, including Vivica Fox, Leon, and Louis Gossett Jr., to draw an audience to a topic he views as number one priority in saving his immediate family, and his larger family of fellow black Americans.

In such an endeavor as this the importance of examining the ways that popular culture mediates, reflects, and negotiates hegemonic constructions of race, gender, and sexuality becomes exceedingly clear. *Cover/Invisible* draws explicitly upon the identity and behaviors of down low men as constructed within HIV/AIDS discourses, epidemiological and popular, for its plot and characters, most importantly the villain and victim. In this film, the goals of the state and public health authorities, to minimize the risk/threat of HIV/AIDS becomes intimately intertwined with black common sense nationalisms and respectability that have excluded any identities and/or behaviors seen as undesirable in the efforts to have black Americans be viewed legally and culturally as full citizens. By eliding HIV/AIDS discourses with black American cultural tropes and institutions, like “the black church,” *Cover* combines the goals of the nation-state and

responsible black communities into one narrative that supports the demonization of improper sexual citizens.

In an interview Duke gave in April 2007 with the *Philadelphia Tribune* he frames the impetus and goals for *Cover* in terms of responsibility. His responsibility as a father, brother, and black man for his community and the responsibility of the men on the down low to “come out” are both prioritized. In addition, Duke also argues that is the responsibility of black communities to embrace the men who do come out, despite individual or community beliefs about homosexuality, because these men are saving lives by exposing themselves as gay or bisexual, unlike men on the down low. In Duke’s explanation, black down low men are a problem, but a homophobic black culture that ostracizes gay men is also at fault. This is a remarkable transition in the framing of gay black men as redeemable within responsible black communities because they are of lower risk/threat than men who do not come out of the closet, and who do not achieve a normative gay sexual identity. Duke states,

We’re not talking about blame. We’re talking about personal responsibility, and we have to begin to really address this factor: hypocrisy. You tell me to come out to protect your sister. I come out- your throw rocks at me. That’s called crucifixion....I come out, you’ve got to say, ‘Hey Brother, I respect the fact that you came out. You saved my sister, and you saved my daughter’s life. I don’t agree with what you do, (but) thank you for that.’...So, one of the things the film questions is our responsibility.¹⁸⁴

Duke, in advocating for tolerance to save lives, does not contradict the teachings of the church or what is perceived to be the beliefs of many (if not most) black Americans. His

tolerance is prompted by a management of risk for black women.¹⁸⁵ If black down low men accept their true gay identity they will save lives, they will let live, and they will not endanger the health of black women and black communities. In an amazing revival of HIV/AIDS discourses from the beginning of the epidemic (and a reversal of more than a decade of education and prevention work that has tried to move us away from a focus on identity towards behaviors when discussing prevention), Duke emphasizes the importance of identity in locating the epidemic and stopping it from threatening the wrong bodies. Furthermore, in this framework of responsibility, black gay men who properly identify with being gay and are out of the closet are granted some modicum of acceptance within proper black communities. If these men model responsible sexual citizenship, in agreement with (white) homonormativities, they can actually bring themselves in closer relationship to communities and a nation-state that has vilified and ostracized them.

In the interviews with Bill Duke and in the film, black churches play a crucial role in authorizing the message and goal of the film. He references the church as a central to the lives of black Americans, he says that “churches in the black community would be the prime audience for “Cover,” in which one of the main characters is a Christian woman.”¹⁸⁶ In the film, the church is the site of various conflicts that are key to the themes and narrative of the film, specifically, the condemnation of black men on the down low. Many of the conflicts that arise in the film are foreshadowed and/or alluded to beginning in the church. Duke relies upon the importance of the black church in shaping

black Americans political beliefs as well as the church as a site for community organizing that could be utilized in efforts to respond to the HIV/AIDS epidemic and the down low.

It is commonly believed that African Americans are more homophobic than white Americans, and that the black church is the source of much of these homophobic beliefs. It is difficult to accurately measure such a large claim, and it is unclear what beliefs or attitudes are collected under the umbrella of homophobia. For example, when it is said that black Americans are more homophobic does that mean they are more likely to believe homosexuality is a sin and goes against the will of god? Does it mean that because of these beliefs African Americans would also not support any civil rights initiatives to support gays and lesbians? What if some believe that homosexuality is a sin, but do not support discrimination in any form, racism or heterosexism, does that make them *less* homophobic? What about those who are not religious?

My goal is not to debate this issue, because ultimately, I believe it is the wrong question. Of more importance to this argument is how the black church, and processes of racism, have shaped common sense black nationalisms. As Elijah Ward posits, the black church has played an extremely important role in the political and cultural survival of black Americans since slavery and part of these survival mechanisms have been to establish normative constructions of gender, sexuality, family and community that would support the full integration of black Americans into the larger public sphere. Furthermore, dominant stereotypes of black females' and males' gender and sexuality were an impediment to these goals, so the church and black communities distanced themselves from these taboo subjects to avoid furthering racist constructions of

blackness. Therefore, measuring who is more or less homophobic is less important than recognizing that the intersection of race and sexuality has produced a desire and need for espousing homophobic beliefs that will distance, black Americans, particularly black men, from a longer history of gendered and sexual pathology. This history of racialized sexualities is critical to understanding the political and theological backlash to the down low from within black communities.¹⁸⁷ Bill Duke's employment of public health discourses of HIV/AIDS *and* black common sense nationalist beliefs that often center the church, creates a particularly vexing partnership between the state and black communities in the goal of surveillance and eradication of those deemed dangerous to the national body politic.

One particularly important conversation in the film that takes place in the women's group is an iconic exchange which stages the battle of the down low from the perspectives of black women and gay men. Greg, the only out gay man in the film, stands in for the gay male perspective on the down low and the women argue the widely accepted explanations for why men on the down low are to blame for the disproportionately high rate of HIV/AIDS in black women. As stated, this conversation and the location of the church make this scene particularly important to the film because it replicates the discourses and topics that the film has structured itself around: saving black families and communities, the centrality God and the church, and exposing the down low. The debate in the women's group is prompted after Val has discovered her husband's infidelity:

Mrs. Honeycomb: "Your husband sleeps with mens? Lord, Lord, Lord, Lord!
(In the background we hear other women say "No!," in surprise)

Mrs. Dunn: Mrs. Honeycomb, let's be mindful

Miss Gladys: I know I shouldn't say this, but I would have slit his lying throat.
Sorry, Sister Dunn, But I would have.

Mrs. Honeycomb: Greg, no disrespect, but I think all you gay, lowdown (Mm-hmmm in the background as the group agrees) down loaded men are bringing that white homosexual disease into our community

Greg: Whoa, Whoa, Whoa

Mrs. Honeycomb: ...spreading that AIDS and not tellin' nobody. It's a sin and a shame and I had to get it off my chest or else I'll bust

Greg: Sister Honeycomb

Miss Gladys: You interruptin' her

Honeycomb: I'm afraid for my daughters. I'm afraid for my granddaughters.
Lord, I'm afraid for 'em all and I'm sorry. But, it's your fault for all your secrets and disease

Greg: First of all, it's not "down loaded" it's "down low." Secondly, I'm a homosexual man and I'm proud of that ("Oh Lord!" comes from the background) cause I'm not keeping any secrets from anybody—trust me. It's impossible for *any* women to get *anything* from me

Honeycomb: That's not the point

Miss Gladys: Sure a'int

Greg: I don't condone what these men are doing! I agree with you! But can you realistically expect anybody to confess anything or to come out if they know this is the reception they're gonna receive, this is how their gonna be treated

Miss Gladys: What about the way they're treatin' our daughters and our granddaughters?

Greg: I'm not touching your daughters and granddaughters! Ew!

This scene encapsulates the message Duke espoused in his interviews: the importance of responsibility, the threat “our daughters and granddaughters,” and the need to at least moderately accept the men who do come out as gay. Greg's role in this conversation and in the film as interlocutor, and tolerated sexual minority is important. He is not readily included in the women's group initially, but his presence has become tacitly accepted.¹⁸⁸ In the film, as the only gay man in the script (the men on the down low are portrayed separately), Greg is relied upon to support the idea that gay men are not the same as men on the down low and pose no threat to black women. In the exchange between the women and Greg, he argues that he does not condone the behaviors of men on the down low, but he recognizes that black communities have little tolerance for gay men. While he is not a threat to anyone's daughters, if we want to change this dynamic that puts black women at risk, we need to become more tolerant so that we can better identify the bisexual men who pose this threat. At the same time as Greg asks how we can expect anyone to come

out in this climate, being exposed to all the ridicule the women have just rehearsed, he still aligns himself with their point of view.

How Greg managed to be open about his homosexuality and be and out and proud gay men in this same climate is not answered, but as a responsible sexual citizen he must also distance himself from the down low. The distinction is made between the risk gay men pose to black women versus the risk men on the down low pose. Greg makes sure to illustrate that gay men are not the men that these women are speaking of. He claims that he does not condone these men's behavior and that he is on their side. He distances himself from these men while trying to explain why it is so difficult for these men to come out. In this scene and in the film, men on the down low operate as a foil that makes gay men more acceptable.

Duke's *Cover* concludes without having Dutch or his wife contract HIV, although they come dangerously close. Throughout the film all three of the men who are on the down low are engaged in subterfuge that does not end well for any of them. Ryan has HIV and is murdered by his former wife whom he did transmit the virus to, Kevin's wife has attempted suicide and is mentally unstable, and Dutch has lost his family. The women (one dead, one insane, and the last now a single mother) have been victimized and had their lives destroyed by the down low men.

For *Cover* to achieve its educational goals, the narrative requires that the women play their role as innocent victims. They are the reasons why the 'hidden' world of the down low male must be uncovered. Black women were one of the impetus for the construction and emergence of this identity to begin with, thus by illustrating the danger

of not being able to identify these men through the dead or broken bodies and lives of women, the threat of the down male becomes clear. Without the simultaneous construction of black women as victims in the down low discourses, the down low male begins to lose his identity and purpose within epidemiological and African American HIV/AIDS discourses which both desire an identifiable individual to target as a site for intervention.

Also of significance in the moment of the emergence of the down low and the employment of this identity as problematic within epidemiological discourses is the way that this identity both polices sexual minorities' behavior in the same instance that it disciplines homophobia within the black communities. As I argued above, measuring which communities are more or less homophobic is not my goal, but clearly looking at CDC discourses, particularly the 20th anniversary *MMWR* and subsequent news coverage of the HIV/AIDS epidemic, the rate of HIV found in gay/bisexual black men was partially attributed to the inability of these men to identify as gay. Without a cohesive gay identity, they were less likely to receive the prevention messages that warned them about HIV/AIDS risks. Furthermore, this lack of gay identity, or inability to claim a gay identity, was believed to be a byproduct of the stigma and homophobia these men encountered in black communities. Therefore in the contemporary biopolitics of the nation state, where the role of the state is to manage the life and health of various populations, homophobic minority communities are themselves an internal problem, if not threat, to the ability of the state to do its job. Consequently, both gay/bisexual black men and the communities that condemn them are in need of intervention.

Ironically, Duke's and other similar African American HIV/AIDS discourses, make the same argument concerning responsibility within black communities, consequently, aligning the goals of African Americans and the state in this case. As I have argued, common sense respectabilities and nationalisms have responded to the HIV/AIDS epidemic by attempting to distance queer identities from proper black communities. Thus, a moment where the discourses and goals of the state and black communities combine to redeem one homonormative gay subject to the detriment of other sexual minorities should be concerning in and of itself. However, when we add to this disturbing alliance the role black women play in these discourses as victims used to authorize this witch hunt in the name of protection, we should be alarmed.

Folding properly identified gay men into normative black communities is vexing when only allowed through the constructing of a more menacing identity in the down low. As Judith Butler writes, "There are advantages to remaining less than intelligible, if intelligibility is understood as that which is produced as a consequence of recognition according to prevailing social norms."¹⁸⁹ Gay men become redeemable through discourses about the down low that link these sexual identities to high rates of HIV/AIDS. Because gay identified men are presumed to be sexually exclusive to other men, they pose no threat to the daughters and sisters that the Duke, specifically, but down low discourses, generally, are trying to save. Thus, these same gay men who have also been disproportionately affected by HIV/AIDS for the last two decades remain of no consequence or importance to respectable black communities or nationalisms.

Conclusion

The convergence of the 20th anniversary of the HIV/AIDS epidemic, the release of the Young Men's Survey, and the disproportionately high rates of HIV/AIDS in black men and women aided in the production of black gay/bisexual men as a risk that threatened public health's and the state's efforts to respond to the epidemic. Subjects produced for the purposes of regulation are necessary to a variety of macro and micro projects from the nation state itself, to the goals of the CDC and epidemiologists, to academics. What I have charted above is the emergence of the down low male as a new and unique subject through HIV/AIDS epidemiological discourses and the proliferation of this misbehaving subject into popular discourse, through national newspapers and film. The goal has been to illustrate the ways that African American HIV/AIDS discourses, examined across this dissertation, came to be aligned with the goals of public health and the state in attempting to identify and regulate the sexual behaviors of men considered down low. Furthermore, I have argued that the problem that the down low male posed and the urgency required in intervening in the sexual behaviors of these men was given its imperative through the simultaneous construction of women as victims. Finally, in addition to the ways that the down low shaped how black women were constructed within the HIV/AIDS epidemic at its 20th anniversary, the down low male as abject and irresponsible became the impetus for the marginal acceptance of black gay men within proper black communities. Common African American HIV/AIDS discourses which had primarily strived to distance themselves from gay and queer identities now began to grapple with making the distinction between ethical and safe gay male identities and the

dangerous, duplicitous down low/bisexual men. I posit that these discourses require interrogation for the ways it impacts understandings of black gender and sexualities, regardless of the identities they focus on. Racialized stereotypes of black sexualities have been at the core of racist beliefs and policies in the U.S., thus colluding in the policing of black men on the down low does more than mark certain black identities as deviant, it participates in racist discourses that are injurious to all African Americans.

Conclusion: The Need to Think Queerly About Being Straight

Constructing Black Women in the AIDS Epidemic

Why do three decades of black popular HIV/AIDS discourse (in magazines, novels, and film) contain the same elements of denial, redemption of black female heterosexuality, and ostracization of black gay and bisexual men? Why does *Precious*, the film adaptation of Sapphire's *Push*, released thirteen years after the novel's publication provoke similar public responses about the negative representations of black communities?¹⁹⁰ Why do responses to the novel and film both critique the narrative for being a conspiracy to spread lies about black Americans? In this dissertation, I have argued that black common senses, easily learned and fiercely adhered to, are one framework for understanding the ways that black popular discourses have responded to the HIV/AIDS epidemic in the U.S.

This dissertation examined the production of black women in the HIV/AIDS epidemic across a collection of sites including the CDC, newspapers, magazines, novels, and film. My initial topic was very simple, yet very large: Black women and HIV/AIDS. Or rather, to phrase it as a question, how have black women been constructed in the HIV/AIDS epidemic? To answer this question I examined the overlapping discourses of the state, the nation, and black American communities. While I delineate between, for example, epidemiological and state discourses of HIV/AIDS produced by the CDC and black American popular discourses, I recognize that they are not completely separate entities. The CDC clearly draws upon constructions of race, gender, and sexuality in its assessment of the HIV/AIDS epidemic and the production of "at-risk" subjects at the

same time that black American discourses about the epidemic engage, respond to, and negotiate the CDC's findings. Therefore, my case studies cross multiple sites and theoretical and disciplinary boundaries. I have drawn upon epidemiology, feminist studies, African American studies, queer theory, and HIV/AIDS cultural studies to analyze the intersections of the state, the nation, and black American communities that are all critical in constructing black women as racialized and gendered subjects of HIV/AIDS.

I argue that black popular discourses are important to examine for the ways they engage the accepted needs and goals of black communities and attempt to mediate harmful discourses that seemingly threaten those communities. Therefore, when examining *Essence* and *Ebony*, *What Looks Like Crazy* and *Push*, and *Cover* my analysis has been attentive to the ways black nationalist discourses and discourses of the state overlap in these narratives. In each of the chapters I have illustrated the ways that black women have been constructed as victims, as newly afflicted within the epidemic, and how her image was employed to justify the vilification of primarily gay and bisexual men believed to be responsible for the spread of HIV/AIDS among black women. Within these discourses black women were also offered opportunities to redeem themselves through a renewed commitment to black communities and embodying the conventions of respectability.¹⁹¹ My goal has not been to establish these representations as “wrong” or “negative.” Rather, my attention has been on why these are the most prevalent discourses. Why, in over two decades of a changing epidemic, does the desire to position and re-

position black women as victims deserving of sympathy and redemption remain the most relied upon framework for discussing black women and HIV/AIDS?

Through this dissertation I have followed the figure of the black female as it intersected with HIV/AIDS discourses and, conversely, I tracked HIV/AIDS discourses and their production of black female subjects in the epidemic. Ultimately, my analysis has illustrated the multiplicity of meaning within race, gender, and the HIV/AIDS epidemic; each with its overburdened and overdetermined significations which made any fixed determinations impossible. However, rather than being thwarted by this conclusion, I believe that this very finding is what gives me hope for interventions that can produce important challenges to what we have seen within HIV/AIDS discourses as of yet. As I critiqued the various sites in this dissertation I attempted to point out the places where I saw possibilities for alternate constructions of black women's choices or desires, most notably in *What Looks Like Crazy* and in *Push*. In the next section I return to a discussion of the novel *Push*, but in the context of its relationship to the film *Precious* based on the novel released in 2009 and the differences in their releases and public reception.

Push and Precious

As I moved into the final phases of completing this dissertation the film *Precious Based on the Novel by Sapphire* was released in November 2009. The return of the book *Push*, and the author Sapphire to widespread public attention, joined now by the film, the director, Lee Daniels, and the celerity executive producers, including Oprah Winfrey and Tyler Perry sparked a new round of controversy over the content of the book. In the framework of this dissertation, one organized through changing temporalities and

discourses in the HIV/AIDS epidemic, the film *Precious* raises several questions, including: why did the film get released now in 2009, approximately 13 years after the release of the novel? Was there a difference in how the film was received compared to the novel? Was there a similar backlash to the film that the book received?

What seems most significant in the relationship between the novel and the film is the differing ways that race was featured as a discourse framing our understanding of Precious, the protagonist. In the novel, Precious repeatedly references Louis Farrakhan and his often considered extremists beliefs about race, gender, and sexuality. This features much less prominently in the film. Precious is still portrayed as believing that being white or light-skinned is better than being black or dark-skinned, but some of her prejudices and preconceptions seem to fade to the background. For example, her negation of Ms. Rain's lesbian identity is given a few mere seconds on screen as Precious, through internal dialogue, decides that she does not care if Ms. Rain is a lesbian because it's not her that has been causing her pain for years. This is an understanding that took a confrontation from Ms. Rain in the novel for Precious to realize. Ultimately, race and homophobia as social forces shaping not her Precious' life but also those around her takes a back seat to a portrayal of Precious that emphasizes her ability to overcome.

Perhaps the context that the film was produced in is too different from the context in which the novel was published. In 1996 HIV/AIDS had reached a new height in terms of the number of African Americans diagnosed with AIDS and much of the focus was on black heterosexual women within the epidemic. By 2009, public attention had shifted most recently to men on the down low. In *Precious* the importance of HIV/AIDS does

not seem to translate the same in this different context. Similarly, race, class, and welfare, also hold different meanings more than a decade later. The 1996 Welfare Reform Act and the political discourses that accompanied it concerning race and gender were not present in 2009. Louis Farrakhan does not hold a prominent position within African American political discourses either. By 2009 black political discourses are much more interested in the beliefs of President Barack Obama. For example, in an interview with Felicia R. Lee for a *New York Times* article entitled, “To Blacks, Precious is ‘Demeaned’ or ‘Angelic.’” Sapphire stated, “With Michelle, Sasha, and Malia, and Obama in the White House and in the post-‘Cosby Show’ era, people can’t say these are the only images out there. Black people are able to say ‘Precious’ represents some of our children, but some our children go to Yale.”¹⁹² In the novel, Farrakhan is the political figure most often referenced. By 2009, Sapphire uses the Obamas to illustrate how the novel and film deserves a place alongside the positive representations of black like available today. The common senses that are specific to the mid-nineties concerning race, gender, class, sexuality, and the HIV/AIDS epidemic are very different than the black common senses in 2010. The comparison of the book and the film may be most illustrative in that regard, as we attempt to negotiate the demands and the allure of respectabilities we must remember that they are not static. What is considered best for African American communities, women, and men is fluid. Common senses and respectabilities may do similar work over time but they are not static. In the next section I will discuss some of the larger theoretical questions this dissertation has grappled with and provide examples that illustrate the need to challenge constructions of black female sexualities.

Queering Race, Gender, and HIV/AIDS: Questions and Examples

Two of the larger theoretical questions this dissertation has sought to contribute to include: How could constructions of black women in the HIV/AIDS epidemic push black feminist theories to consider black sexualities outside of the reified dichotomy of pathology or respectability? And, what insights can black queer theory offer constructions of black female sexualities? In this section, I will discuss these two questions, providing examples of representations of black female sexualities that I argue can aid us in rethinking black female heterosexualities.

How could constructions of black women in the HIV/AIDS epidemic push black feminist theories to consider black sexualities outside of the dichotomy of pathology or respectability?

Out of necessity, black women have worked to produce counter-representations to racist stereotypes of their selves as mammies, sapphires, jezebels, or hot mommas. Questioning the continued reliance upon respectability, and specifically, the ways that discourses of respectability have shaped African American HIV/AIDS discourses has been central to the goals of this dissertation. This analysis has posited that not only do these strategies persist, but in relation to the perceived threat of the HIV/AIDS epidemic to both the health of black Americans and the construction of black Americans in the U.S. body politic, these strategies have reemerged with renewed importance. Yet, by all accounts, these strategies have not been completely, if at all, successful.

Discourses of respectability marginalize not only gay and bisexual men, but work to exclude women who challenge or jeopardize representations of normative black

communities. Second, the notion that being the right kind of woman, or a respectable woman, could protect you from the “wrong” people and behaviors that would put you at risk of contracting HIV has thwarted prevention efforts. In the context of an epidemic, it seems particularly important to evaluate these beliefs and strategies and to question what has come to be common sense.

For example, in the 2005 film *For Thy Love*, the main couple, Michael and Belinda, have a very troubled relationship, that eventually leads to Belinda cheating on him. Predictably, she sleeps with Larry, a man who is on the down low, acquires HIV, and dies before the end of the film, but not before she begs Michael’s forgiveness and returns to him having learned her lessons about both cheating and what a good black men really looks like. This narrative follows the usual format and logic of down low discourses that rely upon women being the victims of secretly black gay and bisexual men. However, *For Thy Love* has an interesting twist in plot which positions Belinda as both innocent and guilty, victim and cheater. Importantly, the black female victims of the down low must not be promiscuous themselves in order to be labeled innocent and worthy of sympathy. She is Larry’s victim, but had she not cheated on her partner she would have never been exposed to Larry’s deceitfulness. Therefore, Belinda as a woman who transgresses these boundaries must be punished with death.

However, if for a moment we disassociate ourselves from the ending of the film and Belinda’s death, what possibilities could Belinda’s choices and experiences hold for examining black female sexualities? In this context, Belinda is herself on the down low. Before 2001 when the down low became linked to men who secretly sleep with men, the

down low simply meant something secret, a behavior or activity that someone did not want to be known by many people. Belinda is on the down low herself as she creeps behind Michael's back to begin her affair with Larry. Secondly, and more importantly, by engaging in threesomes with her new boyfriend who enjoys having sex with both men and women, Belinda is unable to be included within the boundaries of "proper" heteronormativity, or black respectability, which have become prerequisites for black women's redemption within black HIV/AIDS discourses. As a down low female character, what could Belinda tell us about theorizing sexuality?

If we begin recognizing heterosexualities that stand outside of heteronormativity, particularly in relation to black women, perhaps we could begin a different conversation about how to respond to HIV/AIDS that does not prioritize redeeming black women and simultaneously demonizing black gay and bisexual men. Belinda cheats on Michael because she is not satisfied sexually with him. It is clear that this has been an ongoing issue for the couple and neither of them has handled discussing the problem and seeking solutions very well. What if instead of yelling at Michael, or cheating on him, Belinda had drawn upon feminist and queer theorists ideas about sex and sexual experimentation? Could she have discussed the use of sex toys to stimulate their love life? Could she have suggested ways for her to take a more active role in their love making? Could they have discussed ways to make love that did not rely upon Michael's ability to successfully penetrate Belinda in order to please her?

These questions are not of import solely because we should want representations that do not punish women with death for seeking sexual fulfillment, but because, more

generally, the ability for women to articulate their needs, fantasies and desires has consequences for many aspects of sexual health, including preventing sexually transmitted infections, of which HIV is only one. More effective responses to the HIV/AIDS epidemic might depend upon queering feminist theories of sexuality and sexual practices. A black feminist queer theory of sexuality must be attentive to the ways that the intersections of race, gender, and sexuality mark certain bodies as always already outside of heteronormativity. Black feminist theories of sexuality should examine queer theory, black queer theory, and even feminist disability theory's insights into the many ways to explore sexuality in various forms of embodiment, for the possibilities they hold for challenging appeals to respectability and expanding constructions of black sexualities. *What insights can black queer theory offer understandings of black female sexualities, and vice versa?*

Black feminist theory is indebted to female queer theorists who need to be embraced as we examine black female sexualities. I am insistent upon maintaining the visibility of black lesbian feminists, including Audre Lorde, Barbara Smith, and Cheryl Clark, who laid the foundations for both a vibrant body of black feminist theory and queer studies. To be sure, this is not a purely celebratory desire to re-center these theorists work. It is a call to interrogate black feminist theory for its gaps and omission with the goal of continually seeking analyses that proffer new ways of seeing. In this context, I mean new ways of seeing the connections between race and sexuality, between queerness and race, queerness and sexuality, queerness and social life broadly defined and imagined and looking for new ways of considering the overlapping disciplines of

women and gender studies, ethnic studies and queer studies. Women of color feminisms and theories have not claimed HIV/AIDS as an important issue in need of feminist scholarship. Conversely, theories about HIV/AIDS, including queer theory and HIV/AIDS cultural theory have not engaged the insights of women of color theories including the import of understanding race and sexuality as mutually constitutive categories.

We need to bring black feminist theories of sexuality into closer conversation with queer theory, and more specifically, the more recent push to theorize and articulate a black queer studies or black queer theory. In the late eighties as gay and queer communities began to take action in the HIV/AIDS epidemic, they faced the challenge of mobilizing a response to the epidemic that encouraged safe practices, but also promoted practices that did not force gay men “back into the closet.” In other words, queer theorists began the work of finding and theorizing sexualities and sexual practices that remained queer, but were safer. Studying this early history of the epidemic and the theory and cultural productions that came out of it, I began asking how we can maintain these insights about how to have sex in an epidemic, as we work to understand and respond to HIV/AIDS in black communities, specifically in black women?

Seeking ways to consider heterosexuality outside of heteronormativity may provide more ways to respond to and combat the HIV/AIDS epidemic, but it would also provide ways to think about black female sexualities not beholden to respectability. In *What Looks Like Crazy on an Ordinary Day*, Ava’s choices point to the repression of alternative desires. Ava’s desire for a new life in San Francisco and the possibilities of a

new kind of lover, cannot be realized in the framework of the narrative and thus must be dismissed. However, in its very dismissal it operates as an essential foil in the narrative that ultimately positions Idlewild as the right choice for Ava and anyone invested in saving black communities. Thus, we are left to wonder what could have been if Ava had continued her journey to the West coast.

The intersection between black racialized sexualities and a queer epidemic makes the need for more nuanced theorizations more clear. Pathologized black bodies want nothing to do with sexual expressions or epidemics that link them more closely to deviancy and located further from normativity. The intense need to police black heterosexual women's bodies in the HIV/AIDS epidemic grows out of the deep desire to distance African Americans from any perceived negative associations. The already overloaded categories of race and sexuality make it that much more difficult to respond to HIV/AIDS in black Americans.

However, instead of following respectability and black common senses to conclusions that harm, both discursively and physically, many women and men, I challenge black feminist theorists and those concerned with HIV/AIDS to think queerly about race and sexuality, and their intersections. I argue, that it is in the moments of thinking queerly about race, sexuality, and HIV/AIDS that the women who have structured this dissertation are able to have alternatives that do not support black common sense respectabilities, and thus do not limit the acceptable choices they can make.

I want to be cautious and state that it is not inherently liberatory to propose queer readings or attention to the surpluses of meaning contained within these narratives.

Ultimately, we cannot control the proliferation of meanings, which, ironically, is the impetus that the policing discourses of respectability are responding to. This particular intersection of sexuality, race, and HIV/AIDS is difficult to navigate and ultimately may lead to equally or more problematic associations than I have taken on in this dissertation. For example, the stigma associated with gay men's sexuality could align itself with the stigma of racialized black bodies, in ways that buttress the marginalization experienced by both of these identities. In other words, queer sexualities, largely defined as those that stand outside of normativity, could serve to support efforts to further repress certain identities rather than exposing the inabilities of all identities to adhere to the structures of heteronormativities. However, following the possibilities that may be produced by the tensions between queer epidemics and racialized, gendered, and overly sexualized bodies holds too much potential to back away from out of fear.

Turning Theory into Praxis

I have examined the multiple ways that black women have been produced in HIV/AIDS discourses across different sites and locations in the nation-state. Within black popular HIV/AIDS discourses I have identified the reliance upon common sense respectabilities that have been particularly important in shaping how the HIV/AIDS epidemic has been discussed and represented, particularly in relation to black women. The question remains, how do we begin to intervene in these common senses or within efforts to ascribe to respectability at all costs?

It is extremely difficult to offer solutions or alternatives to these strategies precisely because while the terrain of racism in the U.S. has changed it has not relented.

The need for black Americans to intervene in racist discourses that attempt to locate the source of difference within biology or culture, rather than social institutions that produce and reproduce social inequalities is as important today as it was in 1965. Seeking full inclusion in the nation-state is an important goal that comes with many benefits, which is much more enticing than exclusion and marginalization. Asking embattled communities and identities to shoulder that burden seems more than unfair. Yet again, we will have to ask whose job is it to teach the privileged *about* their privilege. However, in the context of HIV/AIDS, and the need to challenge our relationships to sex, sexuality, and our bodies, normativity might just be more dangerous than making a stand for queerness.

Teaching black women and men that the racist constructions of their sexualities steeped in pathology and threat, might just align them more closely with GLBTQI movements and theories than heteronormativity could be the first step in producing discourses that are not enmeshed in minimizing stereotypes. First, efforts to minimize stereotypes have not been successful. Over one hundred years after the end of slavery in this country, constructions of black women's and men's racialized sexualities persist. Second, norms are persistent, multiple, overlapping and difficult to challenge.¹⁹³ Even when we have examples that contradict their meaning it does not mean norms actually change or that their power is diminished. The lure of recognition and the privileges that come with it are alluring, and rightfully so. Black Americans continue to seek full recognition within the nation-state because acquiescence to failure is to accept the marginalization and oppression that has been directed at black Americans for centuries. However, as I have discussed in this dissertation to be constructed and produced through

discourses that are recognizable by the nation-state may in fact mean being constructed in ways that are harmful to you, your goals, and needs.

In the context of the HIV/AIDS epidemic, striving for the norms of heteronormativity or black respectability, have proven ineffectual for altering the trajectory of the epidemic or perceptions of the epidemic as one associated with marginalized identities. These strategies have vilified gay and bisexual men, and policed the sexual behaviors of both women and men. All the while, these discourses were not being attentive to black women's experiences within the epidemic, not as victims or vectors, but as women with sexualities, lives, and desires that do not align themselves neatly with the black common senses.

In my consideration of black HIV/AIDS discourses and black common sense respectabilities, I have argued similarly that we must be attentive to the moments within these highly structured and repressive discourses that have, in Keeling's words, a surplus of meaning. These surpluses or fissures within the discourses are invaluable to a project invested in finding new ways to construct and enact black female sexualities that do not reify the discourses of race, racism and sexism in the U.S. By linking HIV/AIDS discourses, black common sense respectabilities, and the boundaries of gendered and sexual normativity they attempt to police, I hoped to illustrate both the repressive and normalizing efforts of these common senses and the impossibility of these efforts.

So, how do we do begin the process of challenging black common senses? The first step may be an expanded vision of community that is ready and able to align itself more closely with various forms of queer social life that could encourage a realignment

of political goals and strategies not striving for respectability. In the final section, I conclude with an example of how the multiple intersections of gender, race, sexuality and queerness could be a productive site for black queer feminist theories.

Queering Black Female Heterosexualities

Queer theory has proposed that we move beyond identity when we think about sexual partners and experiences to consider what types of activities or gendered or sexual performances we are attracted to. As one example of a recent representation of black female sexuality that does challenge heteronormativity I turn to the Showtime series, the *L Word*. In the final season of the *L Word* the show broaches the topic of gender performance and sexuality, as it intersects with constructions of blackness and masculinity.¹⁹⁴

Across the entire series, Kit Porter has been in relationships that challenged dominant constructions of masculinity and gender. All of her lovers exhibit masculinity, but in ways that are not normative and certainly do not adhere neatly to male bodies. For example, her love interests include Ivan, a drag king who both performs in drag king shows, and lives as a transgender man. Kit also dates Angus, her sisters' nanny, a man who challenges our assumptions of "women's work" and women's innate ability and desire to be nurturing caregivers. Finally, Kit has a short fling with Papi, a Latina lesbian who exudes female masculinity in her walk, talk, attitude, and her name. In the final season, Kit begins dating Sonny/ Sunset Boulevard a black drag queen, which is the relationship I will discuss further.

At the new club that Kit is running she hires Sunset Boulevard to host events, emcee, and be a disc jockey. Sunset and Kit become close while working nights together at the club, and we often hear Kit confiding in Sunset about her friends, family, and relationship problems. As the season progresses it becomes clear that Kit is missing some of the crucial cues that Sunset's interest in her is not solely platonic. Because Kit assumes that to be a drag queen Sunset must be a gay man, she misreads all of his advances. In a particularly interesting set of events, Kit tells Sunset her ultimate fantasy of a man approaching her in public and saying "You are one of the most beautiful woman I have ever seen, and I would love nothing more than to take you home tonight with me and wake up in the morning with your arms and legs wrapped around me." Later, at the opening of her sister's art show, Sonny (not in drag) approaches Kit and repeats her line verbatim back to her. Her response is to throw a drink in his face.¹⁹⁵ Not only is she not able to recognize Sunset in Sonny, but apparently when her fantasy leaves her mind and becomes reality it is too freaky, even for her. As the audience, we recognize her inability to see Sunset's hints that she/he is interested in Kit because she does not recognize the possibility of Sunset's heterosexuality. In Sonny, she cannot see the friend she has come to trust. Even after Sonny appears on stage without wearing drag and makes clear his feelings for Kit, she calls him a freak. She believes he has deceived her in some way. By not identifying himself as a heterosexual man in drag, he lured her into a friendship that she would not have engaged in if she had known he was not gay. Clearly, this is incredibly problematic, not to mention a limited view of gender and sexuality from a woman embedded in gay, lesbian, and queer communities, and has previously dated a

drag king and a lesbian, despite identifying as a heterosexual woman. Fortunately, Kit overcomes her concerns and by the end of the season Sonny and Kit are dating and we see them interacting as a couple even when Sonny is in drag illustrating that Kit has fully accepted all of his gendered performances.

Kit has defied heteronormativity across the entire series and each of Kit's at least nominally heterosexual relationships brings her closer into queer forms of social life. Most clearly what makes Kit queer is that she is able to follow her attraction to masculinity across a variety of bodies, racial differences, and gendered performances, including female masculinities. Her sexuality defies any easy dichotomy of pathology or respectability. Even in her relationships that are seemingly heteronormative, such as her relationship with Angus, his work as a nanny and feminist beliefs challenges our dominant constructions of masculinity. Instead of only being associated with queer sexuality and queer community through her sister and their friends, she is entrenched in living and loving in non-heteronormative ways by dating a transgender/drag king, a male feminist nanny, and finally a drag queen.¹⁹⁶ As Keeling writes, "For all the talk about lesbian representations on *The L Word*, perhaps it is the show's only heterosexual female character that might offer something of value to those who remain interested in working to create and sustain queer forms of social life that still might not be accommodated by hegemonic hierarchies of race, class, gender, and sexuality."¹⁹⁷

As a black queer heterosexual couple, Kit and Sonny, are at the intersections of race, gender, sexuality, and queerness. This intersection could produce a host of meaningful switchpoints with the potential to challenge constructions of proper black

couplings as well as (black) queerness. Does their performance of a queer heterosexuality challenge our ideas about sexuality? Does their position within lesbian and gay communities and families challenge perceptions of these communities' whiteness? Could it challenge racism within gay, lesbian, and transgender communities? Does Grier, with her association with blaxploitation films and overt sexuality provide a challenge that can disturb our ideas of what is sexy about her performances? Does Sunset/Sonny's performance as a drag queen by a very masculine and straight black male challenge our understanding of drag queens? I believe the answer to all of these questions is a resounding yes. I argue that we must be attentive to the places where there are surpluses or excesses of meaning that can be productive for black queer feminist interventions. These fissures exist precisely because the queer meanings of our lives or the pieces that do not fit within normativities cannot be fully repressed. Examining what cannot be erased even within the sexy and rewarding call of heteronormativities, is where black queer feminist theories of race, gender, and sexuality may find ways to intervene in the regulatory forces of respectabilities, common senses, black nationalism, and overarching norms that demand that black women sacrifice their desires for redemption.

Notes

¹ Ian Hacking, "Making Up People," *London Review of Books*, Vol. 28, no. 16, 17 August, 2006.

² Carlos Ulises Decena, "Profiles, Compulsory Disclosure and Ethical Sexual Citizenship in the Contemporary USA," *Sexualities*, Vol. 11(4): 397-413. P. 400

³ HIV/AIDS is a syndrome that impairs the immune system and makes it difficult for the body to fight off other diseases and infections.

⁴ In this dissertation I use HIV, AIDS, and HIV/AIDS interchangeably to discuss both the biomedical epidemic and the discursive constructions of the epidemic and its multiple meanings.

⁵ In this dissertation I use black and African American interchangeably to discuss black American popular and political discourses. The CDC uses the term black in its publications and epidemiological literature. When referencing information from the CDC I follow their usage of racial or ethnic categories.

⁶ See Deborah Gray White, *Ar'n't I a Woman: Female Slaves in the Plantation South*, (New York: W.W. Norton and Co., 1985); Patricia Hill Collins, *Black Sexual Politics: African Americans, Gender and the New Racism*, (New York: Routledge, 2004); Evelyn Hammonds Evelyn Brooks Higginbotham, "African-American Women's History and the Metalanguage of Race," *Signs*, vol. 17, no. 2, (Winter, 1992).

⁷ According to Ernesto Laclau and Chantal Mouffe, in *Hegemony and Socialist Strategy: Towards a Radical Democratic Politics*, 2nd ed. (New York: Verso, 2001), "Any discourse is constituted as an attempt to dominate the field of discursivity, to arrest the flow of differences, to construct a centre. We will call the privileged discursive points of this partial fixation, *nodal points*," 112.

⁸ Prior to 2002 the *HIV/AIDS Surveillance Reports* are published bi-annually.

⁹ See Deborah Gray White, *Ar'n't I a Woman: Female Slaves in the Plantation South*, (New York: W.W. Norton and Co., 1985); Patricia Hill Collins, *Black Sexual Politics: African Americans, Gender and the New Racism*, (New York: Routledge, 2004); Evelyn Hammonds Evelyn Brooks Higginbotham, "African-American Women's History and the Metalanguage of Race," *Signs*, vol. 17, no. 2, (Winter, 1992).

¹⁰ See Darlene Clark Hine, "Rape and the Inner Lives of Black Women in the Middle West", *Signs*, vol. 14.4 (Summer 1989), 912- 920; See also Evelyn Hammonds, "Towards a Genealogy of Black Female Sexuality: The Problematic of Silence" in *Feminist Genealogies, Colonial Legacies, Democratic Futures* (New York: Routledge, 1997) 170-182, for an additional discussion of strategies and politics used by black women in this time period to defend themselves against racist violence.; See also Candace M. Jenkins, *Private Lives, Proper Relations: Regulating Black Intimacy*. Minneapolis, University of Minnesota Press, 2007; Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880- 1920* (Cambridge: Harvard University Press, 1993).

¹¹ Angela Davis, *Blues Legacies and Black Feminism: Gertrude "Ma" Rainey, Bessie Smith, and Billie Holiday*, (New York: Vintage Books, 1998; Cheryl Wall, *Women of the Harlem Renaissance*, (Bloomington: Indiana University Press, 1995).

¹² Evelyn Hammonds, "Black (W)holes and the Geometry of Black Female Sexuality," *differences: A Journal of Feminist Cultural Studies*, 6. 2+3 (1994), 126-145.

¹³ Hammonds, "Black (W)holes," p. 137.

¹⁴ Cathy Cohen, "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?" in *Black Queer Studies: A Critical Anthology*, eds. E. Patrick Johnson and Mae G. Henderson (Durham: Duke University Press, 2005), 21- 51.

¹⁵ Kathryn Stockton, *Beautiful Bottom, Beautiful Shame: Where "Black" Meets "Queer."* (Durham: Duke University, 2006), p. 4-5.

¹⁶ Wahneema Lubiano, *The House That Race Built: Original Essays by Toni Morrison, Angela Y. Davis, Cornel West, and Others on Black Americans and Politics in American Today* (New York: Vintage Books, 1998).

¹⁷ *Ibid.*, p. 234.

¹⁸ Common sense as defined by Gramsci is a "traditional popular conception of the world;" or "the philosophy of non-philosophers or the conception of the world which is uncritically absorbed."¹⁸ Gramsci's common sense is not to be applied to a whole society or "the national" as a homogenous, singular common

sense of the people. According to Gramsci there is not one common sense, but rather a plurality of common senses which operate simultaneously. As members of numerous and overlapping social groups, all of us hold several common senses that orient our conceptions of the world.¹⁸ Gramsci's theories of the common sense and the role of organic intellectuals have been useful in considerations of the relationship between popular culture and widely held ideologies. In Gramscian thought hegemony is a central concept for theorizing the social. Hegemony, for Gramsci, was a contested terrain, one where the dominant and subaltern groups negotiated for consensus. It is through negotiation between these groups that the current hegemony is established and maintained. A society is composed of various groups, and hegemony, as a political concept, refers to the level of consensus among these groups. These groups, through negotiations, consent to the reigning world view within that society. See Antonio Gramsci, *Selections From the Prison Notebooks*, edited and translated by Quinton Hoare and Geoffrey Nowell Smith, New York: International Publishers, 1971, p. 199, 419; Marcia Landy, *Film, Politics, and Gramsci*, Minneapolis: University of Minnesota Press, 1994, p. 80.

¹⁹ *Ibid.*, 21.

²⁰ This conception is in line with Gramsci's understanding of hegemony as always contested and negotiated.

²¹ *Ibid.*, 23; Keeling writes, "When directed onto a perception, a cliché, as a subset of common sense, continues and arrested movement. During perception, memory retrieves from the past what is useful to the present. What appears to an eye is precisely what remains useful to the maintenance of the present. It is what allows for the living image's survival in the present....When common sense (as memory-image) and a present perception are incommensurate and the present image cannot be recognized so that an arrested movement can continue, something has become too strong in the image and the sensory-motor link collapses....Common sense explodes"

²² Paula A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999), 42.

²³ Steven Epstein, *Inclusion: The Politics of Difference in Medical Research*, (Chicago: The University of Chicago Press, 2007), p. 20.

²⁴ Ian Hacking, "Making Up People," *London Review of Books*, Vol. 28, no. 16, 17 August, 2006.

²⁵ Paula A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999), 46.

²⁶ *Ibid.*, 27

²⁷ In the June 11, 1982 *Morbidity and Mortality Weekly Report*, entitled "Epidemiologic Notes and Reports Update on Kaposi's Sarcoma and Opportunistic Infections in Previously Healthy Persons—United States" the authors report, "Between June 1, 1981 and May 28, 1982, CDC received reports of 355 cases of Kaposi's sarcoma (KS) and/or serious opportunistic infections (OI), especially *Pneumocystis carinii* pneumonia (PCP),... Of the 355, 281 (79%) were homosexual (or bisexual) men, 41 (12%) were heterosexual men, 20 (6%) were men of unknown sexual orientation, and 13 (4%) were heterosexual women. This proportion of heterosexuals (16%) is higher than previously described." The report also states, "Both male and female heterosexual PCP patients were more likely than homosexual patients to be black or Hispanic. Of patients with PCP for whom drug-use information was known, 14% of homosexual men had used intravenous drugs at some time compared with 63% of heterosexual men and 57% of heterosexual women." Within the first year of the epidemic, women accounted for 4% of those reported with opportunistic infections, and heterosexual patients with PCP were more likely to be black or Hispanic. See "Epidemiologic Notes and Reports Update on Kaposi's Sarcoma and Opportunistic Infections in Previously Healthy Persons—United States", *MMWR* June 11, 1981/ 31 (22); 294, 300-1.

²⁸ Cathy Cohen. *Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999), p.137.

²⁹ The revised case definition now included, "HIV encephalopathy [dementia], HIV wasting syndrome, and a broader range of specific AIDS-indicative diseases"²⁹ The addition of these indicator illnesses to the list of conditions that determined a HIV/AIDS diagnosis had a large impact on increasing surveillance efforts.

³⁰ The second 50,000 AIDS cases were reported in approximately a year and a half, between December 1987 and July 1989. "Current Trends First 100,000 Cases of Acquired Immunodeficiency Syndrome—United States, August 18, 1989/ 38 (32); 561-563; In 1989 the CDC reported, "The proportion of AIDS cases among women has also increased from 7% of cases reported before 1985 to 11% of cases reported in the first 6 months of 1989." "Current Trends First 100,000 Cases of Acquired Immunodeficiency Syndrome—United States, August 18, 1989/ 38 (32); 561-563.

³¹ In addition, a 1988 MMWR reported "Comparisons of cases reported from the 12-month period before September 1987 with those reported since then show this change has led to an increase in the proportion of reported AIDS cases among blacks from 24% to 36% of all reported cases" Quarterly Report to the Domestic Policy Council on the Prevalence and Rate of Spread of HIV and AIDS—United States, September 16, 1988 /37 (36); 551-554, 559

³² "Epidemiologic Notes and Reports Acquired Immunodeficiency Syndrome (AIDS) among Black and Hispanics—United States. "(October 24, 1986/ 35(42); 655-8, 663-6).

³³ Of note during this time period is the growing recognition nationally that blacks were increasingly impacted by HIV/AIDS which prompted several important interventions from the CDC. First, was the "Epidemiologic Notes and Reports Acquired Immunodeficiency Syndrome (AIDS) among Blacks and Hispanics—United States," published in the October 24, 1986 *MMWR*, which reported that AIDS rates among blacks and Hispanics were over three times that of whites. Second, the National Minority AIDS Council (NMAC) was officially formed in 1987, to address the growing concerns of minorities in the epidemic. National Minority AIDS Council, <http://www.nmac.org/index/nmac-arrives>

³⁴ In response to the growing epidemic, the CDC began a national campaign called "American Responds to AIDS," which began in 1987 and continued into 1988. It was a five part campaign that included video and print public service announcements, a direct mailing to the homes of all Americans, and national conferences closely coordinated with media outlets around the country. The unprecedented 1988 mailing of the brochure, (the second phase of the campaign), "Understanding AIDS," to every home in the U.S. brought a wave a media attention to AIDS and prevention and education efforts. Niki Hutton Keiser, the AIDS Communications Specialist with Centers for Disease Control's National AIDS Information and Education Program, reported, "The national mailing received extensive media attention in both national and local markets; 1,376 articles appeared in general audience publications, 86 in black publications, and 86 in the Hispanic media." Keiser also reported that by 1988 the media began to pay more attention to the rates of HIV/AIDS in black Americans, and during the third phase the CDC made a special effort to reach out to black media sources during the campaign. See Niki Hutton Keiser, "Strategies of Media Marketing for "American Responds to AIDS" and Applying Lessons Learned, *Public Health Reports*, November-December 1991, vol. 106, No. 6, p. 625.

³⁵ This trend continued into the early nineties. Between September 1989 and November 1991 there was an additional 100,000 AIDS cases reported. In the second 100,000 reported AIDS cases in the U.S. there was an increase in the proportion of cases attributed to heterosexual transmission (from 5% to 7%), an increase in the number of women with AIDS (from 9% to 12%), and an increase in the number of blacks with AIDS (from 27% to 31%). Additionally, 34% of AIDS cases in women were attributed to heterosexual transmission. All of these factors combined with the perceived changing epidemic of the late eighties contributed to the context in which African American women would receive increased attention during this time period. See "The Second 100,000 Cases of Acquired Immunodeficiency Syndrome—United States, June 1981-December 1991." January 17, 1992/ 41 (02); 28-29.

³⁶ *Radical America*, vol. 20, issue 6, p. 28

³⁷ Emphasis mine.

³⁸ Philip M. Boffey, "Spread of AIDS Abating, But Deaths Will Still Soar," *The New York Times*, February 14, 1988.

³⁹ In 1993 the CDC expanded the AIDS case definition again to include "the addition of three clinical conditions: pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer—and retains the 23 clinical conditions in the AIDS surveillance case definition published in 1987." See "1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults." December 18, 1992/ 41 (RR-17). In 1993 alone 103,500 AIDS cases were

reported, which represented a 111% increase since 1992. See "Current Trends Update: Impact of the Expanded AIDS Surveillance Case Definition for Adolescents and Adults on Case Reported—United States, 1993." March 11, 1994/ 43 f(09); 160-161, 167-170. Of particular importance here is that between 1992 and 1993, there was a 130% increase in AIDS cases attributed to heterosexual transmission. Of these reported cases due to heterosexual transmission, black men and women accounted for approximately half (50%). "Current Trends Heterosexually Acquired AIDS—United States, 1993", March 11, 1994/ 43 (09); 155-160.

⁴⁰ A report released in November 1995 on the first half million cases reported, "Of the cumulative AIDS cases, 50,352 (10%) were reported during 1981- 1987, 203,217 (41%) during 1988-1992, and 247, 741 (49%) during 1993- October 1995. The proportion of AIDS cases among females increased from 8% of cases reported during 1981-1987 to 18% during 1993-October 1995." Between these two time periods, AIDS cases attributed to injection drug use and heterosexual transmission also increased. See "First 500,000 AIDS Cases—United States," 1995, November 24, 1995/ 44 (46);849-853.

⁴¹ In 1995, blacks and Hispanics represented the majority of cases among men (54% percent) and women (76 percent). *HIV/AIDS Surveillance Report*, vol. 7, no. 2

⁴² Ibid.

⁴³ Editorial Desk, "The Changing Face of AIDS," *The New York Times*, November 4, 1996.

⁴⁴ Ibid.

⁴⁵ CDC, *MMWR*, June 1, 2001.

⁴⁶ Ibid, p. 433.

⁴⁷ Linda Villarosa, "AIDS Education is Aimed 'Down Low'," *The New York Times*, April 3, 2001.

⁴⁸ "Men Who Sleep With Men," *Essence*, October 2001.

⁴⁹ As early as 1982, women and ethnic/racial minorities with opportunistic infections –indicating that they had AIDS—were reported to the CDC. In the June 11, 1982 *Morbidity and Mortality Weekly Report*, entitled "Epidemiologic Notes and Reports Update on Kaposi's Sarcoma and Opportunistic Infections in Previously Healthy Persons—United States" the authors report, "Between June 1, 1981 and May 28, 1982, CDC received reports of 355 cases of Kaposi's sarcoma (KS) and/or serious opportunistic infections (OI), especially *Pneumocystis carinii* pneumonia (PCP)... Of the 355, 281 (79%) were homosexual (or bisexual) men, 41 (12%) were heterosexual men, 20 (6%) were men of unknown sexual orientation, and 13 (4%) were heterosexual women. This proportion of heterosexuals (16%) is higher than previously described, Epidemiologic Notes and Reports Update on Kaposi's Sarcoma and Opportunistic Infections in Previously Healthy Persons—United States, June 11, 1981/ 31 (22); 294, 300-1. The report also states, "Both male and female heterosexual PCP patients were more likely than homosexual patients to be black or Hispanic."

⁵⁰ Paula A. Treichler, "The Burdens of History: Gender and Representation in AIDS Discourse, 1981-1988" in *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999).

⁵¹ There was several different classification systems used especially within the first years of the epidemic. For example, the dual category of "gay men and intravenous drug user" continues to be used, although no dual category exists for women.

⁵²Initially, the FDA did not allow women into drug trials that could potentially become pregnant. This policy made it virtually impossible to get a critical mass of women into studies that could produce statistically accurate and significant data. In addition to women researchers have also excluded people of color. The ACT UP *FDA Action Handbook*, written in 1988 before the October die in at the FDA states, "Most trials have routinely excluded people of color. Researcher can discriminate blatantly on the basis of race, excluding people of color by not advertising trials, by putting trials at hospitals in white neighborhoods, by excluding women and IV drug users from trials and by pretending all gay men are white." (Eigo, Jim; Mark Harrington, Margaret McCarthy, Stephen Spinella, Rick Sugden. *FDA Action Handbook*. 1988. ACT UP. Available:

<http://www.actupny.org/documents/FDAhandbook1.html.11/10/2004>); See also The ACT UP/NY Women & AIDS Book Group, *Women, AIDS & Activism*, (Boston: South End Press, 1990); Shaw, Randy. "Direct Action: Acting up and Sitting Down." *The Activist's Handbook*. Berkeley: University of California Press, 1996, 212-250.

Clearly ACT UP understood the implications of race and gender on access to AIDS drugs and treatment, however as I previously stated this was not always conveyed in their actions. One example is in the campaign to get the CDC to change their AIDS definition. Referencing Steven Epstein, Cathy Cohen writes, “Epstein goes on to note that ‘eventually, women activists pressed successfully for a change in the CDC case definition’. However, Maxine Wolfe of the Women’s Caucus of ACT UP comments that to secure a meeting with NIAD officials, something men in ACT UP routinely did, women AIDS activists “had to stage a sit-in at the offices of Dr. Daniel Hoth, ... make constant phone calls, send him several letters threatening a repeat sit-in, and “zap” him in front of 5,000 of his colleagues at the Sixth International AIDS Conference.” Cohen, Cathy. *Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999), p.137.

⁵³ Patton, Cindy. *Last Served: Gendering the HIV Pandemic*. London: Taylor & Francis, 1994; After the AIDS case definition was revised in 1987 women and racial/ethnic minorities accounted for increasing percentages of AIDS cases. The CDC reported, "The proportion of AIDS cases among women has also increased from 7% of cases reported before 1985 to 11% of cases reported in the first 6 months of 1989. "Current Trends First 100,000 Cases of Acquired Immunodeficiency Syndrome—United States, *MMWR*, August 18, 1989/ 38 (32); 561-563

⁵⁴ Patton, *Inventing AIDS*, (New York: Routledge, 1991)

⁵⁵ As Patton writes, "... [B]y fusing the myth that AIDS is caused by anal sex with the myth that 'normal' heterosexuals do not engage in this practice, the category of risk/deviance expanded to include 'kinky' heterosexuals. The fundamental bifurcation, evident from the beginning of the epidemic in researchers' and the media's use of the terms 'risk groups' and 'general public', survived unchallenged because heterosexuals with AIDS were re-categorized as nominal queers." *Last Served*, p. 100.

⁵⁶ Robin Gorna, *Vamps, Virgins, and Victims: How can Women Fight AIDS* (London: Cassell, 1996), 3-4. Gorna writes, “But, what does calling AIDS a gay disease mean to an HIV-positive woman, or indeed a feminist addressing the realities of AIDS? The HIV-positive woman may be a minority among people with HIV, and within her own community, but she is a growing minority, and one with specific needs and concerns which are frequently rendered invisible. At least the term 'heterosexual AIDS' has the advantage of being inclusive of women—but, given its problems, perhaps we could conceive of AIDS as a 'woman's disease'? Perhaps, but frankly neither the numbers nor the rationale are there. For me, the only catch-all is to see AIDS as a 'queer disease'—and inadequate description, but it goes some way towards capturing the complexity, strangeness and non-conformity of AIDS reality.”

⁵⁷ See Evelyn Hammonds, “Seeing AIDS: Race, Gender, and Representation,” in *The Gender Politics of HIV/AIDS in Women: Perspectives on the Pandemic in the United States*, eds. Nancy Goldstein and Jennifer L. Manlowe. New York: New York University Press, 1997.

⁵⁸ Evelyn Hammonds, “Seeing AIDS: Race, Gender, and Representation,” in *The Gender Politics of HIV/AIDS in Women: Perspectives on the Pandemic in the United States* eds. Nancy Goldstein and Jennifer L. Manlowe, 113-126.

⁵⁹ Paula A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999), 73.

⁶⁰ See Judith Butler, *Undoing Gender*, (New York: Routledge, 2004), for a discussion of the politics of recognition.

⁶¹ See Carlos Ulises Decena, “Profiles, Compulsory Disclosure and Ethical Sexual Citizenship in the Contemporary USA,” *Sexualities*, Vol. 11(4): 397-413; Steven Epstein, *Inclusion: The Politics of Difference in Medical Research*, (Chicago: The University of Chicago Press, 2007) , for discussions of the relationship between the state, the CDC, and society.

⁶² Ananya Mukherjea, “Studying HIV Risk in Vulnerable Communities: Methodological and Reporting Shortcomings in the Young Men’s Study in New York City,” *The Qualitative Report*, Vol11, no. 2, June 2006, 393-416.

⁶³ Paula Treichler and Catherine Warren. "Maybe Next Year: Feminist Silence and the AIDS Epidemic." *Gendered Epidemic: Representations of Women in the Age of AIDS*. Ed. Nancy L. Roth and Katie Hogan. (New York: Routledge, 1998), 109- 152; Paula Treichler. "Beyond *Cosmo*: AIDS, Identity, and Inscriptions of Gender." *Camera Obscura*, 28 (1992): 21-76.

⁶⁴ Cathy Cohen. *Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999).

⁶⁵ I am only discussing reactions to the novel when it was published in 1996. However, it is important to note that many of these critiques reemerged with the release of the film in 2009. While I had chosen to write about *Push* longer before the release of the film it does provide a unique moment to think about the proliferation of black HIV/AIDS discourses that were produced in the context of the HIV/AIDS epidemic in the mid-nineties.

⁶⁶ Black feminist literary critics include Candace Jenkins, Hazel Carby, Cheryl Wall, and Ann Ducille. HIV/AIDS cultural theorists include Douglas Crimp, Katie Hogan, and Paula Treichler. Additionally, I surveyed multiple texts including, *Positive/Negative: Women of Color and HIV/AIDS: A Collection of Plays* edited by Imani Harrington and Chyrell Bellamy (2002), *Autumn Leaves: Love So Deep* by Victor Mcglothlin (2002), *Women in the Grove* by Paula W. Peterson (2004), and *If Only You Knew* by Marian E (2003) in order to frame the texts I chose within the larger literary terrain of HIV/AIDS fiction.

⁶⁷ For a full discussion of sista-lit see Lisa Guerrero's essay, "Sistahs Are Doin' It for Themselves": Chick Lit in Black and White," in *Chick Lit: The New Woman's Fiction* edited by Suzanne Ferris and Mallory Young. She writes, The protagonists of sista lit were also mainly careerist and middle class, but the implication of both of those positions for black women were what separated them from the white chicks. Being a career-centered, self-sufficient, and unmarried woman flew in the face of decades of social assumptions regarding *white* women. Black women represented an unprecedented challenge to American social structures that had, over centuries, put black women on the absolute bottom of the social hierarchy, confined and vilified through race, gender, and class.

⁶⁸ Douglas Crimp, "Accommodating Magic" in *Melancholia and Moralism: Essays on AIDS and Queer Politics*, 205.

⁶⁹ Paula Treichler and Catherine Warren, "Maybe Next Year: Feminist Silence and the AIDS Epidemic," in *Gendered Epidemic: Representations of Women in the Age of AIDS* (New York: Routledge, 1998), 109—152; Cathy J. Cohen, *Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999).

⁷⁰ Cathy J. Cohen, *Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999), 201.

⁷¹ *Essence*: Our Company, <http://www.essence.com/essence/ourcompany/>

⁷² Our Company: About *Essence* Magazine, <http://www.essence.com/essence/aboutmag>

⁷³ Johnson Publishing Company http://www.johnsonpublishing.com/assembled/businesses_ebony.html

⁷⁴ Ibid.

⁷⁵ Although down low as a phrase does not appear until 2001, fear of the spread of HIV/AIDS to women through bisexual men has been a relied upon theory to explain the disproportionate rates of HIV/AIDS in black women since the late eighties.

⁷⁶ Many HIV/AIDS critics have critiqued mainstream media for their focus on these so called innocent victims of the epidemic. As the media was coming under fire for not reporting on the AIDS epidemic, mainstream outlets responded to these critiques by including coverage of sympathetic women who had been exposed to the virus by duplicitous men who were either secretly intravenous drug users and/or slept with other men; or reporting stories about children born with HIV/AIDS, the really innocent victims of AIDS. Second to these innocent victims were stories about as women as caretakers of those diagnosed with HIV/AIDS. On the other hand, some critics have argued that the reporting on women and children was an effort to find a new angle on the AIDS epidemic. Everyone was aware that AIDS had greatly impacted gay men and hemophiliacs, but the growing number of heterosexuals in the late eighties and nineties, particularly women, provided a new perspective to write about. In part, this 'new' angle for a story about HIV/AIDS relies upon the erasure of women within the epidemic in the early eighties, making more recent cases appear to be a new phenomena. I suspect that both reasons for why women and children were the center of many stories in the epidemic both played a role in editors' choices. See Cathy Cohen, Paula Treichler, and James Kinsella for full discussion.

- ⁷⁷ For a full discussion of Magic Johnson and the media see Douglas Crimp, "Accommodating Magic" in *Melancholia and Moralism: Essays on AIDS and Queer Politics* (Cambridge, MA: The MIT Press), 203-220.
- ⁷⁸ Linda Villarosa and Joan Roberts, "Nobody's Safe," *Essence*, June 1987.
- ⁷⁹ Lynn Norment, *Ebony*, April 1987, p. 128.
- ⁸⁰ Villarosa and Roberts, p. 118.
- ⁸¹ Audrey Edwards, *Essence*, September 1987, p. 77.
- ⁸² Laura B. Randolph, *Ebony*, January 1988, p. 123.
- ⁸³ For example, in an article published in 1994 entitled, "New AIDS Scare for Heterosexuals: The Increasing Threat to Black Women" in *Ebony*, the first paragraph reads, "You know her. She is a friend, a coworker, a neighbor. Perhaps, she is your mother, daughter, sister, grandmother, or an aunt. Her only crime was that she loved a man who was an intravenous drug user. Or maybe, he was a secret lover of men or of one woman too many." "New AIDS Scare for Heterosexuals: The Increasing Threat to Black Women," *Ebony*, April 1994. Once again the epidemic is referred to as a new threat to black heterosexual women, despite the fact that by 1994 black Americans are well aware of the impact the epidemic has had and continues to have on black women.
- ⁸⁴ Muriel L. Whetstone, *Ebony*, April 1994.
- ⁸⁵ Thornton, "Facing AIDS", *Essence*, December 1994.
- ⁸⁶ Cathy Cohen writes that the number of calls from black women to AIDS help lines increased after the "Facing AIDS" article was published
- ⁸⁷ Teresa Wiltz, "AIDS: The Second Wave: Taking Back Our Bodies, Our Lives.", *Essence* Sept. 97, p. 132.
- ⁸⁸ Ibid.
- ⁸⁹ Ibid.
- ⁹⁰ Tamala Edwards, "Men Who Sleep With Men", *Essence*, October 2001.
- ⁹¹ Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, vol. 12. no. 2.
- ⁹² Smith's piece, and apparently the rising concern of African American women about men on the down low, seems to be prompted by several media events that raised the topic of men on the down low. First, she references a piece that ran in the *The New York Times* in 2004 on the rising number of HIV infections among African American women. While she does not cite the article explicitly, it must have mentioned something about men on the down low or men who have sex with men, because Smith discusses how the day after this article ran, her e-mail inbox was "filled with e-mail from sisters around the country who are afraid, angry and suspicious. We're unsure about what to do now that we know there's a possibility that our boyfriends and husbands could be closeted homosexuals carrying HIV." Secondly, she calls attention to an episode of "Law and Order: Special Victims Unit" that featured the story of an African American man who infected his wife with HIV after cheating on her with other men. Finally, Smith discusses an episode of Oprah where J.L. King the author of *On the Down Low* appeared to discuss African American men on the down low. The increase in coverage and discussion of men on the down low in 2004 seems to have triggered discussions about African American women and HIV in *Essence*. This may possibly help to explain why 2004 had the most number of articles published on HIV/AIDS in the entire eleven years I examined including 2001, when *Essence* released a special issue on AIDS for the 20th anniversary of the epidemic.
- ⁹³ (New York: Avon Books, 1997), 10.
- ⁹⁴ Charlotte Watson Sherman, *touch*, (New York: Harper Collins, 1995); Sapphire, *Push*, (New York: Vintage Contemporaries, 1997); Pearl Cleage, *What Looks Like Crazy on an Ordinary Day*, (New York: Avon Books, 1997); Sheneska Jackson, *Li'l Mama's Rules* (New York: Simon & Schuster, 1997).
- ⁹⁵ Patricia Bell-Scott, "The Artist as Witness: A Conversation With Sapphire," *Ms.*, March/April, 1997, p. 78-81
- ⁹⁶ http://voices.cla.umn.edu/artistpages/lofton_ramona.php
- ⁹⁷ *What Looks Like Crazy on an Ordinary Day* could be positioned within the genre of "sista lit." *What Looks Like Crazy*, and many of Cleage's novels, include middle class characters striving to make the black communities they live in better. Key elements within sista lit include the female protagonists "getting it

all,” her career, her man, a family, etc. To be sure, it does not always look the same, but ultimately achievement and respectability are central themes of the novels. On the other hand, *Push* belongs to different genre of novels. It is considered to be a more literary text, in contrast to the popular sista lit novels. Secondly, rather than embrace the themes of achievement and respectability it calls these ideals into question, asking what is at stake in the lives of those who are excluded from such respectabilities and who do not have the means to achieve.

⁹⁸ Hazel V. Carby, *Reconstructing Womanhood: The Emergence of the Afro- American Woman Novelist* (New York: University of Oxford Press, 1987).

⁹⁹ Katie Hogan. *Women Take Care: Gender, Race, and the Culture of AIDS*. Ithaca: Cornell University Press, 2001.

¹⁰⁰ *What Looks Like Crazy*, p. 3.

¹⁰¹ *Ibid.*, 4.

¹⁰² Katie Hogan, "Gendered Visibilities in Black Women's AIDS Narratives," in *Gendered Epidemic: Representations of women in the Age of AIDS*, eds. Nancy Roth and Katie Hogan (New York: Routledge, 1998), 165- 190. See "Gendered Visibilities" for full discussion of Kimberly Bergalis' media coverage.

¹⁰³ Evelyn Hammonds, "Seeing AIDS: Race, Gender, and Representation," in *The Gender Politics of HIV/AIDS in Women: Perspectives on the Pandemic in the United States*, eds. Nancy Goldstein and Jennifer L. Manlowe (New York: Routledge, 1997), 113- 126.

¹⁰⁴ *What Looks Like Crazy*, 56.

¹⁰⁵ *Ibid.* 77

¹⁰⁶ See *Essence* articles by Teresa Wiltz (1997), and Taigi Smith (2004)

¹⁰⁷ Cleage, p. 10

¹⁰⁸ Judith Halberstam, *In a Queer Time and Place: Transgender Bodies, Subcultural Lives* (New York: New York University Press, 2005); Annamarie Jagose, *Queer Theory: An Introduction* (New York: New York University Press, 1996).

¹⁰⁹ Pearl Cleage, *What Looks Like Crazy*, 1.

¹¹⁰ *Ibid.*, 102.

¹¹¹ *Ibid.*, 113.

¹¹² José Esteban Munoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis: University of Minnesota Press, 1999, 8-11.

¹¹³ *Ibid.*, 243.

¹¹⁴ Ann duCille, *The Coupling Convention: Sex, Text, and Tradition in Black Women's Fiction* (New York: University of Oxford Press, 1993), 14.

¹¹⁵ Ann duCille's concept of the unreal estate defined as "a fictive realm of the fantastic and coincidental, not the farfetched or the fanciful or "magical realism" but an ideologically charged space, created by drawing together a variety of discursive fields—including "the real" and "the romantic," the simple and the sensational, the allegorical and the historical—usually for decidedly political purposes."(pg. 17), would be an interesting line of inquiry to follow thorough the cohort of novels from the mid-nineties.

¹¹⁶ *Ibid.*, 17.

¹¹⁷ Pearl Cleage, *What Looks Like Crazy*, 204-5.

¹¹⁸ *Ibid.*, 220.

¹¹⁹ Sapphire, *Push*, 3.

¹²⁰ *Ibid.* 14

¹²¹ *Ibid.* 34

¹²² *Ibid.* 38

¹²³ *Ibid.* 68

¹²⁴ *Ibid.* 29

¹²⁵ *Ibid.* 32

¹²⁶ *Ibid.* 64

¹²⁷ *Ibid.* 81

¹²⁸ *Ibid.* 81

¹²⁹ *Ibid.* 95

¹³⁰ Ibid. 108

¹³¹ “And, yes, the boogeyman is for real” is a line delivered by one of down low men in the film *Cover* before he is shot to death by his ex-wife who he transmitted the virus to.

¹³² Lubiano, “Black Nationalism and Black Common Sense.”

¹³³ This term, sexual minority, comes from Rebecca M. Young and Ilan H. Meyer’s “The Trouble with “MSM” and “WSM”: Erasure of the Sexual-Minority Person in Public Health Discourse,” *American Journal of Public Health*, July 2005, vol. 95, no. 7, 1144-1149.

¹³⁴ *New Pittsburgh Courier*, “20 years of AIDS: 450,000 Americans dead: more than 1 million infected,” June 20, 2001.

¹³⁵ Although I searched between 1980 and 2008, the first reference to men living on the down low does not appear until 2000; I used the key terms: “down low,” “on the down low,” “down low and HIV,” “down low and HIV/AIDS,” “down low and black men.” Each search returned unique and duplicated citations, which I then cross-referenced to identify the articles most relevant to the topic. I excluded any articles that included the “down low” as a passing reference, or simply used the phrase, but did not substantially engage the topic.

¹³⁶ There are some articles that begin to report the findings of state health departments in New York and San Francisco in December 2000. They report similar prevalence rates in black and Latino men as the Young Men’s Survey. The studies appear to be a part of the Young Men’s Survey, but it is unclear.

¹³⁷ Hispanic men are included in discussions of the high rates of HIV/AIDS in young MSM. However, reports often say that black men are at higher risk, and thus of greater concern to intervention efforts. For example in the June 1, 2001 *MMWR* it reads, “In this study, HIV incidence was high among MSM in their 20s and young racial/ethnic minority MSM, especially blacks.” p. 443.

¹³⁸ There is a much longer history of being down low, one that emerged long before the mid-nineties in R & B culture or post-2000 in the context of HIV/AIDS.

¹³⁹ See *Brother to Brother: New Writings by Black Gay Men* by Essex Hemphill, *Black Gay Man: Essays* by Robert Reid-Phar, and *Beyond the Down Low: Sex, Lies, and Denial in Black America* by Keith Boykin for social histories of black gay and bisexual men and discussions of the down low. How the down low was used in contexts other than the HIV/AIDS epidemic prior to 2000 is not discussed in this dissertation. This will be included in future versions, but as beginning supposition I would argue that how the down low has come to be used is not directly linked to the strategies that gay and lesbian men and women have used to survive in homophobic and violent settings. I want to be sure not to conflate the various uses of this term.

¹⁴⁰ Rebecca M. Young, PHD, and Ilan H. Meyer, PhD, “The Trouble with “MSM” and “WSW”: Erasure of the Sexual-Minority Person in Public Health Discourse,” p. 1144, *American Journal of Public Health*, July 2005, Vol. 95, No. 7, 1144-1149, p. 1144

¹⁴¹ Ibid., 1144.

¹⁴² Ibid., 1145.

¹⁴³ There is a gap in research examining the down low as an identity claimed by both men and women who engage in a variety of social and sexual behaviors. While it is beyond the purview of this chapter and dissertation, it is in need of scholarly attention and will hopefully be a central aspect of my future work on the HIV/AIDS epidemic in black communities.

¹⁴⁴ See Steven Seidman, Chet Meeks, and Francie Traschen, “Beyond the Closet? The Changing Social Meaning of Homosexuality in the United States,” *Sexualities*, 1999, Vol. 2(1), 9-34; Paula C. Rust, “Sexual Identity and Bisexual Identities: The Struggle for Self-Description in a Changing Sexual Landscape,” in *Queer Studies: A Lesbian, Gay, Bisexual, and Transgender Anthology*, eds. Brett Beemyn and Mickey Eliason, New York: New York University Press, 1996, p. 64-86.

¹⁴⁵ See Paula Rust, Marlon Ross, and Steven Seidman for additional discussion.

¹⁴⁶ There are important distinctions between identity and behavior which hold differing levels of relevance depending on the context. In HIV/AIDS education and prevention work, identity should not be prioritized or relied upon to determine who is or is not “at risk.” For prevention, no matter what your identity, practicing safer sexuality and safer i.v. drug use, that limits one’s exposure to bodily fluids is imperative. On the other hand, identity as a social signifier that helps us find acceptance, community, or a place in the

world where we feel comfortable is extremely important. For some, their understanding of themselves was not complete until they had a word, a descriptor, a language for who they were. For example, the identities butch, femme, or down low are all identities that exist at the intersection of gender and sexuality and help locate an individual within both spaces. Socially, they are important identities for those who claim them. Yet, those identities should not be utilized as a short hand for assumptions about what individuals do with their sexual partners. In this dissertation, while I critique the CDC for employing the use of identities in their HIV prevention research and education that is not to mean that we should not be attentive to identity. In fact, examining identity within HIV/AIDS discourses is a large part of this research.

¹⁴⁷ The second phase of the study excluded the Bay Area.

¹⁴⁸ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, June 1, 2001, vol. 50, no. 21, p. 429.

¹⁴⁹ Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, June 1, 2001, vol. 50, no. 21, p. 430.

¹⁵⁰ *Ibid*, p. 433.

¹⁵¹ Linda A. Valleroy; Duncan A. MacKellar; John M. Karon; et al. HIV Prevalence and Associated Risks in Young Men Who Have Sex With Men, *JAMA*, 2000;284(2):198-204

¹⁵² Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, June 1, 2001, vol. 50, no. 21.

¹⁵³ *Ibid*, p. 442.

¹⁵⁴ Unfortunately, detailed reports of Phase II's findings have not been published.

¹⁵⁵ Linda Valleroy et al, "HIV Prevalence and Associated Risks in Young Men Who Have Sex With Men," *The Journal of the American Medical Association*, July 12, 2000, Vol. 284, no. 2, p. 198-204

¹⁵⁶ See Carlos Ulises Decena, "Profiles, Compulsory Disclosure and Ethical Sexual Citizenship in the Contemporary USA," *Sexualities*, Vol. 11(4): 397-413., for a full discussion of the 2003 *MMWR*; HIV/AIDS Among Racial/Ethnic Minority Men Who Have Sex with Men-- United States, 1989-1998, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, January 14, 2000, vol. 49, no. 1, p. 4-11; "HIV Prevalence and Associated Risks in Young Men Who Have Sex With Men," *The Journal of the American Medical Association*, July 12, 2000, Vol. 284, no. 2, p. 198-204, HIV/STD Risks in Young Men Who Have Sex with Men Who do not Disclose Their Sexual Orientation—Six U.S Cities, 1994-2000, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, February, 7, 2003, vol. 52, no. 5, p. 81-86.

¹⁵⁷ The June 1, 2001, I argue, is particularly illustrative of the role of public health institutions, in tandem with the state, have in producing subjects to be hailed within strategies of surveillance and risk management. Thus, the 20th anniversary is used as a moment for those invested in slowing the HIV/AIDS epidemic, and promoting a healthier national body, to reanalyze where the current threat lies.

¹⁵⁸ Guy Trebay, "Homo Thugz Blow Up the Spot," *Village Voice*, February 8, 2000.

¹⁵⁹ *Ibid*.

¹⁶⁰ *Ibid*.

¹⁶¹ Similar to this discussion of men on the down low, on June 27, 2000 the *Village Voice* published another article titled, "Black, Gay, At-risk," which discussed the exclusion of black gay men from both black communities and gay white communities due to their intersecting identities of race and sexuality. The author, Kai Wright, quotes Timothy Benston of the Gay Men's Health Crisis who states, "The white gay community is built around just that—white gay men. And there's no real support in the black community around as sexual identity. No places where black gay men can go and be gay. So we tend to meet at cruising places, like parks, where everything is undercover, 'on the down low,' as they say now." Again, here "on the down low" used to describe a secret. Gay men keeping their sexuality a secret or using parks as cruising sites is not specific to black gay men. Benston is arguing that black gay men have a difficult time finding support systems, so they often keep their sexualities hidden.

¹⁶² Kai Wright, "Black, Gay, At-risk", June 2000, *Village Voice*, references a "1999 Center for Disease Control and Prevention study of men who have sex with men, ages 15-22—conducted in seven cities, including New York City—found that blacks are almost five times as likely as their white counterparts to be HIV-positive."

- ¹⁶³ Steve Sternberg, "1 in 3 young gay black men are HIV positive," *USA Today*, February 6, 2001.
- ¹⁶⁴ Jennifer Steinhauer, "Undeterred by a Monster; Secrecy and Stigma Keep AIDS Risk High for Gay Black Men," *The New York Times*, February 11, 2001.
- ¹⁶⁵ The article uses gay and MSM interchangeably in the article.
- ¹⁶⁶ Steve Sternberg, *USA Today*, March 15, 2001.
- ¹⁶⁷ The first reference to J.L. King I found was in a December 15, 2000 article "Sleeping with danger: The new face of HIV/AIDS" in the Indianapolis *Recorder*. It mentions that he will speak at a local symposium. "Participants will also hear from J.L. King, a man who confesses to having sex with both women and married men..."
- ¹⁶⁸ Many of the articles on the down low referenced recent reports from the CDC without citing them specifically. Therefore, it is not completely clear which studies and data were used. However, considering the statistics cited in the articles and the timing of the publications of the results from the Young Men's Survey in 2000- 2001, this two part study is most likely the source of most of the findings cited in the articles.
- ¹⁶⁹ See "Researchers raise concerns on HIV Rate," *Los Angeles Times*, February 6, 2001; "HIV hits 30% of gay black males," *Milwaukee Journal Sentinel*, February 6, 2001; "AIDS makes a comeback," *Hartford Courant*, March 19, 2001.
- ¹⁷⁰ New Pittsburgh Courier, "20 years of AIDS" 450,000 Americans dead: more 1 million infected, June 20, 2001.
- ¹⁷¹ See "Study finds 'explosive' U.S. HIV rates," *The Ottawa Citizen*, June 1, 2001; "Alarming upturn seen in AIDS cases," *Tulsa World*, June 1, 2001; "AIDS hits Blacks Hardest among gay men," *USA Today*, June 1, 2001; "New wave of infections among gay," *The Gazette*, June 1, 2001; "Signs seen of HIV spread Gay and bisexual black men in their 20s at highest risk," *The Atlanta Constitution*, June 1, 2001; "Gay blacks' HIV denial thwarting outreach," *The Washington Post*, June 3, 2001.
- ¹⁷² Sabin Russell, "Young gays contracting HIV at 'explosive' rate, CDC says," *San Francisco Chronicle*, June 1, 2001.
- ¹⁷³ Nikolas Rose, "The Politics of Life Itself," *Theory, Culture & Society*, vol. 18, no. 6, 1-30, p. 6
- ¹⁷⁴ Bob Herbert, "In America: A black AIDS epidemic," *The New York Times*, June 4, 2001.
- ¹⁷⁵ See Carlos Ulises Decena, "Profiles, Compulsory Disclosure and Ethical Sexual Citizenship in the Contemporary USA," *Sexualities*, vol. 11, no. 4, 397-413; Ananya Mukherjea, "Studying HIV Risk in Vulnerable Communities: Methodological and Reporting Shortcomings in the Young Men's Study in New York City," *The Qualitative Report*, Vol 11, no. 2, June 2006, 393-416.
- ¹⁷⁶ Jasbir k. Puar. *Terrorist Assemblages: Homonationalism in Queer Times*, Duke University Press, 2007.
- ¹⁷⁷ But, this does not preclude the self construction of such and identity by men and women for a myriad of reasons. Arguably, the down low, in its many possible manifestations exists in relation to understandings of the closet and sexual minorities relationship to it as perceived as inside or out.
- ¹⁷⁸ Rose, "The Politics of Life Itself," *Theory, Culture & Society*, vol. 18, no. 6, 1-30.
- ¹⁷⁹ To be sure, this is a contested view of the biopolitical trajectory of the politics of the nation state. See "Homonationalism and Biopolitics," in Puar, 2007.
- ¹⁸⁰ *Ibid.*, 7.
- ¹⁸¹ Wahneema Lubiano, *The House That Race Built: Original Essays by Toni Morrison, Angela Y. Davis, Cornel West, and Others on Black Americans and Politics in American Today* (New York: Vintage Books, 1998), p. 232.
- ¹⁸² There are small differences in the plot as it was alluded to in the trailer and how it was formatted in its final version, including, the most striking difference, that Dutch does not acquire HIV from the HIV positive Kevin (in *Cover* his male sexual partner is named Ryan), and therefore, his wife does not acquire HIV. The end of the film seems to remain the same with Dutch's wife leaving him after she catches him with Kevin/Ryan.
- ¹⁸³ Bill Duke, "Mission Statement," http://www.officialbillduke.com/letter_covercast.html.
- ¹⁸⁴ Kimberly C. Roberts, "Bill Duke exposes men on the down low in 'Cover,'" *Philadelphia Tribune*, April 6, 2007.

¹⁸⁵ Interestingly, Duke's discussion of the need for black men to come out is realized through men confessing to other men, in order to save their women. Black women here become the impetus for black gay and bisexual men to out themselves, but she, as a subject, is not present in this exchange.

¹⁸⁶ Ibid.

¹⁸⁷ Elijah G. Ward, "Homophobia, Hypermasculinity and the US Black Church," *Culture, Health, & Sexuality*, September-October, 7(5): 493-504.

¹⁸⁸ Greg is on seen with Zahara and Valerie and at the women's church group. No other friends are referenced or any involvement with a gay community, other than a mentioning of this failed relationship. Notably, he bonds with the women in the group when he confesses that his lover let him for a younger man, an experience the women can relate to. Throughout the script Greg is feminized and made an "honorary" women. This gendered construction of gay male sexuality as actually 'female' is a stereotypical understanding of same gender attraction and relationships.

¹⁸⁹ Judith Butler, *Undoing Gender*, New York: Routledge, 2004, p. 3.

¹⁹⁰ See Felicia Lee, "To Blacks, Precious Is 'Demeaned' or 'Angelic,'" *The New York Times*, November 21, 2009; National Public Radio, "Sapphire's Story: How 'Push' became 'Precious,'" November 6, 2009, <http://www.npr.org/templates/story/story.php?storyId=120176695>

¹⁹¹ In the novels *touch*, and *L'il Mama's Rules* the women drastically alter their lives after their HIV diagnosis and begin committed relationships and, at least figuratively, adopt children to complete their families. In the film *Cover* Valerie embodies black respectability by being a good Christian, a good wife, and community member. She has attended Spellman, joined a black sorority, she is active in the church, and committed to her family. Notably, it is Valerie who is threatened by a cheating, down low husband.

¹⁹² Felicia R. Lee, "To Blacks, Precious is 'Demeaned' or 'Angelic.'" *The New York Times* November 21, 2009.

¹⁹³ This discussion draws on Judith Butler's theory of the ways that norms operate. She writes, "A norm is not the same as a rule, and it is not the same as a law. A norm operates within social practices as the implicit standard of *normalization*. Although a norm may be analytically separable from the practices in which it is embedded, it may also prove to be recalcitrant to any effort to decontextualize its operation." *Undoing Gender* (New York: Routledge, 2004), p. 41.

¹⁹⁴ Kara Keeling has argued that through the character, Kit Porter, importantly played by Pam Grier, the quintessential bad-ass mama of black exploitation films, the series drew upon Grier's identification with her previous characters to not only attract black audiences to the show, but also upon Grier's flirtation with queerness in her previous performances to further queer an already lesbian series. Both through her racial identification as a black woman in a markedly white network of friends, but also through her association with her previous characters who in their oversexualized performances still kicked men's and women's asses and took names, Grier brings aspects of "black cool" and black sexualities to the white queer landscape of L.A portrayed in the series. Kara Keeling, *The Witch's Flight*, *The Cinematic*, *the Black Femme*, and *the Image of Common Sense*, (Durham: Duke University Press),

¹⁹⁵ *The L Word*, "Lactose Intolerant," episode 6, season 6, 20 October 2009 (originally aired 22 February 2009).

¹⁹⁶ In fact as the proprietor of a lesbian identified coffee shop and bar called The Planet. In season 5 Kit is embroiled in a battle with a new lesbian night club in town intent on make her close her business. Interestingly, Kit has her own sets of investments and problems within queer spaces that mark her as more than a mere tourists in this lesbian community.

¹⁹⁷ Ibid. p. 117

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Appendix A

Once I compiled the articles from the various indexes I identified the categories represented in the type of articles published by the magazines. The six categories I identified were: Articles, Personal Narratives, Tangential, Cultural, and Announcements.

Articles- are stories that are largely informative, they provide statistics and facts about how the epidemic is impacting African Americans, they discuss new medical reports, or they identify available resources.

Personal Narratives- are stories largely told in first person about either a person living with HIV or AIDS, or a story about someone close to the person who is living with HIV or AIDS or has died from the syndrome.

Tangential- these are stories or articles where HIV/AIDS is mentioned but it is not the primary focus of the piece. An example might be a story where someone is discussing sexual health and sexuality, and they mention either getting or not getting tested for HIV, but the piece continues and it is primarily about another topic such as teenage pregnancy, or birth control, etc. The point being that the mention of HIV/AIDS is primarily an aside.

Cultural- this category is for pieces that discuss a play, a book, a poem, etc that addresses HIV/AIDS. For example, *Essence* included excerpts from the books *Touch* and

What look Like Crazy on an Ordinary Day, when they were first published which are both about African American women and HIV/AIDS.

Announcements- These are announcements about different AIDS walks, charity drives, forums, meetings, about AIDS.

Letters to the Editor- These are submissions from readers responding to previous coverage of HIV/AIDS.

Appendix B

List of U.S. Newspaper Articles from 2000-2004
Including the term “down low,” “D.L.,” or “homo thugz.”

2000

1. February 8, 2000, “Homo Thugz Blow Up the Spot,” *Village Voice*, Guy Trebay
2. June 27, 2000, “Black, Gay, At- Risk,” *Village Voice*, Kai Wright
3. November 21, 2000, “Home Boys,” *Village Voice*, Chris Nutter

2001

1. February 11, 2001, “Undeterred by a Monster, Secrecy and Stigma Keep AIDS Risk High for Gay Black Men,” *The New York Times*, Jennifer Steinhauer
2. February 18, 2001, “For gay blacks, HIV Alarm Sounds in Shadows,” *The Times Union*, Paul Grondahl
3. March 15, 2001, “The danger of living ‘down low’ Black men who hide their bisexuality can put women at risk,” *USA Today*, Steve Sternberg
4. April 3, 2001, “AIDS Education is Aimed Down low,” *The New York Times*, Linda Villarosa
5. June 12, 2001, “The Great Down Low Debate,” *Village Voice*, Kai Wright
6. August 31, 2001, “Brothers in Arms: By day, They’re Guys on the block, but come Friday night, its time to head out and hook up at Jenny’s,” *The Washington Post*, Steven Gray
7. April 22, 2001, “Film breaks open taboos of gay black men, AIDS,” *Chicago Sun Times*, Mary Mitchell
8. June 1, 2001, “Losing Dorothy,” *LA Weekly*, Sara Catania

9. June 4, 2001, "AIDS at 20," *The San Francisco Chronicle*, Christopher Heredia
10. June 4, 2001, "Blacks Must Shout: Silence = Death," *Palm Beach Post*, Cynthia Tucker

2002

1. April 21, 2002, "Some Gay Black Men are Keeping a Deadly Secret," *St. Louis Post-Dispatch*, Denise Hollinshed
2. October 23, 2002, "The New Faces of AIDS," *Seattle Weekly*, Nina Shapiro

2003

1. August 3, 2003, "Double Lives on the down low," *The New York Times*, Benoit Denizet Lewis

2004

1. April 15, 2004, "Black Men on the down low and AIDS are scary trends," *St. Petersburg Times*, Ernest Hooper
2. April 25, 2004, "On the down low is just another name for being gay," *The Herald Sun*, Carl Kenney
3. July 11, 2004, "Danger on the down low," *The Houston Chronicle*, Jeannie Kever
4. July 18, 2004, "Love on the Quiet," *The New York Times*, Seth Kugel
5. August 2, 2004, "Down Low Culture tied to more HIV/AIDS among blacks," *The Post and Courier*, Tenisha Waldo
6. August 14, 2004, "Married Men with Another Life to Live," *The Washington Post*, Jose Antonio Vargas
7. September 23, 2004, "On the Down Low, and every which way," *The Boston Globe*, James Reed