

BLACK WOMEN, HIV/AIDS, AND THE MEDIA: COMMUNICATING AN EPIDEMIC IN
THE HIP HOP ERA

BY

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DISSERTATION

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ABSTRACT

This study examines the mediated representation of HIV/AIDS and blackness. Using black feminist thought, and its organizing principles— intersectionality and the matrix of domination—this analysis investigates how race, gender, class, and disease work in concert to inform media texts by and about black women living with the virus. Furthermore, this examination employs a textual analysis of the AIDS storyline on the black situation comedy *Girlfriends*, the AIDS character Ana Wallace in the HBO film *Life Support*, and the self-representation of Rae Lewis-Thornton on her personal health blog “Diva living with AIDS.” Each text generates alternative representations of HIV-positive black women that contest familiar stereotypes and clichés. Overall, this study helps scholars better understand the various meanings and definitions surrounding black women in the contemporary AIDS epidemic.

Key words: HIV/AIDS, black women, media, popular culture

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To the Randolph and Kato Family

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CHAPTER ONE

IS THIS OUR EPIDEMIC?

The AIDS virus thrives on precisely what permeates the U.S. medical system: the notion of “otherness.” This is also called “sexism,” “racism,” and “homophobia”—words too puny and mild-mannered to convey the savagery they represent. (Corea, 1992, p. 4)

How and why is knowledge about AIDS becoming produced in the way that it is?
Who is contributing to the process of knowledge production? To whom and by whom is this knowledge disseminated?

What are the practical and material consequence of any new interpretation? Who benefits? Who loses?

On what grounds are facts and truth being claimed? (Treichler, 1988, p. 229)

As many scholars have noted, representations of AIDS serve to draw the boundaries of risk and construct identifies for whom the epidemic is meaningful; however, the complexities of the representations of African-American women and AIDS have not been taken up by cultural studies critics [...]. The task of the critic is to show how, and to what effect, such constructions arise historically, how they persist, how they are perceived by African American women, and how they are used by the media and medical/public health establishment in representations of risk for AIDS. (Hammonds, 1997, p.114-115)

Introduction

At the start of my graduate studies, I was perplexed about black women in the AIDS crisis and my role as a researcher. Granted, I am not a public official responsible for developing policies that could potentially save lives; however, as a scholar, I am a public servant who believes that intellectual work must be responsive to the needs and demands of its time.

Growing up in the 80's alongside AIDS, I overheard whispers about a family friend who might have died from the disease. Like countless others living with the virus, his death was shrouded in secrecy, and then attributed to cancer or some other less stigmatized condition. I also grew up

in Indiana during the buzz about Ryan White an HIV-positive Indiana teenager with hemophilia who fought alongside other AIDS activists to secure the rights and resources necessary for people with HIV/AIDS (PWAs) to live out their days with dignity and respect.¹ Local media mostly portrayed AIDS as an illness affecting children, and so I remember learning, as part of my kindergarten curriculum, that you cannot “catch” AIDS from sharing the same cup, kissing, hand-holding, or hugging someone infected with the virus. As I grew older, I learned other important facts, namely, that young black women like me are disproportionately affected by this particular health crisis. Much of what I learned during those formative years shaped my understanding both of the disease and of my identity. In this way, AIDS is a part of my worldview—one shared by other young black Americans of the hip hop generation (those born between 1965 and 1984, see Kitwana, 2002).

These lessons stuck with me as I continued my studies at the University of Illinois. My confusion about black women with AIDS, who they were, what made them especially vulnerable to disease, and why there appeared to be so little effort to address the problem, was born out as I examined the writings of researchers, policymakers, and media. This motivated me to search for answers. Above all, I wanted to know what black women had to say about all of this. And so, during the summer of 2004, I conducted exploratory research in Chicago’s westside with several black women living in a transition home for HIV-positive women in recovery from illicit drug use. I thought that I was prepared for what they would share with me, and that their stories

¹ The Ryan White Comprehensive AIDS Resource Emergency Act (Ryan White CARE Act, Public Law, 101-381, 104 Stat. 576, enacted August 18, 1990) is the largest federally funded program in the United States exclusively for people living with HIV/AIDS. The CARE Act was reauthorized four times; its twenty-fifth anniversary was August 18, 2015. Funded at \$2.32 billion for fiscal year 2016 the Ryan White CARE Act has been reauthorized four times. The program includes the Minority AIDS Initiative—a program that addresses the needs of African Americans or disproportionately impacted communities. The formula for the distribution of funds now is based on population distribution rather than former a formal competitive process. This was signed into law by President George Bush.

would largely echo what I had learned from scholarly articles, newspapers, and television programs. But their personal narratives surprised me. In interview after interview, these women related histories of sexual abuse, childhood abandonment, addiction, mental illness, imprisonment, and poverty—histories that we know render women, especially black women, vulnerable to disease. I was overwhelmed. I also was angry that the media were so uninformative. And this anger turned into a burning desire to understand, and then do something to eliminate, if only by a fraction, the amount of suffering and pain that was captured by my loosely structured interviews with a handheld camcorder. This prompted me to look back at the scholarly literature and media texts that had taught me what I thought I knew about black women and AIDS. What I found was a mixed bag of inaccuracies, sweeping generalizations, oversights, and stereotypes. At the same time, I found a number of journal articles, television programs, films, and blogs that did a comparatively good job of clarifying the realities for black women living with debilitating and sometimes fatal disease.

Media texts by and about black women living with HIV/AIDS are now readily accessible. They include newspaper articles; activist writings; women's health books and testimony; novels, poetry, and nonfiction; television programs, magazines, and commercial films; and internet sites. Still, these texts generally do not capture the public attention that other texts so (e.g. Kramer's *The Normal Heart*, Shilts' *And the band played on*, and Kushner's *Angels in America*) nor are they taken up within critical studies of HIV/AIDS. To date, there are less than twenty sustained examinations of media texts centered on black women and AIDS. This generates a significant gap in the literature that begs for scholarly attention.

Like Paula Treichler (1999), Alexandra Juhasz (1995), and Douglas Crimp (1993), I contend that mediated representations of HIV/AIDS can be useful pedagogical tools to teach us

how to better understand and respond to disease and bodies. As such, media have the potential to clarify misinformation surrounding black women and HIV/AIDS. Using textual analysis, this study examines the contemporary representation of black women living with HIV/AIDS. It interrogates the television situation comedy *Girlfriends*; the HBO film *Life support*; and the personal health blog “Diva Living with AIDS.” Each of these contributes in new ways to its respective genre. These texts also center on the experiences and realities of seropositive black women, are popular among diverse audiences, are explicit about basic HIV/AIDS information, and are produced by young black Americans of the post-civil rights generation. Most important, these texts, produced between 2003 and 2015, offer alternative representations of black women living with HIV/AIDS that, by and large, disrupt the status quo to effectively communicate about and to black women in the ongoing AIDS crisis.

Deploying the organizing principles of black feminist thought, hip hop feminism, intersectionality, and the matrix of domination, to which I return below— I contribute to and extend the work of such scholars as Evelyn Hammonds (1986, 1997), Cathy Cohen (1999), Dorie Gilbert and Ednita Wright (2003), Michele Berger (2006), and Ayana Weekly (2006) to examine and challenge how race, class, and gender along with racism and sexism inform the lives of black women living with HIV/AIDS including the mediated representations that shape it. In these texts, at last, are echoes of the voices I heard in my interviews in Chicago.

One goal of this study is to determine how and when African American women enter into the varied and overlapping discourses of the epidemic. First, I ask when, why, and how black women appear in the AIDS epidemic as real bodies, as bodies officially recognized, and as bodies represented in the mass media. While African American women have been disproportionately affected by HIV/AIDS since the beginning of the epidemic, there are certain

moments when they gain epistemological attention and enter into the popular imaginary as more than a passing reference. Black women's visibility within the HIV/AIDS epidemic can be linked to four important moments : (1) the late eighties when women gradually became increasingly visible within CDC surveillance; (2) the mid-nineties when black Americans with AIDS exceeded the number of white Americans with AIDS; (3) the twentieth anniversary of the HIV/AIDS epidemic in 2001, renewing public interest in HIV/AIDS and highlighting the impact of the epidemic on U.S. communities of color; and (4) in 2004, when HIV/AIDS became the leading cause of death among black women ages twenty-five to forty-four. These moments help illuminate the intersection between biomedical and mediated representations of black women and HIV/AIDS.

Second, this study asks how racialized and gendered discourses interconnect with dominant AIDS discourses to produce black women in the epidemic. More, specific I interrogate the various ways that race, gender, and class along with racism, sexism, and stigma work in tandem to generate competing and contradictory representations of black women with AIDS. At times, black women are relegated to the margins of these discourses. At other times, they are central. Examining how *difference* informs mediated representations of black women with AIDS is critical to the development of more inclusive and insightful responses to disease and bodies.

Finally, this examination asks what significant cultural work mediated representations of seropositive black women do. How select HIV/AIDS bodies get presented and represented has real world implications. In some contexts, HIV/AIDS is understood as a social construct, yet is loaded with implications for an astonishing number of institutions. Loaded with contingent meanings and competing definitions, concepts, fears, and pressing issues: clinical disease, social disease, contamination, exclusion, discrimination, hostility, economic inequalities, religious

doctrine, sin, political expediency, sexuality, deviance, criminality, risk, blame, disfigurement, and death. These meanings and definitions influence public policy, the allocation of resources, and intervention efforts. Examining the interaction between text and body, can simultaneously reveal the interplay among the physic, semantic, and material implications of disease.

HIV/AIDS, as an epidemic associated with stigmatized bodies and behaviors, is a particularly loaded site at which to examine the representation of black women. As a syndrome that was first believed to be isolated within gay men, male communities, and bodies, and no threat to the “general population,” HIV/AIDS has acquired a variety of contradictory and competing definitions since the early eighties and only gradually came to be understood as an epidemic that potentially affected everyone. At the same time, its early association with historically marginalized populations had an enormous impact on the public’s first understandings of the epidemic and, despite growing statistical evidence to the contrary, continues to shape beliefs about HIV/AIDS today. As black women, in particular, have become more visible and themselves more aware of the epidemic’s impact on communities of color, the stigma and deviancy associated with AIDS have had to be managed within African American discourses. Here, epidemiological discourses of the epidemic, produced largely through the Centers for Disease Control and Prevention (CDC), collide with other constructions of black femaleness and produce a myriad of conflicting notions. Historically, definitions of black women, black womanhood, and black female sexuality are overdetermined by long-standing discourses of pathology and deviancy. Black women have been maligned as sexually insatiable, easily accessible, and altogether outside the parameters of white heteronormativity. Thus, the meanings associated with the racialized gendered bodies of black women in the epidemic produce a politically fraught site where various interests vie for dominance as capturing “the

facts” about black women and AIDS. For the black female subject caught in this crisis of representation, there are multiple and competing concerns that need to be addressed: discourses that draw upon a dichotomy between innocence and guilt in the epidemic to redeem some “deserving” women and not others; discourses that use the HIV/AIDS epidemic to police black women; and discourses that use black women’s bodies to distinguish “deviant” subjects—including gay and bisexual black men—from “respectable” black communities.

Deconstructing the multitude of ways black women have been constructed in the HIV/AIDS epidemic is important because these various meanings are utilized by institutions that allocate resources, set national research agendas, and seek 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, 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 distanced the epidemic from black women’s health. In 2016, more than thirty years later, HIV/AIDS is central to any discussion of the leading causes of illness and death for black women.² Limited access to affordable healthcare, gainful employment, and adequate housing are coupled with higher rates of sexually transmitted infections and sexual assault, HIV status, and stigma to continue to contribute to the spread of disease. Information about structural factors often seems to overwhelm education and intervention efforts. How media producers choose to present and represent this web of economic, social, biological, environmental, cultural, and behavioral factors to diverse audiences

² Black women account for 66% of new cases of HIV among women of all racial and ethnic groups. It is estimated that one in every thirty black women will be diagnosed with HIV at some point in her life.

has a significant impact on black women's lives and the vitality of black communities. Epidemics change. Being attentive to the institutional and individual factors that inform infection along with how the production and the regulation of black female bodies in constructions of the HIV/AIDS epidemic have changed, and continue to change dramatically, however, is importance.

Several problems of representation

From 1981 to the present there have been roughly 4,600 scholarly journal articles about black women with HIV/AIDS along with a handful of books. The vast majority emerged during the last ten years. Largely biomedical and sociological in scope, these studies shed some much needed light on the realities and experiences of HIV-positive black women in the U.S. and abroad. Several acknowledge the role of media in shaping our understanding of and responses to select HIV/AIDS populations, but this is a subject more mentioned than researched. As a consequence, what we know about mediated representations of black women with AIDS and their significance remains largely speculative.

Several particular *problems of representation* currently inform how researchers, journalists, activists, and the general public come to "see" black women with AIDS in the popular imaginary. I list three especially salient problems, in no particular order.

Language, definitions, and terminology

One problem of representation that makes it particularly difficult for black women with HIV/AIDS to be “seen” is the language, definitions, and terminology used to define them. Media adds to this confusion by using terms such as “black,” “black American,” and “African American” interchangeably. For instance, during the 2004 vice presidential debate between Dick Cheney and John Edwards, moderator Gwen Ifill asked a pressing question about AIDS. Both candidates were utterly lost: “I want to talk to you about AIDS, and not about AIDS in China or Africa, but AIDS right here in this country, where black women between the ages of twenty-five and forty-four are thirteen times more likely to die of the disease than their counterparts,” said Ifill. “What should the government’s role be in helping to end the growth of this epidemic?” Cheney replied, “I have not heard those numbers with respect to African-American women. I was not aware that it was—that they’re in epidemic there [sic].” John Edwards spent his ninety seconds on AIDS in Africa, the genocide in Sudan, uninsured Americans, and John Kerry. “OK, we’ll move on,” said Ifill.

Cheney and Edwards are not alone in their ignorance. Rather, their responses hint at the general confusion surrounding African American women living with HIV/AIDS: who are these women and where is the epidemic taking place? Over “there” could mean Africa or Black America, both of which are linked via globalized notions of AIDS and blackness. Longstanding cultural assumptions that AIDS originated in Africa implicates all black bodies as vulnerable to (read festering with) disease regardless of their geographical location (Chirimuuta & Chirimuuta, 1987; Farmer, 1992). Cindy Patton (2002) observes that

“in the case of U.S. media, the image of an African continent of seething sex and rampant death was simply relocated to describe America’s black communities, now said to be “like villages in Africa” (p. xiii).

As a consequence, African American women and men are understood as global subjects and not as U.S. citizens in need of government protections.

Additionally, terminology, specifically the terms used to define black women with HIV/AIDS, has significant implications. Gwen Ifill uses the term “African American” to describe a distinct ethnic group of black populations in the U.S., who are also direct descendants of enslaved Africans. But the term can also be used to describe Africans living in the United States. The term “African America” was popularized by Jesse Jackson during a press conference in December 1988. It was incorporated as a racial category into the 1990 United States census.³ Like the word “black,” “African American” replaces “negro” and “coloured” in an effort to establish the rights and freedoms of free blacks living in the United States. Hence—perhaps—some of the confusion for Dick Cheney and John Edwards. In recent years, the term African American has been replaced with “black American” to talk about the connections between black bodies in Africa, Europe, the Americas, and the Caribbean (routinely regarded as the “Black Atlantic diaspora,” see Gilroy, 1993). I use “African American,” “black American,” and “black” to talk about black women in the U.S. Black American women are also part of a global diaspora of women of color wherein blackness and its various articulations are fluid and readily travel across borders.⁴ Confusing terminology abounds; but I hope that my comments have made clear that the black women I write about are American and African American.

³ The earliest recorded use of the term was in 1782.

⁴ There is not enough space in this study to pursue the global context of women and AIDS.

Under and over-representation

As I mentioned above, mediated representations of black women living with HIV/AIDS are competing and contradictory. This adds to the general confusion surrounding black women and the disease. Overall, black women living with HIV/AIDS are simultaneously over-represented as deviant and under-represented as capable of effectively navigating their distinct social terrain.

For the most part, popular media images of seropositive black women are stereotypical and clichéd. That is, they reproduce the most virulent notions about black women. To take just one example, in a special issue of *Radical America* (1987), queer black feminist scholar, Evelyn Hammonds charges white media with ignoring, at the start of the epidemic, people of color with AIDS. On the rare occasion when they did appear, the white media positioned them as “Other,” their otherness compounded if they were also women and HIV positive. In black media, too, women with AIDS were othered. Reviewing coverage in black women’s magazines, Hammonds finds only a few articles published prior to 1987, and these mostly mimicked white media coverage, warning women against the dangers posed by closeted bisexuals in their midst. Hammonds argues that if AIDS coverage for the black community is to change then the social and sexual conservatism of the black media and most black organizations, including the church, must change as well. A year later, Hammonds and Margaret Cerullo elaborate on this argument in a second issue of *Radical America* (Cerullo & Hammonds, 1988).

In 1992, Hammonds revisits 1980s media coverage of black women and AIDS. She describes it as “odd” at best. On the one hand, when the threat of AIDS to women is discussed, African American women are not mentioned. On the other hand, when African American

women are central to HIV/AIDS stories, they are relegated to the categories of partners of drug users or bad mothers who pass AIDS along to their children. Most noteworthy is Hammonds' use of the front-page New York Times story headlined, "The Bleak and Lonely Lives of Women Who Carry AIDS" (the subhead: "Most are Poor, Many are Reckless"), as an example of such coverage. Hammonds (1992) reports, "The women in this article are portrayed as passive victims in abusive relationships with men who are most often drug users. Their lives are described as 'unruly,' 'chaotic,' 'despairing'" (p. 9). Ten years later these same adjectives recur to question whether black women can handle retroviral therapy with its rigorous scheduling demands.

Similarly, filmmaker and feminist media scholar Alexandra Juhasz (1990) observes that women, especially black women, are "blamed" for the transmission of disease. In *Contained threat: Women in mainstream AIDS documentary*, she finds that from 1986-1987 women are mostly depicted as a "threat" to the general public: they simultaneously represent an iconic site of danger and easily controlled subject that middle-class heterosexual audiences need not worry about. Noticing differences between the representation of white women and women of color across several films, Juhasz reports that black women were mostly missing from these documentaries, but when they did appear, however brief, it is as the procreating woman or promiscuous prostitute hailing from Haiti or Africa. Using the NBC special news report *Life, death, and AIDS*, as just one example, Juhasz (1990) reports "When the woman of color is represented in AIDS documentaries it is always as unwed mother whose children register her lack of sexual control." Constructed as "insatiable," "irresponsible," and "uncontrollable," black women are denied agency and held responsible for the transmission of disease within black communities.

Several years later, queer black feminist scholar Cathy Cohen (1999) observes similar patterns in the representation of black women in 1980's and 1990's print and television media. She finds that news media use "polar and monolithic" narratives to define African American women with AIDS. Using two ABC reports dating to January 13, 1988 and June 20, 1990, Cohen (1999) reports that black women were depicted primarily as "infecting mothers," (e.g. drug users or sexual partners of men who use drugs) that threaten the lives of their children or "unsuspecting" women becoming infected by their male sexual partners. Overall, Cohen's work successfully demonstrates the polarizing narratives available to black women with AIDS—narratives that continue to play out in news and entertainment media.

Deploying the trope of "innocent victim," the South African film *Yesterday* (2004) was made available to U.S. audiences by HBO. *Yesterday* was critically acclaimed for its heroic protagonist, its value in educating viewers about the "reality" of AIDS in South Africa, and its path-breaking status as the first major feature to be filmed by a Zulu director in the Zulu language. The film movingly portrayed a lone South African woman battling illness, stigma, betrayal, and poverty (see figure 1.1). Indeed, we do see *Yesterday*, shunned by her village because of AIDS, build her own home, care for her dying husband, and send her daughter off to school. Yet the film never refers to retroviral medications and other remedies that existed in 2006. They may have still been scarce in rural South Africa, but the failure even to mention them imbues the film with a tragic inevitability that obscures more hopeful realities of black women and AIDS in South Africa. As a consequence, the film contributes to the confusion surrounding black women with HIV/AIDS.

As recently as 2011, the NBC Frontline documentary, *Out of control: AIDS in Black America*, produced by award-winning television news anchor Peter Jennings, implicates black

women as *transmitters* of disease. Divided into six segments, the third primarily focuses on black women in the crisis. The film's narrator prefaces the segment stating that since 2011, AIDS is "spreading fast in a new population—heterosexual black women infected by men with HIV" because of "sex and patterns of sexual behavior among black Americans that contribute to the epidemic." Part of the problem, he suggests, is that blacks are twice as likely as whites to have multiple sexual partners because of a shortage of available black men (85 to every 100 black women of "marriageable" age). Several things the documentary gets wrong. Above all, black women living with HIV/AIDS are not a "new population." From the beginning of the epidemic, they have experienced disproportionate rates of HIV infection, morbidity, and mortality—all of which can be attributed to several factors that extend outside of black women's immediate reach.⁵ Beyond this, the program is troubling in its portrayal of seropositive black women in the small southern town of Williamston, North Carolina:

Donna Latimer: If you implant an African American male in this community that makes over minimum wage and women find out about him, at least fifty women are going to go after him. At least.

⁵ Traditionally, black women have limited access to affordable healthcare, gainful employment, and adequate housing, all of which are known contributors to the transmission of the virus. Responding to the deterioration of public housing projects; the gutting of social welfare programs; the criminalization of the urban poor; and the general lack of life opportunities, black women have turned to crack-cocaine and other illicit drugs to alleviate the symptoms of systemic racism, sexism, and poverty. Drug use increases the likelihood of unprotected sex in exchange for money and drugs and renders black women vulnerable to HIV/AIDS (Grills, 2003). Add to that higher rates of mass incarceration in black communities wherein black women are more likely to select male sexual partners that have been imprisoned and exposed to the virus. Here, Shrage (2015) observes that

"Once a virus spreads in a particular community, members of that community can be at increased risk for infection, even when their rates of participation in activities that can expose them to the virus are the same as in other communities. Mass incarceration may help explain the spread of HIV to and within the African American community, including among heterosexual African American women.

For black women, all of this increases the likelihood of their partners acquiring HIV.

Narrator: According to the state health department, black women have an infection rate fourteen times higher than white women in North Carolina. And some misguided attempts to avoid the disease, according to Donna Latimer, are making things worse.

Donna Latimer: I've seen women develop group sex teams because they've said that they won't be putting each other at-risk because we know everybody, so we can have sex with each other. But what happens when one member of that group is already infected: Then you infect the whole group.

Donna Latimer is director of the Williamston HIV clinic. She works closely with newly diagnosed residents. She also happens to be an African American woman, and so her observations about black women appear objective and unbiased. Yet within the context of an HIV/AIDS epidemic characterized by racialized and gendered distortions that continue to shape mediated representations of black women and HIV/AIDS, her comments along with the film's narration take on new meanings. The take-away is that black women are too naïve to request a condom; too poor to make sound safe-sex decisions; and too "misguided" to navigate the complexities of HIV transmission.

Like "Out of Control,"⁶ other popular media texts make similar claims about black women and AIDS. This includes, among others, Tyler Perry's erotic thriller, *Temptation* (2013), wherein stories about seropositive black women primarily function as a cautionary tale to other black women to "live the way a good Christian girl should, or be eternally damned to disease (Miller, 2013). There are, however, a number of representations that challenge, contest, and subvert these familiar stereotypes and clichés. For instance, Lee Daniel's Hollywood film *Precious* (2013) provides a frank depiction of black women with HIV/AIDS. The film's lead

⁶ The title of the program could be applied to sexually active black people themselves as well as the epidemic among them.

character Precious Jones is a seemingly unsympathetic character—redeemed by her resilience and quest for medical attention. The texts presented in this study provide further examples of alternative mediated representations of black women living with HIV/AIDS.

Politics of silence and respectability

In *Black sexual politics: African Americans, gender, and the new racism* (2005), Africanist sociologist Patricia Hill-Collins observes that black women and black communities in general engage in historical silences surrounding their bodies and sexualities that significantly contribute to the spread of HIV/AIDS. Collins (2005) writes that “in a context in which HIV/AIDS is killing Black people, standing by and refusing to speak about gender and sexuality within African American communities contributes to the problem” (p. 283). Historically, this refusal to speak about gender and sexuality in public (routinely regarded as the “culture of dissemblance” and a “politics of respectability”) was a revolutionary act of resistance against exploitation, sexual assault, and an oppressive white-male gaze. Black women believed that if they practiced sexual restraint and other heteronormative behaviors, then white men and women would see their humanity and stop the abuse. These practices, however, did not shield them from racism and sexism. Their experience have nevertheless informed how black women understand their identity and navigate sex as it relates to HIV/AIDS.

Today, this politics of silence and respectability generated by African American women, and now perpetuated by various institutions including the black church and black media, makes it difficult to negotiate safer sex practices, but also to talk about HIV/AIDS in black communities. Implicit in the “politics of respectability” and “culture of dissemblance” generate

not only a silence about black women with HIV/AIDS, but also a dichotomy between “good” and “bad” black women that intersects with HIV/AIDS discourses to determine “innocence” and “guilt” along with “us” and “them.” To the degree that black communities can influence their own self-representation, Black media and African Americans in general have been slow to respond to HIV/AIDS. When seropositive black women are made visible, the texts emphasize the experiences and realities of middle-class black women who are constructed as “innocent victims” of gay and bisexual black men. Movies such as *Cover* (2007) and *For Colored Girls* (2010) along with several African American lifestyle magazines such as *Essence*, *Ebony*, and *Essence* all portray young professional black women who acquire the HIV-virus from their husbands who are involved in extramarital affairs with other women and more often men. Contesting racist and sexist ideologies about black women’s bodies and black female sexuality, more specifically, these texts simultaneously recuperate some black women as worthy of sympathy and protection at the expense of other (e.g. drug users and prostitutes). Overall, this presents several challenges for presenting and representing seropositive black women to black communities.

Review of literature

This study draws upon scholarly resources in the fields of Communications and Media Studies, Gender and Women’s Studies, and Africana Studies. All three disciplines, to varying degrees, center on questions of representation; that is, on how the world is socially constructed and represented to and by us in meaningful ways (Hall, 1997).⁷ The fields of communications

⁷ According to social constructivist theory assumes that knowledge is generated through human interactions that are mediated through representation.

and media studies are especially consumed with representation, and so it provides a necessary starting point for this discussion.

Communications and Media Studies

Representation renders the social and natural world intelligible. It is a vehicle for carrying meaning and a key moment in the “circuit of culture” (duGay, Hall, Jones, Mackay, Negus, 1997).⁸ Deploying a social constructivist approach, Stuart Hall (1997) observes that representation through language, signs, and images is a symbolic act and “an essential part of the process by which meaning is produced and exchanged between members of a culture” (p. 17). Representation does not reflect an already existing reality so much as it organizes, constructs, and mediates our understanding of reality. It is useful for understanding the relationship between culture and reality including disease and illness.

Emily Martin (1994), Susan Sontag (1991), Jo Spence (1995); Jackie Stacey (1997), and Paula Treichler (1999), among others, have written extensively about the representation of AIDS, bodies, and disease. Treichler (1999), in particular, observes how language such as stigmatizing metaphors, taboos, and misinformation determine the construction and meaning of AIDS and that,

No matter how much we desire, with Susan Sontag, to resist treating illness as metaphor, illness *is* metaphor, and this semantic work—this effort “to make sense of” AIDS—must be done. Further this work is as necessary and often as difficult and imperfect for physicians and scientists as it is for “the rest of us” (5).

⁸ Culture is “the shared practices of a group, community, or society, through which meaning is made out of the visual aural, and textual world of representations (Sturken and Cartwright, 2001, p. 3).

The view of disease as material is made up of signifying practices (symbolic) routinely regarded as *regimes of representation* that carry overlapping and competing meanings and definitions that are constantly evolving in relation to the social context. The work of academic researchers and everyday lay people is to “make sense” of these communicative practices and cultural processes as best we can using the analytic tools available to us.

Much of what we know about HIV/AIDS has been conveyed through television, film, radio and, more recent, the worldwide web. At the start of the U.S. epidemic, news media largely ignored the story of HIV/AIDS.⁹ For this reason, James Kinsella (1989) concludes “at least some of the blame for the ravages of AIDS in America must lie with members of the media who refused to believe that the deaths of gay men and drug addicts were worth reporting” (1). Similarly, Randy Shilts (1987) emphasizes the culpability of mainstream media in the emerging epidemic:

People died and nobody paid attention because the mass media did not like covering stories about homosexuals and was especially skittish about stories that involved gay sexuality. Newspapers and television largely avoided discussion of disease until the death toll was too high to ignore and the casualties were no longer just outcasts. Without the media to fulfill its role as public guardian, everyone else was left to deal—and not deal- with AIDS as they saw fit (p. xxiii).

Thus, media along with its silences and absences exposed the fears and anxieties surrounding disease and bodies.

⁹ Cook and Colby (1991) find that media “help to determine which private matters, such as disease, become defined as public events, such as epidemics” (Cook & Colby, 1991, p. 84). Thus media helps define what is considered newsworthy.

Media is a key cultural site for the analysis of representation. In an increasingly media-centered society, media provides the symbols, myths, and resources through which we constitute a common culture and through which a particular social world is constructed. Douglas Kellner (2011) writes that “media images shape our view of the world and our deepest values: what we consider good or bad, positive or negative, moral or evil” (p. 7). As even the examples, I have included here attest, media is ideological.

Over time, invisibility gave way to hypervisibility as news stories, television programs, films books and other media about HIV/AIDS became readily available and black women figured in most accounts. Middle-class white gay men living with HIV had leveraged their skills, legitimacy, and powerful claim to their experience of oppression to exercise some control over how they were represented in relation to HIV/AIDS. Perhaps even more significant, they brought their situated knowledge to bear on research in the social sciences and humanities (see “the Denver Principles” as cited in Crimp, 1988).

Gender and Women’s Studies

Feminist research seems especially suited to address the question of representation as it relates to black women and HIV/AIDS. After all, feminist interventions foreground gender and women’s health as critical sites of analysis. Yet this same scholarship, with few exceptions, has been slow to recognize both the impact of AIDS on women as well as the implications of HIV for feminist theory, activism, and women’s health. In 1988, feminist cultural theorist Paula Treichler writes “Given the intense concern with the human body that any conceptualization of AIDS entails, how can we account for the striking silence, until very recently, on the topic of

women in the AIDS discourse?” (p. 193). Part of the problem was the feminists did not think that women were affected by the virus nor did they want to take on an issue that would further demonize this socially-defined population. To date, HIV/AIDS has yet to be included as part of a national feminist agenda. Why this is so is unclear.

Of the available scholarship about women and HIV/AIDS, most center on the situated knowledge generated by and about HIV-positive women, researchers, scientists, policymakers, and activists. A few studies take up the issue of gender and representation. They strategically map the various ways women have been constituted within the dominant AIDS discourse. For instance, Gena Corea (1992) uses a feminist theoretical approach to draw attention to women’s “invisibility” at the start of the epidemic. She observes that women were misdiagnosed as dying of “pneumonia” in the early 1980’s, were absent from CDC case definitions of AIDS until 1993, and were ignored because so many scientists believed that women did not get AIDS because, given the boilerplate catechism that the virus could be transmitted only through gay sex. Corea (1992) writes

“in the public silence where danger warnings to women might have sounded, women could hear the message: this is not our epidemic” (p. 185).

As a consequence, thousands of women died and several more went unnoticed by medicine, media, and the general public.

Nevertheless, women were deeply affected by the virus. They constituted a “hidden population” of “mothers, wives, sisters, and daughters” dealing with the disease (Meredith, 1991). For example, in 1984, several women attended a community event about women and AIDS in San Francisco. Roughly five hundred women showed up, even with limited publicity and little warning that women were “at-risk” for potential HIV infection. Again, Corea (1992)

documents a number of incidents involving mostly female scientists whose proposals to study HIV infection in women were turned down or significantly underfunded by government and private organizations. One such study did manage to receive a small grant. It showed that women were vulnerable to HIV. More crucially, it exposed gender bias in the medical community. Corea (1992) reports

“The Prostitute Study. That’s how some male colleagues of Dr. Judith Cohen, Dr. Connie Wofsy, and Lori Hauser referred to the study of HIV in women they launched in San Francisco. This, despite the fact that the majority of women in the study were not prostitutes and prostitution had never been a criterion for inclusion [...] Cohen and Wofsy presented data on the 180 women in their study at the International AIDS conference in Paris the following year. Their data was interpreted as fascinating information on prostitutes, Cohen found, though less than a third of the women they described were prostitutes. At conferences that followed, they were asked to give presentations on their “prostitute study” (p. 44).

Defining women continues to have a profound influence on how women are “seen” in the contemporary health crisis.

Beyond medicine, mainstream media and academic research also have had something to do with our understanding of and responses to women with AIDS. In “Maybe next year: Feminist silence and the AIDS Epidemic,” (1992) Catherine Warren and Paula Treichler examine the presence and absence of public discourse about women and HIV/AIDS along with methods for reading representations against the text when they do appear. They analyzed mainstream women’s and feminist publications, from 1981 to 1988, from *Ms.* to *New Woman*, to *Cosmopolitan*; lesbian and gay publications including *The Advocate*, *Gay Community News*, and

Sparerib; and finally academic and nonacademic journals such as *Signs* and *Off Our Backs*.

Their findings highlight the scant attention paid to women in the AIDS epidemic across these differing sites. More important, Warren and Treichler (1992) note the contradictory discourses present in the coverage on women, concluding that both the absence of women in these publications, and the sexist frames of reference that were employed to discuss HIV-positive women when they did appear was an important issue for feminists. As a consequence, Warren and Treichler (1992) 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 (1999) fills in some the gaps regarding race and gender in media coverage of the epidemic. Looking at a variety of media from 1981-1993 including *Time* and several African American lifestyle magazines such as *Ebony*, *Jet*, and *Essence*, she finds that black and white media, black communities, and politics in general were slow to respond to HIV/AIDS, and when they did, they primarily focused on “innocent victims” (i.e. women and children) of the epidemic. Cohen’s influential work on black political discourses and its inability to grapple with HIV/AIDS and stigmatized identities within black communities demonstrates the importance of a feminist analysis that addresses the intersection of gender and race in the media.

Africana Studies

From the beginning, HIV/AIDS has been permeated with racial constructions. The widely assumed origin of AIDS in Africa and by extension black people is rooted in historical associations with blacks and deviancy that are easily traced through the social and natural

sciences (see, Hammonds & Herzig, 2008). These definitions also inform media representations of African Americans and HIV/AIDS in the United States and abroad.

In *Notorious HIV: The media spectacle of Nushawn Williams* (2004), Thomas Shevroy interrogates race in news media coverage of the virus. He contends that constructions of AIDS and black bodies “reflect” the racism that marks U.S. history, and that popular representations of black people living with the virus “must be considered in relation to media stereotypes of African Americans historically” (13). Analyzing news media coverage of NuShawn Williams—a HIV-positive black male tried and then convicted for having unprotected sex with several white women—Shevroy successfully shows how popular media images of blackness continue to “place black images into the white mainstream public consciousness so as to instigate implicit (or explicit) racist fears” (p. 12). Characterized as a sexual predator and “AIDS monster,” Williams was sentenced to twelve years in prison on charges that included statutory rape, reckless endangerment, and the requirement that he be registered as a sex offender when he was released.

Similarly, Patricia Hill-Collins (2005) analyzes the intersections of race and gender in media coverage of HIV/AIDS. She observes that popular media reproduces “controlling images” of HIV-positive black women that reproduce and maintain racist and sexist cultural assumptions about black women, black womanhood, and black female sexuality. Furthermore, Collins (2005) reports that the production and circulation of dehumanizing images of seropositive black women and men perpetuates “a powerful Black gender ideology that blames Black people for their own problems” including HIV/AIDS (p. 281). “Fabian’s Story” on Frontline is one of the first pieces on the threat of AIDS from black male promiscuity. Fabian Bridges, an HIV-positive male prostitute, is particularly unredeemable as he has continues to have unprotected sex in spite of his illness.

As mentioned, Cathy Cohen's (1999) work fills in some of the gaps regarding race and gender in media coverage of HIV/AIDS. It successfully shows how black women are "framed" in news media in ways that overlap and compete. More to the point, mediated representations of black women living with HIV/AIDS in white and black media serve a dual purpose: (1) to further marginalize and isolate seropositive black women; and (2) to distinguish respectable black women from other less desirable groups within black communities (i.e. gays, bisexuals, drug users, etc). Since writing this research, roughly seventeen years has passed and newer narratives about black women and HIV/AIDS have emerged. These stories, therefore, warrant further analysis.

Theoretical framework

Until recently, scarce attention was paid to how race, gender, and class work in concert to shape mediated representations of seropositive black women. Most available scholarship, finds that popular media images of black women living with HIV/AIDS are informed by racist and sexist ideologies that significantly distort how black women come to "see" themselves in the AIDS epidemic (see Hammonds, 1992). Few studies, at the same time, provide a sustained examination of these texts, especially those produced by and for young black Americans. This study deploys black feminist thought, hip hop feminism, intersectionality, and the matrix of domination to fill in some of the gaps surrounding contemporary media texts by and about black women living with HIV/AIDS.

Black feminist thought

Black feminist thought is situated knowledge generated by and about black women. Dating back to the black suffragette movement, it encompasses theoretical interpretations of black women's social reality by those who live it. In *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2001), sociologist Patricia Hill-Collins defines black feminist thought as "taken-for-granted" knowledge generated by African American women as a socially-constructed group. Race, gender, and class structure black women's lives; that is, black women experience multiple forms of oppression that shape their social terrain. Black feminist thought, therefore, is critical for interpreting how black women come to understand and respond to these inequities (Collins, 2001).

Black feminist thought also is subjugated knowledge. Traditionally, black women's ideas have been suppressed via the exploitation of black women's labor; the denial of their rights and privileges; and the circulation of stereotypes that appear natural, normal, and inevitable. The suppression of black feminist thought, especially within theoretical traditions such as Africana and feminist approaches, is well-documented. Here, Paula Giddings (1982) notes that "all the women are white, all the blacks are men, but some of us are brave" to highlight how black women's knowledge is subjugated within various intellectual projects. Maintaining this invisibility "is critical in structuring patterned relations of race, gender, and class inequality that pervade the entire social structure" (Collins, 2001, p. 5).

Consumed with black women's self-definition, black feminist thought searches for its expression in various institutional locations within and outside academia. This includes medicine, media, and law as well as the humanities and social science disciplines and projects

(i.e. black feminism, womanism, and hip hop feminism). This study contributes to and extends black feminist thought to interrogate the mediated representation of black women living with HIV/AIDS.

Hip hop feminism

In “Using [living hip-hop] feminism: Redefining an Answer (to) Rap” (2007), Aisha Durham calls for a hip hop feminist analytic to examine popular culture representations of blackness. Hip hop feminism is a distinct articulation of black feminist thought and concerns itself with the experiences of communities of color under advanced capitalism. Here, several scholars such as Joan Morgan (1999), Gwendolyn Pough (2004), Imani Perry (2004), T. Denean Denean Sharpley-Whiting (2007), Ruth Nicole Brown (2008), Bettina Love (2012) and Aisha Durham (2014), among others, find that young black Americans share a distinctive worldview that can help fill some of the gaps in understanding race, gender, class, and age in the contemporary social world. Durham (2007), for example, writes that the

hip hop generation has witnessed increased incarceration rates and HIV/AIDS cases among black women, the backlash of legal institutions against minorities, underemployment in urban centers, and we have weathered Reganomics and the brunt of welfare-to-work policies under Clinton and Bush. Out of these conditions, we have forged humanizing discourses to counter the objectification and silence we experience every day.

Younger black American women, in particular, articulate a situated knowledge at the intersections of race, gender, class, and age to communicate about and to social injustices

including the contemporary AIDS crisis. Furthermore, hip hop feminism emphasizes the transformative power of popular culture. And so, it looks to media and other popular cultural sites to engender a feminist politic (see, Durham, 2014, 2007; Brown, 2012; Brown & Kwakye, 2012; Pough, 2004; Pough, Richardson, Durham, & Raimist, 2007; Sharpley-Whiting, 2007; Perry 2004, 2003; Morgan, 1999; Rose, 1994). From Salt-N-Pepa's sex-positive lyrics to TLC's condoms and from Erykah Badu's afrofuturistic audiovisual odyssey to Janelle Monae's cyborg fantasies, young black American women are defining and redefining what it means to be a black women in the age of hip hop and HIV/AIDS.

Like other forms of black feminist thought, hip hop feminism's organizing principles matrix of domination and intersectionality are useful analytic tools for exploring the intersections of race, gender, class, and intergenerational difference along with racist and sexist ideologies that directly or indirectly shape mediated representations of black women with AIDS.

Intersectionality

Intersectionality has become a bit of a buzzword and catch-all term in academic and non-academic circles. Mostly used to talk about difference across the social sciences and humanities, it was first coined by critical race and legal scholar Kimberlé Crenshaw (1989) to theorize black women's interactions with the law.¹⁰ As a distinct approach to the study of the interconnections between race, class, and gender and how they play out in the symbolic and material world, intersectionality helps to explain how interlocking systems of oppression (regarded as the "matrix of domination") combine to create new and often unrecognized forms of discrimination

¹⁰ Intersectionality is similar to the concept of "simultaneity" advanced by the Combahee River Collective.

at the interpersonal, institutional, discursive, and social levels (see Baca-Zinn & Thornton Dill, 1994; Crenshaw, 1991; Collins, 1991; Giddings, 1984; Hull, Scott, & Smith, 1982).

Although most HIV/AIDS researchers do not explicitly engage the concept of intersectionality in their work, most understand that HIV/AIDS involves a multifaceted blend of interlocking group relations (Schneider, 1992). Various forms of inequality including racism, sexism, class subordination, and other forms of exclusion intersect and interact with one another, to create this matrix of domination. This informs how individuals navigate their social worlds and by virtue of their various social group memberships, affirm, acquiesce to, resist, or generate alternatives to dominant ways of thinking and behaving.

Using an intersectional approach, political scientist Michele T. Berger (2006) successfully demonstrates how interlocking systems of oppression inform the daily interactions of black women with AIDS. Berger (2006) posits that women of color living with HIV/AIDS experience “intersectional stigma” or multiple stigmas that operate simultaneously. She observes that this

created a qualitatively different set of experiences for the women, as compared with other people who contracted HIV/AIDS [...]. Women are not only marginalized, and socially situated (shaped by race, class, and gender), but that the category of “HIV-positive person” is loaded (from a stigma standpoint) with effectively negative perceptions about groups of people with the virus (e.g., drug users, crack cocaine users, prostitutes, gay men). Additionally, these negative perceptions are overlaid within the axes of race, class, and gender. The experience of disease illustrates the points of contact within structural realities of race, class, and gender and indices of stigma. Together, they have created a

context for women's experiences. HIV stigma compounded each axis of inequality (p. 24).

Already positioned as "deviant" women prior to diagnosis, HIV/AIDS added to the marginalization and isolation some black women felt as a result of their drug use and diminished earning potential. It also generated a dramatically different set of experiences for black women living with HIV/AIDS.

Likewise, Shari Dworkin (2015) and Celeste Watkins-Hayes (2014) outline the importance of intersectionality to the study of HIV/AIDS. Watkins-Hayes (2014), in particular, has the following to say:

HIV increasingly operates as a concentrated epidemic in the United States, with high rates among specific subpopulations. Unlike many other illnesses, it has a particular cultural significance that obliges its carriers, and those most intimately involved in their lives, to grapple with weighty and contentious social issues: sex, sexuality, drugs, class, race, gender, and inequality of exposure to harm. HIV/AIDS intersects with long-standing social hierarchies that seemingly renders some groups more expendable than others. After all, many people think that this infection is a kind of punishment, complete with sympathetic and unsympathetic victims. As such, HIV/AIDS is not only a medical epidemic but also a social and cultural Rorschach test that pushes our views about difference and complex inequalities to the center" (p. 432)

Nowhere is the interaction between HIV/AIDS and long-standing social hierarchies more visible than in the mediated representation of seropositive black women.

In this chapter, I have noted work that deploys an intersectional approach to the representation of black women with HIV/AIDS. I have also cited several remarkable examples

of work that largely preserves or does not challenge received wisdom about black women with HIV/AIDS. My project contributes to and extends this body of scholarship by examining media texts by and about black women living with HIV/AIDS, emphasizing content generated within the past twenty years. In an increasingly media-centric society, music, movies, television, and the internet can serve as pedagogical tools to teach us about ourselves and others (see Dimitriadis, 2001; McCarthy, 2003; Rhodes, 1993). The texts taken up within this study are examples of that. More to the point, these texts generate what I define as *hip hop representations of black women living with HIV/AIDS*. This means that they are produced and operate within a hip hop frame to talk about the operations of power. Durham (2007) defined hip hop to encompass “the shifting terrains of cultural, state, and economic power in the wake of deindustrialization, child-welfare, prison reform, and the drug wars waged in poor communities of color” (p. 306). Deploying hip hop feminism, intersectionality, and the matrix of domination, this study explores the ways that hip hop representations of black women with HIV/AIDS contest the stereotypes and clichés commonly associated with seropositive black women.

Methodology

As I noted above, this study grew out of my personal interest in and confusion about black women and HIV/AIDS. Among my questions were these: though cases were documented early in the epidemic, why are black women still largely absent from both scientific and popular accounts? Why too are black women over-represented in some contexts and under-represented in others?

Interpretive qualitative research

Research and its presentation are not neutral. How researchers choose to present and represent the social and natural world is a political practice. Interpretive qualitative inquiry concerns itself with understanding the way people interpret or make sense of their experiences and the world they inhabit. Reality, as we know it, is mediated by symbolic representations, by narrative texts, and by televisual, cinematic, and digital media structures that stand between us and the material world. Here, Paula Treichler (1989) notes that

My general argument is not that biomedical scientists have been “irresponsible” or that “the media” have created a false sense of security (or false terror), or that we can never truly know the biological “facts” about AIDS. What is important is that even scientific characterizations of the reality of AIDS are always partly founded upon prior deeply entrenched cultural narratives (p. 229).

Like Treichler (1989), I am interested in the cultural narratives that shape the characterizations of the reality of AIDS. We can never capture this interaction between external reality and text directly. But we can study representations of it. As such, interpretive qualitative approach is especially useful for investigating how people represent the world to themselves and others using rituals, myths, stories, performances, films, songs, memoirs, blogs, autobiographies, and so on.

Furthermore, we live in an increasingly visual world. Utterly diverse in its functions, media, as a medium, structure how we interact in the social world. Sturken and Cartwright (2001) observe that in a visual culture, images are powerful communicative practices and cultural processes that simultaneously denote certain “truths” and connote culturally specific meanings; these practices and processes are not straightforward but require an understanding of

their own rules of production and representation. As a consequence, researchers are presented with a new set of challenges: “to understand how images and their viewers make meaning, to determine what role images play in our cultures, and to consider what it means to negotiate so many images in our daily lives” (Sturken & Cartwright, 2001, p.1).

Accordingly, before describing my approach to this research, I want to acknowledge my personal goals: to clarify the history and present an understanding of black women and AIDS, to illustrate and advocate for scholarship that is intersectional in its approach, and to promote the production of HIV/AIDS media content that is responsive to the needs and concerns of black American women, especially young women.

The questions above formed the starting point for my dissertation research and guided the process of inquiry. At the outset, I

- Identified critiques of HIV/AIDS surveillance and reporting procedures with regard to women, black women in particular
- Reviewed popular culture texts (films, television programming, and popular writing, etc.) that addressed the topic of black women and HIV/AIDS from 1981 to the present
- Identified scholarly writing on black women and HIV/AIDS in cultural studies, feminist media studies, media and cinema studies, communications, and Africana studies

Following this review of existing literature, I made the decision to analyze specific popular texts in detail. Norman Denzin (1994) contends that critical/cultural theory constitutes an interpretive style and that cultural studies is one mode of practice. Among other things, cultural studies practitioners read social texts—for example, popular literature, music, cinema, and other forms of popular culture—as “empirical materials that articulate complex arguments about race, class, and gender in contemporary life” (p. 509). With this perspective and my research questions in

mind, I chose three textual examples of mass media productions that constitute “case studies”¹¹ featuring black women and HIV/AIDS: *Girlfriends*, *Life Support*, and “Diva Living with AIDS.”

Each

- is largely positive in its portrayal of black women
- demonstrates how stereotypical themes and discredited assumptions (in both scientific and popular media) can be countered by fresh choices in representation
- seeks to educate its audiences about HIV/AIDS
- is innovative
- presents dilemmas and contradictions with honesty
- places black women and their voices at the center of the work
- has an interesting genesis and has involved black women in their production
- does not represent black women as conceived by white producers
- and shows sensitivity to language and communication.

Overall, these texts constitute key sites for the analysis of the representation of black women with AIDS.

Textual analysis

In a study of the sitcom *Married...with Children*, John Fiske (1994) has called cultural studies “empirical but not empiricist” (p. 194). In reading these three case studies, I use the texts themselves as empirical data but do not subject them nor my interpretations to empiricist (for

¹¹ Robert E. Stake (1994) defines the case study as a “choice of object to be studied” (236). Bounded and specific in nature, a case study draws attention to the question of what can be learned from the single case.

example, quantitative) evaluation. The goal of my analysis, again quoting Fiske (1994), is not to reveal “the truth” of these texts but to “contribute to a process of understanding, and to provoke other, probably contradictory, contributions” (p. 194).

Additionally, Janice Morse (1994) suggests the value of methodological triangulation in which the researcher draws on more than one perspective, viewing the object of study through different lenses. For this project, several perspectives might be relevant in providing contexts for analyzing the texts themselves as literal, material objects of study:

- extra-textual information including commentary by producers, writers, and others
- meanings of the texts for networks, producers, writers, actors, and other participants
- industry and technological framing
- scientific framing, for example in CDC reports on black women and HIV/AIDS
- audience responses
- ratings
- market segmentation
- advertising
- critical commentary such as reviews and feature articles.

Each adds a layer of nuance to the research project, often revealing more about the text than what is initially perceived.

Many media producers, critics, networks, studios, and even researchers tend to look at the broad outlines of media production—essentially the features of content (e.g. story, subject matter, plot, characters, resolution). Box office and ratings are important too. But only through close reading or textual analysis can you make yourself look closely at *form* in addition to content and commercial success. It has always amazed me how often the powers that be

(network heads) believe that it is content or some central gimmick that has made a show a hit, and how they then try to produce clones based on that belief. And typically produce flops unless they are lucky. When *Roseanne* was a hit, I could hear network bigwigs calling for more scripts and series about overweight housewives with kids and husbands who are out of work. But a close reading lets you get closer to the essence of a show—see the characters at work, the jokes, the timing, and other elements that make a show popular, endearing, and durable.

Overview of chapters

This study in the field of communications follows the figure of the black female across several periods in the AIDS epidemic and across multiple sites that participate in producing black women as racialized and gendered subjects. I have based my selected sites of analysis on the starting questions noted above: how are HIV-positive black women represented in the AIDS epidemic? and what are the assumptions and consequences of differing representations? My theoretical and methodological approaches are drawn from multiple disciplines, including feminist media studies, Africana studies, and cultural studies. In each chapter synopsis, I discuss these choices and, in more detail, demonstrate them in the chapters that follow. Textual analysis of selected themes is used to develop the thesis in each chapter and identify elements at work in each genre and cast of characters.

Chapter two

“She stole my man!” and that’s not all: The AIDS storyline on UPN’s *Girlfriends*

In this chapter, I examine the AIDS storyline on the long-running female television situation comedy *Girlfriends*, a show aimed particularly at black audiences. I provide a close reading of the relevant scenes and how they reveal character, multiple perspectives with which audience members can identify, and the values that inform the show’s social world. I also pay particular attention to what happens behind the scenes to inform the story arc in terms of plot, script, and character, showing how producers go about educating viewers about black women and HIV/AIDS. For example, the AIDS storyline draws on “AIDS 101” information but seamlessly integrates it into the narrative. The chapter responds to a gap in feminist scholarship about black women-centered television. I also examine the show’s portrayal of the differing realities and experiences of largely middle-class black women in the contemporary world. Facilitating the layered representation of different perspectives is the ensemble cast structure, with one or more of the girlfriends featured in each episode. For example, the character of Lynn is shown making a documentary film about HIV/AIDS that reflects her growing understanding of the epidemic, in part by including interviews of “real” seropositive black women. This film within a film structure thus embeds authentic stories from the “real epidemic” within the familiar fictional frame of a situation comedy. Does this make the AIDS story and its lessons more authentic? More palatable to audiences? Or does the sitcom format communicate but simultaneously *contain* its serious but potentially frightening subject? Along with examining the strengths and weaknesses of the sitcom format for serious storytelling, I also speculate on

what may have led network heads to end the very well-received AIDS story arc in such an abrupt and peculiar way.

Chapter three

Communicating an epidemic: The character Ana Wallace in the HBO film *Life Support*

Like *Girlfriends*, the ambitious 2006 HBO film *Life Support*, also integrates personal accounts of actual HIV-positive black women into its fictional tale. Unlike an ensemble sitcom like *Girlfriends*, *Life Support* stars Queen Latifah as protagonist Ana Wallace, a former drug user, now HIV positive and a community AIDS activist. Before our introduction to her—and her family, co-workers, and others in the film—we meet several HIV-positive black women from Ana’s support and outreach group. As they talk about the impact of HIV/AIDS on themselves and their communities, their voices sound like those I heard in my early Chicago interviews: “I was young. He looked nice. I asked him. He said ‘no’ and that was it. The condoms was right there in a basket. They was sitting right there. All I had to do was pick them up and open them, but he didn’t have that look.” But the layering of the actual, the fictional, and the fiction of the actual is complex: for example, the “real stories” that the support group members tell are not necessarily their own stories but rather improvised from the stories of other women; also, the fiction character of Ana (and actor Queen Latifah) is inserted into this existing group as one of its members, and tells stories as the others do. The film is the creation of Nelson George, who also directed. Through interviews and his commentary on the DVD version of the film provides unusual access to his political, personal, and cinematic commitments and directorial decisions. In the chapter, I look at other HBO AIDS films and talk about the cultural significance of made-for-TV AIDS movies: I also examine George’s own account of the film and its communication

of the impact of HIV/AIDS on black women and their communities. Also important is George's interest in showing the different understandings of today's epidemic by today's younger black men and women, an interest relevant to my focus on the hip hop generation. Finally I examine the character of Ana Wallace and what distinguishes her from virtually all other black women with HIV of AIDS—fictional or real—represented in popular media.

Chapter four

“Diva Living with AIDS”: Rae Lewis-Thornton and the crafting of a public persona

It takes courage for a young black woman with AIDS to create for herself the persona of “the Diva.” This chapter, concerns the self-representation constructed by AIDS icon Rae Lewis-Thornton on her personal blog, “Diva Living with AIDS.” With more than five hundred online entries, the blog takes up multiple topics and themes in her own personal narrative: at the same time, she uses her online presence to define and redefine what it means to be a black women with AIDS. As an internet site, the blog offers unique opportunities for communication: Lewis-Thornton's relatively early adoption of the blog format gave her wide recognition as a pioneer in social media and a significant commentator on the larger AIDS epidemic. While this chapter contributes to and extends scholarship about internet sites generated by and about people living with HIV/AIDS, it also explores the meanings and definitions of the diva designation. Lewis-Thornton takes up the term, in part, as a metaphor, but one that makes her able to reflect on the realities and experiences of black women with AIDS for a position of strength and in a voice that is both her own and not her own.

Chapter five

Epilogue

The epilogue briefly summarizes of the study and outlines findings and insights of each chapter. In addition, it maps out several future directions for social scientific research about HIV/AIDS and bodies in popular media. By bringing all of these texts to the foreground, this study will provide some insight into what makes media by and about seropositive black women successful along with some direction for researchers and media producers invested in writing stories about black women in the contemporary health crisis.

Figures

Figure 1.1. Still image of Yesterday and her daughter Beautiful from the HBO film *Yesterday*



CHAPTER TWO

“SHE STOLE MY MAN” AND THAT’S NOT ALL: THE AIDS STORYLINE ON UPN’S GIRLFRIENDS

AIDS is a condition. It is not a verdict on who I am.

—Reesie Jackson, *Girlfriends*

Why do I have to take some stupid test? If I had something, I would not look this healthy and fabulous.

—Toni Childs, *Girlfriends*

Introduction

In this chapter, I look at the situation comedy *Girlfriends* (GF), focusing in particular on the character with AIDS, Reesie Jackson. I am interested in the meanings generated by her representation in the short-lived AIDS storyline in Season 3, in 2003, along with how, through her character, black female audiences might come to better understand and respond to disease and bodies. The character of Reesie appears halfway through the four-episode story arc, yet her presence marks a significant shift in the storyline. She is living with AIDS and has kept her condition a secret for several years, but when she is invited to participate in the wedding of one of the main characters, her illness is revealed.

GF drew upon its established reputation as a popular television show known for its complex characterizations of young professional African American women to address the topic of black women with HIV/AIDS, a difficult and delicate topic rarely handled well in the mass media. As noted in reviews, the show presented a fresh look at the subject, yet took some curious turns along the way.

On the one hand, then, I will examine the narrative as a cultural text, attending to its choices in terms of plot, script, character, and so on. At the same time, I'm interested in exploring what may have happened behind the scenes to shape the story arc and bring about its abrupt and somewhat unsatisfactory conclusion. It seems possible, for example that the burden of the black women and AIDS storyline became too burdensome for the powers that be, and they decided to be done with it. But what kind of a burden might this have been? The storyline was popular with audiences, ratings were good, and viewers expressed interest in the fate of the seropositive character, Reesie. Therefore, this examination asks the following questions: What is the overall AIDS storyline? What is the representation of Reesie? And finally what significant cultural work Reesie and GF do?

By cultural work I am referring to the process of meaning-making that constitutes social reality (Treichler, 1999, p.8). Media play a vital role in this process by shaping how we “make sense” of HIV/AIDS and determining for whom the epidemic is meaningful. I argue that the AIDS storyline draws on “AIDS 101” information and seamlessly integrates these health messages into the narrative to educate audiences, particularly black women, about disease awareness, prevention, and treatment. A number of studies show that by embedding health messages in television, viewers’ attitudes and beliefs are influenced in more practical and meaningful ways than by other persuasive measures (Medina, 2011; Aubrey, Harrison, Kramer,

and Yellin, 2003; Folb, 2000; Jensen & Jensen, 2007; Kennedy, O’Leary, Beck, Pollard, and Simpson, 2004). The AIDS story arc also educates viewers about the contradictions surrounding black women and HIV/AIDS: agency and vulnerability, sexuality and security of marriage; respectability and STI infection, and so on.

As I have noted in the introduction to this study, black women in America, as a population, are particularly vulnerable to HIV infection and constitute a significant proportion of new and existing cases. As my review also indicates, there are many reasons why this is so. The mass media, the focus of this study, are one reason. While television has been the single most significant educational source for public health issues and AIDS, the programming for and about black women is often stereotypical, distorted, and unrecognizable to the audience for whom it is intended (see Weekley, 2010; Hammonds, 1992). Through its characters and multiple perspectives, the AIDS storyline provides an alternative representation of a black women and HIV/AIDS with which audiences can identify. As a consequence, this analysis contributes to and extends the burgeoning field of scholarship about identity and representation.

Race, gender, and the post-network era

The situation comedy Girlfriends aired from 2000 to 2008, first on UPN, and then on the CW. Like Martin and Living Single, GF stars black actors in all the major roles and is designed and scripted for black audiences (see figure 2.1).¹² Like other black –produced television series, GF comments, directly or indirectly, on African American experiences with racism and discrimination. For example, a running theme throughout the show is how Joan is unable to

¹² GF originally aired on UPN to attract black viewers to the fledging network. Then, after the show made a transition to the CW, it was re-scripted for a crossover multi-racial audience.

shatter the “glass ceiling” in her white-male dominated corporate law firm until she realizes that her ill-fated attempts to make partner are detrimental to her general well-being. GF also shares several characteristics of black-produced television: 1) black authorship; 2) improvisation; 3) a political commitment to visual signifiers of blackness or aesthetics; 4) dramatic and complex characterizations of black characters; and 5) a tendency to revisit issues of deep significance to in-group audiences (Brent-Zook, 1999, p. 5).¹³ The fifth is perhaps the most salient, as the show consistently delves into the murky waters of what it means to be a high-achieving black woman in a hip hop era that simultaneously acknowledges, celebrates, commodifies, and denigrates black girl genius.

GF also is part of a post-network era of female-centered television shows that respond to the changing dynamics of women’s lives. After the feminist movement of the 1960’s and 70’s women found themselves in a precarious situation that provided them with new opportunities to rise to the top in historically male-dominated fields. Black women— often not treated as part of this movement, yet critical to clarifying its agenda and aims—also experienced considerable shifts as a growing number went on to become employed in medicine, media, higher education, and other fields. Television shows including *Ally McBeal*, *Sex and the City*, and *Xena: Warrior Princess*, all popular during the 90’s and early 2000’s, defined and redefined popular portrayals of women in an attempt to make sense of these newly bequeathed “benefits” of second wave feminist activism. Here, feminist media scholar Amanda Lotz (2006) observes that the

arrival of all these dramatic series with their empowered and fantastic action heroines, depictions of single career women, flawed yet authentic professionals struggling with

¹³ I use the term “producers” throughout the chapter in reference to Mara Brock Akil, creator and writer of the show, and co-producer Kelsey Grammar. Based on interviews with Akil, she had a great deal of creative control over the shows’ content and characters.

family commitments and occupational demands, and even the continued success of characters depicting more traditional femininity indicates unprecedented possibilities for female characters and audiences, as these diverse series exist and succeed contemporaneously (p. 3).

These series successfully provide a fresh take on female characters on television.

Nevertheless, Lotz's (2006) work largely ignores the popularity and unique contributions of black women-centered situational comedies, the vast majority of which predate and provide some of the most strikingly atypical representations of women in popular media. As early as 1968, the well-received television series *Julia* centered on the experiences of a young professional black woman. The character Julia Baker, portrayed by Diahann Carroll, was the mother of a six-year-old son, widow of an Air Force captain gunned down during the Vietnam war; and registered nurse at the Astrospace Industries Company clinic. She was smart, slim, attractive, glamorous, and represented a drastic change from traditional black women television characters (see, Tucker, 2014; Bodroghkozy, 2003; Nelson, 1997). *Julia*, wrote one critic, "showed on a weekly basis that Black people did not all live in the ghetto; that they went to professional jobs every day; that they could have fewer than five children; that they could speak impeccable English; could wear attractive clothes without being a prostitute or royalty; and that they could have dilemmas that had nothing to do with white folks" (Cummings, 1986). *Julia* epitomized the unique narrative possibilities of black women-centered programming.

Like *The Fresh Prince of Bel Air*, in which a young black man from westside Philadelphia lands in the rich white neighborhood of Bel Air, GF also is set in relatively upscale Los Angeles locales.¹⁴ But unlike the fish-out-of-water scenario of FP, GF chronicles the

¹⁴ Los Angeles is "home" to several black situation comedies popular during the 90's and early 2000's including *Moesha*, *The Parkers*, *Half and Half*, *One on One*, *The Jamie Foxx Show*, and *The Bernie Mac Show*.

experiences of four essentially professional black women. Though by no means rich, each of the four girlfriends has experience and talent: Joan, in certain respects the pivotal character [as is Seinfeld on *Seinfeld*] in the series, is a lawyer and an associate in a law firm; Maya is Joan's assistant; Toni is a realtor, and Lynn, while at loose ends as Season 3 opens, has several college degrees to show for herself. The women are friends since college (with the exception of Toni and Joan who are childhood friends), enabling the scriptwriters to occasionally enliven the show with hilarious flashbacks to the 1990's, a technique used to good effect on such shows as *How I Met Your Mother* and *Seinfeld*. The fifth central character is William, an associate in the same law firm as Joan and like Anthony Bouvier on *Designing Women*, he finds himself in the middle of the girlfriends' antics. Portrayed as somewhat of a mama's boy, William possesses a dry sense of humor and unwavering self-confidence. This adds another layer of difference to the mix.

Representations of Joan, Maya, Toni, and Lynn are interrelated and perform an interwoven function within the text. Joan, in many respects, is the matriarch of the group. She routinely is at home or busy cooking, cleaning, and on occasion, providing rent-free housing for her girlfriends. She also is a lawyer in a corporate law firm, but eventually leaves that job after several years of being passed over for partner to become a restaurateur. Joan is both attractive and successful, but has trouble finding and keeping a man. Thus, her comedy is based on a certain kind of anxiety over the breakdown in black male-female relationships including marriage. Toni is equally as attractive and successful as Joan; however, she takes a decidedly different approach to relationships. She is not invested in the traditional family and prefers the company of wealthy men, whether married or single. Toni, in this way, disrupts media images made popular throughout the 90's on sitcoms like Living Single, where professional black

women are in a desperate “fight for Mr. Right” (see, Brent-Zook, 1999b). Maya often is at odds with Toni and finds her both selfish and aloof. Both are from humble beginnings—Toni’s parents are sharecroppers in Kansas (MO) and Maya was raised by her single-mother in Compton (CA)—but Toni is keen to keep her past in the past. Maya, on the other hand, maintains close ties to childhood friends and family members back in her old neighborhood and routinely calls out her girlfriends for being “bourgie” (bourgeois) or out of touch with working-class African American sensibilities. A devote Christian married to her high school sweetheart Darnell and mother to Jabari, Maya is devastated when she and her husband experience marital problems. Maya also was a teen mom. This experience significantly shapes her interactions with the other women. Lynn is single and has a hard time holding down a job. She is, perhaps, the most politicized of all the women and readily identifies as a feminist, environmentalist, and vegan. Lynn is biracial (her estranged mother is white and her estranged father is black) and, as a child, was adopted by white parents. She challenges monolithic constructions of blackness and whiteness. Taken together, the representations of these women play out on network television overlapping and competing definitions of black women, black womanhood, and black female sexuality rarely witnessed on national television.

Season three

As Season 3 begins, Joan and William are working to make partner in their law firm; Maya is trying to patch up her marriage to Darnell after an extramarital fling; Toni is showing houses; and Lynn is broke, not working, and freeloading off William and his hot tub. The first order of business for Joan as the season opens is her determination to throw a surprise birthday

party for Toni; but Toni hates surprise parties and anything else that reminds her of her age. She has been lying about her age for several years and is upset when her girlfriends find out that she is Joan's senior. Bailing on the party, she goes to a dermatologist for botox treatment. After that, she drives to Joan's house and takes off her sunglasses to reveal the disastrous results: her face is completely distorted and her eyes and forehead are stretched out of shape (see figure 2.2). Her friends are shocked:

Joan: Toni! What did you do?

Toni: Nothing. I just swung by a little Botox party.

Joan: But why?

Toni: I was trying to erase 32, okay. And stop looking at me like that!

Lynn: Well, stop looking at me like that.

Toni: Oh God. I'm a circus freak!

Joan: No, no, no, no, no, no, no, Toni. Lynn was just joking.

Toni: I was just thinking that I could balance it out with a little eyeshadow you know?

Lynn: Oh yeah. And you've got a lot of room for a lot of it.

Toni goes to another dermatologist, Todd, who fixes her botched botox. They begin to date, and then become engaged a few months thereafter. Season 3 is to culminate in Toni's marriage to Todd who is white, short, and Jewish— all characteristics that initially cause problems for Toni and her family.

Class, race, gender, and age are all regularly invoked tropes on GF. Many of these are signified through particular locales. In contrast to sitcoms like *How I Met Your Mother* and *Friends* wherein the city (New York) is relatively neutral as to race, the locales within Los Angeles are important signifiers of difference. Several scenes open with a shot of a street sign that indicates

the neighborhood which in turn suggests the income, social status, race, and/or ethnicity of the neighborhood's inhabitants. For example, Joan resides in the predominantly rich white neighborhood of Wilton Historic District; William lives on Van Nuys; and Toni owns her own condo in the El Royale Apartments—home to A-list celebrities including Nicolas Cage, Ben Stiller, and Madonna. Toni's work as a realtor periodically annotates the diverse relationships among class, income, social status, race, and neighborhood. Joan's house, situated on the 700 block of N. Wilton Drive, is large, clean, and attractive without being luxurious or ostentatious, and essentially neutral as to race except for the statues, paintings, and African fertility sculptures; a bit of a type A personality, Joan keeps her home extremely clean and is put out when Maya wipes the counter down with a sponge assigned exclusively to the fish cutting board. This commonplace behavior gains significance in the course of Season 3.

Furthermore, Los Angeles represents the neoliberal fantasy of racial progress and exceptionalism.¹⁵ Erased of its violent past including the race riots of 1965 and 1992, Los Angeles is re-scripted as a virtual playground for the “post” generation (post-Civil Rights, post-feminism, post-Colonial, and post-AIDS) of young black professionals—a safe and friendly place for the single and successful women of GF. At the same time, the city poses its own unique set of challenges to the women as the myth of their own individual achievement gives way to the collective reality of debt, divorce, single parenthood, workplace discrimination, and STI infection.

Deploying markers of difference into its storyline, either explicitly or implicitly, and using imaginative and original ways to work these markers into GF's episodes are the show's contributions to the genre. Unlike sitcoms in which each episode largely stands alone (the motto

¹⁵ Urban historian William Deverell (2004) writes that neo-liberalism praises L.A. “as the one place in America, if not the world, where the ‘multicultural’ future is now” despite it being a city wherein “multiethnic tensions run high and potentially thwart multiracial solidarity through labor, community, and student organizing” (p. 5).

of *Seinfeld* was “no growth/no change/no hugging”)—GF relies on continuity between the episodes, seasons, and series. Also significant is the prominence of genuinely dramatic moments alongside the comedic ones. Season 3, however, is characterized by an unusually extreme juxtaposition of comedy and drama. This includes a four episode story arc about HIV/AIDS.

The AIDS storyline on *Girlfriends*

The AIDS storyline initially aired on UPN in 2003 as part of the year-long “KNOW HIV/AIDS” multimedia campaign. The initiative, sponsored by parent company Viacom and the Henry J. Kaiser Family Foundation (KFF),¹⁶ brought together media producers from various divisions of the company to develop television, radio, and advertising content for select audiences (i.e. African Americans, women, and gay men) and the general public. In *Assessing public education programming on HIV/AIDS (2004)*, KFF reports that the

purpose of these efforts is to help increase awareness about HIV/AIDS and how to prevent it, promote dialogue between partners and with health care providers, about sexual health issues, encourage testing, address the role that stigma and discrimination play in the spread of the disease, and promote safe sex behaviors” (p.1)

One significant component of the “KNOW HIV/AIDS” initiative was the integration of HIV/AIDS health messages into top-rated shows such as *Becker* (CBS), *Judging Amy* (CBS), and *One on One* (UPN). All content produced under the *KNOW HIV/AIDS* moniker was tagged

¹⁶ The Henry J. Kaiser Family Foundation (KFF) is a non-profit organization focused on national health issues along with the U.S. government’s role in global health policy. It provides research and media/journals about health and medicine, free of charge, for policymakers, the media, and the public (See KFF.org).

with toll free hotlines and websites exclusive to the campaign. Through these services, viewers received free information, found clinics in their local area, or talked to HIV/AIDS counselors.

The AIDS storyline on GF targets black audiences. It explores various definitions of the disease. This is not the first time that producers address the topic of STIs on the show. During Season 1, Toni cheats on her boyfriend Greg with a guy named Clay and winds up contracting chlamydia. The AIDS storyline, however, takes things a bit further. Prior to filming, Akil invited onto set several black women living with HIV/AIDS to talk to members of the cast and crew. These conversations inform the story arc in terms of plot, script, and character. In addition, live footage of several interviews with HIV-positive black women are included in the final episode of the story arc as a segment of a documentary Lynn is working on—a narrative strategy borrowed to good effect from AIDS activist media traditions. Thus the AIDS storyline is reflexive of the “great deal” of “cross-fertilization, mimicry, and hybridization” that happens between what is considered mainstream and alternative media despite notable difference in authorship, authority, and audience (Juhasz, 2005, p. 5).

“Take this poem and call me in the morning.”

The four episodes of the AIDS storyline are not consecutive, but producers manage to keep the topic relevant during Season 3. The first episode finds Lynn, an established filmmaker, working on a documentary about human sexuality as a favor to her estranged birth mom. She interviews a spoken word artist named Sivad¹⁷ whose performance of “The Continent” inspires her to tweak the project. The poem reads as follows.

¹⁷ The character of Sivad is played by the real-life poet and spoken word artist, Saul Williams, who also wrote the poem, “The Continent.”

*Last night I laid within your continent
Sought salvation from frustration
with in your loving nation
found the true meaning of homeland
when you let me inland
Swahili tongue knew I hadn't been there before
kissed for me to stay awhile
I did you one better and stayed forever, in your country
Then you let me tap your virgin drum
releasing echoes of me being free
Free to run through your countryside
touching jasmine, dropping weed
Free to nibble on your Nigeria
Blow on your Botswana
Eat your Opia til there is no more Opia left
Won't be any leftovers when I'm done
Won't be anything when I'm done
Just remembrance of that night when I laid within your continent
seeking salvation from frustration within your loving nation
and that's all we'll have
That, and a few thousand orphans to read this poem*

Lynn assumes the poem is about sex and sexuality. Sivad explains that it is a “metaphor” for HIV/AIDS “running rampant” in Africa. In the poem, AIDS seduces and exploits Africa. The disease “nibbles,” “blows,” and “eats” its way through the continent, “dropping weed” or spreading illness until there is there is virtually nothing left except for the “orphans” or those of

us left behind to deal the long-lasting effects of the epidemic. HIV/AIDS as metaphor illustrates both the symbolic nature of disease along with its material consequences (see, Lupton, 2013, 1994; 1993; Rhodes & Shaughnessy, 1990; Clatts & Mutchler, 1989; Williamson, 1989; Sontag, 1988; Watney, 1987).

Then, Sivad deploys another metaphor to talk about black women and HIV/AIDS in the United States. He tells Lynn, “Black women are dying. Black women like you are dying. AIDS is your killer. Document that.” The metaphor of AIDS as “killer” draws viewers’ attention to black women’s vulnerability in the epidemic. Reports show that black women experience disproportionate rates of HIV infection, morbidity, and mortality as a result of a persistent racial divide in HIV/AIDS treatment and care (Dasgupta, Oster, Li, and Hall, 2016). Nonetheless, black women are capable of responding to their own condition (agency) and routinely do so without the support of traditional institutions (see Juhasz, 1995; Cohen, 1999; Berger, 2006). To “document” the disease and its impact on black women, in this context, speaks to black women’s agency in the epidemic. It is an act of resistance and form of cultural activism that has the potential to save lives (Crimp, 1993). As Sivad and the episode’s title suggest, cultural representations by and about black women and AIDS can be sources of knowledge and potential remedies in the U.S. epidemic. The documentary itself is such a text and becomes a part of Lynn’s character, lending credibility to the overall AIDS storyline. It “keeps [HIV/AIDS] alive, even just the mention of it” (Akil, 2003)

“Howdy Partner.”

“Howdy Partner” builds upon the contradictions introduced in the first episode: specifically vulnerability and agency. At the start, Toni is engaged to be married. Before her fiancé Todd will agree to set a wedding date, he asks her to get tested for HIV. But Toni is not convinced that she needs to get tested. And so, she goes to Lynn for a bit of advice.

Toni: Look! I need to talk to you. Todd wants me to get an HIV-test. Isn’t that some mess?

Lynn: Well, isn’t he going to have one too?

Toni: Yeah, but we’re not talking about him. We’re talking about me. For him to suggest I get one, he must think I’ve got cooties.

Lynn: Or, he could just be smart. What’s the big deal? I get one every six months.

Toni: Yeah, but you need to. You’re a whore.

Lynn: I am not a whore. I’m sexually liberated. At least I was before I became celibate and frustrated and horny. You might want to fasten up that top button and back up a little bit.

Toni: All I’m saying is before him, I had not had sex in almost two years. So, why do I have to take some stupid test? I mean, if I had something, I wouldn’t look this healthy and fabulous.

Lynn: Toni. When is the last time you had an HIV-test?

Toni: Look at me. I do not need that mess! Obviously, I’m blessed.

Lynn: Oh my god. You need to take this test.

Toni: But I told you that I have not had sex in almost two years.

Lynn: You could be asymptomatic for longer than that.

Toni: Look! If I am going to die, I am going to die ignorant and happy. I am not built to suffer.

Lynn: Okay. Look. Look. If you have HIV, and I'm sure you don't, you need to find out so that you do not pass it on to someone you care about like Todd. Secondly, you do not have to die especially if they detect it before you develop symptoms. I mean, there are drugs now, people are living with the virus. Okay. People are living and shopping with the virus.

Toni: Where, Lynn? At the hospital gift shop?

Lynn: Toni!

Toni: What?!

Lynn: Look. You are thirty-two.

Toni: One.

Lynn: You are a sexually active woman.

Toni: Technically, I'm never that active. They do all the work.

Here, producers are explicit about "AIDS 101" information. Viewers learn that sexually active women and men should be tested for HIV and other STIs every six months; that people living with the virus could be asymptomatic for more than two years; and that AIDS medications can extend the lives of people living with virus indefinitely.

In addition to pertinent HIV/AIDS information, producers use relatable characters to teach audiences other important facts about black women and HIV/AIDS. For instance, Toni is fearful and ignorant about HIV/AIDS. She refers to the disease as "the cooties." She assumes that having only a few sexual partners, going for longer periods between sexual encounters, and

being relatively passive during sex protects her from potential HIV-infection. These common assumptions are based on actual accounts of real women who share similar perspectives (see, Treichler, 1987). In contrast, Lynn is open-minded, “sexually liberated,” and knowledgeable about disease. Implicit is that friends do not let friends have unprotected sex; that women having safer sex is not taboo, but smart; that HIV/AIDS is a debilitating disease that is also preventable; and that AIDS is not the “cooties.”

Resuming the story, Toni gets tested (agency), but finds herself too afraid to go back to the hospital to get her results (denial). Instead, she goes to Joan’s house where Maya, who has been living with Joan since her separation from Darnell, discovers her busy making donations to several charitable organizations. Maya questions Toni’s motives only to find out that her gift-giving is a last-ditch effort to ease her anxiety surrounding her test results.

Maya: Toni. Why are you suddenly becoming a giving person? You do not care about nobody but yourself.

Toni: Maya! Don’t say that! I am a good person. Okay? I have got to keep believing that because I get my HIV-test results tomorrow.

Maya: Oh, yeah girl. I didn’t know.

Toni: Yes, you did.

Maya: Okay. So what? Lynn did mention how trifling you are never having had a test before.

Toni: Well, anyway, taking the test has got me to thinking about what kind of person I am. I just want to be sure I am square with the Lord. Now, before I write this check, I want to ask you this question. Is the United Negro College Fund a legitimate organization?

Maya: Okay, Toni. It is overkill. Too much. Yes, you are a good person. Yeah, sure, sometimes you do get on my nerves and you can be a little selfish, a little shallow. Sometimes vindictive and backstabbing...

Toni: Well, you are an adulterous liar! So, I'll see you in hell too!

Maya: Oh, excuse me, missy. Don't you dare put me in your category. I am a good person who made one mistake. You. You're Satan's crafty minion.

Toni: You are right. You are right. I am not going tomorrow. Doesn't matter what the results are, I'm going to hell anyway.

Maya: Wait a minute, girl. What? Are you getting serious on me here? You serious, huh? Listen, Toni. I know we have had our run-ins, but never once have I thought you were really an evil person.

Toni: You just called me Satan's crafty minion.

Maya: So! Girl, you know how I am with my snappy comebacks.

Toni: Maya, I'm really scared. I haven't always practiced safe sex and I haven't always walked with Jesus. I'm telling you, Maya, getting *the* AIDS is going to be my punishment.

Maya: Toni, no one deserves AIDS. You're not a bad person.

Toni: Yes, I am.

Maya: No, you're not. If you're such a bad person, then tell me how come I love you?

Toni: You do not love me. You just live vicariously through me. You know, as a way to brighten up your humdrum life.

Maya: You know what? You are going to hell.

Again, Toni's fear surrounding HIV/AIDS is unfounded, but not uncommon. She refers to the disease as "the AIDS" and "God's punishment" for her "bad" behavior. Maya agrees that Toni is "selfish" "shallow" "vindictive" and "backstabbing," but argues that "no one deserves AIDS." Implicit is another important lesson: HIV/AIDS is a medical condition, not a moral judgement.

For the next few episodes, there is no mention of HIV/AIDS with the exception of a especially comical scene where Lynn shows Joan and Toni a snippet of the unfinished documentary. The women are mortified to find out that the well-endowed model demonstrating how to properly put on a condom is their good friend William. This "safer sex moment" keeps the AIDS storyline relevant.

"The pact."

"The pact" introduces the character with AIDS, Reesie Jackson. Framed in terms of seduction and betrayal, the audience is primed to think of the narrative in terms of innocence and guilt—a central binary of the dominant AIDS discourse surrounding black women and disease (see Weekley, 2015).

At the start of the episode, the women are preoccupied and somewhat at odds. Toni is busy making last-minute wedding preparations; Lynn is hard at work on the documentary; Maya is knee-deep in self-help books; and Joan is going through a bit of a rough patch with her boyfriend. The first order of business is to help Toni find a wedding dress at an upscale bridal boutique on Rodeo Drive. Joan, however, is not in a helpful mood: she is jealous that her childhood friend is getting married before her. Maya and Lynn sense that something is off, and

so they break down and ask Joan what is wrong. Joan explains that she is helping Toni, but her girlfriends refuse to buy her act. Instead, Maya tells Joan, “Your best friend is getting married and you can’t take it. But I’m going to tell you this much right here and right now, you need to get over it and be there for your friend.” After that, Lynn chimes in with a warning of her own, “be there or be slapped.” Then, Toni who has been in the dressing room during this entire exchange, returns wearing a beautiful designer gown. The women all agree that this is *the* dress for the wedding.

Minutes later, Toni announces that she has a big surprise. Lynn, still broke, asks Toni if she is going to “surprise” them by paying for their bridesmaids’ dresses. Instead, Toni informs the other women that her college buddy, Reesie Jackson, will be joining them as her fourth bridesmaid. This infuriates Joan: she has been holding a grudge against Reesie for years. Shocked that she is still upset after all this time, Toni and Lynn confess that they that have been in contact with Reesie since undergrad. Feeling betrayed, Joan confronts her friends.

Joan: Oh. Oh. I guess the pact that we made means nothing to you guys.

Maya: Pact?

Joan: The “We Hate Reesie Pact.” January 1, 1991. Bush declared war on Iraq and we declared war on Reesie.

A flashback to their days as students at UCLA begins.

Joan: No Reesie means no Reesie. No talking to her, no sitting next to her in class, don’t even look at her.

Toni: But Joan, she’s my roommate.

Joan: Yeah. Well, after Brian she is going to go after your man.

Toni: Men...That trifling slut.

Lynn: *Yeah! She is one sista hating sista. Yeah, we need to bring her down by any means necessary.*

Joan: *On three, “We Hate Reesie.” One, two, three...*

Joan, Toni, and Lynn: *WE HATE REESIE!*

This heightens the suspense and sets up the drama about to unfold.

Up until this point, protagonists and viewers are clueless as to Reesie’s condition. When she does appear, she looks healthy and attractive. Toni and Lynn hug her and Maya shakes her hand. All of this changes after Reesie discloses her illness. But before the big reveal, Reesie and Joan get into an argument that involves two dramatically different accounts of what happened to cause the feud between them.

In the first flashback, Joan recalls how Reesie went after her man back in college: *Producers show Joan busy studying for her examine while Toni and Lynn are preoccupied with other projects. Brian races into the dorm room with tickets to see MC Hammer in concert later that night. He is tall, good-looking, and stylish. Joan gives him a smile before she breaks the bad news: she cannot go to the concert. Overhearing the conversation, Lynn jumps to her feet in a desperate attempt to go with Brian to the event, but he ignores her and turns his attention back to Joan. Brian pleads with Joan to go to the concert but she refuses to budge. Instead, she suggests that he stay in with her for the night. Before Brian can formulate a response, Reesie appears at the door dressed in a fitted leather corset, matching mini skirt, and stilettos.*

Reesie: *Hey Brian!*

Brian: *Hey! What’s up girl?*

Reesie: *I heard you have an extra ticket. You take me and you can touch this.*

Brian: Bye Joan. C'mon Huggie.¹⁸

Reesie denies going after Brian and offers up her own version of things: *This time, she is modestly dressed in a red sweater, blue jeans, and white sneakers. She and Toni are looking through a fashion magazine; Lynn is hard at work on a poster for an upcoming political protest; and Joan, again, is busy studying for her exam. She looks flustered; her desk is a mess; and her attitude towards Brian is altogether different. Brian also is different. He still is tall and good-looking, but significantly less stylish and outgoing. He reminds her about the tickets to see MC Hammer in concert later that night.*

Brian: Hey Huggie.

Brian leans in to give Joan a kiss on the cheek, but she jumps back.

Joan: Hey. You know about my nine month rule.¹⁹

Brian: My bad. So, you ready for the concert tonight?

Joan: Concert? Boy I'm studying and you should be studying too. You know your dumb ass is dumb.

Brian: What about the tickets?

Joan: Shove them up your dumb ass.

Brian: Now Huggie that ain't right.

Lynn: I'll go. I'll go.

Brian: Toni, you want to go? It's pretty good seats.

Toni: If it's not front row, Toni Childs can't go. Now get on.

Joan: Just take Reesie.

¹⁸ "Huggie" is a term of endearment.

¹⁹ Joan practices abstinence for nine months at the beginning of a new relationship. She believes that this will increase her likelihood of getting married.

Reesie: *Oh no. That wouldn't be right. Brian is your boyfriend.*

Joan: *I can do a lot better than Brian, okay. Just take him to the concert. Have fun.*

Marry him. Just get him the hell out of my room.

Each flashback deploys familiar stereotypes and clichés about black women to build suspense into the episode. In the first scenario, Reesie embodies the jezebel. Her clothing is an important signifier of her sexuality. She seduces Brian in exchange for tickets to see the show. Joan, by comparison, represents the black lady: she is prim, proper, and pious. More important, she is a loving girlfriend to Brian. In the second flashback, Joan is reconfigured as the emasculating black bitch. She is extremely hard on Brian, repeatedly calling him “dumb” and attempting to pawn him off on her other girlfriends. In contrast, Reesie is the proverbial “good girl” who gives in to Joan’s request out of loyalty and perhaps pity for Brian. These flashbacks poke fun at the politics of respectability that are central to African American discourses about HIV/AIDS (see Weekly, 2015). This becomes clear after Reesie makes the following revelation:

Joan: We were going to be married.

Reesie: Well, did Brian know that?

Joan: Well, of course he did. We were secretly engaged. He was saving up for a ring. He loved me and if it weren't for you, I would be married. I would be the one with two kids and I would be living your happy life.

Reesie: You want my happy life?

Joan: Yes!

Reesie: You want Brian?

Joan: Yes!

Reesie: Fine. Then you can have him and you can have the AIDS he gave me too!

The women are totally shocked by the news. They express their concern for Reesie, but are puzzled: After all, she is married to Brian and the mother of two small children. She also looks healthy and has managed to keep her illness a secret for several years. And so, the women ask Reesie several follow-up questions that generate some surprising answers.

Joan: Are you okay?

Reesie: I am stable on my meds. My viral load is down. I get tired sometimes but, overall I feel pretty good.

Lynn: Are you HIV positive or do you have full blown AIDS?

Reesie: Full blown AIDS.

Maya stumbles and leans against the kitchen counter to regain her balance.

Reesie: Do not worry girl. This is not *Outbreak*. It is not airborne.

Maya: Well, I don't know. I mean, you know, you hear things...

Toni: You did not hear that!

Reesie: Maya, it is only transmitted through blood and semen, so I think everybody here is okay.

Lynn: Do you know how Brian got it?

Reesie: From another man.

Joan: Oh my God. He could not use a condom?

Reesie: No because if he put a condom in his pocket then he would be admitting to himself that he was going out to have sex with men and that would make him gay which according to him, he is not.

Joan: So, where is Brian now?

Reesie: Back home living with his mom.

Joan: God, Reesie. I am so sorry that I have held such a stupid grudge for last twelve years and I am even more sorry that I am making you relive this.

Reesie: Joan, since we're apologizing, I did steal Brian.

Joan: What?

Reesie: You have been right all along. I stole him. He was fine. Karma's a bitch, huh?

Joan: Don't say that. Don't even think that.

Toni: Well I got a question. Did you spend all your lotion money on medication because girl your feet are ashy.

Reesie: I know you are not talking with those chicken-chasing country feet on you.

Reesie has AIDS and that is not all: she stole Brian.

Weaving "AIDS 101" information into the fabric of the narrative, producers educate viewers about disease transmission: that the HIV-virus is transmitted through blood and semen, but not airborne. Audiences also learn that people living with HIV/AIDS can look healthy and, if stable on their medications, can still experience symptoms of the disease including fatigue.

Producers also teach that marriage is not a safeguard against HIV and other STIs. Surprisingly, they deploy the down low discourse rather than educate viewers about what Reesie could have done to protect herself during her marriage. Unsurprisingly, the down low discourse blames gay and bisexual black men for the spread of HIV/AIDS among heterosexual black women (see Boykin, 2005; Phillips, 2005; Collins, 2005). Framed as a "threat" to black communities, normalcy, and the traditional family structure (Glenn & Spielfelder, 2013), the down low discourse puts all of the power with men and implies that women are devoid of the capacity to protect themselves, negotiate safer sex, and request protection. This somewhat

undermines an AIDS storyline that otherwise empowers and educates black women about how to take action to ensure their own sexual health and wellness.

Despite its limitations, the AIDS storyline does a relatively good job of presenting an alternative representation of a black woman with HIV/AIDS. On several occasions, Reesie demonstrates her sense of humor and knowledge of the disease. Below is an example of that.

Reesie: Dammit! You guys, it is okay. See, I just get a trash can toss the vegetables, toss the cutting board, then we torch the whole kitchen. I'm just kidding. Come on you guys I feel awkward enough as it is. Well can someone at least give me a band-aid?

Lynn: I am sorry Reesie. I am here for you, okay?

Toni: Reesie, hold your finger above your head. Todd taught me that. He's a doctor.

Girl, did I tell you I was marrying a doctor?

Reesie: Toni, not about you right now.

Toni: What?

Lynn: So I guess we should do something with this?

Lynn picks up the knife by the handle.

Joan: Do not touch that. Do not...

Lynn: Joan stop tripping. Nobody is going to get infected here.

Joan: Just throw the knife away, too.

Reesie: You do not have to throw it away. You just wash it.

Joan: No, it is okay. It is an old knife. Just throw it away.

Reesie: You can check the CDC or the APLA.²⁰ Once the virus hits the air, it is dead. If it makes you feel better, you can run it through the dishwasher.

²⁰ APLA is the acronym for the AIDS Project Los Angeles.

Constructed as knowledgeable, Reesie informs the women that they can visit the CDC or APLA website to learn more about the illness. She also instructs them to throw the vegetables and cutting board away; to clean the knife that has been exposed to the HIV-virus; and to not panic in an emergency situation involving blood. Joan throws the knife away, but later retrieves it after she realizes that her fears are baseless.

During a particularly moving scene where Toni is modeling her wedding dress, Reesie opens up about her worries and insecurities.

Toni: Well?

Lynn: It's gorgeous.

Maya: It's beautiful.

Toni: Joan?

Joan: You look beautiful.

Reesie: Yes you do.

Toni: Save those tears for the wedding, girl when it will mean something.

Reesie: No. I just see you in that dress and I started thinking about seeing my own daughter in her wedding dress and I got scared. I might not be around to see my baby get married.

Lynn: Reesie, of course you will.

Joan: Sweetie, I just got my good friend back. You are not going anywhere.

Maya: Come on now. You got them kids to raise.

Toni: Look, Reesie. You should not worry about your daughter's wedding. It is Joan's [wedding] we are not going to live to see.

Reesie is afraid to die—to miss out on the important moments in her children’s lives. This further illustrates her complexity as a character with AIDS. Her friends are optimistic, but this scene hints that the conclusion of the AID storyline may not be so happy.

“The fast track and the furious.”

“The fast track and the furious” provides further insight into the character Reesie and the realities of black women living with HIV/AIDS. During an interview for Lynn’s documentary, Reesie shares the following:

Reesie: Being diagnosed with AIDS five years ago definitely enhanced my perspective on living. A lot of people are alive, but they are not living. They’re existing. They’re just here. Living is taking one time moment and making it into eternity so that you never lose it. It means putting a value on every breath you take so you might take another one and I didn’t view it that way before I was diagnosed. Being told that I have AIDS had to be, no it was, the most terrifying moment in my life. It’s not a moment that I asked for and I’m not happy about it and I’m not supposed to be, but I have to deal with it and at times it’s not the easiest thing to do.

Reesie is profound and insightful. She defines her diagnosis as “the most terrifying moment” in her life. This effectively communicates the enormity of HIV/AIDS (see, Lather & Smithies, 1997; Berger, 2006). She also redefines the disease as a complex part of the human condition that significantly alters her ways of knowing and being in the contemporary social world. In so doing, she exposes an important duality within HIV/AIDS: living and dying. To “live” with HIV/AIDS is to be keenly aware of time and its ephemerality. It means to “put a value on every

breath” because you may not take another. Dying, then, is not necessarily a byproduct of HIV or any other chronic illness, but rather any process that takes for granted time and devalues the importance of human life.

Following that, Lynn shows a short segment of the documentary in hopes of securing a grant to complete the project. The images that appear in the documentary suggests that audiences—both in the show and real viewers at home—are watching an actual documentary. Several seropositive black women begin to talk candidly about their condition. Between interviews, Lynn narrates, in a voiceover, several facts about black women and AIDS. Each time she speaks, the letters that spell out the word “epidemic” appear on screen.

Carla Bailey: *Hi, my name is Carla Bailey. The biggest ...I have HIV disease.*

Julaun Lewis: *I was diagnosed in 1989. All I can say was I didn't want to die.*

Lynn (narrator): HIV is now the leading cause of death for African American women between the ages of 25 and 34.

Carla: *So the first thing you do is you break down and cry like a baby and they try to console you, but you do not hear nothing past, “you have...”*

Lynn (narrator): Black women now account for 33% of all new AIDS cases among African Americans.

Carla: *One in three... Go to the football stadium or just sit and watch the Super Bowl and just imagine all those people. One in three.*

Lynn (narrator): Black women are leaving this planet faster than ever.

Juluan: *So I want to be, I want to be in the battlefield. You know, I'm not going to just die quietly or not fight this thing. I want to help people know that they can prevent it. I*

want people know that they can live with HIV and I want people to not be prejudice or get opinions about people with HIV. That's my story.

The documentary does several important things. First, it demonstrates how black women, from the beginning of the epidemic, have been disproportionately impacted by disease. Today, African American women account for roughly half of all newly reported cases of HIV among African Americans. Second, the documentary provides insight into black women's experiences with disease and generates an alternative representation of black women living with HIV/AIDS. Like Reesie, Carla's diagnosis comes as a shock. She describes how she was inconsolable, "cried like a baby," and did not hear anything past "you have..." Her reactions are consistent with other accounts of black women whose diagnosis elicits similar responses (Wright, 2003). Finally, the documentary highlights several ways that black women "see" themselves and HIV/AIDS. Here, Juluan describes HIV/AIDS as a "battlefield" wherein she is in a "fight" for her life and lives of others vulnerable to the virus. In this battle, education is important. Representation is important. How media portrays seropositive black women has the potential to illicit understanding and sympathy or perpetuate fear and ignorance. Representation, therefore, is a matter of life and death.

In the end, Lynn receives a grant to finish the documentary. She begins to edit the film and viewers are shown the second-half of the interview with Reesie.

Reesie: I am proud of who I am. I am proud of my life. I have a wonderful family that supports me. I have friends who encourage me every day. I have two magnificent kids that say, "Mommy, you're my bestest friend." They say that even when I am mean to them. They find it in their hearts to say that to me--that gives me strength. And, you know, I am going to be damned if I let something like AIDS break their hearts or my

spirit. AIDS is a condition. It is not a verdict on who I am and I am not going to be demonized for having it. I won't do it. So, I ain't going nowhere. I am too cute for that. So I have a wedding to attend in a couple of weeks; I have children to love; and I have a full life to lead. Man, I have moments to catch.

Reesie is optimistic about the future. Her candor about what keeps her going in spite of her illness is revealing. It also is in contrast to her concerns about potentially missing out on her own daughter's future wedding. Her children's love for her along with the support of her family and friends strengthens her. She is proud of who she is and refuses to let others devalue her based on her health condition. She has "moments to catch" and plans for the future. She embodies the promise of living indefinitely with AIDS. Yet, the interview concludes with a still image of Reesie. Underneath is written "1971-2003" and "rest in peace." This indicates that Reesie is dead—she died the same year as the AIDS story arc. Her image is followed by several photos of actual black women who also have died from HIV/AIDS-related complications. The promise of a life with HIV/AIDS, therefore, is unfulfilled.

Reesie's death is untimely and unexpected. It reinforces the notion that AIDS is something to be feared, rather than a chronic medical condition that, through proper treatment and care, can be managed indefinitely. More to the point, Reesie's death forecloses on several opportunities presented in the AIDS storyline, to teach viewers "AIDS 101" information and educate viewers about the contradictions surrounding black women and disease. This begs the question about what might have happened to bring about such an unsatisfactory end, especially within a narrative that shows black women alive and well in the U.S. epidemic.

After the AIDS storyline, GF continues for five more seasons. Toni marries Todd, divorce him about she finds out that he is bankrupt, gets pregnant, and then tries to reconcile her

marriage. Interestingly, the actress that played Toni left the show after season six to pursue a career in film. Producers never replaced her character. Lynn finishes the documentary, but never makes mention of it again. She dates Sivad for nine months until his celibate lifestyle becomes too much for her to handle. She breaks it off with Sivad and winds up marrying William to get health insurance. Their marriage, however, is short-lived and William has it annulled. He gives Lynn a sizeable divorce settlement. Maya and Darnell separate, and then divorce after her extramarital affair. She pens and publishes a self-help book about how to deal divorce. The book becomes a New York Times bestseller and earns her a book writing contract with a major publishing house. Eventually, after several seasons, Maya and Darnell work things out and move to the suburbs. Finally, Joan breaks things off with her boyfriend. She also leaves her job at the law firm to become a restaurateur. She opens a fusion restaurant called the J-spot. This small upstart runs into a few snags along the way that threatens to close it down for good, but William floats Joan the money in the interim. This puts a damper on their friendship. Joan's love relationships continue to have their fair share of ups and downs until Joan meets a teacher while doing volunteer work in New Orleans after Hurricane Katrina. They date for several months before he proposes to her. They plan for a future together, but before their wedding he gets deployed to Iraq. It is unclear whether or not he will make it back from Iraq and if they will get married.

Conclusion

And what of the AIDS storyline? At the beginning of the chapter, I suggested that it may have become too burdensome for the powers that be, and so they decided to be done with it. The next season of *GF* marked the show's switch from UPN to the CW; this impending change may have informed the decision about the AIDS storyline.²¹ Television critic Tim Goodman predicted that UPN series with predominately African American casts and audiences including *GF* would be the "real losers" in all of this. Goodman observes that

UPN was able to sell to the demo something it wasn't getting on the other broadcast networks—series for, and by, African Americans. And based strictly on available audience in a niche market, these shows didn't have to be out-of-the-box, crossover hits. Lower ratings, then, were acceptable. That will no longer be the case for any show on the CW, regardless of ethnic makeup...Studies—and ratings—have shown that white audiences won't watch a series that's essentially directed at African Americans (unless, for instance, there's a mass appeal star attached, like Bill Cosby and, to a lesser extent Rock). In turn, African American viewers have shown that in terms of comedies, they won't necessarily watch a series that white audiences are wildly enthusiastic about (the most famous example being "Seinfeld," which was one of the lowest-ranked sitcoms in African American homes at the peak of its popularity)" (p. 2).

GF, however, successfully made the jump to the CW but not without some noticeable differences. At the start of season four Joan's house went through a major transformation: her African artifacts were replaced with racially neutral vases. This sparked several rumors about

²¹ The CW is a joint venture between CBS Corp. and Warner Bros.

whether or not the show was being altered to accommodate the CW's new crossover multi-racial audience (i.e. young adults ages 18-34). One fan remarked online that, "another black show bites the dust" in what, for her and others, had become an all-too-familiar routine of which popular African American shows are either watered-down or cancelled to meet corporate demands. This, perhaps, would explain why GF producers decided to drop the AIDS storyline at the end of season three: because it may have been perceived as too "black" for a multiethnic audience.

Mara Brock Akil, however, retained tremendous creative control over GF and the show continued to tackle taboo topics and issues important to African American audiences including Hurricane Katrina, single parenthood, debt, divorce, small minority business development, etc. Black women continued to tune in to the show: it was ranked third among all television programs including Monday Night Football. Reports also show that audiences were upset by the death of Reesie and concerned that the actress who portrayed her, Kimberly Elise, was HIV-positive. So, even if the producers decided to be done with the AIDS storyline, why did they also have to kill off the only black character with AIDS, particularly when her death contradicted all the lessons of the storyline?

In 2008, GF was cancelled. The decision to get rid of the series came as a bit of a shock to viewers. One critic called it an "unceremonious non-ending" with Joan finally getting engaged and her fiancé being deployed to Iraq within weeks of their wedding day. The show's finale had several fans (including myself) hoping that the show would make a return to network television or that the show's creator, Mara Brock Akil, would make a movie as a sort of sequel to the series (similar to what producers did for Sex in the City). Some attribute GF's lackluster conclusion to the Writers Guild of America (WGA) strike that shut down Hollywood production

for roughly six months and nearly gutted the television and film industry back in 2007. Rumor has it that Mara Brock Akil wanted a significant pay raise, but the company decided that it did not want to pay her hefty salary. Others felt that it was an attempt by CW network executives to get rid of a television show about four successful black women in favor of its spinoff *The Game*—a series that centered around black professional football players. This, perhaps, is more accurate considering that Akil stayed with the CW and is the creator and writer of *The Game*. *The Game* included multiple female characters that enabled the exploration of stories about women, but only in relation to male protagonists. This coincides with Amanda Lotz's (2006) observation that women-centered television programs largely were cancelled in favor of "female characters in narratives that do not resolutely announce themselves as programs for women" (p. 165).

Notwithstanding, the cancellation of GF left a significant void in the representation of black women on network television. The show presented and represented that type of stories that could and should be told in mainstream media. GF explores the diversity among black women and how in spite of and quite possibly because of their differences, they are able to work together to form a community rooted in support, love, and concern for one another. The AIDS storyline is one striking example of that.

The AIDS storyline makes illness central to the collective lived experience of black women. It offers a number of metaphors, terms, responses, and actions that might be useful for women in "navigating" (to give an example) the terrain of the epidemic as well as seropositivity. This includes: when diagnosed, you do not hear anything else; HIV/AIDS is a battlefield and fight; HIV/AIDS can be prevented and people can live with the virus; be tolerant; seropositive black women are willing to talk, seek out health care, and readily contribute to the struggle

against disease; representations (e.g. through poetry, filmmaking, etc.) are important; the facts are important; sexually active people should use condoms and get tested for HIV and other STIs every six months; marriage is not a safeguard against the virus; and the CDC provide constantly updated information. These suggest a wide range of attitudes and approaches, especially as generated by a small number of characters in a handful of episodes.

The AIDS storyline left something to be desired. Its unsatisfactory conclusion suggests that mainstream media may not be ready for a recurring character with AIDS. Yet the story arc provides relatable characters and multiple perspectives with which audiences can identify. It educates viewers about “AIDS 101” information as well as the contradictions surrounding black women with AIDS to clarify some of the confusion surrounding disease and bodies. Furthermore, the AIDS storyline generates an atypical representation of a black woman with HIV/AIDS. Reesie is attractive, funny, knowledgeable, frightened, and insightful. She is a mother and wife. And because of all this, the AIDS storyline on GF gives me hope.

Reruns of GF currently are available on Centric and BET.

Figures

Figure 2.1. The cast of *Girlfriends*



From left to right: Lynn Ann Searcy (Persia White), Joan Carol Clayton (Tracee Ellis Ross); William Jerome Dent (Reginald C. Hayes); Antoinette 'Toni' Marie Childress (Garrett) (Jill Marie Jones); and Maya Denise Wilkes (Golden Brooks)

Figure 2.2. Toni gets Botox



CHAPTER THREE

COMMUNICATING AN EPIDEMIC: THE CHARACTER ANA WALLACE IN THE HBO FILM LIFE SUPPORT

Introduction

Made-for-television movies about HIV/AIDS draw our attention to the multi-faceted dimensions of the U.S. epidemic. Few films, however, provide insight into the lived experience of low-income HIV-positive black women in recovery from illicit drug use. There are several reasons why this is so. After all, white media has moved into a phase of post-race and post-feminist ideologies as a marker of progress. This buries racism and sexism along with race and gender. Yet, race and gender remain realities in the United States. Post-race and post-feminist ideologies, inevitably fail to develop a targeted response to AIDS in black communities nor acknowledge the position of people of color, especially poor black women, in relation to such dominant institutions such as medicine, law, public health, and the media. Additionally, the messages of white media reproduces the myth of black women as carriers of disease, especially sexually transmitted infections, yet too passive and vulnerable to understand and intervene in their own illness.

At the same time, black media producers are silent about AIDS, most probably in response to this historical association of blacks, disease, and sexual deviance. In recent years, however, young black cultural producers have made a commitment to document the prevalence of AIDS in black communities. Black women, in particular, are the focus of these documentaries and fictional accounts. They have a drastically different experience of this

debilitating disease from women of other racial groups (see, Berger, 2006). Race, gender, and class work together to shape whether or not they have access to affordable healthcare, gainful employment, and meaningful sexual experiences. Television movies that effectively communicate about black women and HIV/AIDS, however, would go a long way to garner public support, secure resources, and clarify some of the confusion surrounding black women living with the virus. Such films, unfortunately, are few and far between.

Life Support is an HBO film about AIDS and its impact on U.S. black communities. This made-for-television movie originally ran on the cable network on March 10, 2006, and now is available on DVD. Its protagonist, Ana Wallace, is a former drug user turned HIV-positive community AIDS activist whose past substance abuse continues to cause problems for her and her family. Significantly, before we meet Ana's family—her mother Lucille; her estranged daughter Kelly; her baby girl Kim; and her husband Slick, we are introduced to several other HIV-positive black women from Ana's support and outreach group. The stories that each participant shares—touching on themes of drug addiction, time their men spent in prison, infidelity, and the negotiation of safer sex—set the overall tone for the film.

Andrea: I was with a guy that I knew was shooting drugs. He had a \$100,000 in this arm and he had \$50,000 in this arm. And I said, 'Okay. Go to the doctor. Get a test before we even do anything,' and then, I just threw everything out the closet and said, 'later for it.'

Ana: Me and Slick use to get high together, and then he got locked up and he called me. He created this story about his friends in jail had gotten tested, you know, some of them and they came up positive and he thought that I should get tested. As soon as he said that, I knew it. I knew it. I knew it. I knew it. I was ready to kill his ass. I was ready to kill myself. I was ready to kill somebody, you know?

Regina: I just told myself a whole bunch of bullshit. You know, just a bunch of bullshit because I knew that he slept with other women and I also knew that he shot drugs. But I

was like, 'No! Whatever.' I guess in the back of my mind I had this crazy thing about how I was just going to prove how much I love him and how much better I was than them other women that he had and I was just going to show my love. I was just so stupid and sometimes I wake up in the middle of the night mad at myself. I be like, 'Girl, you so dumb.'

Tasha: I was young. He looked nice. I asked him. He said, 'no' and that was it. The condoms was sitting right there in a basket. They was sitting right there. All I had to do was pick them up and open them, but because he didn't have that look. And come on, I didn't know what that look was, but I just figured...

Life Support follows Ana over the course of a week as she navigates her health, work, and relationships in a predominately black and working-class section of Brooklyn (NY). She has neuropathy²²; walks with the help of a cane; and has been ordered, on several occasions, by her doctor to stay off of her feet. Mindful of these warnings, but refusing to take powerful prescription painkillers that remind her of her past crack-cocaine use, Ana continues to provide outreach to Black and Latina women in her neighborhood. This includes passing out free condoms and AIDS literature that she carries around with her in a rolling suitcase. In addition to all of that, Ana must come to terms with the reality that her estranged daughter Kelly is practically grown (she is a senior in high school and currently lives with her grandmother) and has her own ideas about her future. This is a major point of conflict throughout the film.

In the meantime, Ana helps Kelly find her childhood friend Amaré after he gets kicked out of his sister's apartment, and then goes missing from the neighborhood. Amaré is HIV-positive, gay, and has developed a bad cough.²³ He refuses to take his AIDS medications and

²² Neuropathy is a condition that causes numbness of the hands and feet along with deterioration of the peripheral nervous system. It is a common side-effect of long-term use of standard AIDS medications.

²³ Amaré has tuberculosis brought on by HIV. According to George, he brought on a voice expert to do the cough as Amaré's condition worsened.

sells them on the streets in exchange for money to buy illicit drugs. Amaré's decline is interconnected to, and to some extent mirrors Ana's past, and so she agrees to help locate the lost teen—a decision that, in the end, brings her and her daughter Kelly closer together.

Life Support is of particular interest for several reasons. First, the film is inspired by the real-life story of the HIV-positive community AIDS activist Andrea Williams and several other positive black women from the Brooklyn-based AIDS support and outreach group, Life Force. Second, *Life Support* is the only television movie to tackle the “twin epidemic” of AIDS and intravenous drug use (Gilbert & Wright, 2003, p. xiii)²⁴. Third, the character Ana Wallace, played by Queen Latifah, is the only HIV-positive African American female character to appear in a mainstream television movie about HIV/AIDS. Ana represents a population of highly stigmatized women (i.e. women of color, drug users, urban residents, and low-income) who prior to diagnosis experience multiple stigmas (i.e. racism, sexism, poverty, etc.), and now are among the fastest growing social groups living with this debilitating disease. Routinely regarded as women “for whom the average person would not have taken notice, identified with, nor thought worthy of any special attention” (Berger, 2004, p. 3), they simultaneously are over-represented as deviant women—dirty, diseased, and undeserving (Lawless et. al., 1996)—and under-represented as human actors capable of navigating their distinct social terrain (see Hammonds, 1993; Farmer, 2001).

The representation of the character Ana Wallace, however, is different. Audiences care whether or not she remains clean and sober, whether or not she reconciles with her mother and estranged daughter, and whether or not she lives or dies as a result of her health condition. This chapter, therefore, asks the following questions: What is special or powerful in the overall

²⁴Dorie Gilbert (2003) notes that substance abuse in tandem with HIV infection “has played a huge part in HIV-infection rates in African American communities across the country” (p. 9).

representation of Ana to make her fate important? Moreover, what significant cultural work do Ana and *Life Support* perform in the continuing epidemic in America? I argue that *Life Support* and the character Ana effectively communicate facts and experiences about black women and HIV/AIDS. Both make visible black women's social location within the matrix of domination²⁵ and how external factors including racism, sexism, and poverty contribute to disproportionate rates of HIV infection, morbidity, and mortality. *Life Support* also challenges the over and under-representation of HIV-positive black women—or the notion that they are to blame for their own infection and incapable of responding to their own illness. As mentioned elsewhere, this has the potential to move audiences and rally support for collective action to dismantle systems of oppression that contribute to disproportionate rates of disease among black women. As a consequence, this chapter demonstrates how filmmakers might go about effecting change in the ongoing AIDS epidemic.

In this chapter, I examine the television movie *Life Support* alongside select post-production interviews with the film's director and creator Nelson George. I also include George's directorial commentary found on the DVD format of the film. This is an extremely useful archive that details the various visual and narrative techniques used in the film to tell the story of Ana and other low-income black women living with HIV/AIDS. I begin this textual analysis with an overview of relevant literature about the cultural significance of made-for-television movies about HIV/AIDS. Next, I talk about what happened behind the scenes of *Life Support* to help shape the storyline including a brief overview of HBO HIV/AIDS programming and the production process. From there, I interrogate the film's visual and narrative conventions

²⁵ The "matrix of domination" is an organizing principle of black feminist thought and useful theoretical framework for understanding race, gender, and class as interlocking systems of oppression that work in tandem to shape the social location of seropositive black women (Hill-Collins, 2001)

paying particular attention to the representation of the protagonist Ana Wallace. Overall, this analysis helps scholars better understand how media texts by and/or about black women living with HIV/AIDS might successfully intervene in the contemporary epidemic.

HIV/AIDS on television

Television movies about HIV/AIDS present and represent the AIDS epidemic to the public. Routinely regarded as “disease-of-the-week” films, these movies “have constituted a general, albeit basic, chronicle of the multi-faceted dimensions of the epidemic” (Plipp & Shull, 2010, p. 19). More important, these fictional accounts shape how diverse audiences come to understand and respond to disease and bodies.

Television movies about HIV/AIDS also provide pertinent information about the medical condition in ways that are intelligible and entertaining to lay audiences. These films teach viewers about HIV prevention, awareness, and treatment. Additionally, made-for-television movies show viewers what it is like to be a person living with HIV/AIDS in the contemporary social world. Traditionally, gay male characters predominate in television movies dealing with HIV/AIDS. In films like *As Is* (1986), *An Early Frost* (1985), *Bright Eyes* (1986) and *Parting Glances* (1986), the middle-class white gay protagonist recently diagnosed with HIV returns home to reveal his condition to parents and siblings. Quite often, he contracts the virus via homosexual sex and as Linda K. Fuller (2003) argues, these television movies typically are more concerned with how the family comes to terms with his homosexuality than how he deals with his disease. For Plipp and Shull (2010), “TV movies redirect primary emphasis away from the anxieties, self-reproaches, and fears of the HIV-infected (or the world of homosexuals) and

toward the reactions of those around him” (20). Thus, homosexuality functions as a sign of Otherness that differentiates the infected from the non-infected and has the potential to “unite sexual and national identifications amongst viewers over and above all divisions and distinction of class, race and gender” (Watney, 1996, p. 97).

Yet, television movies are more diverse and progressive than what might first be imagined. Paula Treichler (1999) writes that “this format has special significance in the representation of illness because, unlike television in general, television movies are able to focus on problems that are complex, controversial, and difficult to solve” (p. 177). Television films demonstrate the tensions generated when a terminal illness forces non-infected characters (and viewers) to acknowledge the experiences of the infected; to confront, accept, and interact with a social world distinctively different from their own.

In so doing, made-for-television movies about HIV/AIDS present audiences with characters that are demographically different from themselves and provide viewers with a range of possible subject positions with which audiences can identify. Again, Treichler (1999) writes that the narrative structure of the television film offers “points of identification and perspective” so that the “practiced viewer of American film and television” cannot not want the protagonist to be saved. Immediate identification with HIV/AIDS characters or persons demographically different from audience members is not guaranteed and can be partial or non-existent. Yet Treichler (1999) suggests that the narrative structure of film and television can override these differences and provide a “sense of shared experience” that unifies diverse audiences in support of the infected (202). I take into account Treichler’s notion that HIV/AIDS movies share a format that has utility—but that that utility comes, in part, from *how* filmmakers go about the representation of diverse HIV/AIDS bodies within familiar narrative and visual conventions.

Like other HIV/AIDS television movies, *Life Support* is a melodrama that centers on the daily routines and rhythms AIDS disrupts. Its primary focus, however, is on Ana and how she navigates the world around her. How she deals with her health condition along with the fallout from her past substance abuse is central to the script. The film provides greater insight into the realities and experiences of low-income HIV-positive black women and how they can be sympathetically portrayed.

“New era” of AIDS

Life Support is written and directed by black cultural critic, journalist, and filmmaker Nelson George. Best known for his work on contemporary black music, George argues that popular cultural forms like hip hop are uniquely positioned to mobilize black youth and others vulnerable to experiencing oppression against structures of domination that severely limit self-definition— despite the hold of neoliberal capitalism on these alternative forms of cultural production (George, 1992; 2004; 2005). With that in mind, George created and produced *Life Support* to draw attention to the contemporary epidemic. George states “there were quite a few films in the 1980’s and 1990’s about the virus. But when AZT²⁶ came in, people said ‘they’re living with it, well that’s okay then,’ and it became an African disease. It happens to people over there. The daily media, and much less Hollywood, is engaging in the issues surrounding the virus today. But my film points to a new era about the virus. I think it is the first one to deal with the virus today” (Nesti, 2007, p. 4).

²⁶ AZT is perhaps the most popular HIV/AIDS medications and is routinely credited for radically changing how HIV/AIDS bodies experience disease. AZT, however, is only one of several AIDS drugs prescribed by doctors to help treat people living with HIV/AIDS.

This “new era” of HIV/AIDS references several major developments in the U.S. epidemic that directly impact African Americans. Between the years 2000 and 2005: 1) African Americans saw a significant increase in newly reported cases of HIV infection despite a decrease in overall reported incidences of HIV among other racial groups; 2) Blacks constituted nearly half (46%) of all people living with HIV/AIDS in the United States despite making up only twelve percent of the total population; 3) Black and Latino men exceeded their white counterparts in the number of HIV/AIDS cases among gay and bisexual men; and 4) HIV/AIDS was reported as one of the leading cause of death for black women ages 25-34 and 35-44 (for an exhaustive timeline of the AIDS epidemic among African Americans, see, <http://www.pbs.org/wgbh/pages/frontline/social-issues/endgame-aids-in-black-america/timeline-30-years-of-aids-in-black-america/#00>). As reported in the film *Endgame: AIDS in Black America*, this generated a media frenzy surrounding what reporters considered a “crisis in Black America” despite the fact that African Americans, from the beginning of U.S. epidemic, have experienced disproportionate rates of infection, morbidity, and mortality in comparison to whites and other racial groups.²⁷ Hence the familiar saying, “when white people get a cold, black people get pneumonia.”

At the same time, young black cultural producers of the hip hop generation grew up with the disease and saw it as one of the major challenges facing their communities; as they came of age, they were eager to tell the story of AIDS from a distinctively “black” perspective.²⁸ For

²⁷ It is common practice for news media to over-report about HIV/AIDS infection rates in black communities. This, as Elizabeth Bird (1996) describes represents “waves of interest” that do not necessarily reflect actual changes in the rate of these problems, but nonetheless feed cultural anxieties and concerns, most probably about multiculturalism.

²⁸ Cultural critic Bakari Kitwana (2002) writes that HIV/AIDS is central to a hip hop worldview adopted by young black Americans of the post-civil rights generation (those born between 1965-1984).

George, this meant telling a story about predominately working-class black bodies and neighborhoods such as Brownsville, Fort Greene, and Bedford-Stuyvesant that share some the highest rates of poverty, underemployment, drug use, and HIV/AIDS infection in the city of New York.²⁹

The film took George nearly five years to complete despite financial backing from Hollywood stars like Jamie Foxx and Queen Latifah. Then, HBO got on board and the story went from script to television screens to DVDs across the United States. HBO's history of producing quality television programming about HIV/AIDS is what ultimately motivated George to sign the deal. He explains, "Quite honestly, I don't think any Hollywood studio would have financed this film, even with Queen Latifah. That's the thing about HBO, they've been really good about making films related to the AIDS virus—they've made three or four—look at *Angels in America*" (Nesti, 2007b, p. 4).

HBO HIV/AIDS films

From 1987 to 2013, HBO produced and distributed more than twenty films about HIV/AIDS. The vast majority are available to subscribers and non-subscribers in a variety of formats (e.g. DVDs). Several films have been rebroadcast on network television, distributed on videocassettes with companion workbooks to schools and libraries, and more recently streamed online via YouTube, Netflix, etc.

²⁹ Brooklyn currently is undergoing significant shifts in housing and demographics brought on by gentrification. There are, however, select neighborhoods that still experience significant poverty. The neighborhoods presented in this film (i.e. Fort Green, Bedford-Stuyvesant, and Brownsville) have a median household income of \$24,000. That is roughly \$30,000 less than the national average (\$56,000). The vast majority are working-poor blacks and Latinos.

HBO's HIV/AIDS films successfully fill a void in content about the disease. The network's own sense of self-importance is evident in the opening credits of the *Life Support* DVD when an unidentified man walks out on the horizon, flicks on an invisible switch in the sky, and then the HBO Video logo appears as if god conjures HBO out of the dark void. HBO films also tend to be a bit more progressive and controversial than traditional made-for-television movies about the epidemic, in part because they are produced for paying audiences. For example, *The Normal Heart* (2014) raised more than a few eyebrows when filmmakers decided to include a flashback to the 70's bathhouse era, shot in the style of a late-night adult television advertisements. The movie and HBO, however, received rave reviews for its daring display of homosexuality.

The growth and expansion of HBO can be attributed, in part, to its HIV/AIDS programming. In "Subscribing to Governmental Rationality: HBO and the AIDS epidemic," media scholar Shayne Pepper (2014) asserts that deregulation of the cable television industry along with significant budget cuts to the U.S. Department of Health and Human Services in the 1980's generated a unique opportunity for HBO to enter the conversation about HIV/AIDS and turn a profit in an ever-evolving media landscape. Pepper (2014) writes that "a focus on small government meant leaving many things to private industries" (p. 139) including a response to the AIDS crisis. This resulted in the outsourcing of labor including the job of informing the public about infectious diseases to private organizations like HBO. As a consequence, the fledging network successfully capitalized on its ability to easily produce and distribute television content about HIV/AIDS.

Like traditional television movies, HBO's HIV/AIDS films inform how viewers come to understand and respond to disease and bodies. Pepper (2014), however, argues that HIV/AIDS

films also operate on behalf of the government to teach viewers how to be better neoliberal citizens. Pepper (2014) writes that these films

“trace a cultural shift from an early focus on AIDS as a public health issue to be dealt with through individual “safe sex” practices and ethical citizenship to a later focus on AIDS as a global pandemic where the explicit strategy becomes a reliance on non-state actors to combat AIDS” (p. 132).

As such, collective outrage and demand for the federal government to develop adequate responses to the AIDS crisis are replaced with checks payable to private organizations that make claims to doing the most good. The State, therefore, is able to hide in plain view its disciplinary apparatus by incentivizing neoliberal profit-driven corporations like HBO to do the work of teaching individuals how to think and act in a multicultural democracy—even in response to a local and global health crisis.

At first glance, *Life Support* appears to successfully instruct viewers about how to behave in the epidemic. After all, the movie depicts Ana and other HIV-positive black women working on behalf of an NGO to positively intervene in the health crisis. Together, they confront stereotypes about HIV/AIDS bodies; pass out free condoms and AIDS literature; refer community members to the appropriate social service programs; and teach young women of color how to prevent potential infection. For Pepper (2014), these are only a few examples of how *Life Support* and other HBO HIV/AIDS films shape the viewer “in such a way as to become a proper neoliberal subject, helping to manage this global pandemic by donating money and calling upon NGOs to solve the problem” (134).

Yet *Life Support* also effectively redirects viewers’ attention back to domestic AIDS and the intersections of race, gender, and class that significantly contribute to U.S. health disparities.

George deploys “ugly beauty,”³⁰ a distinct cinematic style [or: aesthetic] to convey the grittiness of the urban environment and make accessible its “mixed bag of opportunity and discrimination, possibilities and restrictions, freedoms and surveillances” (Williams, 2004, p. 4), shaping the relationship between poor people of color and the State. The motif of the Brooklyn housing projects set against the Manhattan skyline serves as a haunting reminder of the government’s failure to understand the problems of race, racism, and poverty.³¹ Additionally, stylized shots of abandoned cars, boarded-up buildings, and spaces beside, between, and beneath commuter trains on Atlantic Avenue (routinely regarded as “the heartbeat of Brooklyn”) once symbols of mobility and progress now visually narrate modern-day communities of color *held back* by several decades of public policies that significantly contribute to the growth and expansion of the black underclass. As a consequence, *Life Support* disrupts traditional narratives found in government-supported HBO HIV/AIDS films.

Filming the black underclass.

George enlisted the help of writers Jim McKay and Hannah Weyer, known for their approach to urban dramas like *Our Song*, *Girls Town*, and the critically acclaimed television crime series *The Wire* to help develop *Life Support*. George explains that film’s director of

³⁰ “Ugly beauty” is the name of a jazz composition originally penned by legendary musician Thelonius Monk. It routinely is used to describe his musical style—an aesthetic that exploited and exploded conventional musical forms in order to elicit an emotive response from listeners.

³¹ In the documentary film *Endgame: AIDS in Black America*, filmmakers show how the War on Drugs and the War on Poverty waged against low-income people of color lead to the rapid spread of the HIV-virus among intravenous drug users and their sexual partners. Fear of getting caught with drug paraphernalia and being sent to jail for such offences forced several intravenous drug users into crack houses where they would share needles. This increased the likelihood of HIV-exposure and resulted in high rates of infection. Afraid t program for IVDUs, government later failed to approve needle-exchange programs that would help IVDUs receive free clean needles.

photography, Uda Brezewitz, had a documentary background and so, “we wanted to bring that warmth and humanity and that edge that *The Wire* had to this film” (Director’s commentary). This includes the use of a single camera to film support group scenes to create a sense of intimacy between the women (and viewers). Yet *Life Support* is not a documentary. Rather, filmmakers shoot from behind sheer curtains and other objects to give it the feel of “peeking in on a life” so that viewers have a sense of being close in proximity, but not “all up in it.”³² As a consequence, *Life Support* humanizes low-income HIV-positive black women but avoids the pitfalls of objectivity and authenticity routinely employed by documentary filmmakers.

In preparation for the film, George also attended support group meetings, peer counseling sessions, and other community events facilitated by actual HIV-positive black women. He re-creates, in the film, much of what he along with the activists have witnessed including an AIDS memorial held on the rooftop of a Brooklyn housing project. George also interviewed his own sister, Andrea Williams, and observed her for several months to help develop the film’s main character. This was a surprising move considering that the two siblings had not talked to one another in several years because of George’s own unresolved anger surrounding his sister’s past drug use.

Andrea Williams.

Andrea Williams, a former crack cocaine user, found out in 1993 that she had acquired the HIV-virus from her husband—also an intravenous drug user (see figure 3.1). Her husband had called her from jail shortly after he and several other inmates had tested positive for the

³² In other words, *Life Support* rejects claims to objectivity and/or authenticity typical of this genre.

HIV-virus.³³ After diagnosis, Williams went through several years of rehab to regain her sobriety, and then began to educate herself about her condition. As a consequence, she became active in the community around HIV/AIDS awareness and education.³⁴ Williams' describes her work with Life Force as a necessary intervention in the health crisis. She explains that "We try to educate people, give them the tools they need so they won't get infected with HIV. You don't have to have HIV, you know. And with all the education and things that are out there, there is no reason why anyone should ever become infected. We didn't know a lot of things twenty years ago. We know a whole lot more today."

William's diagnosis is a catalyst for her sobriety and AIDS activism. It is a major turning point in her own life, yet she still struggles to reconcile her relationship with her own family. In a candid post-production interview George describes how the process of doing research for the film made it easier for him to ask his sister the tough questions and, in the process, reconnect with her. "It's funny," he explains. "Having the camera there allowed me to ask her things I wouldn't have asked her over the dinner table. How she got the virus; how long she hid it; her feelings about a lot of different things; all of which in some way or another ended up informing the script" (*What inspired you to make Life Support*, 2008). By the end of the project, George understood how his sister had changed since she quit using drugs. He also learned how to accept her. George describes *Life Support* as a film about AIDS, and also about forgiveness and redemption (*What inspired you to make Life Support*, 2008, p. 30)

³³ Mandatory HIV-testing of prison populations is a routine practice.

³⁴ In *Workable sisterhood: The political journey of stigmatized women with HIV/AIDS* (2004), Michele Berger argues that women of color with HIV experience multiple stigmas (also regarded as "intersectional stigma") and as a consequence of diagnosis are forced to come to terms with their social marginality. Through the communicative practice and cultural process of "life reconstruction" they develop a public voice about being a woman with HIV and become aware of the resources that underpin their future political participation.

Finding support

Throughout the film, George uses to good effect several support group scenes that feature Ana and real life activists from the Brooklyn-based outreach program, Life Force. The women are all HIV-positive; low-income; and identify as black American. They range in age anywhere from twenty-five to about forty-five and are employed as full-time peer counselors for the NGO. Interestingly, the women remain anonymous with the exception of Andrea Williams, whose true identity is revealed in the final shot of the film. Together, the women use their situated knowledge at the intersection of race, gender, and class to talk back to multiple stigmas (e.g. racism, sexism, poverty, etc.) that contribute to the spread of disease in black and brown communities.

Support group scenes stitch together the storyline. They add a bit of nuance and humor to the film. They show the vitality of HIV-positive black women. Their conversations are hilarious and their laughter serves as medicine for the soul. It elicits the type of belly laugh “which comes from all those stories women tell each other [...]. Stories that stir libido [and] rekindle the fire of a woman’s interest in life again” (Estés, 1992, p. 39).

During group meetings, the women discuss a range of AIDS-related topics. The themes they introduce are not entirely new to researchers and activists, but for most audiences they provide much needed insight into the realities of black women before and after diagnosis. The stories they share are not necessarily their own, but are reflexive of other low-income black women’s personal accounts of this debilitating disease. George describes these scenes as “guided

improvisations” wherein the “women are also acting...so it’s a fiction of a fiction based on a reality.”

In a particularly moving support group scene, the program facilitator Sandra, played by Gloria Reuben,³⁵ shares with the other women that she has been dating a man for several weeks but is having a hard time telling him that she is HIV-positive. The other women empathize with her and begin to talk about the difficulty they also face when deciding whether to tell someone about their illness.

Sandra: Well, I met someone. I can’t...I haven’t told him yet. I can’t tell him, yet. But, I’ve decided that I’m going to this weekend, but it is that thing of...

Regina: When to tell. How to tell him. Do you kiss first and tell? Do you shake hands and tell? Do you hug? I mean, you know, it’s that scary part of when to tell.

Tasha: Sometimes they...you know...I mean, rejection is hard. They walk out the door, you know you’re never hearing from them, they’re never going to call you. Then, some of them ask for the condoms and the dental dam. “Go get it! Let’s use it.” It could go either way.

Andrea: My thing was to just come straight out and tell them, you know. From the beginning, “I’m HIV-positive. What do you want to do?” And, you know, I got some really crazy responses: “I don’t care. I’ll use two condoms.”

Regina: “I don’t think I can have sex with you,” he said, “well, I can eat your pussy, right?”

Joyce: My partner, he’s not really in to using condoms, but if we have unprotected sex, let alone a pregnancy at my age, but I don’t want another strain of the virus. But he says he can’t feel anything, I mean, and actually ladies, he kind of shrivels up when I say let’s use a condom.

Tasha: Have you ever tried putting a condom on with your mouth?

Joyce: Girl, how you do that?

³⁵ Actress Gloria Reuben played an HIV-positive African American nurse on the critically-acclaimed medical drama *ER*. Reuben now travels the world as an AIDS ambassador and raises awareness about disease prevention and treatment.

Tasha: Easy! I'll teach you. And it will get him excited and I don't think he'll shrivel up so much.

As Tasha puts it, “rejection is hard.” More important, there is a real threat of physical violence as a result of disclosure. This is especially true for low-income HIV-positive black women who reportedly experience higher incidences of domestic violence after having told their sexual partners about their illness (Rothenberg & Paskey, 1995; Gielen & Decampo, 1997; Gielen et. al., 2000; Koenig & Moore, 2000; Ezechi et. al., 2009; Wang, 2010; Shamu et. al., 2014). Disclosure, however, also can elicit sympathy and understanding. It has the potential to open women and their partners up to sexual experimentation and more meaningful intimate relationships. Here, Andrea and Regina bring a bit a levity to the situation by joking about how some men react with excitement and eagerness to “use two condoms,” “eat the pussy,” and/or try other alternative sexual practices. And so, this conversation clarifies some of the tensions and opportunities brought about by disclosure.

Furthermore, disclosure generates occasions for the women to come to their own rescue—to develop creative and innovative ways to negotiate safer sex in their own personal relationships. For example, Joyce confides to the other women that she and her partner are having unprotected sex because he “shrivels up” at the mention of a condom. She clearly is concerned about her health; the potential of getting pregnant; and the possibility of contracting another strain of the virus—a legitimate concern for HIV-positive individuals involved in a sexual relationship. Joyce also wants to have a pleasurable sexual experience. And so, Tasha suggests that she put the condom on with her mouth as a way to keep things exciting in the bedroom. This is a creative approach to the negotiation of safer sex—one that may prove more

successful for women in monogamous relationships and one that shows just how inventive low-income HIV-positive black women can be in response to disease.

In addition to support group meetings, George includes a business meeting where the women assess their outreach efforts. This scene is a bit more structured and takes place in a historical community center located in Fort Greene (Brooklyn). George explains that “these meetings are a little different from the support group meetings. These are actually meetings the activist women have every week, to talk about the field—what they saw, what happened, what is working; what is *not* working. So this is a little less personal and more about the conditions in the community.” During this particular scene, the women talk about funding for the work they do and the challenges they face when trying to get other women of color to practice safer sex. Sandra is holding a condom in her hands during this insightful conversation.

Sandra: We have to talk about some funding, ladies. We really need to make sure that every time we are at a sight or at a meeting or a forum or what have you that anybody you are talking to, that you are referring to a place for testing, counseling, what have you support group. Make sure you are getting those stat sheets filled out so that we can hand them in and we can get paid and we can keep doing what we are doing. Okay! The female condom girls. If we’re teaching women have to take care of themselves, then they’ve got to take care of themselves.

Regina: I have such a hard time getting our young sistas to even try it. They like, ‘what’s that. I don’t like it. I don’t think it’s going to feel good.’ And I say, ‘listen! This is going to put you in control of protecting yourself and your own sexuality.’

Andrea: But a lot of the older women don’t know about the Reality female condoms. They never heard of them.

Tasha: The Muslim women, they'll take the Reality before they take—and I don't know maybe it has something to do with their husband. They get questioned less with the female condom than they would with a male condom.

Bernice: You can always tell them that they can put them on like eight hours before their partner gets there.

Ana: I think that's a good little key right there. We've got to definitely let them know that they can wear it for a while, you know. I mean, because as... before you go to the club. I mean, that's what it is. If you, if you plan on getting down like that, you know.

Regina: I can order the vagina demonstrator³⁶ and we can use that to take it out in the field with us.

Ana: I think you should order that.

Regina: Just okay the invoice. It's done!

Ana: I just think that the quicker we can use it, show them how easy it is to do, it will make it as easy as putting on a condom in their minds. You know what I mean?

The women's observations bear witness to multiple barriers including age, religious beliefs, and marital status that severely limit black women's ability to negotiate safer sex in their everyday lives. This contests the notion that black women are incapable of preventing STI infection as a result of their wanton sexuality. Additionally, it challenges cultural assumptions that black women negotiate safer sex within a vacuum—free from social constraints that limit their ability to access and employ life-saving prophylaxis. Surprisingly, George mentions that “this is, perhaps, America's first look at the female condom.” Unsurprisingly, the virtual invisibility of female condoms in popular media corresponds with post-feminist ideologies that women,

³⁶ A vagina demonstrator is a 3-D model of a woman's vagina that is used by health educators to teach about women's reproductive and sexual health.

especially those in the United States, have achieved some sort of gender equity in the boardroom that now extends to the politics of the bedroom. This ignores the gross inequalities that still exist between women and men that potentially limits women's ability to negotiate safer sex with their male sexual partners. Poor black women, in particular, are at a unique disadvantage as they often rely on male sexual partners for financial support to supplement their own income (Sharpley-Whitening, 2007; Sobo, 1995). And so, their ability to negotiate safer sex is interconnected to their access to quality (sex) education, gainful employment, and livable wages. Teaching women about the female condom might very well prove to be a "drop in the bucket" towards HIV-awareness and prevention if the structural barriers surrounding their potential infection remain intact, yet it makes safer sex practices intelligible and easily accessible. All of this has the potential to reshape how viewers understand the circumstances surrounding black women and HIV-infection.

Overall, scenes of the support group along with the business meeting expose the institutional, interpersonal, and discursive barriers that shape the collective lived experience of low-income HIV-positive black women. These personal and professional accounts of what the activists go through in their own lives and/or witness in the "field" demonstrates the value of women-centered spaces that affirm and empower low-income HIV-positive black women. They also provide the necessary social context for understanding the interactions of HIV-positive black women both on and off the screen. As a consequence, these scenes provide a necessary context for understanding the character Ana Wallace.

The character Ana Wallace

The representation of the character Ana Wallace is perhaps one of the most complex representations of an HIV-positive character in a HBO HIV/AIDS film. On the one hand, she is an attentive mother to her youngest daughter Kim and an accomplished community AIDS activist. On the other hand, Ana is a demanding wife, stubborn, and judgmental towards others. She embodies painful memories for her estranged daughter Kelly and mother Lucille. As one television critic puts it, “Wallace is not an entirely sympathetic character” (Maynard, 2007, p. 8). And so, viewers must grapple with the multiple ways that her character generates competing and contradictory meanings within the television film narrative.

Ana is in the process of life transformation. This is a distinctive cultural process whereby individuals “change characteristics or actions of daily living in a dramatic and profound way” (see Williamson, 2003, p. 108). For Ana, she is in recovery from illicit drug use. She also is working to rebuild her relationship with select members of her family. This is an especially difficult task. Furthermore, Ana has developed a public voice and is politically active in her community. Her transformation, therefore, is like that of other HIV-positive women of color that “refuse to be made invisible, who use their rage and fear to mobilize and confront existing power structures” (Berger, 2006, p. 3) in their lives and lives of others.

Throughout the film, Ana responds to a variety of situations that come up over the course of several weeks. The vast majority are repetitive, or as George describes depict “duality” by “flipping and reversing” the scenario so that we see it, and then see it again. This narrative strategy enables us to better understand Ana’s evolution from the beginning to the end of the film. It also demonstrates how difficult it is to undergo such significant changes when you and

others are holding on to that past. And so, for the remainder of the chapter I will interrogate how Ana gets constructed within the film.

At the start of *Life Support*, we learn that Ana is vulnerable to HIV/AIDS prior to her diagnosis. She describes how she used to get high with Slick back in the day. And so, her life was complicated by drug use prior to infection. Regarded as “deviant” behavior, drug use renders Ana a “victim” of HIV/AIDS, but not entirely “innocent.”

Ana also is unheroic. Soon after the film’s opening scene, we see her move through her morning routine. She studies her face and eyes in the mirror, and then places elastic arch supports around her feet (see figure 3.2).³⁷ This is quite ordinary and unremarkable. Yet it captures the routine of everyday life. The mirror, a symbol of self-reflexivity, helps Ana to see clearly who she is and how the illness has changed her. Watching Ana watch herself, invites audiences to take a closer look at her—to suspend, for a time, our own cultural beliefs and assumptions about HIV-positive black women that prevent us from seeing them as they are: fully human and remarkably flawed.

Resuming the story, Ana walks through her youngest daughter’s room (a converted hallway) into the kitchen. She finds Slick cooking breakfast and packing lunches. This is the first time that we see and hear the interaction between husband and wife.

Ana: That you making all that noise, Slick?

Slick: Yeah...I love you too, baby.

Ana: Thank you for my foot rub. I could not sleep for shit.

Slick: You are going to stay off it today?

³⁷ People living with HIV/AIDS are a greater risk for vision impairment and abnormalities (e.g. problems with contrast sensitivity and color vision) along with ocular infections (e.g. CMV retinitis) that cause irreversible vision loss (see, “HIV and the eyes: Lessons learned, challenges remain,” January 2014).

Ana: I am going to try. Take the bus, for sure.

Slick: I am going to know if you are lying

Ana: Well, you don't forget to wear your belt today and make two of them sandwiches.

She needs two.

Slick: Oh, yeah. Anything else I can get you this morning?

Ana: You can give me the winning lotto numbers.

Slick: I'll get right on that.

Ana: Kim, you better be almost ready and I want those teeth brushed and no food on that face.

Kim: Okay.

Slick: You want a sandwich?

Ana: Nah.

Slick: You are stubborn. You know you're supposed to eat before you take that.

Ana: Fine! Make me a sandwich.

Slick: Good.

Kim: I found them [her shoes].

Slick: Princess Kim.

Ana: Don't you look nice?

Kim: Will you take me to school today.

Slick: No, your mama's feet hurt, so I am going to drop you off on my way to work.

Ana: No, Slick. I want to. And, I am ready, so give your daddy a kiss goodbye. Let's get a move on.

Kim: Bye.

Slick: Bye, baby.

Ana: Can you put these away for me after you take yours?

Slick: I will.

Ana: Love you.

Slick: I love you, too.

Ana: Have a good day.

Slick: Be good. Take care of yourself.

Ana and Slick are committed to each other. Slick is Ana's caretaker—a role traditionally reserved for women.³⁸ He, however, does not always agree with her. To Slick, Ana is stubborn. "She is not always following the protocol that she should be following," observes George. She does what she wants to do, when and how she wants to do it regardless of its impact on her own health and well-being and the lives of those around her. Ana's tough-mindedness, however, is not necessarily a bad thing. Rather, her strong-will and determination is often what it takes to survive HIV/AIDS.³⁹

Going about her day, Ana walks her daughter Kim to school before she heads over to the community center for a business meeting with the other peer counselors. After the meeting, the group facilitator Sandra informs Ana that a woman named Deyah has come to see her. Deyah is HIV-positive, pregnant, and has stopped taking her AIDS medications. She also is Jamaican and has yet to tell her husband about her illness. Ana voices her concerns about Deyah and the baby.

³⁸ George, their relationship received a lot of negative feedback from viewers, many of whom felt that Slick was too weak. Their reactions, I argue, are rooted in notions of black masculinity and perhaps their own unfamiliarity nurturing black men.

³⁹ During a deleted support group scene, one of the participants states that, "what I have come to find with HIV is that if you don't want to live, you don't live."

Ana: Deyah, you want a chance at having a healthy child, you have got to keep taking the AZT and going back to the hills of Jamaica to see the Obeah man⁴⁰, that is not the answer.

Deyah: Listen no! Me heard there is an herb that make them virus go away.

Ana: Don't you know we would all be in Jamaica if that was the truth. Can't nothing make this virus go away. You saw my daughter. I was HIV-positive when I had her. She is nine. She is HIV negative. And it is almost no way in hell that she would be here if I wasn't clean and sober and taking AZT when I was pregnant. Now, you can go ahead and take all the herbs you want, but that baby needs medicine. What about your husband? He going to Jamaican with you? You haven't told him yet.

Deyah: Him not going to want to hear about them HIV. I can't tell him Ana. Him not understand.

Ana: Why haven't you told him? Are you, I mean, you worried that he is going to get violent with you or something?

Deyah: No.

Ana: Then you need to tell him. Look! I'm not going to lie. When Slick told me that he had the virus, I wanted to kill him. I mean, we was struggling. He was in jail. I was still getting high, had already lost custody of one daughter because of the drugs. It was a hell of a wake-up call, but him telling me actually saved my life and my family. Just think about it. You're stronger than you think, girl.

Ana, thankfully, does not outright object to Deyah going to see the Obeah man to get help for her medical condition. Rather, she insists that "can't nothing make this virus go away," and so this

⁴⁰ An Obeah man practices Afro-Caribbean shamanism and is a traditional healer.

prompts the pregnant woman to reconsider her own beliefs about what a traditional healer can and cannot do.⁴¹

Taking the conversation a bit further, Ana shares with Deyah her own personal account of being pregnant and HIV-positive. She recalls how being “clean and sober” *along with* taking AIDS medications proved effective in preventing transmission of the virus to her youngest daughter Kim. Ana embodies the notion that HIV-positive women, if treated for their illness, can deliver a healthy baby. Ana also tells Deyah, “Now, you can go ahead and take all the herbs you want, but that baby needs medicine.” She clearly is being sarcastic, but manages to get her point across—that is, the proven success of AZT to help prevent the spread of disease from mother to child.⁴² Overall, Ana is constructed as an effective peer counselor—one sensitive to the cultural differences and traditions of non-U.S. specific black women; well acquainted with the strengths and limitations of Western medicine; and skillful enough to communicate all of this to other women.

Knowledgeable about the circumstances surrounding black women’s lives, Ana asks Deyah whether she has told her husband about her illness. She also asks Deyah if she is worried about her husband “getting violent.” As noted in this chapter, HIV-positive women are at greater risk of intimate partner violence. This is a strategic move on Ana’s part to figure out whether or not Deyah might be in trouble if she were to disclose her condition to her husband. Ana avoids using the word such as “abusive” and “domestic violence” because for some women

⁴¹ One of the greatest challenges facing healthcare providers is their own failure to acknowledge the use of traditional healers and herbs by women of color.

⁴² While AZT did not turn out to be a miracle drug for HIV/AIDS in general, it did prove extremely effective in preventing transmission from HIV-positive mom to fetus. Many issues connected to the clinical trials that established this, that were conducted in Africa were extremely controversial and should be cited—raised persistent ethical questions about different treatment according to class, race, gender, poverty, first vs. third-world—and whether or not it is ethical to give AZT to mom until birth, and then keep giving it to the baby until tests show HIV-negative, but stop giving to the mom once the baby is born and her value as a carrier is over.

physical aggression fits within pre-existing notions of love and marriage. Instead, she does a good job of leaving things open ended. This could illicit a range of possible answers (e.g. “he’s not violent, but he does hit me every once in a while”). Ana later discovers that Deyah has been brutally murdered by her husband.

Several scenes show how Ana navigates the tense relationship between her and the women in her family. Below is one example of that.

Ana: On top of that, the school is so overcrowded. They got them eating lunch at ten in the morning. She ain’t hungry at no ten. Now, how is she supposed to learn anything if she is sitting in class all day on an empty stomach?

Lucille: Well, sound like you are on it.

Ana: What is that supposed to mean?

Lucille: Just what I said. You are good with Kim. It is good that you are so involved.

Ana: Anyway...I brought some snacks for later.

Lucille: Ana, I have a kitchen full of food. We do this every Friday and every Friday I tell you the same thing.

Ana: Ma, it is no bother. Hey, miss Kelly!

Kelly: Hi, ma!

Ana: These are for you. You get my message?

Kelly: Yeah. Thanks....what?!

Ana: I like it. I am just saying that you play basketball and them girls might get a little...

Kelly: Ma, I am going to keep my hair like this. Alright?

Ana: Alright. Girls might try to test you, is all that I am saying. Okay. Okay.

Kim: I like it. It is tight.⁴³

Kelly: Thank you, Kim.

Ana: So are you all going to watch the Liberty game tonight?

Kim: Oh yeah.

Ana: Kim wants to ask you something.

Kelly: What's up?

Ana: About the game...

Kim: I really want you to take me to the Liberty game. Can we go?

Kelly: Of course, we can go. That would be fun. You and me at the Liberty game all the way in Manhattan on Friday.

Ana: They play the Sparks on the tenth. Life Support got a whole block of tickets, but if we want to go, we got to sign up soon because you know that the tickets are going to go.

Kelly: Wait! So, now we all are going to go?

Ana: Well, I thought it would be fun—a little girl's night out.

Lucille: You better check out where those seats are.

Kelly: Last time, I got a nosebleed sitting in them seats.

Kim: We have binoculars.

Lucille: It is a good thing because you are going to need them way up in those bleachers.

Ana's attempt at making small talk with her mother Lucille does not end well. She senses that her mother is holding something back. Lucille claims that she meant what she said, but then voices a very strong opinion about Ana. She explains that Ana is "good with Kim" although she makes no mention of her relationship with Kelly. Instead, when Ana tries to reconnect with

⁴³ "Tight" means stylish and cool.

Kelly, albeit by manipulating Kim to ask her about the basketball game, Lucille mocks her efforts and jokes about it being a “good thing” that they have binoculars for their seats in the bleachers. This dialogue demonstrates the broken bonds between Ana, her mother Lucille, and her daughter Kelly.⁴⁴ As the matriarch of the family, Lucille’s opinion matters. It shapes how Kelly responds to Ana and how Ana understands herself. The marginalization Ana experiences from within her own family provides an opportunity for us to empathize with Ana—to see the world from her perspective.

That evening, Ana and Kim return home to their apartment. Ana fills in Slick on what has happened at her mother’s house. Slick—already aware of the strained relationship between Ana, Lucille, and Kelly—serves as a sounding-board for Ana and reminds her that she was just like Kelly at that age (e.g. rebellious) and should “chill out” and let her daughter and mother come around to her.⁴⁵ Ana agrees with him and drops the issue for the time being.

The next time we see Ana, she is teaching a group of mostly African-American and Latina women about HIV/AIDS. She has, on display, a dildo, condoms, and several pamphlets about the disease. The women in attendance range in age anywhere from eighteen to about twenty-five years old. They are explicit about sex and sexuality so much so that one of the women that has brought her daughter with her to the class, abruptly leaves the room after one of the classmates describes the intimate details of her relationship.

Bianca: I hate using jimmy hats.

⁴⁴ Sharon Williams (2003) writes that for many HIV-positive women of color with histories of substance abuse

⁴⁵ Georges reports that the “biggest negative we got was in the relationship between them [Slick and Ana]. Many viewers, felt that Slick was too weak or soft compared to Ana. I argue that this has to do with existing definitions of masculinity and manhood as role of caretaker and listener is routinely reserved for women. And so, to see Slick in this role is a break from tradition. Furthermore, the fact that Slick is a black male and a caregiver is at odds with dominant notions of black masculinity as aggressive, uncaring, and egoistic.

Ana: Well, I hope you like taking pills because once you get this virus, you are going to taking about twelve of those bad boys a day.

Aisha: See! I know my man ain't got AIDS.

Ana: How do you know?

Aisha: 'Cause he ain't getting nasty with no faggot behind my back. He love my pussy.

Ana: Well, that might be true, but that don't mean he ain't creeping around. Just look at Terry McMillan.⁴⁶ Now, I've been living with this virus for ten years and no my husband was not creeping around with some other men or women. He was shooting cocaine and so was I. Now maybe I don't have any excuse, but after this moment ya'll don't got one either 'cause I'm standing here telling you that this disease ain't no joke. And I'm not going to shut up about it. I don't care if ya'll don't care. If ya'll stop dying, then I'll stop talking about it. In the meantime, ya'll got to use your heads sistas.

Jasmine: Excuse me. Can I ask you a question?

Ana: Yeah.

Jasmine: How do you suggest I ask my man to take an HIV-test.

Ana: Tell me a little bit about your man. Does he go to the doctor? Is he that kind of guy?

Here, George aptly demonstrates the willful ignorance of women vulnerable to HIV/AIDS. He acknowledges that, "this scene is based on some of the meetings my sister... I went with her to.

⁴⁶ Terry McMillan is a best-selling African-American author. In 1998, she married 23-year-old Jamaican Johnathon Plummer after a vacation to the country. Their relationship was the inspiration for McMillan's award-winning novel, *Waiting to Exhale*, and its film adaptation starring Angela Basset. In 2004, McMillan and Plummer divorced after rumors that he had been caught having an extramarital affair with other men. Plummer later told McMillan that he was gay. This resulted in a bitter and very public divorce that included an exclusive interview with talk-show icon Oprah about "men living on the down low." On the show, Plummer explains that he did not lie to McMillan about his sexuality and reveals that he did not know that he was gay until after their marriage.

We made this a little more hostile than most of the groups are in order to give it a little more tension. To see, to really dramatize, the reluctance of the people who come to this meeting to accept the depth of the reality of this virus.”⁴⁷

In contrast to the willful ignorance of the women, Ana is a gifted educator and change agent. She uses the classroom as a platform to teach the women what they need to know about HIV/AIDS. Ana recalls the difficult task of taking twelve pills per day to manage the illness. She also dispels common myths surrounding the disease. For example, one woman implies that she is safe from potential infection because her boyfriend, “ain’t getting busy with no faggot behind my back.” She conflates homosexuality and bisexuality with HIV/AIDS—a common mistake. Ana, however, reminds her about best-selling African-American author Terry McMillan whose former husband had extramarital affairs with other men, but did not initially identify as gay.⁴⁸ This example works on two levels: 1) it reminds the women that there is no way to really know whether or not their male sexual partners are having sex with someone else; and 2) it gets at the point that men who have sex with men may or may not consider themselves gay. Ana also retells the story of how she acquired the virus. She explains, “no my husband was not creeping around with some other men or women. He was shooting cocaine and so was I.” But not all women know their guys are users if they are not themselves Ana, however, refuses to

⁴⁷ Black women routinely underestimate their susceptibility to potential HIV-infection. There are several reasons why this is so. Dorie Gilbert (2003) describes as “AIDS denial,” it is best understood as a response to multiple stigmas (e.g. racism, sexism, etc.) Gilbert (2003) asserts that, “although all women in our society are subjected to stereotypical depictions of oversexualized images and objectification, African American women tend to suffer the most extreme images of sexualized, deviant exotic, and dehumanized behavior in the media, which is both perpetuated by Black males and supported by the larger media culture” (16). As a consequence, black women mitigate their “risk” for potential infection as a means to (re)negotiate their identity and social location within the matrix of domination. Thus, the “choice” of unsafe sex is more or less a response to larger social inequalities that shape black female sexuality.

⁴⁸ Terry McMillan’s ex-husband had an extramarital affair with another man during the course of their relationship. The break up between Terry McMillan and her husband, Johnathon was all over news media. The couple even sat down with talk show personality Oprah Winfrey in an exclusive interview. During the

let the women off the hook for their naivety. Instead, she asserts that by sharing this information with the women that they do not have an excuse “because I’m standing here telling you that this disease ain’t no joke.” As a consequence, Ana transforms how the women in her community come to understand their susceptibility to HIV/AIDS. This potentially reshapes audience understandings as well.

Back at home, Ana finds Kelly waiting for her in the kitchen. Kelly has come to talk to Ana about Amare: she informs her that her friend is missing without his medications. Ana initially assumes Amaré is not thinking straight because he is getting high. Kelly insists that things are really bad; that Amaré is extremely sick; and that his condition potentially could get worse unless someone finds him soon. And so, Ana reluctantly agrees to look for Amaré more or less as a favor to her daughter.

For the next hour or so, Ana searches for Amaré. Her quest takes us into the underbelly of poverty-stricken black and brown communities (e.g. “secret” nightclubs for men who have sex with men) and familiarizes us with the inner workings of the black underclass. Ana’s descent “underground” is reflexive of her past or the places and people she encountered as a drug user, and now as a community AIDS activist on the hunt for her daughter’s childhood friend. Luckily, Ana retains a considerable amount of insider knowledge that helps her navigate these spaces with relative ease. She also, at times, must come to terms with her past.

In a particularly dramatic scene, Tonya—Amare’s older sister—confronts Ana about her drug use and how she was left alone to raise her brother.

Tonya: Now, you are all righteous? Huh? I remember you Ana. I remember you and all of you crackheads up in my house with my parents and you all did not give a shit about us. I raised Amaré. Me. All by myself. I was a thirteen years old out there in the

streets stealing shit: diapers and wipes and Similac and all that. So do not talk to me about making choices. Okay?!

Forced to own up to her past including her involvement in a drug culture that left Tonya, Amare, and to a some lesser extent her own daughter Kelly to practically raise themselves, Ana at first is defensive because she is different, but then strengthens her resolve to find the missing teen. And so, her search for Amare not only is about winning over Kelly, but also making amends for her past mistakes.

In the middle of all of this, Ana learns about Lucille's plans to sell her house in Brooklyn (NY) and move to Newport News (VA). Lucille has left it up to Kelly whether or not she will move south with her. At first, Ana believes that Lucille is trying to punish her—to take Kelly away from her again. And so, Ana is furious that Kelly may leave her. She shares with the women of her support group how she feels.

Ana: I lost custody of Kelly when I was twenty-five because of the drugs. I signed her over to my mother, and now my mother is about to move back to Virginia and she's probably going to take my daughter with her. I miss her. I just miss her. I just miss her all the time. I miss what I missed of her growing up. I've got a younger daughter and we are so tight. Now I am clean and sober and I try my best to be a great mother, but every day that I spend with my younger daughter makes me feel really...realize how much I missed with my oldest daughter. She can be so fucking sarcastic sometimes and angry with me and my mother is the same way. Sometimes when my daughter talks, I hear my mother's voice coming out of her mouth and I just know that it's because she has been with her that long. It's not my own. My own is not there like it should be. And I want my own voice to come out sometimes— like a little more. Now, that might be completely

selfish. You may say, “Ana, what the fuck! You the one who was getting high and you was the one caught this,” and all this other shit! But, you know what, I’m trying to be a different person. I mean, how is she just going to up and move? Like, my daughter is almost grown. Like, it’s gone. It’s gone. I just feel like I’m running out of time. She is about to leave me. And, I am here now. I want to be there. Like I said, it is just one of those days, you know.

This eloquently explains why Ana wants to keep Kelly with her. She regrets not being a part of Kelly’s childhood as a consequence of her drug use. And now that she is clean and sober, she desperately wants the opportunity to spend some time with her daughter before she heads off to college next year.

During all of this, Ana manages to keep her appointment with her doctor. The search for Amaré has further compromised her health along with the added stress surrounding her daughter Kelly’s decision to move down south. Ana is reminded of the severity of her condition.

Doctor: If you do not slow down, you are going to lose the use of your feet. Period.

Ana: Well, what do you want me to do? Lie in bed all day thinking about dying.

Doctor: We’ve been through this Ana. You have got to take better care of yourself. This virus will make you a cripple if you let it.

Ana is in pain. George describes that “at one point someone said, “Well, shouldn’t her...this dialogue here about her feet, how bad it is, shouldn’t it be a part of the plot?” I said, “No. It’s part of the condition.”...Her feet are—not that she is going to have her feet done—but her feet are, keep in mind that all that walking is going to have its consequence...her feet are in pain.” Neuropathy and other HIV-related conditions profoundly impact the quality of life of people living with disease. Oftentimes, these physical effects of HIV are quite debilitating. Ana, however, believes that the pain is better than “lying in bed all day thinking about dying.” And so,

the physical pain Ana experiences pales in comparison to her sense of desperation and duty to both her family and the larger community.

Getting back to the search for Amaré, Ana comes into contact with several characters that eventually lead her to Amaré. First she tracks down Ness, an HIV-positive former intravenous drug user and friend of the missing teenager. Ness is a bit of a comedian and acquired the virus two years ago from shooting heroine. He makes several jokes about hoping he has the type of HIV that Magic Johnson has—the “entrepreneurial” strain. He also is sexually active, and so Ana gives him condoms in exchange for information. Ness suggests Ana look for Amaré under the el train around Atlantic Avenue where people trade in illegal sex and/or drugs. Ana visits the spot and runs into a homeless gay Latino teenager named Andre. He is looking for money, but instead Ana gives him free condoms and some literature about where he can go if he needs help getting off the streets. Andre, however, is persistent. Ana eventually caves in and gives him her last five dollars with a stern warning about not using the money to score drugs. Later on, Ness catches up to Ana. He informs her that Amare was last spotted at a local nightclub, and so he takes her to the underground nightspot for men who have sex with men. There, Ana confronts Michael—the owner of the dancehall and Amaré’s undercover lover. He is a *homothug*⁴⁹ and a married man with a wife and three children that live on Staten Island. He initially threatens Ana’s life, but she tells him that she already “has the [HIV] virus” and is “already dead.” Ana successfully convinces Michael to take her number and give her a call if he hears anything about Amaré. Although Ana appears unfazed by Michael’s threats, her own words catch her off-guard. And so, she opens up to Slick, back at home, about what was said during her run-in with the club owner.

⁴⁹ A “homothug” is a black or Latino man that is deeply entrenched in hip hop culture; publicly presents as heterosexual (e.g. may have a wife or girlfriend); and has sex with other men, but does not identify as gay.

That evening, Michael makes good on his promise and calls Ana in the middle of the night after he spots Amaré sitting on a park bench in the middle of the housing projects. Ana and Slick rush over to find Amaré seated outside his sister Tonya's apartment building. He is in desperate need of medical attention. Ana tries to persuade Amaré to come home with her, but he has other ideas. He talks to Ana about his childhood; how his sister Tonya has stopped caring about him; and how Kelly is his only true friend. Ana wants to take Amaré home with her—she wants a chance to set things straight— but he refuses to go anywhere unless his sister comes down to see him. Desperate, Ana rushes up several flights of stairs and pleads with Tonya to open up her door. Tonya does not answer. Amare, looks up at the apartment only to see that the lights have been turned off. Tonya is not coming. Ana calls for an ambulance.

By the end of the film Amare is dead and Ana has made significant changes. Ana shares with Kelly everything that she has learned over the past few days.

Kelly: Ma, I am sorry about everything I said.

Ana: It is alright. Come here. I need to talk to you about something. Tonight, when I found Amare, he reminded me of a couple of things. I know you have been trying to do the same thing, but I just was not trying to hear it. I know I walk around here trying to think I am different, that I am better now, but deep down inside, I am just the same old drug fiend, but only this time, it ain't drugs, it is for you. What I am trying to say is I have been putting myself first, trying so hard to make you love me. I ain't even really heard what you have been trying to say to me. Baby, just please be patient with me because I am really trying and you have grown up to be quite a strong young woman. I am really proud of you—and I want to respect what you need even if that means that you need to move down South with your grandmother.

Kelly: I am sorry.

Ana: Then that is what it has got to be—and do not be sorry, just be yourself. You are beautiful.

Ana confronts the shame and stigma that comes with substance abuse coupled with HIV. She acknowledges that she is not that different than what she used to be before she got off the drugs. She recognizes that her substance abuse has been replaced with trying to “make” Kelly love her and that in the process of her own transformation, she has alienated her daughter further still. Ana asks Kelly to have “patience” and essentially is asking the audience for the same. This elicits sympathy from even the most reluctant audience member.

After that, Ana leads a memorial for people who have died as a result of HIV/AIDS-related complications (see figure 3.3). Ana remembers Deyah and releases a red balloon into the sky. Kelly and Lucille make their way through the crowd gathered on the rooftop of neighborhood housing project and release balloons in memory of Amaré and his mother Vivianne. Their presence suggests that the relationship between the women in Ana’s family is on the mend.

Ana continues her work as a peer counselor in the community. Viewers see her rolling her suitcase filled with AIDS literature and condoms around the streets. Then, Ana is replaced with real-life AIDS activist, Andrea Williams. This reminds us that this is someone’s story—that what we do with this narrative and how we understand the realities and experiences of low-income HIV-positive black women matters.

Conclusion

The character Ana Wallace is both like and unlike any other protagonist in any other television movie about AIDS. She is someone that viewers might readily identify with, and yet she represents highly stigmatized women for whom the general public typically shows little sympathy or concern. Her life is complicated by her own drug use, and yet her diagnosis exacerbates and exposes existing inequalities that render her and others like her vulnerable to disease. Her past crack cocaine addiction drives a wedge between her mother and estranged daughter, and yet she is considered a loving mother to both her children. The representation of the character Ana Wallace, therefore, is multi-faceted and multi-dimensional. It has the potential to redefine how audiences come to understand black women and disease—to see them as women vulnerable to and made more resourceful and resilient by the epidemic.

By the time *Life Support* appeared on cable television, roughly half (46%) of all people living with HIV in the United States were black. Questions about the government's contribution to the spread of disease and responsibility for helping to end the growth of the epidemic it generated, especially with regards to rates of infection among black women, already had been posed by researchers and AIDS activists alike. And yet, in its subtlety, *Life Support* simultaneously communicates about the social issue that shape the lives of African American women with AIDS and misses out on important opportunities to exploit some of the most useful narrative possibilities presented in activist and independent work; to make explicit the long-lasting effects of public policies, restrictions on safer sex and condoms, and limitations to black women's life choices. Hopefully, with us well into the third decade of the disease, such fictional accounts of the disease that add a layer of complexity and nuance to the representation of black

women with HIV/AIDS, especially low-income women, will become the new standard for mainstream media.

Figures

Figure 3.1 The inspiration behind Life Support and the main character Ana Wallace, Andrea Williams



Figure 3. 2. The character Ana having a glass of water during her morning routine



Figure 3.3. Ana leading a red balloon ceremony for people who died from HIV and AIDS-related complications



CHAPTER FOUR

“DIVA LIVING WITH AIDS”: RAE LEWIS-THORNTON AND THE CRAFTING OF A PUBLIC PERSONA

Introduction

Rae Lewis-Thornton⁵⁰ is a prominent activist and author of the critically-acclaimed blog, “Diva Living with AIDS.” The website has roughly 184 followers; more than 8 million views; and, in 2011, earned Lewis-Thornton the title of CBS Chicago’s “Most Valuable Chicago Blogger”—an award of which she is extremely proud. Online, Lewis-Thornton chronicles her life with AIDS. She vents about her physical ailments including her bouts of uncontrollable diarrhea and recurring genital herpes; educates readers about disease awareness, prevention, and treatment options; and addresses several other illness-related issues including stigma and discrimination. She occasionally re-narrates the history of AIDS and AIDS activism to include the contributions of African American women such as international humanitarian Hydeia Broadbent, Tony-award nominated actress Sheryl Lee Ralph, and five-time Grammy award winning singer and U.S. Ambassador for Health Dionne Warwick who are leading the way in the local and global struggle against disease. As a result of her efforts, Rae Lewis-Thornton is widely recognized as a pioneer in social media and the AIDS epidemic at large.

⁵⁰ RLT was briefly married to Kenneth Thornton in the late 90’s. After their divorce, she decided to keep her last name. For the remainder of this chapter I will refer to her as Rae Lewis-Thornton or RLT.

This chapter concerns itself with the self-representation of Rae Lewis-Thornton on her personal blog. Specifically, I am interested in how she crafts her public persona for online audiences, particularly black readers. I argue that RLT articulates the diva to communicate the realities and experiences of seropositive black women; to paint a dramatically different portrait of “black women and AIDS;” and to successfully intervene in post-AIDS.

I have mentioned in the introduction to the dissertation and elsewhere that post-AIDS is a dominant discourse that suggests that we have effectively “moved on” from disease. It informs how media and medicine present and represent select HIV/AIDS bodies. For black women, in particular, post-AIDS significantly contributes to the under-representation of black women as human actors capable of responding to their own illness and over-representation as deviant women unworthy of sympathy and protection. As a consequence, it is ineffective at communicating the realities of black women in the AIDS epidemic.

I begin this analysis with a brief introduction to Rae Lewis-Thornton including the conditions surrounding her diagnosis and early AIDS activism. Next, I examine her appearance in *Essence* magazine some twenty years ago. From there, I interrogate how she defines, and then deploys the diva online. This includes an interrogation of several of her blog entries posted from March 8, 2010 to February 23, 2015. I conclude with an overview of how RLT intervenes in the post-AIDS discourse. Overall, this chapter enables us to probe more deeply into the complexities of black women living with HIV/AIDS and to articulate a situated knowledge at the intersection of race, gender, and class to effectively communicate about seropositive black women in the contemporary health crisis.

Rae Lewis-Thornton

RLT was just twenty-three years old in 1986 when she was diagnosed with HIV. She left college to work as a political operative working in the congressional office of Senator Barbara Milkluski, where among other things, she organized a blood drive in response to a national shortage caused by fear of AIDS and homophobia. She observes

This mysterious virus scared the mess out of people. So much so, that once people discovered HIV was blood-borne, the number of blood donations dropped dramatically. When I heard the nonsense, I thought it was crazy! In my attempt to combat the madness I organized a blood drive in the winter of 1986.

Six months later, she received a letter from the American Red Cross and assumed it was a customary thank-you note for her efforts. She placed the unopened envelope on her kitchen counter and forgot about it for a day or two before she finally decided to open it. Inside, the letter informed her that something was wrong with her blood and that she should immediately seek out medical attention. The next day, a Red Cross worker matter-of-factly told RLT that her blood had tested positive for HIV, the human immunodeficiency virus.

By the time RLT was diagnosed with HIV, women were somewhat visible in the epidemic. Government health statistics showed that a growing number of women— 569, at the time— had acquired the virus despite prevailing presumptions that women's bodies were impermeable (i.e. the “rugged vagina”) and immune to potential infection (see, Langone, 1985 & 1988). Within those numbers, black women were disproportionately represented. The

explanations given for their high rates of infection compared to white women were alleged drug use and uncontrollable sexuality. This, if anything, under-reported the number of black women whose risk was unspecified (i.e. not injection drug users or sex workers). Additionally, surveillance reports disregarded structural barriers that significantly contributed to black women's poor health outcomes including access to affordable healthcare, gainful employment, and adequate housing. This undermined black women's ability to "see" themselves in the epidemic along with their ability to rally together support to help them adequately respond to the medical emergency.

Fast forward to 1992, RL T made a clinical transition to AIDS after several years of living virtually symptom-free. She had managed to keep her illness private. As a federal employee, she had access to affordable healthcare. She also had political connections that helped her get into an experimental NIH study that closely monitored her T-cell count. She describes that she

peacefully coexisted with HIV. It didn't bother me and I didn't bother it. I wasn't sick so I stayed my course. My plan [to become a presidential aide] was looking more successful each day.

Then, after her health took a turn for the worse, her viral load skyrocketed to 400,000; her t-cell count plummeted to eight; and she went from a size twelve to a size six in six months.⁵¹ She also quit her job; lost her spacious apartment in Chicago's affluent Gold Coast neighborhood; and was diagnosed with clinical depression. AIDS transformed her body and disrupted her world. It was a catalyst that changed her personally and professionally.

⁵¹In a healthy person the viral load is zero and t-cell count is roughly one thousand.

Something else changed. RLT began to see a psychiatrist to help her cope with her depression. She used these counseling sessions to work through childhood trauma and address unhealthy relationship patterns. As a byproduct of counseling, she got her spending under control and began to disclose her condition to a core group of family members and friends. She elaborates

God picked up those pieces and reshaped the direction of my life. After living in shame and secret with HIV for almost seven years, I couldn't continue to carry a weight so heavy. I let go! I started to tell my friends and political family that I had AIDS. It felt like tons of bricks had been lifted off my shoulders. I got a new walk and a new talk.

RLT first told “Mama,” the verbally and physically abusive step-grandmother who helped raise her as a child. Mama accused RLT of being “fast.”⁵² Then, RLT told her longtime friend, mentor, and prominent Civil Rights leader Reverend Jesse L. Jackson whom she worked for on his 1984 and 1988 presidential campaigns. He promised to support her throughout her illness. Four months later, a very private RLT began to talk publically about her illness at a number of speaking engagements across the United States. She would tell the attendees, mostly high school and college-aged students, that by the time they graduated, she would be dead from HIV/AIDS.

The average life expectancy for a person newly diagnosed with HIV, back in the 80’s and 90’s, was roughly three years. Biomedical developments like antiretroviral medications were just now being tested to somewhat good effect on mostly white gay men. Women, however, were excluded from the vast majority of these clinical trials and would have to wait several more years before they had access to these life-saving medications. Their exclusion, observed Theresa

⁵² “Fast” is widely used to describe women who are perceived as too sexual.

McGovern (1997), had something to do “with the tendency of biomedical research to presume the universality of the white, Euro-American, male body as the standard for research and teaching” along with lax government policies that “encouraged” and “reinforced” discrimination against women (see also, Corea, 1992).⁵³ Once women were included in these clinical trials, however, black women were under-recruited as potential participants. This ensured that women, especially black women eventually would take powerful pharmaceuticals that had not been adequately tested on diverse female populations.

For RLT, these medications mostly made her sick. Azidothymidine—also known as Zidovudine, and then shortened to AZT—had debilitating side effects that contributed to the blood disorder anemia and a host of other health-related complications.⁵⁴ RLT, however, took AZT for several years despite its disadvantages.⁵⁵ She also took other medications that were equally as harmful, but doctors believed these medications, despite being highly toxic, were better than nothing. RLT describes that “things were looking gloomy.” Yet, she continued to talk about her illness publically. She earned the reputation of being candid, explicit, and raw. AIDS had transformed her personally and professionally. It was a catalyst that propelled her into public view.

⁵³ Several scholars including Theresa McGovern (1997) and Gena Corea (1992) find that the FDA failed to monitor the inclusion of women of child-bearing age in early antiretroviral drug trials. She contends that the exclusion of women from clinical drug trials is rooted in gender or the notion that women’s value rest in their reproductive possibilities and a tendency to privilege the lives of the fetus more than the mother.

⁵⁴ DDC is the only other effective antiretroviral with a toxicity profile more dangerous than AZT.

⁵⁵ Part of the problem with AZT was that it was prescribed in much higher dosages than necessary to be therapeutic. It also was taken alone, rather than in combination with other drugs, and this increased the likelihood of developing drug resistance.

The “quintessential buppie”

In 1994, RLT was invited to be featured in *Essence* magazine—a popular African American women’s lifestyle publication. Its editor-in-chief, Susan Taylor, had heard RLT speak at a local high school in Chicago and was impressed with her candor and commitment to getting the word out about HIV/AIDS. RLT agreed to be interviewed for the magazine and became the first black woman openly living with AIDS to appear on the cover of a national publication. As a consequence, she became an AIDS icon.

To be sure, RLT was not the first black woman to publicize HIV/AIDS. In 1983, rap duo Salt-N-Pepa re-released their hit single “Let’s talk about sex” as “Let’s talk about AIDS” to encourage HIV-testing, debunk myths about acquiring HIV, and raise money for HIV/AIDS research. Six years later, in 1989, filmmaker Ellen Spiro produced “DiAna’s Hair Ego,” an independently produced documentary about an African American hairdresser named DiAna DiAna who successfully transformed her black beauty parlor into a center for AIDS and safer sex information. By 1990, filmmaker Alexandra Juhasz along with the women of the WAVE Project—Aida Matta, Carmen Perez, Glenda Smith-Hasty, Juanita Mohammed, Marcia Edwards, and Sharon Penceal— had raised roughly \$25,500 to produce three educational AIDS films made by and for low-income women of color. *We care: A video for care providers of people affected with AIDS*, *A Wave Taster*, and *Wave: Self-portraits* all centered on the realities and experiences of low-income women of color living with HIV/AIDS (see figure 4.1 and 4.2).

On the December 1994 cover of *Essence* magazine, RLT was featured. This special edition commemorated World AIDS Day⁵⁶ and educated readers about AIDS awareness and prevention. Back then, *Essence* already had redefined its scope to focus on nurturing black women's mind, body, and spirit through "the discovery of one's spiritual self in reference to definitive black culture and ancestry" (Miller et. al., 2005, p. 6).⁵⁷ Its aim was to give readers, mostly college-educated upwardly mobile black women, a sense of "somebodiedness" that would aid them in the successful negotiation of racism and sexism in their everyday lives (see http://www.essence.com/sites/default/files/promotions/mk/2014_ESSENCE_MEDIKIT_V4.pdf f). Like white women, black women experienced significant changes as a result of the successes and limitations of the Civil Rights and Women's Liberation movement. Black women who historically labored outside the home for little or no pay continued to do so alongside a growing number of college-educated women who later gained employment within universities, public service organizations, and major corporations. My own cousin Valerie graduated from Howard University back in the 80's and became one of a small handful of young black chemical engineers employed at Proctor & Gamble. Nevertheless, education did not fully shield such women from racism, sexism, nor poverty. This mixed bag of opportunity and failure had a

⁵⁶ World AIDS Day is an international celebration to raise disease awareness, to support people living with HIV, and to commemorate those who have died from AIDS-related complications. It also is held on December 1 and dates back to 1988 (see: <http://www.worldaidsday.org/about-world-aids-day.php>).

⁵⁷ This change in scope elicited criticism of editor Susan Taylor as some considered her approach to be a dramatic shift towards individualism and away from the publication's earlier efforts to foster black women's collective resistance to systems of oppression that organized their lives. Despite these claims, a glance at issues published during her tenure (between 1981 to 2000) shows that *Essence* continued to carry articles on a variety of explicitly political issues important to black women including sexual harassment in the workplace, domestic violence, and mothering even as the magazine changed in its overall tone, content, and format. I argue that these changes were in relation to the magazine's popularity with international audiences and what Taylor identified as the need for black women who had made considerable social, political, and economics gains as a consequence of the Civil Rights and Women's Liberation movements to adopt a holistic lifestyle to handle the demands of their newfound consumer power.

significant impact on black women's overall well-being. And so, *Essence* focused on showcasing how black women might prioritize their health and wellness in the midst of all these changes.⁵⁸

Traditionally, *Essence* featured health-related articles about illnesses that disproportionately affected black women. This included cancer, diabetes, and high blood pressure. The magazine also showcased several articles about HIV/AIDS and other STIs (Clarke et. al, 2006). RLT's story, however, was the only one to give a personal account of someone living with this debilitating disease.

On the December 1994 cover of *Essence*, RLT looked healthy and attractive. Her skin was flawless; her figure was fit; and she did not show any of the classic physical symptoms of HIV/AIDS (i.e. skin lesions, discoloration, peeling, pneumonia, weight loss). Her light skin and Eurocentric features (she is biracial and self-identifies as African American) conformed to white and black standards of feminine beauty (Byrd & Solomon, 2005). To the average reader, RLT looked like every other young stylish professional woman that has ever appeared on the cover of *Essence*, except that she, according to the text, was "Facing AIDS: 'I'm young, I'm educated, I'm drug free, and I'm dying of AIDS.'" Her attractiveness added to the general appeal of the magazine (see figure 4.3).

In the three-page column that included several glamorous photos, RLT gave a personal account of her illness. "I've never been promiscuous," she explained. "Never had a one-night stand. And I am dying of AIDS." She went on to describe how she found out about her condition; how for a while she had been in denial about her illness; and how she, her friends, and

⁵⁸ It could be argued that a focus on health and wellness, like the new emphasis on "mindfulness" in the workplace, is a way to increase employee productivity without addressing the biases and prejudices inherent in the corporate structure. This too would help to explain why Taylor's tenure as the magazine's Editor-in-Chief was lambasted by readers and cultural critics alike.

her family would eventually come to deal with the disease. She listed some of the physical symptoms—the diarrhea and nausea, the extreme weight loss, and the menstrual period that lasted about 21 days. She also talked about her faith in God, her anxiety about dating, and her decision to bury Superwoman, a stereotype of strong black women (Michelle Wallace, 1978). In the end, she concluded that, “What I have clearly learned is that, unlike people, AIDS does not discriminate. My wish is that all women would realize this and take control of their lives and their bodies” (see, figure 4.4).⁵⁹

Furthermore, RLT described herself as the “quintessential buppie.” Routinely regarded as a black urban professional, a buppie “has access to some little piece of the Dream and is deeply ensconced in American mass culture as in our boisterous yet closely held black world” (Davis, 1990, p. 26). Buppies are known for their professional achievements, education, upward mobility, and having more in common with their white counterparts (yuppies) than working-class blacks.⁶⁰ Williams & Qualls (1989), however, observe “that while black consumers [buppies] who have moved up the socioeconomic ladder have similar responses to their Anglo counterparts, they should not necessarily be viewed as having lost strong ethnic identity” (p. 304). Buppies, therefore, maintain a connectedness to blackness even as they complicate what it means to be “black” and “middle-class” in late capitalism.

Deploying the quintessential buppie, RLT articulates a situated identity along the axis of class, race, and gender to simultaneously align with and distinguish herself from other seropositive black women—whether symbolic or real. Virtually every word about her self-

⁵⁹ This was one of the rallying cries of the 80’s and 90’s as a public service assertion. It is true in that someone like RLT can get AIDS but long-term research identifies several factors that promote or inhibit transmission.

⁶⁰ In the sketch comedy segment, “When keeping it real goes wrong,” comedian Dave Chapelle satirizes the desire of many young black professionals to “keep it real” or retain some semblance of racial and ethnic identity in response to their social mobility despite potential fallout for doing so.

description absolutely challenges prevailing understandings of “risk categories,” “black women with HIV,” and “AIDS as a death sentence.” By her own account, she does not fit with any of the familiar stereotypes associated with people living with HIV/AIDS. As the “quintessential buppie,” RLT presents and represents a black woman living with AIDS that *Essence* readers—also successful black women—potentially embrace. She “stared at us from December 1994’s cover, a portrait of AIDS that struck uncomfortably close to home” (*The stories you couldn’t forget*” Joy Duckett Cain *Essence*, May 2000).⁶¹ Nevertheless, readers had no clue that RLT had more in common with black women from traditional “risk categories” than the interview suggested.

The “diva”

Whereas in *Essence* RLT represents the quintessential buppie, online she personifies the diva. This is significant because it shows her evolution as a public figure. After all, RLT has lived more than half her life with this debilitating disease and most of it, to varying degrees, in public view. Questioned about some of the most intimate aspects of her life, especially sex and sexuality, she has had time to reflect on the nature of these inquiries and to connect them to dominant discourses surrounding black women, black womanhood, and black female sexuality. In the face of numerous stereotypes about black women living with HIV/AIDS, RLT carefully crafts for herself a public persona (i.e. the diva) that confronts, resists, and subverts these

⁶¹ Karen Zivi (1998) observes that “not all people with HIV/AIDS are treated the same, not all are coded as abject [*or: outcasts*] in the same manner or to the same degree.” For black women, in particular, racism and sexism work together to render them deviant women, unworthy of sympathy and protection.

dehumanizing representations. This is neither new nor unique as black women routinely negotiate and manage their image in various popular cultural spheres (see Johnson, 2012).

RLT deploys the diva to respond to the dominant AIDS discourse surrounding black women living with this debilitating disease. The diva, however, is a contested site of and for meaning. In *The Diva's Mouth: Body, Voice, Prima Donna Politics*, Susan J. Leonardi and Rebecca A. Pope (1992) discuss the “wanton proliferation” of the word diva. It “has been debased from its origin in the female pantheon to its current mundaneness”; virtually any woman (or man)—from the stage to the boardroom, and even the trailer park—has the potential to hold the title (p. 1). In addition to its excessive and indiscriminate use, the label diva has often been deployed to pacify women, especially those who show tremendous talent and intellect. Referring to women as diva has been a way to imply that they are ruthless bitches (see Urban Dictionary). For black women, in particular, it reifies the trope of the angry black woman. Here, feminist hip hop scholar Lisa Jones (1994) asserts that her use of the phrase “Bulletproof Diva” is “not, I repeat, not that tired stereotype, the emasculating black bitch too hard for love or pity” (p. 3a). Similar to Jones, R&B superstar Beyoncé’s internationally-acclaimed song “Diva” delivers a message of female independence and empowerment that strips the word of its negative connotation and brings attention to racialized gender dynamics that celebrate capable black men while demonizing equally as gifted black women in hip hop culture and popular culture in general. The diva is reconfigured as a successful businesswoman—a counterpart to the male

“hustler.”⁶² Overall, the term diva has been granted a great deal of caché in the contemporary lexicon.

Borrowed from the operatic tradition, the diva is known for high art and high drama. Nellie Melba, born Helen Porter Mitchell, was widely-recognized for her beautiful voice and upstaging other opera singers. She would interrupt a number of sopranos during their performances to grab the spotlight for herself. She also refused to share the stage with other singers. Story goes that during a curtain-call for a London-based production, she pushed Tenor John McCormack out of her way. “In this opera house,” she said, “nobody takes a bow with Nellie Melba.” This behavior is commonplace and has come to be expected of opera singers who wish to remain employed in this highly competitive profession. Divas must be prepared for the spotlight and are the center of attention onstage and off.

The diva character simultaneously is desirable and undesirable. She is widely adored, even worshipped, yet also vilified as a threat to the social order. She routinely represents “otherness”—although she is a woman of great power, typically a queen or ruler of an empire, she is considered a dark figure and is literally racialized through vocal manipulations, costuming, and characterizations. According to cultural critic Wayne Kostenbaum (1993), “the diva is demonized: she is associated with difference itself, with a satanic separation from the whole, the clean, the contained, and the attractive. Mythically she is perverse, monstrous, abnormal, and, ugly” (p. 104). She presents and represents to audiences the sacred and profane.

⁶² In 1992, singer Annie Lennox re-imagines the diva for musical audiences. She remains extraordinary, despite being stripped of her glamour and, at times stage (pedestal). Her capacity to capture the imagination and admiration of her audience through her performance and style remains fully intact.

More recent, the diva has been recuperated as a feminist icon. Contemporary queer and feminist scholars deconstruct sexist notions of women's (and gay men's) voice and presence in male-dominated spaces to find that the diva stands in as an archetype of female subjectivity.⁶³ In *The Queen of America goes to Washington City: Essays on Sex and Citizenship*, Lauren Berlant (1997) observes that the diva

“stages a dramatic coup in a public sphere in which she does not have privilege. Flashing up and startling the public, she puts the dominant story into suspended animation; as though recording an estranging voice-over to a film we have all already seen, she renarrates the dominant history as one that the abjected people have once lived sotto voce, but no more; and she challenges her audience to identify with the enormity of suffering she has narrated and the courage she has had to produce, calling on people to change the social and institutional practices of citizenship to which they currently consent (p. 223).

Here, the diva makes a public spectacle of her private life to bring about profound social change. Performance, therefore, is the hallmark of the diva.⁶⁴

⁶³ Female subjectivity is how women perceive, experience, and interpret “the personal, social, and political meanings of being female” (Cott & Pleck, 1979, p. 14).

⁶⁴ Performance is a distinct communicative practice and cultural process whereby the diva simultaneously makes visible relations of power and generates alternative ways of thinking and being in the contemporary social world. In *Global Divas: Filipino Gay Men in the Diaspora*, Martin F. Manalansan IV (2003) argues, “Performance... is not only a matter of just “acting,” but rather is about the aesthetics of Filipino gay men’s struggles for survival. They are agentive sexual subjects who defy traditional stereotypes of houseboys, farmers, feminized sexual vessels, innocent waifs or other “oriental” icons in both genres.” Performance, therefore, is two-fold: it is a theatrical style and an embodied practice of critical inquiry. In this way, performance encompasses “everyday symbolic acts” such as storytelling, dance, and dress that have the potential to transform and move performers and audiences towards the collective dismantling of systems of oppression (Garlough, 2013). Performance, therefore, is emancipatory.

Furthermore, performance is a decolonizing act. For scholars like bell hooks, the act (performance) of speaking or gaining voice is what ultimately transforms “Third World Diva Girls”—women of color intellectuals—from object to subject. hooks observes, “only as subjects can we speak. As objects, we remain voiceless—our beings defined and interpreted by others” (1990).

In the hands of radical black women writers (e.g. Angela Davis), the diva becomes the ultimate archetype of black female subjectivity (hooks, 1990; Brown, 2010). The diva privileges black audiences; represents the full potential “of the folk;” and has a “desire for upliftment [that] extends beyond herself to making a positive difference in the world” (Brown, 2010, p. 19). Here, the diva articulates a situated identity at the intersection of race, gender, and class to elicit social change from within and without. Additionally, she uses style—whether a turn of phrase or impeccable fashion sense—to connect with and win over her intended audience.⁶⁵ The diva is a black feminist revolutionary. Thus, people aspire to be like her.

Like contemporary queer and feminist scholars, RLT reclaims diva from its masculinist, racist, and homophobic reiterations to draw our attention to the intersections of race, gender, and class and inspire change in what has become one of the most costly and misunderstood epidemics of the recent decades. In her first blog entry from March 8, 2010, the diva writes “I made a promise sixteen years ago that I would be a voice for the voiceless, face for the faceless, bring hope to the hopeless and tear down barriers and stand with dignity as a woman living with AIDS.” Diva, therefore, is not a description of who she is, but rather how she defines and redefines herself in relation to the matrix of domination. More important, it is a public proclamation of her intent and aim to transform the contemporary social world as she sees fit.

Furthermore, the diva stands in for *every* woman with AIDS regardless of education or income. Unlike the quintessential buppie, the diva “is whoever you make her—corporate girl, teen mom, or the combination—as long as she has the lip and nerve, and as long as she uses that

⁶⁵ Style is an integral aspect of performance. It is “the conscious or unconscious manipulation of language or mannerisms to influence favorably the hearers message” is an inherent component of African American storytelling (see, Janice D. Hamlet, p. 96).

lip and nerve to raise up herself and the world.” (Jones, 1994, p. 3b). As the diva, RLT divorces herself from the dominant AIDS discourse surrounding black women that requires her to be respectable in order to receive respect.⁶⁶ Rather, she successfully uses her “lip and nerve” to communicate about and to women living with HIV/AIDS in the contemporary social world.

RLT enters the digital world after about three decades of AIDS activism. Slipping into virtual obscurity and unable to pay her bills due to a lack of gainful employment, RLT took to digital media to continue her work surrounding HIV/AIDS awareness, prevention, and treatment. RLT’s blog is a necessary and timely intervention, especially considering that HIV-infections among U.S. black women are higher than women of other racial and ethnic groups. Without a national comprehensive HIV/AIDS media campaign, her work is especially important for communicating about disease and bodies in the contemporary social world.

From March 8, 2010 to January 1, 2015, RLT posted approximately 300 blog entries. The topics and themes presented and represented online are recurrent and include disease-related issues such as stigma, discrimination, shame, body image, and dating with HIV/AIDS. She also addresses childhood trauma, sexual abuse, and other current news events. Her blog entries and incidents are posted in reverse chronological order with the newest entry appearing first. The stories that she shares with readers, however, are not necessarily chronological. That is, they do not follow a straight timeline from diagnosis to illness. Some posts are incomplete, others are labeled “to be continued,” and the actual date of some of the incidents she describes are unclear. This, at times, makes it difficult to follow along. As a whole, however, “Diva living with HIV/AIDS” generates a considerable amount of buzz among the blog’s regular followers. For

⁶⁶ Karen Zivi (1998) refers to this distinction as the “clean and proper body.”

the remainder of this chapter, I examine selected entries to demonstrate how RLT successfully deploys the diva.

For the most part, RLT is considered a “prima donna” or someone somewhat removed from the challenges faced by ordinary people living with HIV/AIDS. She, perhaps, is the most recognizable black women living with HIV/AIDS. Yet despite her relative prominence, she still experiences AIDS-related discrimination. In this blog entry from November 29, 2012, the diva draws our attention to the ways discrimination reorganizes the lives of people living with HIV/AIDS. She begins as follows:

“Prima donna no more: Facing HIV discrimination.”

It felt like he had just slapped me in the face.⁶⁷

RLT had wanted to get a tattoo of a red ribbon to commemorate her life with AIDS. She researched, and then went with friends to a reputable black-owned tattoo parlor on Chicago’s Southside. Upon arrival, she was presented with a consent form, but felt uncomfortable about signing it.

I read it over and over and over. It did say what I thought it said, “I agree that I do not have HIV.” But I do have HIV, I whispered to myself.

She informed the receptionist that she was seropositive. The receptionist excused himself and went to the back of the building to talk to the tattoo artist. He returned with the following response, “We don’t tattoo people with HIV,” and then handed back her drivers’ license.

⁶⁷ All entries from the blog are italicized and indented—they are quoted verbatim. All punctuation is hers.

I turned to my friends Deidre and Jason looking like I had been crushed. I could see by the expression on their faces that they had overheard the conversation. Shame swept over me...

RLT, along with Deidre and Jason, left the establishment and drove to another tattoo shop. The owners of this establishment explained that they regularly serviced seropositive individuals and would be glad to do the work for RLT. But she grew increasingly angry at what had happened just minutes before and declined their services.

Shame, confusion, disappointment, and then anger built up inside of me, but anger pushed the others to the side...I became a MAD BLACK WOMAN.

RLT assumed that she had been discriminated against, but was unsure. She called the AIDS Legal Counsel hotline to confirm her suspicions. The receptionist transferred her to a lawyer, Ann Hilton Fisher, who agreed that the first establishment had violated the Americans with Disabilities Act and several other city and state ordinances that prohibit discrimination against people living with HIV/AIDS.⁶⁸ The lawyer wanted her to go on record about the incident, especially considering that she was widely-known and would bring national attention to the issue of AIDS-related discrimination. RLT, however, was reluctant to file a formal complaint against the tattoo parlor. The tattoo was personal. A formal complaint would make her public.

This was the real world. The new discrimination is covert, small things that people take for granted every day. Like getting a tattoo or having a massage [sic]...Getting that tattoo was something very personal. I didn't really want anyone to know, now I am being asked to go public. I went home and curled up on the sofa and cried until I couldn't cry anymore. It was all too overwhelming.

⁶⁸ It is worth noting that the lawyer immediately recognized RLT's name; while we do not know exactly when the tattoo incident took place, such internal evidence tells us that RLT was already prominent in Chicago.

Discrimination against people living with HIV/AIDS, is not exactly “covert.” It, if anything, goes under-reported and under-prosecuted. Like RLT, people living with HIV/AIDS are hesitant to go on record about discrimination. It renders them vulnerable to public scrutiny and further stigmatization. For black women and others who already experience multiple stigmas, the implications of going public are far-reaching and life altering. This includes investigation into their past; criminalization of drug use; and potential loss of child custody. RLT, therefore, adequately describes AIDS-related discrimination as “overwhelming.”

RLT also successfully shows that AIDS-related discrimination is pervasive, ordinary, and “taken for granted” by the general public. This is in direct opposition to the post-AIDS discourse that would have us to believe that discrimination against people living with HIV/AIDS is an isolated incident enacted by fearful and ignorant individuals. In the hands of the diva, AIDS-related discrimination is redefined as any process of exclusion—whether legal or extralegal— that produces and maintains relations of power (see also Aggleton & Parker, 2003; Maluawa et. al. 2002). It encompasses the identification and categorization of people living with HIV/AIDS as unacceptable, and through such, marking their insertion into systems and structures of power that discipline their bodies and behaviors. And so, the diva adequately redefines AIDS-related discrimination as “small” mundane things (i.e. getting a tattoo or massage) that significantly undermine the quality of life of people living with HIV/AIDS.

RLT eventually filed a formal complaint. She also got her red ribbon tattoo from a different shop. As for the outcome of her grievance, she promises to share more with readers at some later unspecified time.

As the diva, RLT routinely gives personal accounts of her own reality and her experience living with HIV/AIDS. But some posts are her personal commentaries on current events

surrounding other HIV-positive black women; this reminds readers that her own experience is not unique. The violent murder of Cicely Bolden in Texas is an example. The murder and its media coverage unfolded as follows.

In September 2012, Cicely Bolden was brutally stabbed to death in her Dallas-area (TX) apartment. Her two young children, ages six and eight at the time, found her partially-clothed body, naked from the waist down, on the blood-stained carpet beside her bed. A neighbor, Latoya Arnett, overheard the kids crying and screaming “my mama, my mama” from the bedroom apartment. She checked-out the commotion, saw Bolden’s mutilated body, and then called the police. Officers arrived at the scene and took a statement from Arnett who testified that she had seen earlier that day Bolden’s boyfriend, Larry Dunn, Jr. enter the apartment.

Police reports and media coverage indicate that police contacted Dunn, who agreed to talk to detectives and provide a DNA sample and fingerprints. Though first denying that he had killed Bolden, he admitted that he had had sex with her the day that she was stabbed to death (he repeatedly referred to Bolden as a “piece of pussy”). He also denied knowing that Bolden was HIV-positive—a point her family refuted and Dunn later admitted was untrue: Bolden had told him about her condition a week prior. With no other leads when questioned again, Dunn admitted that he had had sex with Bolden over the course of several weeks. After the fourth and final occasion, he went into the kitchen, grabbed a steak knife, and plunged the blade into her neck. Dunn told investigating officers, “She didn’t see it [the knife] until it was in her throat. She wasn’t very strong.” He added, “She killed me. So, I killed her,” as a sort of justification for his actions. Dunn informed detectives that he burned his bloodied clothes and threw the knife into a dumpster behind a local-area waffle house. Officers charged Dunn with murder, setting his bail at fifty-thousand dollars.

Bolden's story along with a videotape of Dunn's confession were widely circulated in the media. Media reports provided further graphic details. Several media outlets such as The Dallas Morning News were sympathetic towards Dunn. Staff writer Jennifer Emily wrote, "Larry Dunn believed he was a walking dead man. So, he told the police, he killed the woman he held responsible." Joel Landau of the New York Daily News reported that Dunn exacted "revenge" on his lover, implying that Bolden was responsible for, rather than a victim of, intimate partner violence motivated by AIDS-related stigma (see *Man Kills Mistress after she admits to being HIV-positive*, 2012). Others, such as the Huffington Post, took a more matter-of-fact approach and reported that Dunn, a married man having an extramarital affair with Bolden, stabbed his "mistress" to death with a kitchen knife after he learned about her seropositive status. This too minimized his responsibility for Bolden's murder.

Online, bloggers weighed in on the incident. The vast majority empathized with Dunn. In response, the diva shares her own thoughts about Bolden's murder. She recalls how students, parents, and teachers shunned Ryan White in the 80s and how teammates, sports writers, and fans attacked Magic Johnson in the 90s after he went public about his illness. Then, she draws our attention to the continuing fear and ignorance surrounding HIV/AIDS bodies. "The first 10-15 years of this disease was ugly," she writes, "and so was society. But now we are 32 years into the AIDS pandemic and the medical advances have been nothing short of a miracle. Times have changed and so has HIV/AIDS, so why haven't we changed?" In a blog entry from September 12, 2012, the diva elaborates on all of this.

“The horror of HIV/AIDS: The murder of Cicely Bolden.”

I can imagine what went through Cicely Bolden’s mind, I know because I’ve been there.

You meet a guy and you like him. You really like him. You want to tell him that you have HIV but you are afraid of rejection. I mean, no one wants to be alone. You have those butterflies in your tummy all the time, so it seems. You know you should tell him, but you just can’t bring yourself to do it.

Unlike news coverage that sided with Dunn, the diva takes up Bolden’s position within the text. She uses visual imagery and emotive language to re-imagine what things must have been like for Bolden: how she was nervous (i.e. “butterflies” in the stomach) about being in a new relationship; fearful of being alone; and worried about telling her boyfriend about her illness. Like the women of *Life Support*, the diva effectively communicates the fear of rejection, loneliness, and anxiety that women experience in response to their own illness and stigmatization. All of this humanizes Bolden.

The diva goes on to write about Bolden’s decision to disclose her health to Dunn.

I understand what must have gone through Cicely's head. It had probably gone to the point of no return and she just didn't know how to say it. Then after the sex, she started to feel remorse. She needed to be honorable. And honestly it's never too late to do right a wrong. So she told. She told. She told. She told; And telling caused her [her] life.

Whether or not to disclose one’s illness, however, is not a question of being “honorable”, but rather it depends upon several social factors. Furthermore, “telling” (self-disclosure) did not cause Bolden’s death. Larry Dunn caused her death by stabbing her. In turn, AIDS-related stigma and a lack of adequate HIV/AIDS information, motivated his action, contributing to her death.

Missing from news coverage and commentary about Bolden's murder was pertinent information that could have easily combatted the ignorance surrounding disease that contributed to her death. Keenly aware of all this, RLT lists several facts about HIV/AIDS prevention and treatment to successfully demonstrate that chances were "slim to none" that Bolden transmitted the virus to Dunn. This includes information about the likelihood of viral transmission from women to men (less than 1%); the low likelihood of HIV-transmission during protected sex with an HIV-positive sexual partner with an "undetectable" viral load (less than 2%); and the use of post-exposure prophylaxis like Truvada⁶⁹ to destroy the virus after exposure. In the end, RLT concludes that "HIV education is important for both the infected and the uninfected."⁷⁰

In November 2013, Dunn pleaded guilty to first-degree murder. He was sentenced, after four days of deliberation, to forty years in prison. Surprisingly, Texas is one of a handful of states that does not have self-disclosure laws, and so Bolden's failure to self-disclose prior to their first sexual encounter with Dunn did not factor into the case. Unsurprisingly, the state routinely treats HIV as a "deadly weapon" as in the 2008 case of Willie Campbell, an HIV-positive homeless man sentenced to 35 years in prison for aggravated assault after he spit in the eye and mouth of a police officer. Dunn currently is serving his forty-year sentence in a Texas prison. He continues to appeal to the courts for early release based on the grounds that he acted with "sudden passion" and that the court illegally obtained text messages from Bolden's cellphone. All three of his appeals have been rejected. As for Bolden's two children, they now are being raised in separate homes by two different family members.

⁶⁹ The use of PreP is extremely controversial. More important, it currently requires a prescription.

⁷⁰ There are several arguments against self-disclosure. This includes that it does more harm than good and is unnecessary. For the most part, people with an undetectable viral load are less likely (less than 2% chance) to transmit the virus during protected sex with a non-infected partner.

The diva is not exempt from AIDS-related shame and shaming. She, if anything, is more susceptible to it because of her visibility. Shaming is a distinct form of stigma.⁷¹ Like discrimination, it relies on the identification and classification of people living with AIDS, suspected of being HIV-positive, and associated with someone with the disease as undesirable. Shaming is a mechanism of social control that draws upon moral judgements to correct behaviors and bodies that supposedly disrupt [or: threaten] the social order. Shame is an internalized form of stigma. It is most often described as an emotional state or feeling of “failure in relation to personal or other people’s standards, feeling responsible for that failure, and believing that the failure reflects an inadequate self” (Cunningham et. al., 2002 p. 334). AIDS-related shame is a barrier to reducing stigmatization. It significantly contributes to people living with HIV/AIDS hiding their health status from caregivers and sexual partners; withdrawing from social interactions; and foregoing HIV-treatment (Bennett et. al., 2015; Morris et. al, 2014; Badadah & Foote, 2011; Bogart et.al., 2008; Little et. al., 2007; Duffy, 2005; Kalichman & Simbayi, 2004).

The diva relays her own personal experience of AIDS-related shaming and shame. She had gone out on several occasions with a man that she was interested in dating long-term and things were becoming serious between them. Then, one of his family members began to spread rumors that he was HIV-positive. Shortly after that, he ended the relationship with RL T claiming that the rumors informed his actions. This was not the first time that the diva had experienced the effects of AIDS-related shame and shaming. Rather, she acknowledges that

Men are willing to fuck me. I have even had men with girlfriends and wives want to fuck. Yep, finding someone to fuck me is the least of my problems. My problem is that

⁷¹As previously mentioned, stigma is a product and process of representation. It relies on the differentiation of bodies that are then categorized and labeled unworthy and deviant based on their perceived difference.

single men don't want anyone to know they fucking me because of what YOU may think of them for wanting to be with me. SHAMING around HIV/AIDS is mad!

The diva continues the blog entry from December 29, 2012 in this way.

“Shaming around HIV/AIDS is a motherfucker!”⁷²

I am so bothered by the stigma and shaming around HIV/AIDS! It is crazy that in 2013 someone can spread rumors and use the POSSIBILITY of someone having HIV/AIDS against them. It speaks loud and clear toward the attitudes that people have not only about this disease, but also the people who have it...A person can only use HIV/AIDS against someone, if YOU feel a certain way about HIV and people with HIV. If you see HIV as ugly, rather than a health issue that needs support, then the information becomes one of accusatory...accusation.

Blaming people living with HIV/AIDS is not very “post.” Rather, it shows that we have unsuccessfully moved on from inaccurate and inadequate definitions of disease. Constructing HIV/AIDS as ugly produces and maintains that people closely associated with the virus are also ugly, unworthy, unlovable, and unacceptable. This reifies their Otherness in comparative relation to the established norm. “The fact of the matter,” the diva writes, “accusatory and accusation mode is some uneducated, antiquated shit.”

The diva also describes AIDS-related shame and shaming as “madness.” It is illogical and irrational. More accurately, it relies on various myths and misconceptions about HIV/AIDS bodies. AIDS-related shaming and shame also significantly contributes to disproportionate rates

⁷² RLT’s blog uses explicit language throughout. This is just another way for the diva to distinguish herself from the quintessential buppie and disentangle herself from rigid definitions of respectable black womanhood.

of HIV/AIDS infection. It “creates an environment that keeps Black folks with 52% of the HIV cases in the U.S. and we are 12% of the population” observes the diva. Here, the diva lists several examples of how AIDS-related shame and shaming impact black communities. This includes failure to get tested for the virus; to seek out medical attention; to access resources, and to adhere to HIV-drug treatment. “Shaming around HIV/AIDS,” she concludes, “has got to STOP. We are killing each other with our fucking mouths.”

At times, RLT’s blog provides commentary regarding mediated representations of disease and bodies. *Endgame: AIDS in Black America*, is a prime example. Produced by filmmaker Renata Simone, the documentary introduces four HIV-positive African Americans—an all-American teenager; a homosexual man; a heterosexual woman; and a basketball legend—whose personal narratives converge to paint an intimate portrait of an epidemic that disproportionately affects U.S. black communities. The film sheds some light on several social factors contribute to high rates of HIV-infection. This includes homophobia in the Black Church and negligence on the part of traditional black leadership—also clergy in the Black Church and Civil Rights activists—to take up the issue of HIV/AIDS. In a blog entry from July 11, 2012, the diva talks back to the film as follows.

“Endgame: Part one.”

*Last night I watched and live Tweeted the Frontline Special, EndGame the PBS documentary on HIV/AIDS in the Black Community and it left me with an overwhelming sadness. If Black America was a developing country in and of itself, we would be 16 in AIDS. Do you get this?!? **If you take ALL the Black Folks in AMERICA and made us a country we would be 16th in HIV/AIDS in the WORLD.***

It is common knowledge among researchers and activists that African Americans share similar rates of HIV-infection to blacks living in South Africa, the United Kingdom, and the Caribbean (Kalipeni & Flynn, 2009). Yet, for the vast majority of television audiences, this is news to them.

Then, the diva draws our attention to the film's criticism against traditional black leaders. She observes:

People continue to say that Black Civil Rights Leaders were slow to speak up on AIDS.

That is NOT totally true.

From the beginning of the AIDS epidemic, Civil Rights Leaders were criticized for their failure to adequately respond to the health crisis in black communities. Queer black feminist scholar Cathy Cohen (1999) found that traditional black leaders failed to include HIV/AIDS as part of the national agenda out fear and anxiety surrounding homosexuality and intravenous drug use. This contributed to a process of “secondary marginalization” wherein black people living with HIV/AIDS were shunned by the larger black community. The diva, however, lists several examples of Civil Rights leaders (many of whom are also clergy members of the Black Church) who were among the first to respond to HIV/AIDS in black communities. For example, Reverend Willie Taplain Barrow, mother of R & B singer Keith Barrow who died of AIDS in 1983, was one of the first black clergy members to openly talk about AIDS; to publicly support LGBT and women's issues; and to contribute a panel to The Names Project AIDS Memorial Quilt. Also, Civil Rights activist Reverend Jesse L. Jackson was the first presidential candidate to develop an AIDS policy back in the early 80s; sleep in AIDS hospices alongside patients as a sign of solidarity; and organize over 80 ministers to be tested for HIV to challenge the fear and stigma associated with disease—a now common practice among black clergy to reduce stigma surrounding HIV-testing.

Despite her desire to “set the record straight,” the diva does not ignore homophobia in the Black Church. After all, RLT is an ordained minister and has, from the beginning of the epidemic, been very vocal about the role of the church in the fight against HIV/AIDS. She writes that

This hate that we are shouting from the pulpit about homosexuality fosters an environment of shame, stigma, and misinformation. This leads to silence on the one hand, and ignorance on the other...Continually connecting HIV to sin does not help us conquer this disease.

Homophobia perpetuates the myth that AIDS is “God’s punishment” for homosexuality, rather than a medical condition that affects heterosexuals and homosexuals. It thwarts efforts to raise disease awareness among church members and others vulnerable to potential infection. And while some scholars suggest that clergy are uncomfortable talking about sexuality—whether homosexual or heterosexual— prominent AIDS activist and director of Black AIDS Institute, Phil Wilson, offers several ways for clergy to engage with HIV/AIDS that do not go against their theological beliefs. This includes educating members about the disease and where to go to find accurate information about HIV/AIDS prevention and treatment. Similarly, the diva concludes that HIV/AIDS outreach should be treated as an extension of Jesus’ ministry and a welcomed opportunity for the Black Church to show unconditional love to the “least of these.”

Likewise, the diva is critical of other indigenous black institutions. This includes historically Black Greek sororities that are well-suited to intervene in the AIDS epidemic, but have yet to adequately do so. Here, she shares her own personal experience as a member of Delta Sigma Theta, Inc. She recalls how the organization was initially a source of support for her after diagnosis. Members of the organization not only held her in high regard, but also

supported her work surrounding HIV/AIDS. She routinely was invited to speak at local and national events. Most times, she was compensated for her work. At other times, her sorority sisters would host her and/or provide her with transportation to and from various engagements.

But then she was disowned from the organization. The diva now speculates that her invitation to join the sorority was a strategic move that “gave the appearance that Delta was doing something about HIV/AIDS.” In the blog entry from July 10, 2013, the diva reflects on her release. The circumstances surrounding her dismissal are somewhat unclear, but she recalls that her membership was rescinded shortly after she got into a disagreement with the organization’s national president sometime after she posted unauthorized pictures of herself and other honorary sorority sisters on her personal website. She admits that she chose, for several months, to remain relatively silent about the incident out of “respect” for the organization, but now feels that she needs to clear the air. She also makes sense of what this means for her and other black women in the AIDS epidemic. She begins as follows.

“Making sense of sisterhood: A retrospective on Delta Sigma Theta.”

As Delta Sigma Theta Sorority, Inc. celebrates their centennial anniversary this week, I'm muddling through still trying to make sense of the meaning of Sisterhood.

From the beginning, the diva draws our attention to competing and conflicting definitions of sisterhood. She elaborates in the following way

At the center of the debate was what kind of woman I am. Can you image what it feels like for other people to assign worth to you, especially women? For Delta to have told me that I was worth something and then change their mind over some tweets. Can you

imagine what it felt like to have women in private chat rooms on Facebook of which I belonged, to talk about me like I was a freaking dog but who had been calling me Soror, Sister for years?

Apparently, the organization's administration had grown tired of dealing with her—especially now that HIV/AIDS had been eliminated from the national agenda. More important, she acknowledges that some members of DST had a problem with the way that she choose to express herself—her use of expletives to talk about her realities and experiences with HIV/AIDS, her overt discussion of sex and sexuality; along with her refusal to remain silent about intragroup dynamics. She, argues that it was her unwillingness to conform to the “politics of respectability” as dictated by rigid definitions of sisterhood that ultimately got her kicked out of DST. She observes that being a respectable black woman not only thwarts self-definition, but is ineffective for talking about and to black women in the AIDS epidemic.

... just like David couldn't fight the giants in Saul's Armour, nor do I operate in the decorum of what others deem "respectable." God gifted David with a sling shot and David was at his best when he operated in his gifts. That's what I do every day, I operate in my gifts crafted out of my journey. At the end of the day, that's all we should strive to be, one crafted out of our journey for the task, just for your design. God told Jeremiah, "Before I made you in your mother's womb, I choose you. Before you were born I set you apart for a special work (Jeremiah 1:5). I may never be "respectable" by your standards, by Delta's standard and I'm good with that, because all I really need to please is God and me.

As mentioned elsewhere, the diva uses her “lip and nerve” in ways that reject a certain kind of decorum or respectable black womanhood to which the sorority had grown accustomed to and desired from its membership.⁷³ In this way, the diva breaks from these traditions—traditions that ultimately limit what can and should be said about black women and disease—and this was all a bit too much for the powers that be.

More important, the diva shows that within existing definitions of sisterhood, there is no place for HIV-positive black women. Here, the diva asks

Is there any love afforded me now that I don't belong to your Sisterhood? Does who I stand for or my contributions mean anything? I was called Sister/Soror for 12 years, was it all a lie?” Most importantly, I still have AIDS. I still do the work of HIV. Does that mean anything? Is there any concern for my work in HIV and health in HIV?”

In this way, the diva, through her own expulsion, demonstrates how Black Greek sororities contribute to the deafening silence surrounding black women and HIV/AIDS.

Furthermore, the diva tackles taboo topics such as body image and cosmetic surgery. She, in this way, re-centers the body (her own) as a site of and for intellectual cultural production. The following incident is a prime example of that.

On October 21, 2013, RLT underwent cosmetic surgery to remove a thick layer of fat from underneath her chin. This experimental procedure was part of a research study to find out whether or not medical dermatologists could use liposuction to treat HIV patients dealing with the excessive accumulation of fat around the neck, abdomen, breasts, and upper back (also known as a “buffalo hump”). Lipodystrophy is a common side effect of aggressive antiretroviral

⁷³ On the other hand, as the “quintessential buppie,” RLT was deemed acceptable in spite of her seropositive status because she presented and represented herself as a “respectable” black woman or someone “worthy” of being called a sister.

therapy and now is linked to increased risk for heart disease, diabetes, depression, and high cholesterol (Desclaux & Boyle, 2004; Shenoy et. al., 2014; Mbonye et. al., 2013; Samaras, 2009; Steel et. al., 2006; Tuller, 2002).⁷⁴ In the blog entry from March 24, 2010, the diva talks about why she underwent the medical procedure. She begins as follows.

“My worst nightmare.”

I can remember being told that I was cute from the time I was a little girl. Call it vanity, conceit, or what have you, but the fact remains that I was blessed with a certain physical beauty. Yeap, I was cute and I knew it! I carried myself through life unapologetically, a “fine” black woman.

She goes on to describe how on the cover of *Essence* magazine, people marveled at how attractive she was.

When I appeared on the cover of Essence, people were shocked at how “pretty” I was. It was mainly because we hadn’t seen many people with AIDS whose physical appearance had not been distorted, let alone a woman with AIDS who could grace the cover of a beauty magazine. We had images of people with AIDS and it stuck to us like Gorilla glue. We had seen the movie Philadelphia and Tom Hanks’ character with the purple blotches all over his face (Kaposi Sarcoma) but, no matter how hard you looked, my skin was without blemish. Like most people, I too marveled over the fact that my beauty had been

⁷⁴ Doctors initially ignored patients’ concerns about lipodystrophy. The vast majority felt that patients’ complaints were a matter of vanity and that they should be happy that they were still alive as a result of antiretroviral medications.

unchanged by AIDS. In the early days of this disease, I could have very well have had a host of things, dry peeling skin, blemishes, discoloration and thinning hair to name a few.

Images of HIV/AIDS bodies not only reflected a reality of living with disease, but also the fears and anxieties that had been inscribed upon HIV/AIDS bodies. Popular media images of purple blotches, thinning hair, and frail bodies represented death and decay for the general public. This heightened panic surrounding homosexuality and, more generally, HIV/AIDS bodies. Because of all this, the diva acknowledges that she prayed to God that she remain physically fit so as to not bring negative attention to herself and her illness. This prayer, however, went unanswered after antiretroviral treatment rendered her nearly unrecognizable.

My body reshaped without my permission. I was embarrassed by this transformation. I went to my doctor for an explanation and she told me to “Get over it. So what, you are living,” she said dismissively. Then a few months later, I appeared on Nightline and Ted Koppel began the discussion with the very apparent changes in my beautiful face. I sat there, with mixed emotions, discussing the fat redistribution that was a side effect of my HIV medication. I was horrified that my face became his starting point, but at the same time, I knew we were educating millions that evening. Yet again, I had made my life transparent to help others but it was not cathartic. I flew back to Chicago overwhelmed with sadness and quietly asked God, “Who was going to help me?”

The doctor’s unsympathetic reaction demonstrates the tendency of physicians to overlook the things that most concern their patients. Lipodystrophy collides with gendered notions of beauty (i.e. thinness, whiteness, flawlessness, etc.) and significantly contributes to a condition known as body dysmorphia. Huang et. al. (2006) find that HIV-positive women with lipodystrophy, regardless of race and ethnicity, demonstrate more body dissatisfaction in comparative relation to

non HIV-infected women and HIV-positive women without lipodystrophy. They conclude that poor body image among HIV positive women with lipodystrophy may contribute to failure to adhere drug treatment and should be addressed by the medical community through early intervention and support to ensure that these women continue to take their medications.

Like the women from the study, the diva understands lipodystrophy to be a visible signifier of her illness. Whereas her attractiveness rendered her different from most other women living with HIV/AIDS and, perhaps, helped her to achieve prominence as an AIDS activist, lipodystrophy marks her as different in ways that are socially unacceptable and undesirable. Being visible in this way, left her depleted, rather than energized by her work surrounding black women and disease. In hindsight, she writes.

There is a part of me that absolutely hates what AIDS has done to my physical appearance. Yes, I've had some acceptance, this is what it is. I fight back by making sure I'm well put together in all other areas (hair, make-up, and clothes), and I work hard at trying to keep the fat under control. But, I must admit, every time I see a photo of me, I feel as if AIDS has won this round.

The psychological impact of lipodystrophy and other AIDS-related bodily changes is significant and warrants scholarly attention, especially as it relates to race and gender.

In a two-part blog beginning on December 9, 2013, the diva talks about the challenges of being in a romantic relationship. She begins as follows.

“And what about dating?”

For sure dating with a sexually transmitted disease (STD) is complicated but not impossible.

Much has changed about HIV/AIDS. Pre- and post-exposure prophylaxis along with antiretroviral treatments significantly reduce the likelihood of transmission. RLT, however, points out that the problem with dating has everything to do with stigma and her visibility as a prominent AIDS icon.

My problem today dating with STD's isn't fear of rejection. It's finding a man who don't want to just “hit it and quit it,” as the young people say, but someone who wants to share a meal and listen to Mozart with me. Someone to cheer me on as I do this work around HIV/AIDS. Someone who isn't ashamed to be dating ‘the woman with AIDS.

In response to her dating dilemma, RLT is encouraged by HIV-dating sites like PositiveSingles.com that make it more convenient for people with AIDS and other STDs to connect online. She finds that these sites allow for people to get past the initial hurdle of having an infectious disease and their fear of self-disclosure. RLT recommends these sites to readers who struggle with dating and feelings of loneliness that may come with being HIV-positive. She concludes, “at the end of the day I think that we should fight the isolation that comes with this disease. I also think that we should use all the great tools of modern technology to do so! Each of us deserve to be loved, and none of us deserve to have HIV.”

Conclusion

RLT's blog is a continuation and extension of her early AIDS activism. Online, the diva successfully deploys a distinct communicative style to talk about and to black women and other women living with HIV/AIDS. She uses accessible language to connect with her intended audience. She interacts with several social media platforms (i.e. Twitter, Facebook, and YouTube) to reach the widest possible audience, especially African Americans between the ages of 18 and 44 (see also, Pew Internet: Social Networking Report, December 31, 2013). She also uses her own personal narrative to convey the realities and experiences of seropositive black women. The diva, therefore, successfully combines all of this to effectively communicate about black women in the contemporary epidemic.

Equally as important, the diva intervenes in the post-AIDS discourse to showcase that the disease is now. She centers on the experience of black for whom HIV/AIDS remains a heightened state of emergency. Disproportionate rates of HIV-infection, morbidity, and mortality despite biomedical advancements and other gains in the fight against disease demonstrate that something is not working. The continued victimization and criminalization of HIV-positive black women like Cicely Bolden further confirm this. More must be done. And in this way, RLT's blog successfully draws our attention to the "enormous personal, political, psychological, and medical costs associated with the use of the post-AIDS discourse" (Butler, 2004, p. 113).

"Diva living with HIV/AIDS" is a contested site of and for the representation of disease and bodies. Like other health related blogs produced by people living with HIV/AIDS, the blog has an "elective affinity" or "activist orientation that is consistent with prior forms of media activism; they seek to redress forms of inequality and oppression, they challenge institutional

discourses, and they reach out to people with HIV/AIDS in need of support, education, and advocacy” (Gillet, 2003, p. 619). It challenges traditional definitions of “risk categories,” “black women living with HIV/AIDS” and “AIDS as a death sentence.” It also emerges alongside the development of digital technologies and the institutionalization of AIDS activism. Like the camcorder—developed, and then used early on in U.S. epidemic to document the multi-faceted and multiperspectival dimensions of the health crisis—digital media is relatively easy to use and inexpensive. There also are several user-friendly platforms that can send information immediately to any computer or mobile device, anywhere, and at any time (see Juhasz, 1992). The most profound impact of this new technology lies in its social and political potential: people can make media who never could before. It opens up dialogical spaces for black women and other vulnerable to HIV/AIDS to take up new subject positions within the media texts they create. RLT’s claim to divaness, therefore, is an example of how black women living with HIV/AIDS use digital media to produce an alternative “picture of black women with AIDS.”

Using digital media to engage in cultural activism surrounding HIV/AIDS encompass a range of effective education, organizing, and artistic work. RLT’s online presence, however, is a reminder of the various social conditions that enforce and maintain oppression, even in the face of the seemingly utopianism of new cultural production. For example, black women’s digital media contributions, although celebrated online (i.e. black twitter), are rarely discussed in the literature and/or translate over to traditional media. In addition, their work online remains larger unpaid and unsupported. Unable to pay the bills, black women bloggers more readily rely on monetary donations from their followers.⁷⁵ For Rae Lewis-Thornton, these donations mean the difference between life and death, but also feed into cynicism surrounding the merit of her

⁷⁵ It has been suggested, on several occasions, that RLT uses her illness to her advantage.

work. The point is that scholars cannot underestimate the role of digital media in undermining the very visibility that it promises to produce even as it offers up new cultural spheres for black women's self-definition.

Currently, RLT is enrolled in a doctoral program at Lutheran School of Theology in Chicago (IL). She also is in the process of editing her memoir, *Unprotected*. Her academic success, however, comes second only to her success as an entrepreneur and social media pioneer. Online, RLT sells beautifully handcrafted semi-precious stone bracelets and tea balls as part of her RLT Collection—all of which can be purchased at rltcollection.com (see figure 4.5). Her blog recently was picked up by the Body.com, Poz Magazine.com, and BlackDoctors.org. To see her latest musings visit raelewisthornton.com (see also, figure 4.6).

Figures

Figure 4.1. Photograph of DiAna DiAna for the AIDS documentary, *Diana's Hair Ego*



DiAna DiAna is a South Carolina based hairdresser who turned her beauty parlor into a HIV/AIDS resource center. DiAna DiAna is pictured to the right.

Figure 4.2. Album cover for “Let’s Talk about AIDS”

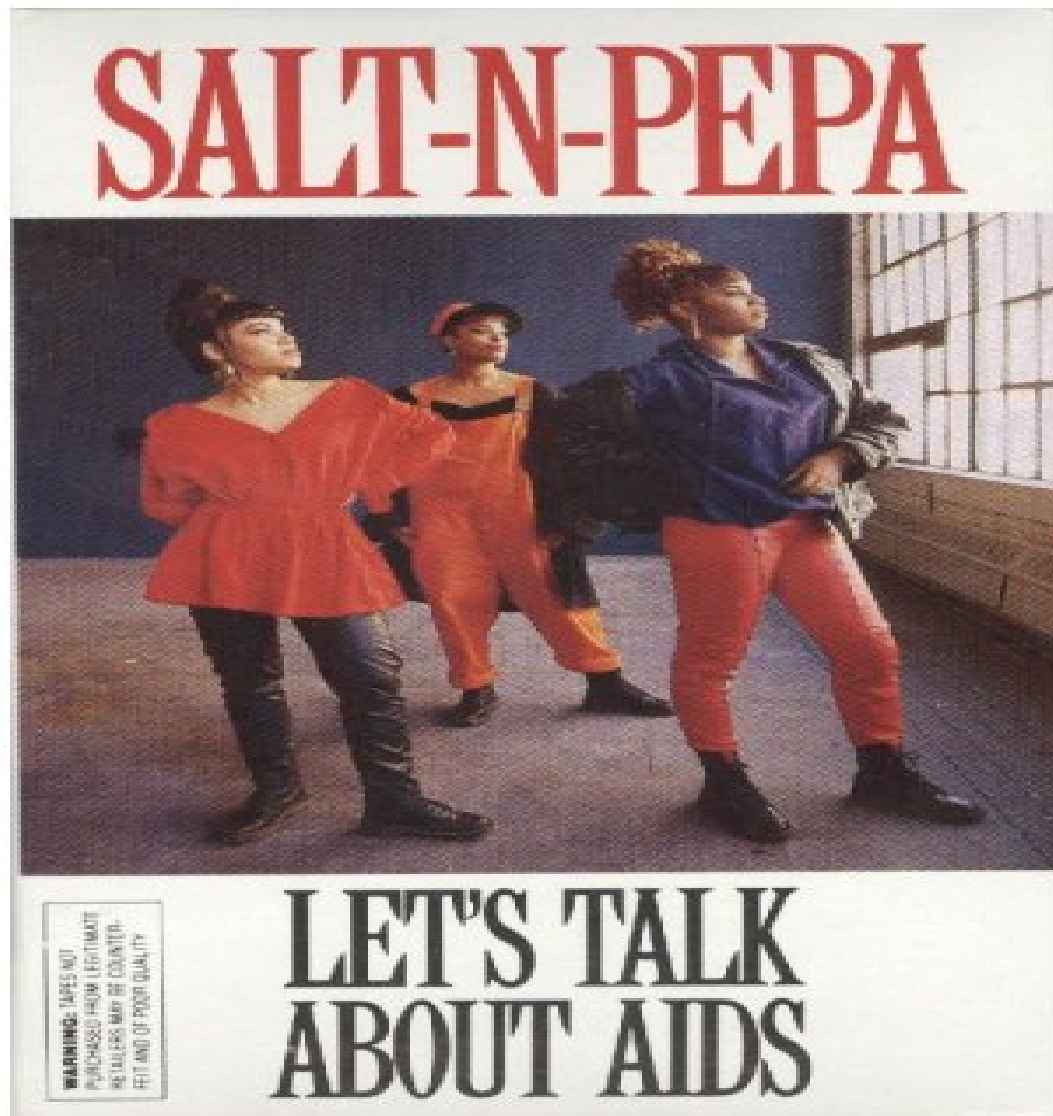
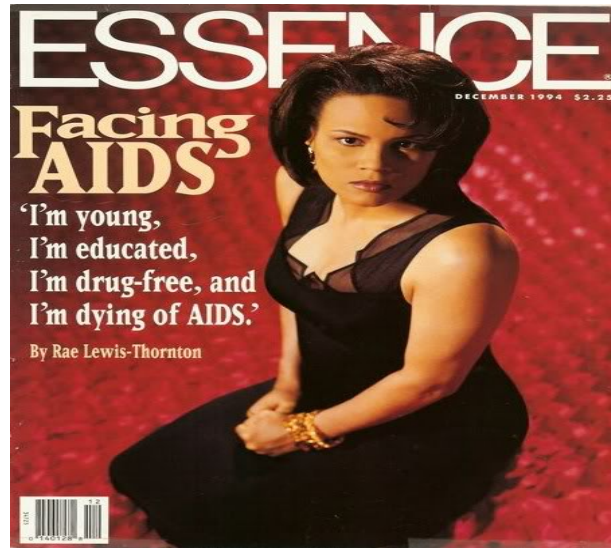


Figure 4.3. Rae Lewis-Thornton on the cover of December 1994 issue of *Essence* magazine



This photograph was taken roughly ten months after RLT made a clinical transition from HIV to AIDS.

Figure 4.4. Additional photos of Rae-Lewis Thornton from the December 1994 *Essence* article



Figure 4.5. RLT before and after liposuction of the chin



Figure 4.6. RLT Collection Bracelets



Figure 4.7. Photograph of RLT on her 54th birthday (dated May 12, 2016)



Chapter Five

Epilogue

Rather than reprise what the previous chapters have argued, I want here to highlight significant findings that bind these texts together as well as the elements that I conclude have made them successful in communicating to and about black women in the contemporary AIDS crisis. And rather than draw conclusions about an ever-evolving epidemic that continues to disrupt so many lives, I will suggest fruitful directions for cultural research in the social sciences about HIV disease, media, and black female bodies.

At the start of this study, I spoke of my confusion over the seeming contradictions surrounding depictions of black women living with HIV/AIDS. When I entered graduate study and began to explore this state of affairs, I concluded that the media bore significant responsibility for promoting certain understandings over others. For example, virtually all forms of media were generating competing representations of black women with AIDS; even though competing, they still maintained representations marked by stereotypes and clichés, racist and sexist ideologies, and insidious repetitions that made their stories seem natural, normal, and inevitable. This process of naturalization—whereby we are shown what they think we think we know—has suffused traditional representations of black women with AIDS in popular media and media scholarship, with the paradoxical effect of *over*-representing this socially-defined population as deviant and unworthy of sympathy and protection while simultaneously *under*-representing them as human actors capable of responding to their own illness and its conditions.

The scholarly literature has largely failed to address these paradoxical media representations of seropositive black women. For many years following 1981, with the appearance of the first official cases of the syndrome later named AIDS and attributed to the

virus HIV—media reports and scholarship about HIV/AIDS bodies largely focused on white gay men as subjects of analysis. Certainly there was reluctance at first, but as the 1980s progressed reporters and media outlets found non-controversial ways to represent this unfamiliar population. Then different kinds of AIDS cases began to be reported—among women and men of color, babies, white women, straight men, and men with hemophilia. As I noted in Chapter One, Evelyn Hammonds registered her shock when Richard Goldstein reported in the *Village Voice* that most of the nation’s AIDS cases were among people of color, some of whom were gay. Yet the persons often acknowledged in the media were heterosexual white women infected through blood transfusions or other “innocent” means—or “guilty” and “promiscuous” infectors like the hapless young black protagonist of the tabloid-quality *Frontline* program “Fabian’s Story.” In counterpoint, there were heroes like notably Ryan White, the courageous young man with hemophilia who was initially shunned and then accepted by schools in Indiana; he too was an “innocent” victim. Eventually reports and studies appeared that centered on black women and HIV/AIDS—but these, too, often perpetuated prevailing stereotypes, focusing on sex workers, IV drug users, and women on welfare.

A handful of reports and studies, however, began to deploy an intersectional approach to better communicate how race, gender, and, class—along with racism and sexism—work in concert to shape the representation of black women with HIV/AIDS in popular media and academic research. Even these studies, however, do not provide a sustained or detailed examination of media texts about seropositive black women. Rather than generalize about whether a given text offers (for example) positive or negative images, my goal has been to look more closely at the texts themselves. Within this representational context, and drawing from research in the fields of Communications and Media Studies, Gender and Women’s Studies, and

Africana Studies—I examined several media texts by and about black women living with HIV/AIDS. My ultimate selections for analysis emphasized texts produced by black Americans of the last two decades—texts that generated what I call *hip hop representations*. These texts contest the dominant AIDS discourse surrounding black women and disease to address the interplay of power and vulnerability in popular culture and the contemporary social world. They redefine what it means to be a black woman living with the virus in ways that are meaningful for black women. Deploying an analytic framework of black feminist thought in the form of hip hop feminism—along with the black feminist concepts of intersectionality and the matrix of domination, explained in Chapter One—I explored the contemporary representations of black women with AIDS across three different media genres: the television situational comedy *Girlfriends*, the HBO film *Life Support*, and the personal online health blog “Diva Living with AIDS.” Employing textual analysis, I examined the kaleidoscope of difference that makes visible crucial elements of the AIDS storyline in these texts: I attended to content and form along with events surrounding the productions that informed or annotated the narrative in terms of motivation, setting, plot, character, script, and the circumstances of production.

My findings can be summarized in light of the criteria for analysis I set out in Chapter One, giving just a few examples of how these criteria were fulfilled. These texts

- Center on the realities and experiences of black women living with HIV/AIDS
 - o Rae Thornton-Lewis’ blog “Diva Living with AIDS” chronicles everyday events in her life, some entries centered on discrimination (like her experience at the tattoo parlor), some on larger events; Ana in *Life Support* navigates health, family, work, and neighborhood relationships.

Include actual HIV-positive black women in the production process

- o *Girlfriends* uses a documentary film-within-a-film device to incorporate real women with HIV into the show; some audience members wondered if the abrupt ending of the AIDS story arc was because the actress who played Reesie really had AIDS and had died.

Use black women's distinct communicative style to talk about the disease

- o At times, the characters employ vernacular English along with standard American English, as in *Life Support*'s women's support group: "I was just so stupid and sometimes I wake up in the middle of the night made at myself. I be like, 'Girl, you so dumb.'"

Explicit about basic HIV/AIDS information

- o Topics covered in the three productions include modes of transmission, safer sex, condoms, retroviral and other effective medications, ignorance about contamination, drug use, physical and psychological problems including side effects, herbal remedies, financial conditions, funding of education and prevention programs, and the health care system.

Address a number of disease-related topics and themes

- o *Life Support*'s women's support group address a range of disease-related topics and themes including marriage, infidelity, safer sex negotiation, intravenous drug use, condoms, sex education, and so on.

Feature complex characterizations of seropositive black women

- o The character of Ana in *Life Support* is a sustained embodiment of complexity: her serious history of drug abuse, determination to improve relations with family

members though not always with skill, commitment to AIDS prevention, and daily struggle with her illness.

- Contest and subvert familiar stereotypes and clichés about black women living with HIV/AIDS
 - All three texts challenge the pervasive stereotypical representations, primarily by showing black women with HIV living their lives: managing their disease, facing other problems in their lives
- Present and represent varying perspectives on the disease
 - Each member of the *Girlfriends*’ ensemble cast responds to the arrival of Reesie according to their established and familiar character. In contrast, “Diva Living with AIDS” records RLT’s changing engagement with and perspective on her illness over time—not a week, nor a TV season, but years.
- Highlight contributing factors that render black women vulnerable to the virus
 - power and income inequalities, gender and racial inequalities, etc.

Taken together, I have argued, these texts provide examples of ways that media producers, reporters, and researchers can go about producing narratives that are accurate, complicated, educational, compassionate, and interesting, and can skillfully enfold their messages into compelling narratives, continuing storylines, and unexpected personal reports.

What else do these texts tell us? First, we need more scholarship about mediated representations of black women living with HIV/AIDS that draws on such concepts as intersectionality. Good examples include the eclectic body of recent representations (what I am calling hip hop) about seropositive black women; these should be identified and systematically catalogued to include movies, websites, novels, TV, newspaper, broadcast pieces, and other

communication formats. As these new narratives emerge, we can examine how the texts go about presenting and representing black women in the contemporary health crisis—creating a qualitative inventory by asking precise questions about the social conditions under which meanings are produced and circulated. Elsewhere, I have written about the proliferation of post-AIDS discourse and how it functions as a process of normalization to suggest that we have effectively “moved on” from HIV/AIDS (Randolph, 2015, November). Post-AIDS assumes that people with HIV/AIDS are just like everybody else. This shapes the types of stories that get told about select HIV/AIDS bodies as evidenced by the rise of such nostalgia AIDS films as *Dallas Buyers Club* and *The Normal Heart*—films, in other words, that evoke past decades to suggest that things are better now. In addition, I have argued that post-AIDS thinking interconnects with post-race and post-feminist discourses to erase histories of marginalization and stigma that continue to inform how black women are seen in the popular imaginary. Only a careful examination and analysis can identify the various ways that the post-AIDS discourse informs the representation of black women with AIDS in the popular imaginary and that suggests where these meanings come from, what cultural and intellectual work they accomplish, and what ends they serve.

Second, I call for scholarship that places real black women in conversation with media texts by and about seropositive black women and the people who produce them. Throughout this study, I have argued that media significantly informs how we come to understand and respond to disease and bodies. But there are many approaches to the study of media. Audience studies (“audiencing,” as John Fiske calls it) may be useful for understanding interactions between text and body (representation and reality). How audiences interpret these cultural artifacts could help to determine how and to what degree intended messages are understood. At many points over

the last decades, such information could have clarified how audiences actually responded to content that media producers were wary about: condom advertising, for example, or explicit safer sex information, or fictional storylines about HIV/AIDS. Focus groups, for example, can help answer very specific questions and can help highlight troubled questions about programming involving black women and HIV/AIDS. In turn, this information can potentially be used to develop culturally relevant health messages that adequately communicate about HIV/AIDS to select target audiences. But as Fiske argues, audiences in real life situations—unlike paid and focused focus groups—often diverge from the questions in which researchers are interested.

Moreover, as conscientious and committed media producers and scholars have learned as the HIV/AIDS epidemic has evolved, messages, media formats, audiences, and interpretations are not static. Many messages that were judged effective and crucial in 1985 no longer worked so well in 1995. Several studies show that proven prevention programs failed to reach populations most vulnerable to infection (Aragon, Kates, and Hoff, 2001; Kaiser Family Foundation, 2011). Blacks and Latinos report wanting more HIV/AIDS information about topics such as how to prevent the spread of disease; how to talk with children about HIV/AIDS; how to know who should get tested and where to go to get tested; how to bring up the topic of getting an HIV test with your partner; and how to talk with your healthcare provider about the virus.

Ethnography is another potentially useful research approach. An ethnographic study of real black women living with HIV/AIDS could prove beneficial for developing a deeper understanding of the epidemic alongside the media texts that inform it. As mentioned at the start of this study, I conducted interviews with several HIV-positive black women living in Chicago. Sometimes their personal narratives matched up with what I watched on television or

read in newspapers or viewed online. Other times, their stories were radically different. Several addressed the circumstances surrounding infection that typically are missing in popular media. This includes histories of sexual abuse, neglect, chronic victimization, underemployment, and so on. While others elicited “new” narratives about black women and HIV/AIDS that remain largely under-examined. Overall, ethnographic research fleshes out various points of convergence and divergence to fill in some of the gaps in research about the realities and experiences of black women with AIDS. This has the potential to point researchers and other cultural producers in different directions.

Third, exploring issues surrounding the production of media texts by and about HIV-positive black women is another critical site for analysis that is often overlooked, yet necessary. Each chapter outlined key aspects of the production process that might have informed the representation of black women with HIV/AIDS within its respective genre. This included interviews with several seropositive black women during the production phases that informed the narrative and/or included as live footage within each text. Using the *Girlfriends* chapter as one example, I posited that changes to the network (the merger of UPN and the CW) might have contributed to the AIDS character, Reesie, being killed off along with the decision to do away with the AIDS storyline altogether. Gaining insight into what happens before, during, and after production gives greater insight into the struggles over representation that inform these texts and their uniqueness.

Fourth, most media texts about black women with AIDS focus on diagnosis.

Throughout this study, I have examined the various ways we have come to understand select HIV/AIDS bodies, the interaction of the disease with culture, the intellectual and political debates it has engendered, and its symbolic function as a site for ideological and material

struggles. Like other social constructs, HIV and AIDS are the sum of the various meanings and definitions we attach to the two terms and how those meanings arise from and in turn shape people, places, and ideas in the real world. Disease takes place in flesh and bone bodies, bodily fluids, test tubes, hospitals, and death. It also takes place in language and discourse, where HIV/AIDS is rendered intelligible through representation. I have tried to look at the cultural artifacts, symbols, research, cultural practices, and policies that shape what we think we know about AIDS. Ultimately, the activities and ideas that we organize around AIDS have the power to change the direction and power of the epidemic that, as of 2014, has killed nearly 700,000 people in the United States alone and will continue to kill even more. It is in the stories we tell about disease and bodies—and the stories that disease and bodies tell us—that the lessons of the AIDS epidemic emerge. Whether or not we heed those lessons will make all the difference. There is still time.

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