

PREVENTING HIV BY CREATING SISTA STRENGTH: AN ANALYSIS OF ONE
U.S.-SPONSORED INTERVENTION INTO BLACK WOMEN'S HEALTH

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ABSTRACT

Allison Schlobohm: Preventing HIV by Creating SISTA Strength: An Analysis of One U.S.-Sponsored Intervention into Black Women's Health
(Under the direction of Eric King Watts)

The United States' modes of intervening into HIV/AIDS are inextricably sutured to contemporary understandings of blackness. In this dissertation, I explore these articulations by rhetorically examining one state-sponsored intervention into black women's health—the SISTA HIV prevention program. I use a rhetorical lens to examine this program's texts and its conditions of emergence, variously focusing on SISTA's unique materials and the larger cultural, political, and economic forces that give it meaning. Specifically, I trace SISTA's redeployment of some already-existing tropes of blackness and neo-liberal subjectivity, and I find that the intervention's attempts to help black women avoid contracting HIV/AIDS are unfortunately complicit in regimes of anti-black oppression that foster the differential impacts of HIV/AIDS it is responding to.

I begin my analysis by tracing the historical relationship between public health intervention in the United States and the strategic exclusion of black Americans from state support. I follow this relationship over a period of more than 100 years, highlighting key moments when U.S. public health policy underwent significant change as well as the sordid history of racist legitimization of black suffering. I then use this history to situate SISTA's particular deployment of tropes of blackness, including the tropes of pathological and Afrocentric blackness and the trope of the strong black woman. Ultimately, I argue that SISTA attempts to help black women become strong, empowered subjects of neo-liberalism, but in doing so it reinvigorates centuries-old logics in the United States whereby the racist expulsion of

black Americans from structures of state support is authorized by narratives of black irresponsibility and inadequate self-management.

To the men and women who fight for their lives and the lives of others in the constant struggle against racist oppression. Thank you.

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This project, like all academic projects, may have one name on the title page but is the result of years of collaboration. Many of SISTA's creators and disseminators were incredibly generous with their time and were willing to speak with me for hours about this program. Conversations with Arlene Edwards, Joan Ferguson, Patricia Frye, Marilyn Moering-Watkins, Amna Osman, Miriam Phiels, Tobey Sapiano, Lucy Slater, and Dana Williams all fundamentally shaped this dissertation. My adviser, Eric King Watts, taught me the value of insightful incisions and the work that we, as rhetorical scholars, can do to begin undoing the nefarious entanglements that maintain racism's tenaciousness. My committee members, Carole Blair, Wahneema Lubiano, Patricia Parker, and Barry Saunders, were incredibly generous throughout both this dissertation process and my graduate career, and most of the ideas in these pages can be traced to classes I took with them, books I read with them, or conversations I had with them. My undergraduate mentor and adviser, Leslie Hahner, first taught me how to use rhetoric's tools to expose racism and sexism in the United States. Countless other professors and fellow graduate students have guided me and helped me think over the past 10 years, and I owe them all a debt of gratitude.

My family and friends have pushed me to be a better scholar at the same time they have helped keep me sane. My friends, especially Erin Arizzi, Jennifer Fink, Marjorie Hazeltine, Amanda Hakanson-Stacy, Lena Kyman, and Amanda Stevens, all provided sustenance when I needed it most. Mary Paul challenged me to think deeply about the men and women who use the tools of public health to make the world a better place, and she made me some really great martinis. My family never stopped believing in me, even when I wasn't sure I believed in

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LIST OF ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ASHA	American social hygiene association
CBO	Community-based organization
CDC	Centers for disease control and prevention
DHAP	Division of HIV/AIDS prevention at the CDC
DEBI	Diffusion of effective behavioral interventions
EBI	Evidence-based intervention
HAPCO	HIV/AIDS prevention and control office in Amhara, Ethiopia
HOPE Act	Health omnibus programs extension act of 1988
HIV	Human immunodeficiency virus
MMWR	Morbidity and mortality weekly report
NASTAD	National association of state and territorial AIDS directors
OEO	Office of economic opportunity
PLWA	People living with AIDS
STD	Sexually transmitted disease
SISTA	Sisters informing sisters about topics on AIDS
SISTAS	SISTA assertiveness model
TAP	Treatment as prevention
USPHS	United States public health service
VD	Venereal disease

CHAPTER 1: INTRODUCTION

In 2008 a group of public health professionals from Ethiopia visited a prison in Michigan in an effort to find a tool for stanching the spread of HIV/AIDS. They sat in on a session of the Sisters Informing Sisters about Topics on AIDS (SISTA) HIV intervention and decided, along with their American colleagues, that this program was ideal for reaching their target audience: female students and sex workers in Amhara, Ethiopia. The SISTA intervention, which they subsequently implemented in Amhara with assistance from some U.S. public health practitioners, had come a long way from its original Californian incarnation in 1993. In its original form, SISTA had been designed by and for black women in the Bayview-Hunter's Point neighborhood of San Francisco. These American women shared their experiences with requesting and having safe sex as well as the reasons why they sometimes did not ask their partners to use condoms. SISTA's creators used these discussions to build the program and its implementation manual, both of which guided participants towards changing risky sexual behaviors by connecting to a sense of personal strength and shared "ethnic and gender pride."¹ In Amhara an almost identical manual was created, and Amharic participants were also urged to use their black womanhood as a source of strength. Both the U.S. and Amharic versions of the SISTA intervention are labeled as "effective" interventions that are "culturally relevant" for their participants.² SISTA had aged 15 years and travelled almost 9,000 miles, but it had retained many of its core characteristics.

¹Midwest Prevention Intervention Center of the African American Prevention Intervention Network, "SISTA Implementation Manual," (Atlanta2008), 6.

²SISTA's manual for implementation in Ethiopia contains many exhortations that the intervention be "culturally relevant" but does not define what cultural relevance means. Based on the phrase's use throughout the intervention as well as its definition of cultural sensitivity, cultural relevance appears to relate to an intervention's responsiveness to the values, attitudes, and beliefs of its participants. These values, attitudes, and beliefs are generally understood to

SISTA's travels to Ethiopia provoke many questions: What made an intervention guided by feelings about blackness, femininity, and community in a U.S. prison feel relevant for Amharic women in Ethiopia? How did SISTA move from a community-specific intervention in San Francisco to a Michigan prison in the first place? Who determines what "culturally relevant" means for black American and Amharic women? In order to answer these and other questions, this dissertation tells a much larger story, one that alternatively investigates SISTA's various materials and its field of emergence, paying close attention to the affective resonances that animate the program's continuous (re)production.

This project continuously performs micro and macro analyses, variously focusing on SISTA's particularities as well as the larger cultural, political, and economic forces that give it meaning. To do so, it analyzes SISTA's unique materials—including both of the training manuals described above and published articles about its distribution—at a textual level. It examines materials used both domestically and internationally, but it is squarely concerned with how these materials articulate to contemporary configurations of race and health in the United States. It investigates these discourses through a macroscopic engagement with already circulating discourses, including historical trends in public health programming, contemporary tropes of blackness, and modern assumptions about ideal health subjects.

Statement of Problem

This dissertation is a unique investigation into the relationship between contemporary racial configurations and state-sponsored interventions into HIV/AIDS in the United States.

be relatively consistent among the intervention's target population (in this case, Amharic women). Cultural sensitivity is defined as "being aware that every group or community has its own set of values, attitudes, and beliefs, even though individuals within the group may have differing views. When we are culturally sensitive, we provide information in a neutral way that does not challenge the values and beliefs of any group or individual." *Ibid.*, 95.

Given this focus, it does not offer any specific suggestions on how to create effective interventions or respond to the current spread of HIV/AIDS. However, it is certainly affected by the epidemic's current shape, especially its differential effects on black men and women in the United States. Therefore, key to understanding the problems this dissertation addresses is understanding what contemporary HIV/AIDS and U.S. responses to it look like.

The SISTA intervention is one such response, and it was designed to help stop the spread of HIV/AIDS among black women in the United States. Public health officials warrant its creation and dissemination with statistical evidence showing that HIV/AIDS disproportionately affects black Americans. While this dissertation questions the use of racial categories as health indicators, it also shares with the U.S. government an assumption that the state has a responsibility to attempt to stop HIV/AIDS' spread among its citizens.³ Approximately 44,000 people in the United States were infected with HIV in 2014, and nearly 13,000 individuals in the United States died of AIDS-related causes in 2013.⁴ Given these numbers, it makes sense that The United States' current national HIV/AIDS Strategy is principally dedicated to the following three primary goals "1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3)

³Racial categorization has been proven to be neither genetically accurate nor biomedically useful. However, the statistics I share here point to some real health disparities in the contemporary United States; I use them both as a mode of "strategic essentialism" and as a way of tracing the SISTA program's logic. Some communities—especially underprivileged communities—bear a significant burden of HIV/AIDS infections in the United States. This dissertation questions categories of blackness at the same time that it recognizes that black Americans are disproportionately impacted by contemporary HIV/AIDS in the United States. Margaret Lock and Vinh-Kim Nguyen, "Human Difference Revisited," in *An Anthropology of Biomedicine*, ed. Margaret Lock and Vinh-Kim Nguyen (Oxford: Wiley-Blackwell, 2010). Ethnicity Race, and Genetics Working Group, "The Use of Racial, Ethnic, and Ancestral Categories in Human Genetics Research," *American journal of human genetics* 77, no. 4 (2005).

⁴These numbers reflect the most up-to-date statistics publicly available from the U.S. Centers for Disease Control as of October 2016. "HIV in the United States: At a Glance," www.cdc.gov/hiv/statistics/overview/atagance.html.

reducing HIV-related health disparities."⁵ In order to receive federal funding, governmental and non-governmental health organizations are fundamentally shaped by these goals.

Health organizations are understandably focused on immediate health concerns, but they are affected by far more than disease statistics. HIV/AIDS interventions do not exist within a vacuum, but are invented, disseminated, and implemented within a web of social meanings about race that envelope us all (including this white writer). When monitoring and evaluating the effects of health interventions, there are few resources for investigating how contemporary racial configurations affect their creation. As a rhetorical scholar in an academic environment, I am uniquely situated to trace these configurations' appearances in contemporary HIV/AIDS programming.

This dissertation examines how U.S. interventions into HIV/AIDS are sutured to contemporary racial configurations by analyzing the tropes of blackness that appear throughout SISTA's multiple moments of invention and distribution. It specifically poses the following question and sub-questions:

How are state-sponsored interventions into HIV in the United States affected by (and in turn affect) contemporary U.S. racial configurations?

- What are the tropes of blackness available to individuals and groups who create state-sponsored interventions into current HIV-related health crises among black American women?
- What are the affective impulses that provoke the use of these tropes?
- How are these tropes and impulses related to contemporary understandings of health, gender, sexuality, and subjectivity in the United States?
- What does the movement of domestically produced interventions into international spaces reveal about contemporary racial configurations in the United States?

Central to these questions is an understanding of racial difference as an affective experience, a way of knowing bodies that cannot be entirely reproduced in language. By

⁵"National HIV/AIDS Strategy for the United States," ed. The White House Office of National AIDS Policy (2010).

exploring race's felt-ness, this dissertation seeks to unearth the affective sensations and discursive meanings attached to race in the United States, especially as these meanings are always co-constituted with contemporary understandings of health, gender, sexuality, and subjectivity.⁶ In order to answer these questions, I examine SISTA's discursive materials, looking for tropes of blackness as well as traces of the affective sensations invested in them. By interviewing key individuals involved in SISTA's creation and (inter)national dissemination, researching the cultural logics SISTA deploys to encourage behavior change, and rhetorically examining its print materials this dissertation describes a select few of the myriad ways health interventions are affected by the racial configurations within which they are produced.

The above research question derives from a preliminary analysis of SISTA as well as my previous work on HIV/AIDS intervention programs. In examining SISTA, I was struck by its representations of assumed "African-American" culture in the United States and its use of representations of "African" culture to provoke feelings of pride and strength. Throughout the intervention, black women are encouraged to personally connect with their African origins so that they can feel proud of who they are, an effort designed to increase these women's sense of self-efficacy when negotiating sexual relationships.⁷ For example, the poem "Ego Tripping" by

⁶By discursive meanings I am referring to any element of a discursive formation, as defined by Michel Foucault. In *The Archaeology of Knowledge* Foucault describes discursive formations as systems of dispersion that are regularized through order, correlation, functionings, or transformation. Meaning is created in discursive formations as chains of association are created and individual elements form relations to one another. These meanings are not only linguistic or textual. Discursive formations also organize bodies, feelings, and thoughts. As discussed more completely below, affective sensations are non-discursive. They are felt as intensities and nothing more. However, they are felt inside of and through bodies and, as a result, are made sense of discursively. The feelings our affective sensations become are discursive and therefore subject to the rules of dispersion and organization made available to us at any given time.

⁷SISTA's creators used Molefi Asante's theories of Afrocentricity to develop materials that black women might find empowering. Asante's works on Afrocentricity have been heavily criticized for their representations of an atavistic and homogeneous Africa as well their heteronormativity. I detail and address both of these critiques in chapter three.

Nikki Giovanni is included in the intervention's training manual in order to help black women attach to an Afrocentric black pride (see Appendix A for the full poem). It begins:

I was born in the congo
I walked to the fertile crescent and built/the sphinx
I designed a pyramid so tough that a star
that only glows every one hundred years falls
into the center giving divine perfect light
I am bad.⁸

The pride sought by the poem as well as the lack of pride that compelled its inclusion point to shared contemporary feelings associated with identifying with blackness.

In its attempt to understand the complex relationship between state-sponsored health interventions and racial configurations in the contemporary United States, the proposed dissertation takes seriously the transnational nature of health materials and U.S. racial meaning making. By exploring the affective impulses that re(produce) SISTA in international contexts as well as the discursive shape it takes in those spaces, I contend that we can learn a significant amount about SISTA's U.S. origins. For example, the poem quoted above is included in the U.S. version of the SISTA intervention but not in the version of the intervention translated for Amharic women in Ethiopia. What does the poem's exclusion suggest about the discursive context that gave rise to SISTA and the affective sensations guiding its reinventions and recirculations?

To explore these questions and tell SISTA's story I must begin by explaining my own scholarly context, this project's theoretical grounding, and SISTA's story. In the remainder of this opening chapter I will review current academic works that attend to the connections between racial configuration and state-sponsored HIV/AIDS interventions in the contemporary United

⁸Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 76.

States, outline my theoretical orientation towards SISTA, briefly describe the story of SISTA's creation and its key components, and then preview the rest of the dissertation.

Literature Review

This dissertation is unique in its exploration of the racialized discourse and affects that give shape to one governmentally supported public health intervention into HIV/AIDS in the contemporary United States. Most academic work related to the racial dimensions of HIV/AIDS spotlights either general frameworks of public health in the hopes of improving the field or broader historical and cultural factors that impact general discourse about HIV/AIDS. My project, however, connects these general trends and discourses to a specific HIV/AIDS intervention, a hugely important task given public health's contemporary emphasis on individual behavior change. In this section, I summarize the literatures that have impacted this dissertation, starting with the very few academic projects that have also analyzed specific HIV/AIDS interventions in relationship with contemporary racial configurations. I then outline related works from the fields of critical public health, critical health communication, and cultural studies.

Race Formation and Specific Public Health Interventions

Only a few scholarly projects examine specific public health messages or campaigns in relationship to race formation, and this dissertation is indebted to their work. Sociologist Nicole Vitellone, rhetorician Davi Johnson Thornton, and media scholar Neils van Doorn each explore the ways that particular health campaigns or intervention programs both impact and are impacted by contemporary racial meaning making. Given their uniqueness and similarity to my own project, I will explore in depth each of these articles before moving on to other literatures that have influenced this dissertation.

Vitellone examines an Australian television campaign to increase condom use; she argues that while the campaign's widely circulated Grim Reaper commercials may appear to address women (and their diseased bodies), they primarily appeal to white, heterosexual men.⁹ After an extensive literature review and theoretical development of identity formation's relationship to mediated messaging, Vitellone explains that the white, heterosexual men interpellated by the Grim Reaper commercial are uniquely situated to take up Australian citizenship (especially when compared to their non-white, female counterparts) given their abilities to practice self-reflexivity, consume objects, and make choices.

Johnson Thornton, like Vitellone, is interested in the production of difference within a widely circulated health campaign.¹⁰ She investigates the "Depression Is Real" psychiatric public awareness campaign in the United States, a joint effort of social advocacy groups, national mental health alliances, and the Wyeth pharmaceutical corporation. While the "Depression Is Real" campaign is not governmentally funded, her analysis of the ways black men and women are encouraged to "empower" themselves through neo-liberal, biomedical choice-making and mobility is particularly relevant for this dissertation. She explains that, within psychiatric rhetorics of racial empowerment, neo-liberal imaginings of subjectivity both highlight racial difference in its "hypermalleable" role as "personal property" and make certain components of racial difference invisible—namely race as a space of collective meaning making in response to historical and structural injustice.¹¹ By framing personal risk as a barrier to empowerment, the

⁹Nicole Vitellone, "'I Think It More of a White Person's Sort of Awareness': Condoms and the Making of a White Nation in Media Representations of Safer (Hetero) Sex," *Feminist Media Studies* 2, no. 1 (2002).

¹⁰Davi Johnson Thornton, "Race, Risk, and Pathology in Psychiatric Culture: Disease Awareness Campaigns as Governmental Rhetoric," *Critical Studies in Media Communication* 27, no. 4 (2010).

¹¹*Ibid.*, 316.

"Depression Is Real" campaign argues that the pathway to empowerment is forged through personal decision making around recovery and treatment.

Vitellone and Johnson Thornton investigate the implications of mass-circulated health messages, but Neils van Doorn has taken up a project more similar to my own: the examination of a particular manifestation of a nationally implemented HIV/AIDS intervention program in the United States. Van Doorn emphasizes the importance of his work given the "present lack of public or academic criticism" of contemporary HIV/AIDS interventions in the United States, especially since these interventions have undergone dramatic changes in the recent past.¹² In addition to developing a robust theoretical analysis of the relationship between biopolitics and the national turn towards "Treatment As Prevention" (TAP) public health programming, van Doorn analyzes the implications of the "HIV Stops With Me" and "Status Updates" campaigns in ballroom communities in Baltimore, Maryland, where queer black folk form alternative familial structures and compete against one another in competitive gender performances.¹³ He, like Johnson Thornton, argues that the forms of self-care advocated by these health campaigns align with contemporary logics of flexible subjectivity, which ask citizens to become enterprising caretakers of their own health regardless of the structural assistance available to them. These

¹²Niels van Doorn, "Treatment Is Prevention," *Cultural Studies* 27, no. 6 (2013): 2.

¹³Van Doorn describes these communities at length in his essay. The 1991 documentary *Paris is Burning* by Jennie Livingston is an influential (and potentially problematic) exploration of these communities in New York City. Jennie Livingston et al., *Paris Is Burning* (Burbank, CA: Miramax Home Entertainment : Distributed by Buena Vista Home Entertainment,, 2005), videorecording, 1 videodisc (76 min.) : sd., col. with b&w sequences ; 4 3/4 in., 41451 Miramax Home Entertainment.

logics, he argues, limit the modes of health-related subjectivity available to black queer youth in Baltimore.¹⁴

These three projects all point to the importance of examining individual public health programs when investigating the relationship between race and health in the contemporary United States—only by examining the ways we implore individuals to take up "healthy" behaviors can we expose the tangled connections between racial configuration, individual subjectivity, and health. Vitellone, Johnson Thornton, and van Doorn each investigate particular public health messages as nodal points in a larger discursive network that determines the modes of subjectivity made available to black and/or white individuals. These projects inform my own, and the fact that I could only find three projects that do this work compels this research. Furthermore, as van Doorn has pointed out, there is very little communication studies work that explores contemporary domestic HIV/AIDS interventions in the United States.

Historical Co-Development of Racism and Public Health

While the three projects above are the only works I found that investigate race formation and specific health interventions, many other scholarly works influence this dissertation, including those that analyze the ways that public health interventions are connected to political and cultural discourses of personal responsibility, citizenship, contamination, and community. The scholars who produce these projects generally gather around the moniker of "critical public health."¹⁵

¹⁴Multiple works in this literature review use neo-liberal theory as a framework for analyzing health discourse. While I do not engage neo-liberalism explicitly in this section, chapter four is heavily influenced by these works and explicitly engages SISTA through theories of neo-liberalism.

¹⁵ I share with critical public health scholars the use of the term "critical," although the term does something different for my work than it does for theirs. For their work and mine, critical allows for the investigation of power and powered relationships within discourse. I use the term to also distinguish my allegiance to other critical projects that have influenced by scholarship, including those by critical rhetoricians and critical race theorists. In this way, it also signals a slowing down to account for the presence of power within moments and messages that display

The preeminent contemporary critical public health scholar is Deborah Lupton, an Australian sociologist. Lupton is heavily influenced by Michel Foucault, and her groundbreaking treatise *The Imperative of Health* is a Foucaultian genealogy of contemporary public health efforts (what she calls the "new public health").¹⁶ As I explore in more depth in chapter two, she argues that public health from the late 19th century to the 1970s was scientifically legitimated through the advent of bacteriology and was centrally concerned with variably forcing and promoting individual responsibility and cleanliness, especially for those persons considered prone to disease or contamination. The "new public health" emerged in the 1970s and maintains many of the characteristics of the old public health model (including a lack of criticism due to its relationship to the rationality of science). However, it is also marked by demands for "an even wider hygienic strategy" in which "every individual is now involved in observing, imposing and enforcing the regulations of public health, particularly through the techniques of self-surveillance and bodily control encouraged by the imperatives of health promotion."¹⁷ Lupton's analyses of the new public health have been very influential for communication scholars interested in studying the ways contemporary health programming is shaped by neo-liberal discourses and logics.

Critical health communication scholars, including Mohan J. Dutta, Shaunak Sastry, Ambar Basu, and Heather Zoller, take up Lupton's work as it specifically relates to contemporary public health messaging. Many of their projects are similar to mine in their articulation of

contemporary manifestations of power imbalance without maintaining the original commitments of these moments or messages. Critical public health scholars and critical health communication scholars also use the term to signal a mid-1990s shift towards reflexivity in the field of public health and health communication. Critical health communication scholars also maintain a commitment to public health praxis that I do not share.

¹⁶Deborah Lupton, *The Imperative of Health: Public Health and the Regulated Body* (London: Sage, 1995).

¹⁷Ibid., 76.

particular public health messages to their areas of deployment and more general discourses about what it means to be a healthy subject. While I draw from health communication scholars for their theoretical examination of the ways general discursive flows impact the production of public health messages, I do not take up their tools for analysis, because I am not moving towards particular recommendations on how to improve the efficacy of public health messaging or improve health outcomes. Furthermore, these scholars of critical health communication are uniformly interested in the United States' global HIV/AIDS efforts, while I explore SISTA both in its domestic manifestations and its international movements.

Mohan J. Dutta launched the field of critical public health communication in the mid-2000s. Since then, he has co-authored many papers regarding HIV/AIDS programming with other critical health communication scholars, including Shaunak Sastry, Ambar Basu, and Heather Zoller. Dutta and his co-authors investigate both the contemporary relationship between neo-liberal health policies and particular health interventions as well as possibilities for overturning these relationships in order to create more effective and participant-centered health programming.¹⁸ This work around neo-liberalism is especially important for my project, and Dutta and Sastry's analysis of neo-liberalism's negative impacts informs my understanding of the relationship between neo-liberalism and public health (see chapter four). They argue that the United States' contemporary modes of international HIV intervention operate through a market rationality, and that this rationality may provide temporary support for international organizations fighting HIV/AIDS but also contributes to the spread of HIV/AIDS by causing

¹⁸Ambar Basu and Mohan J. Dutta, "Centralizing Context and Culture in the Co-Construction of Health: Localizing and Vocalizing Health Meanings in Rural India," *Health Communication* 21, no. 2 (2007); Mohan Jyoti Dutta, "The Critical Cultural Turn in Health Communication: Reflexivity, Solidarity, and Praxis," *ibid.* 25, no. 6-7 (2010); Shaunak Sastry and Mohan Jyoti Dutta, "Global Health Interventions and the "Common Sense" of Neoliberalism: A Dialectical Analysis of Pefar," *Journal of International and Intercultural Communication* 6, no. 1 (2013).

“unemployment, impoverishment, and migration.”¹⁹ Heather Zoller also explores the ways that logics of neo-liberalism affect global health, although not specifically in relation to HIV/AIDS efforts.²⁰ Her structural analysis of the impact of neo-liberal global trade policies on global health puts U.S. international health interventions in conversation with international efforts that negatively impact health. She suggests that these trade policies create and reinforce national structures that cause harm to individual’s bodies, even as the United States attempts to assuage this harm through international aid.

These health communication scholars have paved the way for my work in many ways by exploring the contemporary intersections between neo-liberalism and communication about health. They articulate widely circulating logics of neo-liberalism to particular U.S. initiatives to improve global health, drawing connections between logics of market rationality to health imperatives. I am influenced by this work, but I also seek to carve out a new space for research about these logics in two ways: by investigating the ways such widely circulating discourses impact one particular health campaign and by articulating them to contemporary American understandings of blackness. By using rhetorical tools to analyze a health communication case study I hope to better understand the complex process whereby individual health programs, created by individuals and distributed through government channels, reflect, extend, and adjust contemporary discourses of race and health.

¹⁹ 16.

²⁰Heather Zoller, "Technologies of Neoliberal Governmentality: The Discursive Influence of Global Economic Policies on Public Health," in *Emerging Perspectives in Health Communication: Meaning, Culture, and Power*, ed. Mohan Jyoti Dutta and Heather Zoller (New York: Routledge, 2008).

Cultural Studies of HIV/AIDS

Many influential cultural studies theorists have explored the relationship between already circulating cultural logics and governmental responses to HIV/AIDS. Unlike critical health communication scholars, cultural studies scholars are not dedicated to finding a better biomedical intervention into HIV/AIDS, even though they have historically been aligned with political projects like ACT UP (an activist organization that fights for better treatments for people living with HIV/AIDS). Instead, they examine the ways that cultural attitudes and institutional structures impact the epidemic's shape and the responses it provokes. They do so to call attention to the injustices experienced by both individuals and communities burdened with high rates of infection and death and to analyze the ways the United States and other politically powerful institutions make sense of HIV/AIDS.

The disciplinary conversation among cultural studies scholars who study HIV/AIDS emerged as a result of governmental negligence in response to HIV/AIDS in the early to mid-1980s. Early critical/cultural texts that responded to HIV/AIDS were, in many ways, a combination of both a scholarly critical desire to critique representations of HIV/AIDS and an attempt to orient activists towards practical political interventions.²¹ As Douglas Crimp put it in his seminal text of collected works, *AIDS: Cultural Analysis/Cultural Activism*, "AIDS does not exist apart from the practices that conceptualize it, represent it, and respond to it."²² For these scholars, AIDS was an important space of intervention because of its deadly impact on

²¹Douglas Crimp, ed. *AIDS Cultural Analysis/Cultural Activism* (Cambridge, MA: MIT Press, 1988); Cindy Patton, *Sex & Germs: The Politics of AIDS* (Montreal, Quebec: Black Rose Books, 1986); Paula Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke U P, 1999).

²²Crimp, 3.

communities of cultural outcasts and the scientific legitimacy afforded to dubious representations of these communities.

Most of these early analyses (like the public discussions around HIV/AIDS they investigated) dealt with representations of domestic HIV/AIDS as a disease of white, gay men, intravenous drug users, and prostitutes. However, some cultural studies scholars examined early U.S. representations of African HIV/AIDS. Sidney Bryn-Austin, Cindy Patton, and Paula Treichler all argued that U.S. representations of HIV/AIDS in Africa in the late 1980s and early 1990s were overwhelmingly racist and dependent upon colonial constructions of "otherness."²³ In addition to this international otherness, Patton frequently mentions (but does not develop) the relationship between U.S. representations of international "others" and the domestic oppression of black and brown men and women.

Given the general lack of attention paid to HIV/AIDS in black communities in the United States in the epidemic's early years, it is unsurprising that relatively few cultural studies projects in the 1980s and early 1990s explicitly focused on racist representations of black and brown Americans.²⁴ Evelyn Hammonds was the only cultural studies theorist in the 1980s whose work engaged public representations of people living with HIV/AIDS in the United States as explicitly racialized.²⁵ Hammond's article in a 1987 issue of *Radical America* explores the historical relationships between blackness, disease, and sexuality in the United States. She argues that these historical relationships led to silence from both black and white media about HIV/AIDS in

²³Sydney Bryn Austin, "AIDS and Africa: United States Media and Racist Fantasy," *Cultural Critique* Winter, no. 14 (1989); Cindy Patton, "From Nation to Family: Containing 'African AIDS'," in *Nationalisms and Sexualities*, ed. Andrew Parker, et al. (New York: Routledge, 1992); Treichler.

²⁴Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: U of Chicago P, 1999).

²⁵Evelynn Hammonds, "Race, Sex, AIDS: The Construction of 'Other'," *Radical America* 20, no. 6 (1987).

the epidemic's early years. Cathy Cohen also engages media representations of HIV/AIDS, and her book *The Boundaries of Blackness* compellingly pinpoints the structural constraints that resulted in the representation of HIV/AIDS in the United States as a white disease. Hammonds and Cohen have had few successors, and while I have already discussed the relative lack of work that engages particular HIV/AIDS interventions in their relationship to racial meaning making, it is also true that very little scholarly attention has been paid to the more general relationship between discourses of blackness and HIV/AIDS in the United States.²⁶

The only contemporary account from the field of cultural studies that investigates the relationship between racial configurations and HIV/AIDS in the United States is Adam Geary's *Antiblack Racism and the AIDS Epidemic*.²⁷ In this book, Geary argues that the contemporary state of HIV/AIDS across the globe results from antiblack structural racism. Citing racist structures such as segregation and mass incarceration, Geary claims that HIV/AIDS is less an epidemic in the United States than a component of an endemic state of disease produced by a violent, racist state. He argues that contemporary efforts to stop the spread of HIV/AIDS through behavioral interventions are, at best, misguided and, at worst, racist attempts to ameliorate disease without fundamentally restructuring its conditions of possibility. Published in 2014, his book informs my analysis of how contemporary racial configurations affect and are affected by state-sponsored HIV/AIDS interventions. Like the other cultural studies scholars mentioned here, however, Geary does not engage particular public health campaigns. My project uses rhetorical

²⁶This is not to say that there is no scholarly work that engages racial difference and HIV/AIDS—public health scholars (including the men and women who continuously create and transform SISTA) are very committed to ending HIV-related health disparities in the United States.

²⁷Adam M. Geary, *Antiblack Racism and the AIDS Epidemic: State Intimacies* (New York: Palgrave Macmillan, 2014).

tools to parse the relationship between these larger cultural discourses and the specific modes of HIV/AIDS prevention created by the United States government.

While the above works from the fields of communication, public health, and cultural studies all inform my project, they are not in conversation with one another. Geary does not attend to the historical relationship between public health projects and domestic race formations, nor does Dutta analyze the ways that international neo-liberal public health projects are affected by antiblack racism in the United States. However, the connections exist, and if we are truly to understand contemporary modes of and legitimizations for intervening into the health behaviors of black women, we must see how historical, medical, and cultural discourses of blackness and health articulate to one another. In this dissertation, I hope to draw these connections by seeing how tropes of blackness inform and shape the SISTA intervention into HIV/AIDS.

Theoretical Orientation

As I explained in the previous section, few academic projects have analyzed how specific public health interventions in the United States are shaped by the circulation of racialized discourses and affects. However, many of these works suggest the importance and usefulness of such a project. Critical public health and health communication scholars point to the continuing impact that widely circulated discourses of subjectivity have on HIV/AIDS interventions. While race formation in the United States is not generally one of these discourses, cultural studies theorists have persuasively argued that cultural understandings of HIV/AIDS are caught up in and at least partially determined by logics of race in the United States. This project connects these conversations, and by using a specific HIV intervention program as a site of inquiry I am able to explore not only the general co-construction of meanings about racial difference and

public health interventions into HIV/AIDS but also what this construction looks like in currently circulated public health programs.

This analytical move between political and cultural discourses of race and health and specific forms of assistance requires a unique and robust theoretical orientation that can account for the ways widely circulated social meanings and feelings come to impact particular texts, and vice versa. This dissertation's theoretical orientation responds to this relationship between general discursive flows and particular texts by examining all texts as fragments, components of discursive formations always already caught up in the dynamic interplay between power and knowledge. In this project, I am specifically interested in the ways that the SISTA intervention is a fragment itself and contains other, racialized fragments. Therefore, this theoretical orientation analyzes the relationship between contemporary racial configurations in the United States and state-sponsored interventions into HIV/AIDS by tracing the work of specific racial tropes and their animating affects in SISTA.

The relationship between textual fragments and larger discursive formations has been developed by theorists in the field of critical rhetoric. This theoretical orientation, influenced by critical rhetoricians, understands texts as fragmented constructions that can be treated as sites for unearthing the manifold operations of power in contemporary society. Texts are always fragmented in that they imply more than what is presently available; they are caught up in webs of meaning that extend beyond the specific discursive manifestations presented to any reading audience or public. As a result, rhetorical analysis involves pulling together fragments to form a text that subsequently serves as a fluid site of inquiry.²⁸

²⁸Raymie McKerrow, "Critical Rhetoric: Theory and Praxis," *Communication Monographs* 56, no. 2 (1989); Michael Calvin McGee, "Text, Context, and the Fragmentation of Contemporary Culture," *Western Journal of Speech Communication* 54, no. 3 (1990).

In this project, as in others influenced by critical rhetoric, the role of the critical rhetorician is to construct texts in ways that account for their relationship to the contemporary operation of power. Critical rhetoric uses the work of Michel Foucault to theorize this relationship between discourse and power. It defines power as an active, creative, always present, and productive force that frames social relations. This force guides who is able to say what, to whom, about what, through which channels, and to what effect. Discourse functions as "the tactical dimension of the operation of power in its manifold relations at all levels of society, within and between its institutions, groups, and individuals."²⁹ As a result, textual construction should involve not only piecing together discrete texts that are clearly related to one another, but also an analysis of the "fragment's relationship with its sources, its culture, and its influence."³⁰ To put it differently, to build a critical rhetorical text is to analyze the relationship between any particular discourse and its discursive formation.

A discursive formation is the regularization of the potentially infinite ways we could make sense of, communicate about, or act within the world. It is the ordering, transformation, or functionalization of a system of dispersion. As Foucault explains in *The Archaeology of Knowledge*

One cannot speak of anything at any time; it is not easy to say something new; it is not enough for us to open our eyes, to pay attention, or to be aware, for new objects suddenly to light up and emerge out of the ground...[the object] exists under the positive conditions of a complex group of relations.³¹

²⁹McKerrow, 98.

³⁰McGee, 280.

³¹Michel Foucault, *The Archaeology of Knowledge* (New York: Pantheon, 1972), 44-45.

Fragments are not created out of thin air—they are used and circulated by human beings, human beings who are limited in their ability to use and circulate by the availability of particular forms of social meaning. Within this framework, a critical rhetorical text is an attempt to draw together particular fragments and their discursive conditions of possibility.

Foucault explains that revealing texts' conditions of emergence requires an investigation beyond the texts themselves and into their associated fields. That is, a scholar interested in exposing the social meanings that shape a particular discursive text cannot look only at the internal structures of that text for his/her evidence. Foucault describes four elements that comprise an object's associated field: 1, the "series of other formulations" it is an object of; 2, the formulations the object refers to either in its repetition, modification, adaptation, opposition, or commentary of; 3, the formulations that are subsequently made possible by the discursive object; and 4, "all the formulations whose status the [discursive object] shares, with which it will fade away, or with which, on the contrary, it will be valued, preserved, sacralized, and offered as a possible object to a future discourse."³² For Foucault, to adequately describe a field of association is to examine everything that a discursive object is a part of, refers to, makes possible, and sits alongside.

While Foucault offers a useful way to think about what the content of a critical rhetorical project should be, this theoretical orientation engages contemporary tropological theory as a method for finding said information. Foucault suggests that I analyze the edges of an object, examining more than its internal structure, and tropological theory suggests how to move between a specific discursive object and its related edges. Specifically, contemporary rhetorical theorization of tropes that follow the influential works of Jacques Lacan and Kenneth Burke

³²Ibid., 98-99.

provide a framework for investigating SISTA's conditions of emergence. By examining the tropes within SISTA I can begin to unveil the ways that racial meaning affects and is affected by contemporary U.S.-sponsored interventions into HIV/AIDS.

A trope is a patterned way of thinking that in turn generates future modes of understanding and experiencing the world. While the rhetorical canon offers many different theories of trope, I follow Chris Lundberg (who theorizes through Lacan) and Kenneth Burke in seeing tropes as generative sites of inquiry that attract, organize, and maintain particular social meanings and investments. According to Lundberg, Lacan and Burke differ in their theories of trope; however, I see the two theories as congruent in their understanding of tropes as primary modes of meaning creation and circulation. Burke is concerned with the "Four Master Tropes" not because of their "purely figurative usage" but because of "their role in the discovery and description of 'the truth.'"³³ He investigates tropes as the places where meaning congeals, where rhetoricians can unearth the oft-unexplored processes whereby humans make sense of the world. Similarly, Lundberg describes Lacan's tropes as "generative, rather than simply ornamental."³⁴ Tropes give identifiable shapes to nebulous human experiences and in doing so create a shortcut for interpreting future experiences. In this sense, all discourse is tropological. However, some tropes are more powerful and resilient than others.

³³Kenneth Burke, "The Four Master Tropes," in *A Grammar of Motives* (Berkeley, CA: U of California P, 1969), 503.

³⁴Christian Lundberg, "Enjoying God's Death: The Passion of the Christ and the Practices of an Evangelical Public," *Quarterly Journal of Speech* 95, no. 4 (2009): 389. Lundberg dismisses Burke's interest in the role of tropes within the description of 'the truth' as purely epistemological and highlights Lacan's theory as invested in the generative nature of this tropological meaning making. However, I see both Burke and Lacan as similarly concerned with the study of tropes as a way to not only examine the ways humans understand things but also how these understandings give the world its shape.

By examining specific tropes and their discursive functions, rhetorical theorists can trace the construction and circulation of social meaning. Tropes are packets of discursive meaning and affective investment, and their viability within any piece of discourse reveals much about the text's conditions of emergence. Two specific types of trope are especially useful for critical rhetorical theorists: metaphors and metonymies. According to Burke, metaphors are general ways of making sense of experiences, objects, ideas, and people, and metonymies are condensations of meaning related to particular moments of understanding. Similarly, Lundberg describes a Lacanian metaphor as an "affectively saturated connection that rearranges a field of metonymic connections around a central figure with substantial gravity" and a metonymy as a connection between signs and referents (or a sign and another sign).³⁵ So, combining both authors, metonymies are points of reductive connection wherein something comes to stand for something else, and metaphors are loaded "sites of investment" that give these connections shape.³⁶ If we combine a critical rhetorical, Foucaultian understanding of power with topological theory, we can say that metaphors orient discursive fragments within particular powered relationships while metonymies build connections between these fragments.

When using topological theory to examine discourse, this dissertation looks for large, orienting tropes that function as metaphorical spaces where meaning congeals. It also examines the smaller moments of metonymic connection, where discourse turns towards one particular meaning and away from another, moments of relationship. For example, in chapter four I examine the metaphorical trope of pathological blackness, exploring its contours and deployment by SISTA. I also explore some of the metonyms it organizes, including the trope of "black men

³⁵Ibid., 390.

³⁶Ibid.

as threatening.” This trope functions as a turn towards a racist understanding of danger as caused by innate black characteristics, and thus legitimizes racial oppression by suggesting containment of supposedly dangerous and violent men. This racist turn towards “black men as threatening” is simultaneously a turn away from white Americans (especially white women) as continuously threatened and, therefore, legitimated in their support of racist oppression. The racist metonym of the “threatening black man” can only be understood metonymically within its relationship to the “threatened white American.”

While metaphors and metonyms are discursive, they form in response to and subsequently generate non-discursive experiences and investments. Given this, critical rhetorical scholars can use the study of tropes to trace and critique the non-discursive elements of discursive formations. Human meaning creation is not solely motivated by encounters with discourse, however, all meaning is created within discursive formations. Therefore, critical rhetoricians interested in understanding the relationships between texts and discursive formations must account for non-discursive experiences and their impact on discourse. Contemporary rhetorical theorists describe these non-discursive experiences that give rise to human action as affective intensities.³⁷

Tropes are created in response to affective intensity, and their creation generates affect. In *Hearing the Hurt*, Watts describes affect as a physiological and discursive experience of intensity. It is a sense of excitement that we might feel as a "butterfly" in the stomach, a tightening of the chest, or a heightened heart rate. It is felt and naturally inexpressible, but humans often feel the need to put these energies into words, to create meaning from them. Attempts to articulate affective energies generate the "logic of language and speech," and—given

³⁷Ibid.; Eric King Watts, *Hearing the Hurt* (Tuscaloosa: U of Alabama P, 2012).

our incessant creation of language in response to affect—we "erect universes of discourse dedicated to the structures of intensity."³⁸ Joshua Gunn argues a similar point when describing the relationship between bodily excitement, repetition, and filmic genres in his article "Maranatha," where he explains that bodily excitement is a feeling of affective intensity that exists outside of discourse.

While affects exist outside of discourse, human beings are consistently compelled to "deliver [them] over to the signifier" (to make them tropological in Lundberg's estimation), a process that inevitably fails.³⁹ This perpetual failure prompts a new affective experience and a compulsion to repeat. For Gunn, this compulsive repetition results in the investment in filmic genres, but his arguments can also be extended to the creation and circulation of particular tropes. Upon feeling an affective intensity we might try to explain that sensation, and our attempts frequently follow previous discursive patterns, including tropes. A powerful trope is one that human beings are compelled to repeat in response to intense bodily (affective) experiences.

All tropes are only maintained and circulated to the extent that they repeatedly harness human experiences of intensity, and are thus useful tools for the rhetorical analysis of affective investment. Lundberg explains that "the durability and effectivity of a trope for a public are directly proportional to the investment that a specific tropological configuration solicits."⁴⁰ This means that critical rhetorical scholars should take special note of moments when tropes shift, appear, or disappear as these indicate altered affective investments. Watts explains further that "intense affects can tighten or dissolve alignments and social configurations, depending on the

³⁸, 14.

³⁹Joshua Gunn, "Maranatha," *Quarterly Journal of Speech* 98, no. 4 (2012): 379.

⁴⁰Christian Lundberg, "Enjoying God's Death: The Passion of the Christ and the Practices of an Evangelical Public," *ibid.* 95 (2009): 390.

discursive and material characteristics imbricated in the fluid ecology of the system."⁴¹ In this dissertation I will be examining the use, circulation, repetition, and dissolution of particular tropes in order to understand how SISTA's texts are related to contemporary configurations of race in the United States.

When examining affective investments into discourses of race, one must remember that affects, while non-discursive, are still produced within discursive formations and are therefore always caught up in regimes of power. As Watts explains, "Embedded in the production of objects and relations among subjects are modes of sense perception favorable to elite regimes that acquire the authority of propriety corresponding to the conditions of their emergence."⁴² There is no "pure intensity" that can destroy an already-existing regime of racial meaning making. As explained above, tropes harness, shape, and organize affects, a process that feeds back into the affective register. While our body might experience an unsignified intensity, the fact that it is feeling such an intensity is itself a product of a particular discursive formation as are the signified feelings we (repeatedly) produce in response to this experience. Fanon's description of the young boy's horrified, "Look, a Negro! *Maman*, a Negro!" reveals just how much the human sensorium is caught up in a discursive formation.⁴³ The boy sees Fanon and has a heightened sensation, experiences an affective intensity. Certainly he does not feel the same thing in response to every individual on the train—the experience is intense because of Fanon's "difference," a difference produced within a discursive formation.⁴⁴ Then, the boy delivers this

⁴¹Watts, 15.

⁴²Ibid., 19.

⁴³Frantz Fanon, *Black Skin, White Masks* (New York: Grove Press, 1951).

⁴⁴Some contemporary theorists deal specifically with the ways that affective experiences are shaped by racial meaning. W.J.T. Mitchell explains that race is a mediating device and thus impacts what is even deemed experienceable when encountering otherness. Similarly, Sarah Ahmed argues that contemporary understandings of

intensity over to language, which tightens the alignment between blackness and otherness. When I engage SISTA's materials I look for evidence of similar moments. I seek out manifestations of contemporary tropes of blackness to understand how prevailing anxieties about blackness and black health provoke the discourse of HIV/AIDS prevention.

To summarize, this dissertation investigates tropes as generative sites of meaning creation in its efforts to construct a critical rhetorical text that accounts for the powered, racialized relations that produce contemporary U.S.-sponsored interventions into HIV/AIDS. It is especially interested in the metaphorical shape of tropes of blackness and their metonymic circulation as they relate to health, gender, sexuality, and subjectivity in the United States. In what follows, I explore three of the common tropes of blackness that appear in SISTA's texts as well as its creators' stories about its use: pathological blackness, Afrocentric blackness, and the strong black woman. I use these tropes as fluid sites of inquiry, temporary crystallizations of discursive and non-discursive meaning that can be traced and critiqued.

Case Study

Given my theoretical orientation to discursive analysis, SISTA is a strong and important case study. SISTA, a behavioral intervention created by multiple parties at varying periods and implemented in many different spaces, is quite clearly a textual fragment made up of multiple textual fragments. Also, given the amount of information available regarding SISTA's construction, there is ample opportunity to examine the affective impulses of its creation, the tropes of blackness that move within it, and the circulation of both its texts and these tropes.

“strangers” necessitate that some (different) bodies are encountered as inherently more dangerous than others. W.J.T. Mitchell, *Seeing through Race* (Cambridge, MA: Harvard U P, 2012); Sara Ahmed, *Strange Encounters: Embodied Others in Post-Coloniality* (New York: Routledge, 2000).

Furthermore, SISTA appeared at a time of significant change in the United States, both in terms of what public health interventions should look like and what responsibilities the government has for extending help to black Americans. In this section I lay out SISTA's official story, and in doing so I hope to share with the reader the implications of examining SISTA using the above theoretical orientation. SISTA is not just one intervention into black women's health. It is a rich text that is affected by contemporary understandings of difference that also creates these differences. In learning more about SISTA we learn more about the contemporary relationships among race, health, gender, sexuality, and subjectivity in the United States.

This entire dissertation is in many ways a "construction" of SISTA as a text—in the sense described by McKerrow, McGee, and their interlocutors. As a result, the description of SISTA that I provide in this introductory chapter is inherently incomplete. However, in this section I establish a basic understanding of SISTA, its genesis, and its travels in the service of later investigations of its more intricate, nuanced, and often hidden components.

SISTA is a small-group health intervention targeting HIV-negative, heterosexual, non-intravenous drug-using, African-American women.⁴⁵ It is based on the research findings of two public health researchers, Ralph DiClemente and Gina Wingood, who constructed the original intervention's materials in the Bayview-Hunter's Point neighborhood of San Francisco. DiClemente and Wingood measured the effectiveness of a social skills intervention based upon "collaboration with several young adult African-American women from the Bayview-Hunter's Point community" against both a single-session HIV education intervention and a control

⁴⁵Throughout most of this dissertation I use the term "black" instead of African-American. When discussing SISTA's official target audience, however, I use the authors' original language.

condition of no intervention.⁴⁶ They found that women who participated in the social skills training demonstrated "increased consistent condom use...greater sexual self-control...greater sexual communication...greater sexual assertiveness...and increased partners' adoption of norms supporting consistent condom use."⁴⁷ This original study had 128 participants, 53 of whom were in the social skills intervention.

Although originally based on a relatively small sample of African-American women, this study became a nationally distributed attempt to halt the spread of HIV/AIDS in black communities. DiClemente and Wingood's published findings were eventually recognized by the Centers for Disease Control and Prevention (CDC) as an Evidence-Based Intervention (EBI) effective in preventing HIV/AIDS among African-American women. SISTA was one of 24 interventions published by the CDC in a 1999 compendium of EBIs, which the CDC distributed as a list of suggested interventions for use by Community-Based Organizations (CBOs) within the United States. The CDC claims the interventions listed in its compendium "represent the strongest HIV behavioral interventions in the scientific literature to date that have been rigorously evaluated and have demonstrated evidence of efficacy."⁴⁸

At a later stage of the above project known as DEBI (Diffusion of Effective Behavioral Interventions), the CDC sponsored the dissemination of SISTA to CBOs by suggesting its use, funding agencies that used it, and providing trainings for potential facilitators. These trainings

⁴⁶Ralph J. DiClemente and Gina M. Wingood, "A Randomized Controlled Trial of an HIV Sexual Risk—Reduction Intervention for Young African-American Women," *JAMA: The Journal of the American Medical Association* 274, no. 16 (1995): 1272.

⁴⁷*Ibid.*, 1274.

⁴⁸Centers for Disease Control and HIV/AIDS Prevention Research Synthesis Project Prevention, "Compendium of HIV Prevention Interventions with Evidence of Effectiveness," (Centers for Disease Control and Prevention, 1999), vii.

went on from 2003 to 2013, at which time the CDC shifted its mission to comply with the National HIV/AIDS Plan from 2010. Citing a need to provide more "High Impact HIV Prevention" efforts that are both cost-effective and scalable, the Division of HIV/AIDS Prevention (DHAP) at the CDC ceased offering trainings or assistance for many of its previously "effective" behavioral interventions including SISTA and one of its adaptations, SiHLE.⁴⁹ According to a webinar designed by SISTA developers Miriam Phields and Stacey Little, between 2003 and 2008 1,384 individuals from 637 agencies were trained to disseminate SISTA in their communities.⁵⁰ Given these numbers, it is clear that SISTA has been relatively widely distributed throughout the United States and has most likely had an impact in a variety of communities across the country.

The dissemination of SISTA is encouraged by the CDC, and the CDC actively monitored this dissemination until 2014. Any time SISTA is distributed the CDC suggests that its facilitators do some small amount of adaptation for the community of its primary dissemination. This means that, ideally, SISTA would be marginally different when implemented by a health department in Atlanta, Georgia and when implemented in a prison in Utah. The training manual itself, which I will describe below, includes some suggestions for how to translate for different populations and what kinds of resources could be made available in a potential translation, but it is ultimately up to the implementing CBO to make sure that SISTA is adapted appropriately. When adapted, there are seven core elements of SISTA that cannot be altered without fundamentally changing the program. These elements are:

⁴⁹Effective Interventions, "High Impact Prevention-SISTA," Centers for Disease Control and Prevention, <https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/SISTA.aspx>.

⁵⁰Miriam E. Phields and Stacey Little, "Overview of Updates to SISTA Materials," (Centers for Disease Control and Prevention), 2.

1. Convene small-group sessions to discuss the session objectives; model skills development; role-play women's skills acquisition; and address the challenges and joys of being an African American woman;
2. Use skilled African American female facilitators to implement SISTA group sessions
3. Use culturally and gender appropriate materials to acknowledge pride, and enhance self-worth with regard to being an African American woman (e.g., use poetry by African American women);
4. Teach women to communicate both verbally and non-verbally to show they care for their partner and need to protect themselves (e.g. negotiation skills, assertive communication skills);
5. Instruct women on how to use condoms effectively and consistently (e.g. negotiation skills, assertive communication skills);
6. Discuss culture and gender-related barriers and facilitators to using condoms (e.g., provide information on African American women's risk of HIV infection);
7. Emphasize the importance of a partner's involvement in safer sex (e.g., enhance partner norms supportive of condom use).⁵¹

These seven elements help constitute the sessions of SISTA, and many of SISTA's activities and discussions are based around fulfilling these core elements.

Translating SISTA for a new population of African-American women is a relatively minor process when compared to "reinvention," the process of changing SISTA so that it may be used with non-African-American women. If a CBO determines that it would like to implement SISTA in a community of non-African-American women its facilitators are advised to "ask whether the women they will reach live in communities where men are given more power than women regarding condom use during intercourse. If so, then adapting SISTA is appropriate."⁵² Reinvention may involve adding or deleting core elements in order to make the intervention culturally relevant and requires that the CBO revisit SISTA's theoretical foundations and conduct new focus groups and interviews in order to determine cultural relevance.

⁵¹Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 8.

⁵²*A Body Worth Defending: Immunity, Biopolitics, and the Apotheosis of the Modern Body* (Durham: Duke U P), 119.

Given the CDC's system of monitoring SISTA's dissemination, it is difficult to tell when a specific version of SISTA is a standard adaptation or a reinvention. Some versions of SISTA are clearly reinventions and have been disseminated by the CDC independently of SISTA or as part of a "suite of prevention interventions."⁵³ Some exemplar reinventions of SISTA, those whose distribution is encouraged by the CDC, are T-SISTA for transwomen of color, SISTA for Latinas, WiLLOW for women living with HIV, and SiHLE for adolescent African-American females.⁵⁴ On the other hand, SISTA's translation for Amharic women less clearly falls into a specific category of reinvention or translation. The English version of the manual used in the Amharic region of Ethiopia describes itself as a modification and adaptation of the original SISTA model and maintains the original's theoretical premises, behavior-change model, and seven core elements (swapping "Amharic" for "African-American" when necessary). This would technically make the version of SISTA implemented there an adaptation. However, in my interview with Amna Osman, a key participant in SISTA's move from Michigan to Ethiopia, I learned that there is an Amharic version of the manual that contains significant alterations—and that this manual has never been translated into English.

SISTA's development from a research article to part of the DEBI program was complicated, and it is worth outlining in detail here. SISTA's official dissemination by the CDC began in October of 2002 with a pilot project wherein 16 CBOs received a version of SISTA developed from the original Wingood and DiClemente article. From this project "it was determined that a formal training was needed for the majority of CBOs prior to their readiness to

⁵³Gina M. Wingood and Ralph J. DiClemente, "Enhancing Adoption of Evidence-Based HIV Interventions: Promotion of a Suite of HIV Prevention Interventions for African American Women," *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education* 18, no. 4 Suppl A (2006)..

⁵⁴Future work could take up these reinventions, especially SiHLE, which some of SISTA's distributors have described to me as very effective, perhaps even more so than SISTA.

implement. The CBOs desired a comprehensive training related to the preimplementation, implementation, and evaluation of the SISTA intervention."⁵⁵ As a result, the CDC conducted a pilot training session in Atlanta. Follow-up surveys indicated that CBOs were implementing SISTA in a variety of settings including on-location in community-based organizations, correctional facilities, schools, drug treatment facilities, and shelters. Ultimately, researchers at the CDC determined that CBOs needed a significant amount of assistance with the program's preimplementation and with continued monitoring and evaluation. More importantly for this project, it was also determined that agencies implementing SISTA "desired more culturally specific resources and session materials."⁵⁶ The U.S. version of the SISTA manual that this project takes as one of its primary resources was originally constructed in response to these needs.

SISTA's developers incorporated Afrocentric elements into a re-tooled version of SISTA (although some were included originally). These Afrocentric changes included changing the cover of the intervention manual and other images throughout the intervention materials "to reflect the diversity of women in the African Diaspora" and CDs mirroring "the poets in the original SISTA intervention," such as Maya Angelou and Nikki Giovanni, were included in SISTA's distribution.⁵⁷ "Because drumming played an integral part of African culture—serving as a method of communication—a CD of a female drumming troupe was included. Lastly, an

⁵⁵Cynthia Prather et al., "Diffusing an HIV Prevention Intervention for African American Women: Integrating Afrocentric Components into the SISTA Diffusion Strategy," *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education* 18, no. 4 Suppl A (2006): 153.

⁵⁶*Ibid.*, 155.

⁵⁷*Ibid.*

HIV Prevention CD was included that was in the form of rap music."⁵⁸ The trainings that were now provided for SISTA's facilitators also included Afrocentric activities including the *Umoja* circle, the Baobab tree, music and drumming, readings about Black women, "Afrocentric visuals of Black women," and *kente* cloth (156).⁵⁹ As described above, these trainings have grown since this initial pilot project in 2002. See chapter three for more on these Afrocentric components and their inclusion as a result of a felt need by implementing agencies to have more guidance on culturally specific materials for African-American women.

One result of this adaptation process, the SISTA implementation manual, includes helpful information for SISTA's facilitators as well as detailed accounts of how each intervention session should progress. The manual's purely informative sections detail how to prepare for SISTA's implementation, evaluation tools, and other like resources. In the beginning of the manual, SISTA's potential facilitators can learn about its core elements, primary goals, theoretical foundations, and model for behavior change. "Social Cognitive Theory" and the "Theory of Gender and Power" are explained in this section.

"Social Cognitive Theory," according to the SISTA intervention manual, "views behavior change as a social process influenced by interaction with other people."⁶⁰ According to this theory, a person's ability to change his/her behavior is based upon seeing others like him/her engage in the change, modeling the change in a practice setting, and ultimately believing that "she is capable of performing the new behavior."⁶¹ As a result, SISTA incorporates peer

⁵⁸Ibid.

⁵⁹Ibid., 156.

⁶⁰Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 4.

⁶¹Ibid.

facilitators to share information, uses group activities to model skills building, and takes place within a small group of peers who provide support to one another. The “Theory of Gender and Power” is a "social structural theory that accounts for gender-based power differences in male/female relationships."⁶² The manual references the theory to explain why some difficulties around safer sex practices arise for women. As a result of gender-based differences in societies where "men have more power than women" problems arise such as: "the division of labor between men and women...the distribution of power and authority within male/female relationships...[and] gender-based definitions of sexually appropriate conduct."⁶³ SISTA incorporates this theory into its activities by discussing ethnic and gender pride and identifying "African American female role models."⁶⁴ According to the manual, SISTA's sessions are designed to build skills around HIV risk reduction within "the context of gender based power inequalities."⁶⁵⁻⁶⁶

The majority of the SISTA intervention manual is a detailed description of what each of the five weekly, two-hour intervention sessions should be about and how they should progress. Each session's description includes an outline of what will be covered, word-for-word suggestions of what to say, handouts to be distributed to participants, and any supplementary material that may be useful when facilitating. The five sessions and their purposes are as follows:

⁶²Ibid., 5.

⁶³Ibid.

⁶⁴Ibid., 6.

⁶⁵Ibid.

⁶⁶I include such a lengthy description of SISTA's theoretical groundings for multiple reasons, including the interesting role that culture plays when these theories are put together and deployed for changing individual women's behaviors as well as the emphasis I heard from many of SISTA's developers in preliminary interviews on the important role of culture with SISTA and how its theories of gender and culture were likely a large part of its reported success among both African-American women and Amharic women.

1. Ethnic and Gender Pride
 - a. To introduce the intervention and set cultural climate
 - b. To discuss ethnic and gender pride and what it means to be an African American women
 - c. To identify and discuss strong and positive role models
 - d. To discuss the importance of having personal values, prioritizing them, and knowing how they affect decision making
2. HIV/AIDS Education
 - a. To provide accurate and up-to-date information on HIV/AIDS and other sexually transmitted diseases
 - b. To correct myths and misconceptions about HIV/AIDS and prevention
 - c. To discuss the importance of sexual self-protection
3. Assertiveness Skills Training
 - a. To teach the participants to recognize and understand assertive, aggressive, and non-assertive behaviors
 - b. To teach how assertive communication skills can be used to negotiate safer sexual behavior
4. Behavioral Self-Management Training
 - a. To facilitate a discussion about the reasons women do not insist their partners use condoms
 - b. To increase women's confidence in their skill and ability to use condoms
 - c. To reduce anxiety about condom use
5. Coping Skills
 - a. To discuss coping strategies
 - b. To discuss how alcohol and substance use affects sexual risk behaviors for STDs and HIV
 - c. To discuss negative responses to safer sexual behavior
 - d. To review sessions 1-4⁶⁷

Each of the above sessions follows a standard format. The sessions open and close with a poem or short reading selection written by an African-American woman. There are rules to follow while participating in SISTA, and in the U.S. version of the manual these rules are constructed by the participants during the first session. The sessions tend to build upon one another and reference/reinforce the teachings from previous sessions. While participants, according to the manual, are often asked to respond to questions or to provide personal experiences, the general tenor of the intervention is that the facilitators have access to

⁶⁷Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 10-11.

information that the participants do not, information about HIV/AIDS rates, community resources, and even appropriate ways to assert one's self regarding condom use. The manual is not intended to create a space of shared knowledge but to create an environment where participants can best receive the information being provided by the facilitators.⁶⁸

The SISTA HIV prevention intervention program is a fascinating case study and provides ample opportunity to stimulate a wider examination of the contemporary relationship between racial configurations and state-sponsored interventions into HIV/AIDS. Each of its manuals operates as a textual fragment, as do the other texts developed in relation to this intervention. They are the products of multiple moments of collaboration, state oversight, and contingent choice-making. The manuals speak to the contemporary logics of race, health, and subjectivity in the United States because they are created from these logics and constantly reside within them. It is this porousness, this fluidity that provokes my interest in and study of SISTA.

Chapter Descriptions

The remainder of this dissertation investigates the particular tropes of blackness deployed by SISTA. Given my theoretical orientation, I use these tropes as points of inquiry into the discursive meanings ascribed to blackness within state-sponsored HIV/AIDS materials. SISTA's creators and disseminators were responding to far more than the spread of HIV/AIDS when they built this program, and by exploring these tropes we can better understand how contemporary racial configurations impact U.S. public health interventions into HIV/AIDS.

⁶⁸Of course, this does not mean that the sessions always went as planned. As Vinh-Kim Nguyen described in his *The Republic of Therapy*, there is often a vast difference between what public health officials and designers intend and how public health interventions end up working. Vinh-kim Nguyen, *Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS* (Durham: Duke U P, 2010).

Chapter Two: Historical Trends in Public Health and Blackness

To understand how SISTA deploys contemporary logics of health and tropes of blackness, we must first trace its historical precedents. Placing SISTA historically allows us to determine the structural and cultural forces that constrained SISTA's creation. In chapter two, I describe these historical conditions, outlining over 100 years of American public health programming. As I move through this history I focus on two powerful trends: a morally inflected emphasis on personal responsibility and the related exclusions of black Americans from state-sponsored public health programs.

This history begins with 19th philanthropic campaigns that preached the “gospel of hygiene” and ends with governmentally sponsored lifestyle change programs in the 1970s and 1980s. A comprehensive history of such a long span of time is not necessary for this dissertation, so I paint broad strokes and highlight some key moments when public health interventions in the United States changed shape. These changes often happened in response to new scientific discoveries or changing cultural values, including a mid-19th century belief that some Americans were capable of changing their immoral behaviors, Emancipation, the late 19th century discovery of microscopic bacteria, the Progressive Era's emphasis on rational governance, the United States' involvement in both world wars, the mid-20th century discovery of penicillin, the growth of epidemiological research about chronic diseases, the Civil Rights movement, 1970s economic turmoil and critiques of the welfare state, and the emergence of HIV/AIDS in the 1980s. In each of these instances the United States government renegotiated its relationship to discourses of personal responsibility and determined if or how it would include black Americans in its public health projects.

This historical trajectory suggests that disease prevention techniques based on morally inflected personal behavior change have been both plentiful and used to legitimize the horrific exclusion of black Americans from public health provisions. Since the late 1800s, the bigoted exclusion of black Americans from structures of governmental support has been legitimated by supposedly scientific and fundamentally racist arguments that they are variously: recklessly driven towards their own extinction, threateningly contagious and in need of containment, so uneducated that they are better research subjects than patients, worthy of structural assistance, conniving and deceitful drains on the state, and culturally distinct from white Americans yet capable of healthy decisions. When SISTA's creators set out to craft an HIV prevention program that targeted black American women, they were constrained by these moralizing public health rhetorics of personal responsibility and the oppressive decades of black exclusion these rhetorics authorized. The tropes of blackness SISTA deploys are, in part, responses to the structures of intervention produced by these trends.

Chapter Three: Pathological and Afrocentric Blackness

In chapter three, I argue that late 20th century public health trends toward lifestyle change interventions and culturally relevant materials required SISTA's creators to determine which arguments and materials would help black women make healthy life choices. In response, they used some already-circulating and potent tropes of blackness in order to design materials they thought would be meaningful for black women in the early 1990s. Specifically, SISTA deploys the tropes of pathological and Afrocentric blackness in its efforts to create a culturally relevant behavioral intervention for black American women, and thus inadvertently articulates its project to the anti-black oppression that originated the trope of pathological blackness and the heteronormative, misogynist arguments present in Molefi Asante's Afrocentricity.

I argue that SISTA's deployment of the trope of pathological blackness connects it to the histories outlined in chapter two. Early public health interventions excluded black Americans partially based on the racist assumption that they were reckless and immoral, and the late 20th century version of the trope of pathological blackness articulated similar assumptions. While the trope, most clearly articulated in the infamous Moynihan report, suggests that centuries of racism oppressed black Americans, it blames black familial dysfunction for black poverty. Within the trope, black women are often represented as nefarious welfare queens and are understood to be potent reproducers of pathological black culture.

SISTA deploys this trope when it represents black communities as in crisis and black men as threatening. While it does not represent its black female participants as conniving reproducers who are more invested in laziness than taking care of their own children, it does maintain that black women are powerful sites of cultural reproduction. For SISTA, this power is a positive attribute, a signal of black female strength. SISTA deploys the trope of Afrocentric blackness to articulate this power and respond to pathological representations of black femininity.

In order to understand SISTA's use of the trope of Afrocentric blackness, chapter three outlines the historical development of Afrocentrism in the United States. It begins by describing its early foundation in key texts about blackness by WEB DuBois and Aimé Césaire, the Afrocentric political projects of the 1960s championed by Maulana Karenga and Cheikh Anta Diop, and Afrocentric discursive projects in the 1980s forwarded by Martin Bernal and Molefi Asante. As many critics of Afrocentrism have pointed out, Asante's version of Afrocentricity (which SISTA's creators use) problematically represents Africa as a homogeneous, pre-colonial

space free of white corruption. While this representation is useful for combating white stereotypes of black pathology, it misrepresents modern African peoples and places.

Like Afrocentric theory more generally, SISTA takes up Afrocentric imagery as a tool for helping its black female participants understand themselves outside cultural rhetorics of black pathology. The intervention's materials include poems about African history, Swahili words, and images of *kente* cloth all in an effort to help its participants feel proud of their black heritage. SISTA's disseminators argue that this imagery helps American women feel empowered, but Afrocentricity's limitations are clearly visible when examining the version of the intervention offered Amharic women. In that version, some Afrocentric elements remain while others have been replaced by less homogenizing materials.

Black feminists and cultural studies scholars have critiqued Asante's Afrocentricity for its heteronormativity. They argue that in an effort to offset white critiques of black cultural dysfunction, Asante and other black nationalists encourage a problematically patriarchal version of black familial life. Within the trope of Afrocentricity black women are once again viewed as potent sites of cultural production. By deploying the trope of Afrocentric blackness SISTA's creators offset the trope of pathological blackness while leaving its emphasis on black female responsibility intact.

Chapter Four: The Strong Black SISTA

After arguing in chapter three that SISTA positions black women as powerful cultural producers, chapter four explores the intervention's deployment of the trope of the strong black woman. Much like Afrocentricity counters discourses of black pathology, this trope functions as a corrective to discourses of blackness that suggest black women are deviant and emasculating troublemakers. The trope of the strong black woman, which I primarily theorize through Melissa

Harris-Perry's text *Sister Citizen*, represents black women as innately powerful and resilient Americans who put others' needs before their own. SISTA adjusts the trope by suggesting women may need some assistance tapping into their inner strength and, after harnessing this power, should use it to take care of themselves before taking care of others. I call this adjusted version of the trope the "strong black SISTA."

These tropological adjustments are telling—they reveal both the impact of the historical trends I outlined in chapter two and contemporary logics of neo-liberal subjectivity. I understand neo-liberalism primarily through its effects on ideal citizen subjectivity, even as I recognize these effects appear alongside forces of market rationalization that I do not attend to as part of this dissertation. Using the works of John Clarke, Aihwa Ong, and Nikolas Rose, I describe the modes of enterprising self-responsibility that accompany neo-liberal logics' de-emphasis on state support. Deborah Lupton's arguments about the "new public health" at the end of the 20th century are central to my understanding of how this neo-liberal subjectivity manifests in contemporary public health programming.

After exploring neo-liberalism more generally, I describe its relationship to the trope of the strong black SISTA. I argue that neo-liberalism's emphasis on entrepreneurial self-sufficiency conditions SISTA's representations of "the strong black SISTA" as in need of empowerment and productive self-care. The articulation of stereotypically resilient black femininity with neo-liberal logics of enterprising subjectivity then rationalizes the continued exclusion of black Americans from U.S. public health programming. The strong black SISTA, who I now understand to be the neo-liberal strong black woman, is understood within SISTA to be empowerable, but black Americans who lack her fortitude are deemed to be residual and undeserving of state investment. Supposedly threatening black men and devious welfare queens

are understood as insufficiently neo-liberal, incapable of behavioral change, and are subsequently ejected from structures of state support.

Chapter Five: Conclusions

In chapter five I extend my argument, claiming that SISTA is complicit in structures of anti-black oppression even as it attempts to ameliorate some of this oppression's effects. I explain this position using the work of Adam Geary, arguing that SISTA's epidemiological description of neo-liberal self-management camouflages the anti-black racism that threatens black lives. I also reflect on the findings of the previous three chapters, describe some limitations I encountered during the process of completing this project, and discuss future work suggested by my findings. I explain how this dissertation's theoretical model provides unique insight into the co-constitution of racial configurations and public health interventions in the United States and what this means for future rhetorical projects interested in analyzing the rhetoric of public health. Future projects might use this model to investigate other HIV/AIDS prevention programs, especially those created since the United States shifted towards a treatment as prevention model of intervention in 2010. I hope that my project and the future work it provokes might contribute in some way to the work of public health practitioners like those who created SISTA.

CHAPTER TWO: HISTORICAL TRENDS IN PUBLIC HEALTH AND BLACKNESS

As the first culturally relevant HIV behavioral prevention intervention designed for black women, SISTA is marked by the logics of health prevention that came before it as well as its contemporary cultural landscape. Only by understanding the former—the historical conditions of existence from which SISTA emerged—can we engage the latter. Specifically, any attempt to read SISTA’s materials as indicators of the co-constitution of public health interventions and race configuration must first parse out how historical conditions primed its use of contemporary discourses of blackness. To see what is “new” about SISTA we must first understand what is “old.”

SISTA’s materials reveal contemporary public health programming’s maintenance of some “old” historical trends, including the moralistic impulse to intervene into individuals’ personal behaviors and the legitimized exclusion of some black Americans from governmental structures of healthcare. In this chapter, I explore these trends so that I can fully examine the “new” ways that SISTA incorporates tropes of blackness in chapters three and four. Here, I move chronologically over a period of over 100 years from the mid-1800s to the early 1980s, highlighting moments of discursive and structural shift related to moral intervention into personal behavior change and the rationalized exclusion of black Americans from U.S.-sponsored public health programs.

Nineteenth Century Public Health Interventions into Morality

The SISTA program is an attempt to help black women make healthy sexual decisions, and, as I explore in chapter four, its deployment of the trope of the strong black woman reveals a

moral calculus that measures who is or is not deserving of this help. As a moralizing discourse that encourages individuals to change bad behaviors, SISTA is a clear descendant of some of the very first public health campaigns in the United States, which sought to lift poor Americans out of their unhealthy habits using the “gospel of hygiene.” America’s contemporary form of public health can be traced to the mid-1800s, when philanthropic organizations created interventions designed to improve Americans’ health.

These early interventions attempted to improve individuals’ health by making them morally righteous. Before these reforms, many Americans viewed ill health as an immutable trait of the irresponsible and ungodly. In early 19th century America, the poorest Americans were often hit hardest by contagious diseases and wealthy Americans associated this ill health with personal failings; they believed “the poor were idle, reckless, unhealthy, immoral and therefore undeserving of altruism, charity or sympathy.”⁶⁹ For example, a presidential intervention into the cholera outbreak of 1849 represented the long-held belief that moral depravity caused illness and that disease was the result of sin: then President Zachary Taylor ordered a national day of fasting as an attempt to atone for the “vice, viciousness and unrefined appetites which had brought the miserable retribution of cholera upon the land.”⁷⁰

As the 19th century progressed, a growing portion of Americans believed these moral flaws could be fixed through personal cleanliness and good hygiene. These health reformers believed that poor Americans needed to be taught proper hygiene and saved by “the gospel of godliness, cleanliness and temperance.”⁷¹ By mid-century, immorality and lack of self-

⁶⁹Dorothy Porter, *Health, Civilization, and the State* (New York: Routledge, 1999), 148.

⁷⁰*Ibid.*, 93.

⁷¹*Ibid.*, 94.

responsibility were beginning to be seen as changeable personal flaws, and the immoral and irresponsible masses needed the help of charitable moral authorities in order to truly change.

The first organized interventions into public health in the United States were these moralistic religious campaigns based on a belief in the righteousness of those who attempted to save the depraved from their immorality and unsanitary conditions. Activated by particular disease outbreaks and life-ending endemic diseases, public health reformers focused on ceasing the spread of disease by encouraging the reckless poor to live more morally and in more sanitary conditions. The logic went both ways, and public health professionals also assumed unsanitary conditions led to immoral behavior. An 1842 pamphlet by the public health inspector of New York City, John Henry Griscom, described

how the consequences of sanitary degeneration bred moral depravity. For example, the shocking tenement housing where the poor lived several families to a room...prevented the possibility of a virtuous existence. Such conditions could only lead directly to fornication, incest, alcoholism and crime.⁷²

Philanthropic organizations believed that by educating poor Americans about their dishonorable habits they could cure social ills while stanching the spread of disease in America. These campaigns indicated a clear shift from earlier assumptions that poor Americans were destined for immorality; while they were still viewed as reckless, they were now thought to be morally misinformed and capable of change.

While SISTA is shaped by this foundational public health emphasis on moral interventionism, it is also unique from these programs in its targeting of black Americans. Public health programs in the 19th century were created for white audiences—free black folk and slaves were considered incapable of making healthy choices. The SISTA intervention is also influenced

⁷²Ibid., 151.

by this history of black exclusion. As I discuss in chapter four, SISTA's emphasis on black female strength limits the types of individuals deemed worthy of state-sponsored moral intervention.

Late Nineteenth Century Black Exclusion

SISTA qualifies the inclusion of black Americans into structures of state-sponsored public health, but 19th century public health programs fully excluded black Americans from their purview. Many justifications were used to authorize this exclusion, including assumptions of genetic inferiority, physical hardiness, moral depravity, and inherent racial decline. These assumptions were bolstered by the supposedly scientific theory of polygeneticism, which was prominent at the time. Polygeneticism held that black and white Americans were genetically distinct and legitimated white ignorance of black health in many ways, including through the belief that black slaves were physically strong but morally and intellectually 'riddled with imperfections from head to toe.'⁷³ Assumptions of physical strength justified plantation slavery's grueling conditions as well as minimal attention to black folks' health.

Any concerns for slave health derived from a sense of financial necessity. Slaves saw doctors and received medical treatment, but only insofar as said treatment was a worthwhile economic investment. For example, the soundness of a slave's body was important to slaveholders, but not so much so that slaves received smallpox vaccinations. Slaveholders did not want the vaccination's requisite marks to appear on their slaves' bodies because they might discourage potential buyers.⁷⁴ Enslaved black men and women only received medical attention

⁷³Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon, 2007), 49.

⁷⁴Ibid.

when it was deemed economically beneficial for their owners. Only within this regime of economic fungibility could the paradoxical investment into some slaves' health exist alongside the mass murder and violence perpetrated against other black Americans.⁷⁵

Alongside this belief in inherent physical hardiness came an assumption of moral weakness; the two were assumed to be genetically aligned. White belief in black sexual depravity was especially popular at the time and was used to justify slavery and sexual assault on black women:

whites ascribed black women's sexual availability not to their powerlessness but to a key tenet of scientific racism: Blacks were unable to control their powerful sexual drives, which were frequently compared to those of rutting animals. This lack of control made black men dangerous and made black women sexually aggressive Jezebels who habitually enticed white men into inappropriate sexual relations.⁷⁶

This understanding of black propensities towards immorality justified a paternalistic attitude towards slaves, and slaveholders often positioned themselves as the benevolent protectors of slave health. On their own, the reasoning went, black men and women would drive themselves towards destruction.

Paternalistic justifications for slavery that claimed slaves were better cared for and healthier than free black men and women were buttressed by a federally sponsored U.S. census in 1840, which implied that free black individuals in the North suffered disease and mental

⁷⁵This fact is painfully obvious when one examines the experimentation done on black bodies to maintain their fitness for slavery. J. Marion Sims, considered the “father” of American gynecology and the “architect of the vagina,” was a slave owner who institutionalized the use of the speculum in obstetric and gynecologic exams through four years of non-anaesthetized vaginal surgery on seven slave women between 1845 and 1849. These experiments eventually led to a surgical procedure that repaired vesicovaginal fistulas—a common complication of childbirth that left women (both black and white) with considerable pain and embarrassing leakage from their vaginas in the 19th century. While Sims experimented on his own slaves, he also was sent slaves by other Southern owners hoping to regain the childbearing capabilities of their female slaves. Terri Kapsalis, *Public Privates: Performing Gynecology from Both Ends of the Speculum* (Durham: Duke University Press, 1997), 31.

⁷⁶Washington, 50.

illness at far greater rates than men and women enslaved in the South. The census created images of black men and women

who sank into debilitating insanity when faced with having to provide for themselves or indeed to undergo any of the pressures of daily life that whites managed as a matter of course. They claimed that blacks lacked the mature judgment of whites and were unable to resist the allure of liquor, indiscriminate sex, constant dancing, and frequent fighting.⁷⁷

The census was flawed, full of both unintentional and intentional errors. While one statistician called out the census for these errors, its deleterious effects were beyond correction. Slavery was once again justified as in the best interest of slaves, since it protected their health, and in the best interest of public (read white) health, since it ensured the safety of whites who would not have to occupy the same space as black men and women. The trope of pathological blackness, which I discuss in chapter three, bears the mark of these early assumptions of black irresponsibility.

The Civil War brought many changes, including a move towards environmental health and some limited healthcare provisions for black Americans. Soldiers' camps were breeding grounds of disease, and moral arguments for personal rectitude were not launched at the brave men who came down with gangrene in their camp. Instead of moralistic interventions, the Union army (and some cities) developed boards of health to ensure sanitary conditions. The Union army also briefly supported the Freedmen's Bureau health system, which included dozens of field hospitals, smaller clinics, and asylums dedicated to maintaining the health of freed black men and women in Freedmen's Camps. While these camps offered some public-health support for the 1.1 million people who spent time there, they were woefully inadequate. According to Washington, the camps' medical conditions were primitive: they employed only about 100 physicians, and approximately ¼ of their inhabitants died.

⁷⁷Ibid., 51.

After the Civil War ended, even less attention was paid to the health of black Americans; they continued to be excluded from most public health programming due to the theory of “black extinction.” Many Americans believed that black men and women’s high rates of death and disease in the post-Civil War United States resulted from inherent defects and not starvation or neglect. While polygeneticism had been mostly repudiated by the late 1800s, its logic that black men and women were inherently different from white men and women remained. As a result, many white commentators argued that black men and women would be racially incapable of surviving in the same environments or with the same habits as white folk. Many prominent individuals supported this belief, including Frederick Hoffman, the superintendent of the 1860 U.S. census, who predicted the demise of African-Americans in the United States.⁷⁸ According to historian Susan Smith, Hoffman wrote in 1896 that black people “were an inferior species headed for extinction because they were no longer ‘sheltered’ slaves.”⁷⁹ Hoffman believed this extinction would directly result from black individuals’ sexual immorality. Given this belief in black extinction, some white Americans “saw preventive and corrective measures such as better housing, health care, and nutrition as futile.”⁸⁰ These racist beliefs prompted the question: why invest in black health if inherent defects destined the entire race to extinction?

While early attempts to halt the spread of disease in urban America blamed poor Americans for their diseased state and implicit immorality, these same men and women were painted as capable of righting their wrongs if given the proper moral guidance. Black men and women, however, were presumed to be inherently incapable of changing their destructive

⁷⁸Porter, 158.

⁷⁹Susan Lynn Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890 - 1950* (Philadelphia: U of Pennsylvania P, 1995), 8.

⁸⁰Washington, 158.

behaviors. The SISTA intervention, with its qualified inclusion of sufficiently self-managing black Americans, was shaped by both of these trends. Within the intervention strong black women are viewed as capable of change and thus worth building a health intervention for; if they cannot find this moral fortitude their behaviors are labeled as “risky” and their exclusion from structures of public health is rationalized (see chapter four).

Germ Theory, the Social Hygiene Movement, and Public Health’s Focus on the Individual

At the turn of the 20th century, public health interventions targeting white Americans regained their moral calculus. The new germ theory of disease contributed to this shift, as previous conceptions of disease that focused on unhealthy environments and population-specific predispositions to illness were overturned once scientists isolated the bacteria that cause disease. Public health interventions in the mid-1800s preached the gospel of hygiene to help the immoral masses achieve personal cleanliness, a proxy for personal health. Civil War-era public hygiene boards also channeled their efforts into environmental cleanliness and sanitary conditions. Germ theory, however, exposed the microscopic organisms that spread from person to person. As a result, public health interventions focused on individuals instead of environments; not only were people responsible for their own health they were also responsible for the health of others. As historian of social medicine Dorothy Porter explains, Robert Koch’s discovery of the bacterium that causes tuberculosis meant that

the individual could no longer be seen as an isolated health unit; he was rather the bearer of the social relations of health and illness...It was no longer enough for individuals to heed their own health, as had been urged by the Enlightenment ideology of individual hygiene; they must be made conscious of the social impact of individual behaviour upon the health of the community.⁸¹

⁸¹Porter, 143.

Philanthropic organizations were no longer helping individuals become more hygienic out of the goodness of their own hearts—everyone’s health depended on it. If just one man or woman continued to act injudiciously, disease would be able to find a foothold and spread throughout the country.

Progressive Era calls for scientific rationality combined with germ theory’s new emphasis on the individual to create the social hygiene movement. The social hygiene movement, popular in the early 20th century, called for rational intervention into personal behaviors, especially sexual behaviors. Social hygiene reformers extended the morality of earlier sanitary movements, highlighting the important role of personal purity for health, but unlike these earlier movements they sought rationally organized interventions into personal morality in their efforts to halt the spread of infectious diseases. Venereal Disease (VD) was of special interest to these reformers, and many social hygiene projects focused on sexuality and prostitution. While social hygiene reformers operated within the American Social Hygiene Association (ASHA), formed in 1913, they were also key parts of a burgeoning state-sponsored public health program. Having been formally formed in 1912, the United States Public Health Service (USPHS) was primarily operating as an arm of the ASHA by the 1920s.⁸² Philanthropic morality campaigns in the 1800s shaped the contemporary state of U.S. public health interventions (including the SISTA program), but it was the governmentally supported social hygiene movement that would set the stage for 20th century interventions into individual morality and sexual decision-making.

Progressive and social hygiene interests in venereal disease were especially ardent during WWI, when young men were recruited in droves to fight on the front lines in Europe. According

⁸²James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1993), Print.

to historian David McBride, “the health exams of recruit populations and soldiers provided the nation’s first national health survey.”⁸³ The survey revealed high rates of VD among young American men, and public health practitioners worked towards reducing these rates and ensuring the health of U.S. soldiers. A major tension developed during this time between the ASHA’s emphasis on personal responsibility and morality and the U.S. military’s need for efficiency. Social hygiene reformers launched campaigns encouraging men to recognize their own ability to go without sex for long periods of time at the same time that the USPHS implemented clinics around domestic and international bases that administered rudimentary treatments to men who just returned from local brothels. Prophylaxis treatments were especially debated as they seemed to remove immorality’s natural punishment: venereal disease.⁸⁴

While soldiers were partially exempt from the rhetoric of personal responsibility given their male proclivities (boys will be boys) and the importance of creating healthy soldiers by any cost, women were given no such reprieve. Women from a variety of communities were targeted as disease conduits and encouraged to take on personal responsibility for not only their own health, but also the health of soldiers, and, therefore, the health of the nation.⁸⁵ Women were generally broken into two groups: those who were incapable of being sexually moral and thus in need of state control and those otherwise innocent whom might be drawn into immoral behavior given the excitement of war. The latter were the key targets of mass public health programming, and they were informed that it was their patriotic duty to restrain themselves. The former, those

⁸³David McBride, *From Tb to AIDS: Epidemics among Urban Blacks since 1990* (Albany, NY: State U of New York P, 1991), 34.

⁸⁴Alan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States* (Oxford: Oxford U P, 1987).

⁸⁵Ibid.

destined to sexual immorality, were either put out of work by the destruction of red light districts or subject to compulsory VD testing and potential imprisonment if the tests came back positive.⁸⁶

Like the SISTA intervention, social hygiene reforms in the early 1900s encouraged those who were capable of avoiding extramarital sex to do so. Soldiers were encouraged to abstain from sexual encounters throughout their deployment, even as the USPHS recognized that many men would ignore this advice. Young women were also encouraged to remain chaste, although some women were seen as incapable of doing so. While the “girl next door” was in charge of maintaining her own sexual purity, sex workers were controlled by direct state intervention. The latter, then, had much in common with the black men and women who were also excluded from moralistic interventions and instead subject to state control.

Early Twentieth Century Black Exclusion

Even though early 20th century public health reformers were caught up in the rhetoric of rationality, no amount of scientific investigation could overturn the firmly held belief that black men and women were inherently different from white Americans. Germ theory was not used to deny that black men and women were uniquely susceptible to some diseases. Instead, it was deployed to fundamentally uphold fabricated accounts of pathological black behaviors as the cause of disease. The rise of bacteriology meant that any individual could be seen as a threat to public health given his/her disease status and behavior, and black men and women were often read through this lens. Their presumed immorality and reckless behavior, which used had previously been seen as the cause of their inevitable decline, was now taken up as evidence of their proliferative pathology. No longer just threats to themselves, they were now seen as threats to the white men and women they encountered daily.

⁸⁶Ibid.

The social hygiene movement made no attempts to change black men and women's behaviors since these Americans were viewed as incapable of sexual control. As historian James Jones explains, "Social hygiene for whites rested on behavioral changes. A single standard of high moral behavior could be produced by molding sexual attitudes through moral education. For blacks, however, a change in their very nature seemed to be required."⁸⁷ Such a change was deemed impossible. Instead, black men and women would need to be controlled so they could not infect others.

Racial segregation emerged as a public health measure in the early 20th century. As medical historian JoAnne Brown puts it, "Health concerns were central...to violent and shameful segregationist rhetorics of white supremacy."⁸⁸ Specifically, the prevention of tuberculosis (TB) became a key site for racist discourse and legalized segregation. Many white folks believed that white and black people could not live with one another since the latter's unavoidable and inevitable dangerous habits would lead to ill health among the former. White employment of black men and women was also seen as dangerous, although many white men and women were willing to take the risk. One pamphlet at the time read:

As long as our colored people continue irregular habits, and herd together in immorality and dissipation, their homes will be hotbeds of infection, fresh from which they will enter into intimate relations with our white people, drinking from public cups, spitting around kitchens and public places, as nurses fondling and kissing children, as cooks, waiters and barbers handling food, tableware and clothing, inevitably spreading infection broadcast among all classes.⁸⁹ (105)

⁸⁷Jones, 49.

⁸⁸JoAnne Brown, "Purity and Danger in Color: Notes on Germ Theory and the Semantics of Segregation, 1885-1915," in *Heredity and Infection: The History of Disease Transmission*, ed. J.P. Gaudillière and I. Löwy (London: Routledge, 2001), 102.

⁸⁹Ibid., 105.

White men and women also contracted TB, but this universality of infection, understood through the new science of bacteriology, only inflamed white fears and racist attitudes, as “racial categories, like class, nativity, and gender categories, helped focus and contain the social anxieties generated by the broad new germ theories.”⁹⁰

Fears of contagion and governmentally accepted logics of public health led to some of the most iconic elements of racial segregation in the 20th century. These fears “produced what in retrospect are deemed the most absurd and arbitrary aspects of what came to be known as *racial* segregation: separate drinking fountains labelled ‘colored’ and ‘white’ [sic].”⁹¹ Racial separation by neighborhood, too, was at least partially justified by the logics of public health. The editor of the *Journal of the Outdoor Life* wrote the following editorial about Baltimore’s segregation ordinance in the early 20th century:

while the ordinance is so worded that it applies to any person afflicted with tuberculosis, it is primarily designed to provide for compulsory removal, segregation, and detention of colored servants and others, who by their habits may endanger the lives of others.⁹²

Segregation made sense to white Americans partially because the individual behaviors that spread disease were associated with black people. Because black men and women, the argument went, could not control themselves, their inherent immorality and irresponsibility threatened to expose white men and women to deadly diseases. Since black men and women were supposedly incapable of changing their behaviors they were segregated from white men and women. The SISTA intervention is a response to a similar notion of black pathology circulating in the 1990s,

⁹⁰Ibid., 109.

⁹¹Ibid., 112.

⁹²Ibid., 115.

and its representations of blackness are impacted by these early assumptions of unhealthy black behaviors.

The eugenics movement in the United States was also founded upon a belief in racial difference and white superiority. According to Martin Pernick, the eugenics movement in the United States was at least partially influenced by bacteriology. The monumental 1927 Supreme Court case that authorized involuntary eugenic sterilization, *Buck vs. Bell*, used as precedent a previous court ruling regarding mandatory smallpox vaccination. The Court identified three values that compulsory sterilization and mandatory vaccination shared:

First, preventing a disease was better than coping with its consequences. Second, the collective well-being of society could outweigh the interests of individuals who posed an alleged health menace. And third, state power could compel compliance with health measures when persuasion alone appeared inadequate.⁹³

The *Buck vs. Bell* ruling used the logics of disease vaccination to determine that, in the case of compulsory sterilization, collective health was more important than individual liberty.

Individuals, both as bearers of bad genes and disease, must either regulate themselves or be subject to state intervention.

As we know, whole swaths of the American populace were viewed as incapable of self-regulation and moral (read sexual) responsibility in the early 1900s. Eugenicians reasoned that for such men and women the best course of action was to inhibit their ability to reproduce so that future generations were not burdened by their offspring. Involuntary sterilization was the law of the land in the majority of U.S. states in the years following *Buck vs. Bell*.⁹⁴ In these 30 states young women could be sterilized for many reasons, including commitment to mental institutions.

⁹³Martin Pernick, "Eugenics and Public Health in American History," *American Journal of Public Health* 87, no. 11 (1997): 1769.

⁹⁴Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 1997), 69.

While these women were often committed and subsequently sterilized due to reported “feble-mindedness,” they were in actuality often being punished for sexual immorality. In fact, it seems that Carrie Buck was herself committed due to having a child out of wedlock and not due to mental impairment. Dorothy Roberts reports that one investigation into the causes of commitment in California at the time revealed that three quarters of committed women were institutionalized due to promiscuity and “one sign of the trait was a patient’s failure to display ‘the normal aversions of a white girl to a colored man who was perhaps nice to her.’”⁹⁵ Racism colored why a woman might be committed, but it also affected who was committed and sterilized, especially in the South. This was especially true as the 20th century progressed. According to Roberts, the North Carolina Eugenics Commission involuntarily sterilized nearly 8,000 people in the 1930s and 40s, around 5,000 of whom were black.⁹⁶

Antimiscegenation laws and some developments during the early birth control movement further emphasize the relationship between anti-black racism and eugenics in the United States. Given eugenic aims to maintain a homogeneous white American population, laws against intermarriage between white and black Americans were seen as preventive measures against racial degeneration. A heavily influential book by Madison Grant, which was lauded by President Theodore Roosevelt and many others, warned that “the Nordic stock in America was...threatened by racial intermixture with Blacks and inferior immigrant groups, which

⁹⁵Ibid.

⁹⁶Ibid., 90.

inevitably produced children of the ‘lower’ type.”⁹⁷ By the 1940s, thirty states had banned interracial marriages.⁹⁸

In the 1930s, moral superiority and a belief in inherent black irresponsibility inflected arguments to extend birth control to black women. Both prominent black thinkers and eugenicists agreed that birth control should be available to black women, and both also agreed that it should be especially available to uneducated women. However, the intentions behind this support varied. While some (mainly white) thinkers argued that birth control would help contain black women’s inherent hyperfertility, others—including W.E.B. DuBois—argued that birth control should be available to black women because they were being denied sexual autonomy. No matter their intentions, each group relied in part upon a rhetoric of moral superiority.

Margaret Sanger was quoting DuBois when she wrote

‘The mass of Negroes, particularly in the South...still breed carelessly and disastrously, with the result that the increase among Negroes, even more than among whites, is from that portion of the population least intelligent and fit, and least able to rear children properly.’⁹⁹

Sanger and DuBois’s references to “careless” and “disastrous” breeding foretell late 20th century discourses of pathological blackness, which I explore in chapter three.

⁹⁷Ibid., 64.

⁹⁸Federal support for negative eugenic measures was furthered by the 1924 Immigration Act, which severely limited the number of men and women who could enter the United States from Eastern European, Southern European, and African nations and banned outright individuals from Asian and Arab countries. The act was legitimated by a desire to “preserve the ideal of American homogeneity.” One intelligence testing report that exemplifies eugenic thinking around immigration highlights the relationship between anti-black racism and eugenics reforms. Princeton psychology professor Carl C. Brigham reported that northern Europeans scored higher than Blacks and immigrants from Italy, Poland, Greece, and Russia: ‘At one extreme we have the distribution of the Nordic group. At the other extreme we have the American negro. Between the Nordic and the negro, but closer to the negro than the Nordic, we find the Alpine and Mediterranean type.’” Immigrants were classified into ethnic groups whose intelligence was measured using a scale from, at the lowest end, “American negro” to, at the highest, “the Nordic group.” Ibid., 63.

⁹⁹Ibid., 77.

This moral superiority also infiltrated the birth control movement's inclusion of black men and women in positions of power. In 1938, the Birth Control Federation of American established a "Division of Negro Service," which was run by white men and women and staffed and supported by black Americans. One prominent board member explained in 1939 that the incorporation of black men and women into the administrative and medical functions of birth control clinics was necessary but that white men and women should maintain control. Clarence Gamble wrote:

There is great danger that we will fail because the Negroes think it a plan for extermination. Hence let's appear to let the colored run it.¹⁰⁰

While Sanger and the birth control movement more generally were attempting to provide services to a wide range of women, their rhetoric reveals an air of racial moral superiority and logic infused with eugenicist concerns.

As the above articulations between eugenics, segregation, and efforts to improve public health make obvious, public health interventions in the United States were often caught up in logics of moral righteousness and purity. Black men and women, seen as inherently impure and morally depraved, were excluded from such interventions. Instead, black Americans were often seen as threats to be contained, both in terms of their contagiousness and their sexuality. This historical exclusion based on an assumed inability to change personal behaviors informs my reading of the SISTA intervention's representations of pathological blackness, especially its presentation of black men as threatening and uninterested in having safe sex (see chapter three).

¹⁰⁰Ibid., 79.

Syphilis Control, Black Americans, and the United States Public Health Service

After World War I, U.S. funding for federal programs dried up as Americans preferred to see the concentration of federal programs during the war as temporary responses to extreme circumstances as opposed to permanent modes of government.¹⁰¹ Funding for VD programs significantly decreased, but these programs were some of the only federal public health interventions to survive the post-WWI dismantling of public health infrastructure. The Tuskegee syphilis experiments were part of this anti-VD effort and marked the continued exclusion of black Americans from public health treatments in the first half of the 20th century.

The syphilis control studies that eventually morphed into the Tuskegee syphilis experiments were originally designed to include modest treatments for all research participants. According to James Jones, the Tuskegee syphilis experiments were the direct result of a partnership between the USPHS and the Rosenwald Fund, a philanthropic organization dedicated to promoting the welfare of black Americans.¹⁰² During the experiment's initial phases, the Rosenwald Fund required that treatments be offered to participants—if the USPHS did not comply the Rosenwald Fund threatened to remove its funding. The USPHS agreed to these terms, but it openly acknowledged that curing participants' syphilis was unlikely given their inability to pay for the 25 or so courses of treatment required at the time (penicillin would not be discovered as a cure until the 1940s). Instead, the USPHS focused on treating research participants until they were noninfectious in an effort to control syphilis' spread. That is, the USPHS sought to contain these black men and women's threatening infectiousness but did not commit to curing their diseases.

¹⁰¹Porter.

¹⁰²Jones, 53.

These modest treatments offered to study participants disappeared when the Rosenwald Fund stopped supporting the syphilis control studies. In response, the USPHS officially began the 40-year Tuskegee syphilis experiment in Macon County, which left hundreds of black men untreated for late-stage syphilis, even as penicillin, the incredibly effective and low-risk cure for syphilis, became widely used in other USPHS programs. While the earlier syphilis control studies toed the line between treating participants as research subjects or patients, the Tuskegee syphilis experiments definitively placed participants in the category of research subject.

For decades this positioning helped outside reviewers and internal experimenters ignore the study's ethical implications, and when the study began to attract negative attention in the 1960s USPHS officials defended the experiment's legitimacy by making now-routine arguments about participants' inability to take care of themselves.¹⁰³ One major critique centered on the study's lack of informed consent from participants, but a USPHS ad hoc committee dismissed these claims, arguing that "it was impossible to obtain 'informed consent' from men of such limited education and low social status. In their judgment, the men were incapable of understanding the facts of the experiment and forming their own conclusions."¹⁰⁴ Similarly, a charge that the experiment was unethical because it denied the men penicillin was dismissed based on the logic the men would have likely denied the treatment anyway.

The Tuskegee syphilis experiments mark the historically troubled relationship between the U.S. Public Health Service and black Americans. As an extension of earlier discourses about black susceptibility to disease and inherent irresponsibility it is an extreme case of federal

¹⁰³Martha Solomon, "The Rhetoric of Dehumanization: An Analysis of Medical Reports of the Tuskegee Syphilis Project," *Western Journal of Speech Communication* 49, no. 4 (1985). Jones.

¹⁰⁴Solomon, 196.

support for legitimizing black exclusion. Hundreds of black men were denied treatment for syphilis for dozens of years, all with the USPHS's stamp of approval. The experiments reveal the sedimented racial assumptions that constrained federal public health interventions in the 20th century. Even though SISTA specifically targets black Americans, it is shaped by these assumptions; the intervention offers qualified inclusion to black women who can find the inner strength to make the very same behavior changes that USPHS officials thought black men were incapable of during the Tuskegee syphilis experiments.

The Great Depression and Public Health

Morality-based public health interventions aimed at white Americans subsided during the Great Depression, as many Americans began questioning the power individuals truly had over their living conditions. Instead, the United States government facilitated the expansion of healthcare options to many American citizens through temporary public projects or longer-term employee provisions. Programs administered through the Works Progress Administration (WPA) enhanced local campaigns in the South "against malaria, typhoid fever, dysentery, hookworm, and other diseases associated with poor sanitation and rural poverty."¹⁰⁵ These local campaigns did reach black Americans, but they primarily operated from 1935 to 1937 and were abandoned once WWII drove the U.S. out of the Great Depression.

More permanent transformations in public healthcare were offered through employers or state and local governments. As a result, many black Americans did not have access to these programs. As Byrd and Clayton describe in their comprehensive history of race and medicine in the United States, employer-based insurance programs often excluded black men and women: "because of prerequisite employment, required premium levels, and uncovered medical

¹⁰⁵McBride, 118.

expenses, these remained largely middle-class approaches to health care financing.”¹⁰⁶

Furthermore, racial discrimination in employment, pay, and union membership meant even less insurance availability for black Americans. The 1935 Social Security Act provided funding for state and local public health programs, which often reached Americans who were not part of employer insurance programs. However, as McBride explains, health programs arranged by state and local governments were subject to the ideological conditions of their regions.¹⁰⁷ In the South—where two thirds of black Americans lived through World War II—racism, segregation, and poverty combined to make healthcare out of reach for black citizens.¹⁰⁸ Even as changing attitudes in the 1930s expanded healthcare to many Americans, black men and women were excluded from most public healthcare provisions throughout the first half of the 20th century.

One program that did exist for black Americans retained a tenor of moral superiority and foreshadowed the forms of qualified black inclusion evident in the SISTA intervention. In the 1930s the USPHS supported Negro Health Week, an important part of the Negro Health movement created by black health activists in response to slipshod federal support for black health. The USPHS’s involvement in this program translated into expanded resources for the movement’s creators. However, it also functioned as a subsidiary form of healthcare for black Americans that prevented the U.S. government from incorporating their needs into the larger structural solutions being formed at the time. Just as the SISTA intervention attempts to alter black women’s health behaviors by adjusting their health attitudes and beliefs, USPHS health officials viewed Negro Health week as a tool for transforming “the inner health values of

¹⁰⁶W. Michael Byrd and Linda A. Clayton, *An American Health Dilemma: Race, Medicine, and Health Care in the United States 1900-2000*, vol. 2 (New York: Routledge, 2002), 149.

¹⁰⁷McBride.

¹⁰⁸Byrd and Clayton, 2.

common black folk.”¹⁰⁹ This uniquely formulated transformation was still seen as necessary because of prevailing attitudes about race-specific disease susceptibility:

many health authorities believed as strongly as ever that infectious-disease patterns were beating clearly distinct paths in the urban populations because of ‘racial factors’...most clinical researchers, biologists, and social scientists still held that both susceptibility to and effects of TB and syphilis were to a strong degree racially determined.¹¹⁰

These assumptions meant that public health officials viewed their interventions into black communities as distinct. Like SISTA, Negro Health Week was targeted specifically at black Americans, and its focus on this population affected its methods.

WWII and the Discovery of Penicillin

The United States was propelled out of the Great Depression when it entered World War II, and with its war efforts came the cessation of many New Deal programs, including the WPA’s black community health projects. However, as with WWI, the war reinvigorated particular types of federal public health programs, especially those organized around war efforts and soldier health. As a result, the fight against venereal disease was reinvigorated.

During WWII the United States’ public health experts expended substantial time and money trying to control the spread of VD among soldiers. These efforts took many forms, including education campaigns about the dangers of venereal disease directed both towards soldiers and the general American populace. Thomas Parran, who headed the WWI VD campaigns, was director of the entire U.S. Public Health Service from 1936 to 1948 and used

¹⁰⁹Ibid., 110-11.

¹¹⁰McBride, 99.

venereal disease programming as a launch pad for increased federal intervention into public health.¹¹¹

VD control during the war was multifaceted, and while educational campaigns were key components, they were less about sexual purity during WWII than they had been in WWI. While in WWI the USPHS's partnership with the American Social Hygiene Association had led to a federal emphasis on moral rectitude, both public criticism of the ASHA's association with eugenics and the discovery of penicillin as an effective cure for syphilis made federal intervention into sexual mores "increasingly tenuous."¹¹² Instead, federal VD eradication programs during WWII increasingly prioritized prophylaxis and treatment with penicillin, even as many USPHS officials and medical doctors feared the moral depravity that might accompany such a shift. Eventually scientific reasoning won, and research into effective prevention and treatment overtook early 20th century emphases on moral purity.

The Rise of Epidemiology

While the discovery of penicillin reduced the discourse of moral righteousness previously associated with anti-VD campaigns, it also laid the foundation for future prevention efforts based on personal behavior and lifestyle changes. With this new and powerful antibiotic and some significant environmental improvements (including the CDC's assault on mosquitoes in the American South) diseases became controllable. By the 1940s Americans were living longer and

¹¹¹As surgeon general, Parran also encouraged the development of the syphilis control experiments at Tuskegee and his book *Shadow on the Land* was very influential for the study. However, Parran's legacy is primarily associated with his other work on venereal disease, and a USPHS-commissioned history of the public health service explains, after describing the Tuskegee experiments, "Nonetheless, the attack on syphilis launched by the PHS in this period, dependent as it was on the cumbersome and minimally effective therapies of the pre-antibiotic era, was determined and conscientious." The term "conscientious" here is especially striking given the gross neglect and harm of black Americans during this time. Fitzhugh Mullan, *Plagues and Politics: The Story of the United States Public Health Service* (New York: Basic Books, 1989), 86.

¹¹²Brandt, 173.

healthier lives than ever before. Uncontrollable and widely destructive infectious diseases were no longer an immediate health threat, and many of the remaining infectious diseases were now curable through simple, affordable methods. As public health theorist Kenneth McLeroy has put it, the United States was leaving the age of “declining pandemics” in which most major causes of death were endemic infectious diseases and entering the “age of degenerative and man-made diseases” wherein chronic diseases are the leading death bearers.¹¹³

USPHS investments into the scientific study of disease prevention and treatment impacted the modes of intervention public health officials directed towards these “degenerative and man-made diseases.” Personal behavior change resurfaced at this time, although it was now scientifically legitimated by its connection to the growing field of epidemiology. This field had existed since the 1800s, but it was given new authority in the 1950s by its connection to scientific rationality. Epidemiologists study “the distribution and determinants of health-related states or events in specified populations” and then use this information to control health problems; the scientists who use these tools to change individuals’ behaviors are called behavioral epidemiologists.¹¹⁴ By conducting research and finding statistical support for the changes they suggest, behavioral epidemiologists’ behavioral interventions were considered void of the moral judgments present in earlier public health programs.

Behavioral epidemiology’s scientific legitimacy was considerably increased when two British epidemiologists published their research on the link between smoking and lung cancer, which previous researchers had thought was the result of pollution.¹¹⁵ Their study was especially

¹¹³Kenneth R. McLeroy and Carolyn E. Crump, "Health Promotion and Disease Prevention: A Historical Perspective," *Generations* 18, no. 1 (1994): 11.

¹¹⁴A *Dictionary of Epidemiology*, 4th ed. ed. (New York: Oxford U P, 2001), 61.

¹¹⁵Porter.

striking because of its revelations about an incurable, chronic condition. In the years that followed, more research surfaced connecting smoking to other chronic conditions, including heart disease. When U.S. Surgeon General Luther Terry released his report on the health risks of smoking, he marked a new era in American public health. In the 1970s, the USPHS (specifically the CDC) began its focus on preventing chronic health conditions by encouraging Americans to continuously surveil their own health and make positive lifestyle changes. When SISTA asks its participants to avoid risky behaviors and change the ways they think about themselves it uses these epidemiological logics of disease prevention.

Black Inclusion in the 1960s

Terry's report, which ultimately propelled a seismic shift in the way the United States fought chronic disease, did not translate into immediate changes in the USPHS. Public health efforts were being directed elsewhere, as social upheavals in the 1960s saw the first systematic inclusion of black Americans in the United States healthcare system since the country's inception. Civil rights activists battled for inclusion in America's health institutions, both as healthcare recipients and as healthcare providers, and their efforts prompted unprecedented amounts of governmental support for citizen health provision. President Johnson's Great Society legislation included several elements that extended healthcare to black Americans, and many black Americans saw doctors for the first time after the dramatic legislative changes between 1965 and 1967.¹¹⁶

One of the most unique federal programs at this time was the federal program for neighborhood health centers funded through the Office of Economic Opportunity. The OEO established neighborhood health centers beginning in 1965 and provided federal funding directly

¹¹⁶Mullan.

for the purpose of developing community health organizations. The OEO supported these decentralized centers through government grants. In order to receive funds, a grantee was required to “represent a local community institution interested in designing and operating a comprehensive health service facility—a facility based on plans ‘derived from the needs of the people to be served.’”¹¹⁷ Neighborhood health centers, unlike most early public health efforts, provided federally sponsored direct treatment to black citizens and were intrinsically responsive to community needs.

Medicare and Medicaid were also developed during this time, and Medicare, which provides healthcare to aging Americans, became a lasting source of healthcare for many Americans. Neighborhood health centers, however, did not withstand the economic turmoil of the 1970s. According to Byrd and Clayton:

Direct health center funding was cut, Medicaid and other reimbursement sources were reduced, categorical funding for preventive programs that the health centers were effective at implementing was terminated, and the management (and eventually the funding) of the health centers was largely turned over to the states whose historical failures and inabilities had created the needs for these institutions in the first place.¹¹⁸

Federal investment into medical care for all Americans was short-lived, as many Americans reacted to the Great Society’s policies, costs, and recipients with disdain. As we will see in chapter three, one result of this reaction was the discourse of pathological black behavior. Another was the apotheosis of the responsibly self-managed healthy citizen.

¹¹⁷Jones, 155.

¹¹⁸Byrd and Clayton, 2, 337.

Making Healthy People

Throughout the 1970s the USPHS increasingly focused on how to most effectively change Americans' behaviors. During this time, public health research flourished, and interdisciplinary methods traditionally associated with psychology or behavioral science were taken up by public health researchers. Researchers ridiculed the idea of spending time or energy developing models for intervening into individuals' behaviors at a public health conference in 1965, but by 1985 public health journals and educational materials were flooded with investigations into just these types of intervention programs.¹¹⁹

The rise of scientifically legitimated behavioral interventions was directly influenced by research studies in the 1970s that attempted to reduce morbidity and mortality in specific communities by modifying individual behaviors. Research in the 1960s connected unhealthy behaviors to negative health outcomes, and these new studies investigated how best to change said unhealthy behaviors. The North Karelia Project in Finland and the Stanford Three-Community Study in the United States "targeted entire communities and applied social science theory to the development of multiple interventions designed to modify individual behaviors and change the social environment in which behaviors are shaped."¹²⁰ These studies featured multiple types of educational activities targeted at all members of a community, and they were the first to attempt to scientifically determine if public health education efforts had an impact on health outcomes.

¹¹⁹Robert M. Kaplan, "Behavioral Epidemiology, Health Promotion, and Health Services," *Medical Care* 23, no. 5 (1985): 56.

¹²⁰Cheryl Merzel and Joanna D'Afflitti, "Reconsidering Community-Based Health Promotion: Promise, Performance, and Potential," *American Journal of Public Health* 93, no. 4 (2003): 558.

This investigation into the way individual behaviors and habits impact health outcomes would only increase throughout the 1970s and the 1980s and directly influenced the forms of intervention available to public health researchers (like those who created SISTA) during the early years of HIV/AIDS epidemic in the United States. The modes of prevention associated with what some public health theorists refer to as the “new public health” rely upon individual behavior and lifestyle changes while acknowledging the complexity of individual’s lives and social contexts. The North Karelia and Stanford projects sought to intervene at the individual and community level in the hopes of more effectively influencing individuals to change their behaviors. As critical public health theorists Deborah Lupton and Alan Petersen explain, the new public health recognizes the “multidimensional nature of problems and of required solutions; and particular the adoption of a broad concept of the determining ‘environment’ that includes psychological, physical, and social elements.”¹²¹ Almost any aspect of a person’s life can, therefore, be defined in relation to health, and as Lupton describes elsewhere “every individual is now involved in observing, imposing and enforcing the regulations of public health, particularly through the techniques of self-surveillance and bodily control encouraged by the imperatives of health promotion.”¹²² This new public health is different from earlier behavior interventions both in its scientific legitimacy and its focus on continuous self-regulation and search for opportunities to improve one’s health. Whereas earlier campaigns focused on particular diseases and specific behaviors, the new public health encourages individuals to monitor read every lifestyle or behavioral choice they make in terms of its impact on their health. As I explain in

¹²¹Alan Petersen and Deborah Lupton, *The New Public Health: Health and Self in the Age of Risk* (London: Sage, 1996), 4.

¹²²Lupton, 76.

chapter four, these techniques align with neo-liberal modes of self-governance that articulate to SISTA's deployment of the trope of the strong black woman.

According to Lupton, the "new public health" was in full swing by 1979 when U.S. Surgeon General Julius Richmond released his report on *Healthy People*. The report, which was modeled off of a Canadian initiative, placed responsibility for personal health definitively in the hands of individual Americans, even as it acknowledged how much environmental and social conditions affect personal decision making. The report "encourage[d] a... public health revolution" based on prevention:

We are killing ourselves by our own careless habits.
We are killing ourselves by carelessly polluting the environment.
We are killing ourselves by permitting harmful social conditions to persist—
conditions like poverty, hunger and ignorance—which destroy health, especially
for infants and children...
You, the individual, can do more for your own health and well-being than any
doctor, any hospital, any drug, any exotic medical advice.¹²³

The United States Public Health Service (specifically the CDC) was charged with helping individuals make these rational decisions and thereby become "healthy people." The SISTA intervention is a direct descendent of this report, and as we shall see in chapter four, SISTA's materials ask women to acknowledge and then move beyond the environments that constrain their health-related choices. While anti-smoking campaigns were the first such prevention efforts, other campaigns would follow that focused on "heart disease, various forms of cancer, liver disease, digestive disorders, venereal disease and obesity."¹²⁴ When HIV/AIDS emerged in

¹²³"Evolution of HIV/AIDS Prevention Programs --- United States, 1981--2006," *MMWR* 55, no. 21, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5521a4.htm>.

¹²⁴Porter, 300.

the 1980s, efforts to prevent its spread were inflected by this public prioritization of individual prevention efforts.

Black Exclusion in the “New Public Health”

As with earlier prevention campaigns, some Americans were understood as inherently incapable of self-care in the 1970s and 1980s. According to Dorothy Roberts, while black activists had successfully agitated for legal reforms during the Civil Rights movement and consequently achieved greater access to “housing, jobs, welfare benefits, and political participation,” their successes were met with white backlash.¹²⁵ While similar backlash against black inclusion had spawned overt social engineering attempts like eugenics in the early 1900s, the contemporary form of racial hygiene was subtler. Mandatory sterilizations became illegal across the United States, but as they disappeared “Black women fell victim to widespread sterilization abuse at the hands of the government-paid doctors.”¹²⁶

One of the most famous women to speak out against these involuntary sterilizations was Fannie Lou Hamer, the leader of the Mississippi Freedom Democratic Party. In 1965 she explained that four years earlier, during a routine surgery, a doctor “took the liberty of performing a complete hysterectomy without her knowledge or consent.”¹²⁷ Furthermore, she explained, these procedures—commonly referred to as “Mississippi Appendectomies”—were popular throughout the South. During the 1970s, sterilization “became the most rapidly growing form of birth control in the United States, rising from 200,000 cases in 1970 to over 700,000 in

¹²⁵Roberts, 89.

¹²⁶Ibid.

¹²⁷Ibid., 90.

1980.”¹²⁸ According to Roberts, many of these sterilizations, especially those performed on black patients, were excessive and medically unnecessary. Furthermore, doctors explained they were often performed for the experience and sometimes admitted that “they believed sterilization was the best way to reduce the undesirable population growth of the poor.”¹²⁹ While the increased allocations for welfare programs during the 1960s gave black men and women access to government support, they also provoked racist attempts to limit black women’s reproductive choices.

Roberts claims that this anti-welfare rhetoric, especially rhetoric aimed at “welfare queens,” marked a shift in American legitimization for black exclusion from public programs.¹³⁰ Earlier public health programs had excluded black men and women on the basis that they were incapable of making good decisions for themselves, either as a result of their inherent racial deficiencies or their structural conditions. The rhetoric that authorized sterilization abuse, however, implied that these women were not irrational or incapable of decision making but actually conniving decision makers who continue to reproduce in order to cheat taxpayers out of their hard-earned money:

Modern-day racist ideology, then, seems to have shed the assumption that Black people are entirely incapable of rational decision-making. Rather, Blacks are more likely to be blamed for the poor choices they make...Black mothers are portrayed less as inept or reckless reproducers in need of moral supervision, and more as calculating parasites deserving of harsh discipline.¹³¹

¹²⁸Ibid.

¹²⁹Ibid., 92.

¹³⁰The idea of the “welfare queen” was a popular construct in the 1990s, which argued that poor black mothers had children just so they could receive welfare benefits. I explore the trope in detail in chapter three.

¹³¹Roberts, 18.

Black women, it seems, could be excluded from public health programming both for not being calculating enough and for being far too calculating.

This shift from rhetorics of black female irrationality to black female deviousness is important for understanding the particular ways that SISTA encourages black women to change their sexual behaviors. The intervention is aimed at black women, and thus a deviation from early 20th century public health interventions that assumed black Americans were incapable of controlling their behavior. However, as I argue in chapter four, its inclusion of these women is qualified. Throughout the intervention, participants are instructed to become strong and independent in order to overcome the structural barriers and cultural tendencies that supposedly put them at-risk for contracting HIV/AIDS. They are included in this state-sponsored health intervention, but only insofar as they are able to be ideal health subjects: they must be resilient in the face of failure and incessantly committed to gather any resources they need to survive. In this way, SISTA is caught up in the logics of Mississippi appendectomies or the later governmental investments in the Norplant birth control device as “a means of domestic population control.”¹³² Within late-20th century logics of state-sponsored public health, some black women are capable of change, but others must be controlled for their own good and for the good of the country.

The Move Towards Cultural Relevance

The qualified inclusion of some black women into the SISTA intervention required tools for reaching these women, and both epidemiological research and trends in global health programming suggested that these tools should correspond to their values and beliefs. The Framingham and Stanford Three-Community studies were both used to argue for the importance of community-wide behavioral interventions, but these studies also suggested that the impacts of

¹³²Ibid., 104.

such interventions varied across population subgroups.¹³³ Similarly, public health practitioners in the burgeoning field of global health found that interventions that worked in one country were not necessarily successful in others. As a result, the CDC and other government organizations began emphasizing “culturally relevant” prevention interventions.

Black men and women were rarely targeted by public health programming in the early 20th century, so relatively few materials exist that might allow us to trace the historical precedents of culturally relevant programming aimed at black Americans.¹³⁴ However, the available materials do suggest that the use of race-specific materials and peer educators were both key elements of the few federally sponsored public health intervention directed towards black Americans in the 1900s. In one of the few descriptions I could find of state-sponsored intervention materials designed specifically for black Americans, prominent doctor and civil rights activist criticized the materials created for Negro Health Week and other public health educational campaigns:

¹³³Merzel and D’Afflitti.

¹³⁴This shift to “cultural relevance” in the 1980s produced a significant amount of research on how public health researchers connect with members of non-white communities. While the programs produced by this research have not been studied by rhetorical scholars, the public health and health communication literature is replete with articles analyzing, exploring, and devising culturally specific public health interventions for black Americans.

The same amount of attention cannot be found in early public health documents. I was limited by the primary and secondary documents available through the University of North Carolina’s library system and the Triangle Research Library Network, but based on extensive searches of medical, public health, and communication publications I can find no analyses of the particular ways federal public health educational materials were distributed in black communities or how those materials represented black Americans before 1980.

This is true even though analyses of public health educational materials from before 1980 are plentiful, and some scholars have created archives or compiled multiple images of public health educational materials, especially those related to venereal disease or either of the two World Wars. The National Library of Medicine has an astounding amount of public health images from the 15th to 21st century, 70,000 of which have been digitized. In their curated collection “Visual Culture and Public Health Posters” black Americans are present in posters from the 1970s on; the first image I could find of a black American was of a young boy in a poster against air pollution. The accompanying essay explains: “These 1977 posters illustrate two common techniques in public health advertisements: 1) using a simple photograph of a child to appeal to the adult viewer's sense of accountability, and 2) changing the photograph and content of the poster while preserving the basic style and layout, frequently in an attempt to make a connection with different segments of the viewing population.” Eric Boyle, “Visual Culture and Public Health Posters,” U.S. National Library of Medicine, <http://www.ncbi.nlm.nih.gov/pubmed/>.

Official and non-official health agencies have attempted to develop pamphlets, bulletins and motion pictures, especially written and designed for Negroes. Some of the literature has even been written in the dialect of a Negro share cropper by someone with offices in New York City. Even the Federal government has fallen prey to this approach. The very fact that such a situation has been allowed to develop and has been perpetrated shows the weakness of the basic structure of health education in this country.¹³⁵

Health education messaging created by the USPHS seemed to feature stereotypical representations of black Americans.

More common than these race-specific educational materials, however, was the recruitment of black medical and public health professionals. The public health interventions in the 20th century that reached black citizens almost always relied upon black nurses, doctors, and public health practitioners to reach black Americans, indicating a not-erroneous belief that these men and women were more capable of connecting with black folk than white practitioners. The SISTA intervention's use of peer facilitators and deployment of already-circulating tropes of blackness suggest that contemporary efforts to build culturally relevant material maintain some of these early trends. In examining the tropes of blackness present in SISTA we learn not only what the United States Public Health Service deems "culturally relevant" for contemporary black women but also the ways that this cultural relevance is constrained by the other historical trends set out in this chapter.

Conclusion

The years from the mid-1800s to the 1970s held significant changes for public health in the United States. Environmental and sanitary improvements decreased mortality, disease origins were finally understood and eventually combated with the discovery of antibiotics, and

¹³⁵Paul B. Cornely, "The Nature and Extent of Health Education among Negroes," *The Journal of Negro Education Yearbook* 18, no. 3 (1949): 374.

individuals increasingly became personally responsible for any and all efforts to avoid contracting life threatening diseases or chronic illnesses. The U.S. government, though briefly responsible for medical care during fleeting moments of public support for government interventionism, primarily concentrated on researching and preventing disease, especially among white Americans. Black Americans were often excluded from these public health measures, assumed to be either incapable of behavior change or deviously resistant to making healthy choices.

While HIV/AIDS was not considered a chronic illness, the fact that it had no cure encouraged public health officials to bring out old tools from pre-antibiotic VD campaigns and incorporate new epidemiological tools used to fight cancer and heart disease. The former were laced with rhetorics of moral purity, which often meant supposedly immoral black Americans were excluded from their reach. The latter were considered more neutral and scientifically legitimate, but they still asked American citizens to change problematic lifestyle habits and behaviors. While some black citizens might be capable of making such changes, many were deemed incapable of doing so and in need of governmental control. Those who were deemed appropriate sites of public health investment were viewed as culturally different enough from white Americans to need dedicated health materials.

In the next two chapters I explore the tropes of blackness SISTA incorporated in its efforts to be culturally relevant for black women in the 1990s and early 2000s. While SISTA deployed the tropes of pathological blackness, Afrocentric blackness, and strong black women in response to contemporary cultural understandings of black femininity, their specific forms were shaped by the other public health trends I outlined above. As a public health intervention designed for black women that emphasizes personal behavior change, the SISTA program

emerged within a very particular set of conditions—over a century of moralizing public health rhetorics and the structural ejection of black Americans from structures of state support constrained SISTA’s creators’ and disseminators’ discursive choices. As a result, SISTA’s materials indicate a reinvestment into racist practices of black exclusion alongside the intervention’s real attempts to help black women avoid contracting HIV/AIDs.

CHAPTER THREE: PATHOLOGICAL AND AFROCENTRIC BLACKNESS

Since its first appearance in the early 1980s, HIV/AIDS in the United States has been primarily associated with marginalized communities. This association led to the notoriously slow governmental response to the epidemic in its early years; it also inspired a series of population-specific HIV/AIDS programs and research funds. Early programs were developed for gay men and intravenous drug users, but interventions soon followed for other subgroups recognized as “at-risk” for contracting HIV/AIDS, including black men and women. Early CDC reports on HIV/AIDS did not include racial demographic information, but the CDC began tracking racial data as part of its HIV/AIDS reports in 1983, and in 1986 the CDC’s *Morbidity and Mortality Weekly Report (MMWR)* reported that HIV was disproportionately impacting black Americans. In 1988 the Health Omnibus Programs Extension (HOPE) Act called for, among other things, research into the spread and prevention of AIDS in minority communities.¹³⁶ To meet these charges, the Office of Minority Health was established, and it subsequently sponsored the production of “culturally competent programming.” In line with theories of cultural relevance, these programs were thought to be more likely to create positive health impacts than non-targeted interventions. The SISTA intervention was one such program and the first nationally distributed, government-sponsored HIV/AIDS intervention targeting black women.

While public health research emphasized culturally relevant interventions and the U.S. government called for interventions to be specifically designed for black women, little

¹³⁶“Epidemiologic Notes and Reports Acquired Immunodeficiency Syndrome (AIDS) among Blacks and Hispanics - United States,” *MMWR Weekly* 35, no. 42 (1986), <http://www.cdc.gov/mmwr/preview/mmwrhtml/00000810.htm>.; “The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body,” ed. Shirley Lindenbaum and Margaret Lock (Berkeley: U of California P).

information was available on what this culturally relevant content should look like. Behavioral interventions were still somewhat new, the concept of cultural specificity within public health interventions was just emerging, and, historically, state-sponsored public health interventions had focused more on controlling and containing black women's bodies than persuading these women through educational materials. SISTA's rationalized exclusion of many black Americans extended these earlier trends, while its qualified inclusion of select groups of black women required its creators to develop "culturally relevant" behavioral intervention materials. However, no government-sponsored precedent existed that might suggest how SISTA could specifically appeal to black women's sexual decision-making processes.

SISTA's creators needed to determine how to make a behavioral health intervention culturally relevant for black women, whom were defined as at-risk for contracting HIV/AIDS, and they needed to do it fast. CDC officials were alarmed by rising rates of HIV infection and prevalence in black communities and desperate for an evidence-based intervention that specifically targeted black women. DiClemente and Wingood used their previous work and focus groups to determine what black women in the Bayview-Hunter's Point neighborhood of San Francisco found culturally relevant, and they translated this information into a small-group intervention for use in that neighborhood. Once the program was labeled by the CDC as effective it was quickly turned into a nationally distributable intervention targeting black women all over the United States.¹³⁷ SISTA's modes of achieving government-required cultural relevance left

¹³⁷As one of SISTA's disseminators at the CDC, Arlene Edwards, explained to me in a personal interview, rising rates of HIV/AIDS in black communities and a lack of evidence-based interventions targeting black women put SISTA on the fast-track to national dissemination. Being on the "fast-track" meant that SISTA was not as thoroughly reviewed as it might have otherwise been; public health officials were committed to implementing this potentially life-saving program as quickly as possible. Arlene Edwards, interview by Allison Schlobohm, August 14, 2015.

plenty of space for already-circulating tropes of blackness to be redeployed within intervention materials.

Contemporary tropes of blackness are consistently redeployed within SISTA's discourse, from the focus groups and research articles that informed the intervention to its materials for national implementation. In this chapter, I examine SISTA's deployment of two tropes of blackness that were particularly resonant in the 1990s and early 2000s, when the intervention was formed and re-formed for national dissemination. Tropes of pathological and Afrocentric blackness appear throughout SISTA's materials and condition representations of black women within the intervention.

The Trope of Pathological Blackness

As I described in chapter two, public health interventions have long been articulated to conceptions of black pathology. The particular versions of pathological blackness present in SISTA extend this history and connect it to tropes of blackness circulating in the late 20th century. While earlier forms of this trope emphasized biological and behavioral racial traits as harbingers of disease, post-1960s instantiations posited blackness as representative of general cultural abnormality and social dysfunction. After careful consideration of multiple theories of pathological blackness, I have determined that this cultural version of the trope of pathological blackness relies upon a representation of black communities as in a state of perilous decline. The trope presents this community disintegration as ultimately the fault of black women and as fertile ground for the creation of threatening black men.

Cultural commentators, public officials, and academics often describe black communities as in a state of crisis.¹³⁸ The described causes for this decline vary, but some of the most

¹³⁸While I focus here on rhetorics of pathological blackness in the 1990s and early 2000s, this trope is still going strong. As I write this, Donald Trump is running for president, and one of his many racist and destructive claims is

historically potent versions describe a black matriarchal family structure as the primary contributor to disintegrating black communities. This structure, the logic goes, both emasculates black men and encourages black women to become welfare-dependent drains on the state.

The trope of pathological blackness, as it relates to black culture and family structure, is often traced to the 1960s and Daniel Moynihan's 1967 report, "The Negro Family: The Case for National Action."¹³⁹ At this time—just as black Americans were finally winning long-fought battles against legalized discrimination—some political theorists and sociologists launched the argument that any residual inequality was connected to what Moynihan called the "tangle of pathology" within black communities. President Johnson's Great Society projects provided unprecedented governmental support for many poor and black Americans, and he reasoned that any remaining inequality was the result of problems internal to black communities. Moynihan and President Lyndon B. Johnson were key disseminators of this trope and cemented the specific idea that American black communities were in peril as a result of black pathology.

In 1965, President Johnson gave a speech at Howard University that was partially written by Moynihan and exemplifies the Moynihan report's logic regarding the pathological nature of black culture and its effects on black communities. Johnson argued that black men and women in America were struggling when compared to their white counterparts; he pointed to rates of poverty, unemployment, and infant mortality as evidence of this racial inequality. He then argued that this gap, the continuously spreading gulf between white and black folk, was in part caused by the disintegration of black communities and family structures:

that black communities are dangerous, uninhabitable, and in need of police control: "You can't walk down the street without getting shot." Donald Trump, "Campaign Rally Speech," (Des Moines, Iowa: C-SPAN, 2016).

¹³⁹"The Negro Family: The Case for National Action," ed. United States Department of Labor Office of Policy Planning and Research (Washington, D.C.: U.S. Government Printing Office, 1965).

So, unless we work to strengthen the family, to create conditions under which most parents will stay together—all the rest: schools, and playgrounds, and public assistance, and private concern, will never be enough to cut completely the circle of despair and deprivation.¹⁴⁰

Moynihan's report, published two years later, puts it more succinctly: "At this point, the present tangle of pathology is capable of perpetuating itself without assistance from the white world."¹⁴¹

The trope of black pathology became a charged site of affective investment partially as a result of white liberal anxieties after the Civil Rights Act was passed in 1964. Sociologist Stephen Steinberg argues that white liberals who had participated in or supported peaceful protests during the Civil Rights movement became uncomfortable in the late 1960s when escalating tensions and violence made racial change seem scarily unpredictable and uncontrollable.¹⁴² Convinced that something was broken but uncomfortable with some black activists' modes of fixing it, some white liberals, including President Johnson and Daniel Moynihan, directed their energy towards the new theory of black pathology. The theory allowed white liberals to dissolve their sense of responsibility, as it held that black communities were now disintegrating from within. These internal "problems," which included black matriarchal familial structures and tendencies towards pathological reproduction, became charged sites of affective investment.

The idea that black communities are in peril as a result of black pathology resurfaced decades later with the popularity of William Julius Wilson's book *The Declining Significance of Race: Blacks and Changing American Institutions* and Bill Moyer's CBS special "The Vanishing

¹⁴⁰Lyndon B. Johnson, "To Fulfill These Rights," (Washington, D.C.: Howard University, 1965).

¹⁴¹Daniel Geary, "The Moynihan Report: An Annotated Edition," *The Atlantic* 2015.

¹⁴²Stephen Steinberg, "The Liberal Retreat from Race During the Post-Civil Rights Era," in *The House That Race Built: Original Essays by Toni Morrison, Angela Y. Davis, Cornel West, and Others on Black Americans and Politics in America Today*, ed. Wahneema H. Lubiano (New York: Vintage Books, 1998).

Family: Crisis in Black America,” which appeared in 1978 and 1986 respectively.^{143,144} As David Theo Goldberg describes, the image of the failing black community that often circulated at this time was one of urban squalor and housing projects, places of “crime; of social disorder, dirt and disease; of teenage pregnancy, prostitution, pimps and drug dependency; workless and shiftless, disciplined internally, if at all, only by social welfare workers.”¹⁴⁵ Within this rhetoric, inner cities, the locations of pathological blackness, were evidence that black Americans were experiencing a crisis, were suffocating in conditions of “urban decay, rampant poverty and random violence.”¹⁴⁶ The trope of pathological blackness’s resurgence in the 1980s harnessed white anxiety during the Reagan administration’s escalation of the “war on drugs” and expansion of the prison-industrial complex. As historian Robin Kelley explains, this rhetoric often places blame on the men and women who lived in urban spaces instead of structural conditions of racist oppression:

In short, the problems facing the vast majority of black folk in today’s ghettos lie not with government policy or corporate capitalism, but with the people themselves—our criminally minded youth, our deadbeat daddies, and our welfare-dependent mamas.¹⁴⁷

Black communities, most often represented as inner-city black communities, are taken up as fundamentally flawed as a result of pathological black behavior.

¹⁴³William J. Wilson, *The Declining Significance of Race: Blacks and Changing American Institutions* (Chicago: University of Chicago Press, 1978)., Ruth Streeter, "The Vanishing Family: Crisis in Black America," (New York: CBS News, 1986).

¹⁴⁴While the trope never fully disappeared, many viewed its presence in the 1980s as a resurgence. Roberts.

¹⁴⁵David Theo Goldberg, *Anatomy of Racism* (U of Minnesota Press, 1990), 53.

¹⁴⁶Henry Giroux, "Living Dangerously - Identity Politics and the New Cultural Racism - Towards a Critical Pedagogy of Representation," *Cultural Studies* 7, no. 1 (1993): 17.

¹⁴⁷Robin D. G. Kelley, *Yo' Mama's Disfunktional!: Fighting the Culture Wars in Urban America*, (Boston: Beacon Press, 1997). eBook.

The affectively charged trope of pathological blackness collects and organizes metonyms of black matriarchy and rampant reproduction. Daniel Moynihan's report on the "Negro family" exemplifies the argument that matriarchal structures prevail in black communities and, given their deviation from the (white) American norm, are significantly responsible for black Americans' continued impoverishment. That is, the very fact that black women often head black families is supposedly enough to damn black communities to a "culture of poverty." His logic went as follows: the majority of Americans live in patriarchal family structures where men are the family breadwinners; black communities have matriarchal structures where women are often the heads of household; within this matriarchy black men are denied the forms of masculinity available to white men; these conditions reproduce black pathology.

The metonym of dysfunctional black matriarchy aligns with that of unbridled black reproduction within the trope of pathological blackness. As I described in chapter two, black Americans have been historically associated with the rampant reproduction of contagious disease and the rampant production of children. The Tuskegee syphilis experiments and forced sterilization are two abhorrent examples of just how far the U.S. is willing to go to protect white individuals from black productivity. Within the trope of pathological blackness, this tendency towards overabundance becomes proof of black Americans' unwillingness to practice of self-restraint.

The metonyms of black matriarchy and over reproduction cohere within the figure of the "welfare queen." This popular stereotype operates as a space where anxieties about black pathology and unbridled reproduction coalesce—the welfare queen is both the cause and effect of pathological black matriarchal structures. According to Wahneema Lubiano, Dorothy Roberts, and Robin Kelley, the welfare queen is a narrativized construction meant to stand in for the

anxieties produced by failed economic policies in the 1980s and 1990s. She is often represented as a supposedly devious, promiscuous, and morally depraved woman who is so invested in her own laziness that she continues to create black children just to receive federal support. The welfare queen's nonexistent husband reflects her connection to the metonym of black matriarchy. As Lubiano explains, the welfare queen implies "the lack of a job and/or income; the presence of a child or children with no father and/or husband; and, finally, a charge on the collective U.S. treasury."¹⁴⁸ She is evidence that matriarchal structures are doomed to failure in the United States—without financial support from a breadwinning husband she becomes corrupt and seeks government handouts.

The welfare queen is represented as a product of supposedly black pathological matriarchy, but she is also seen as its cause. Her connection to the metonym of unrestrained reproduction is evidenced in the assumption that the welfare queen has a horde of children she cannot support. By irresponsibly bearing black children, the welfare queen is blamed for reproducing the same conditions that created her own pathological behaviors. As Lubiano explains, she is represented as

the agent of destruction, the creator of the pathological, black, urban, poor family from which all ills flow; a monster creating crack dealers, addicts, muggers, and rapists—men who become those things because of being immersed in *her* culture of poverty.¹⁴⁹

Threatening black men, the black community's decline, these are merely consequences, inevitabilities of the welfare queen's deviousness. She is a "calculating parasite[]" deserving of

¹⁴⁸Wahneema Lubiano, "Black Ladies, Welfare Queens, and State Minstrels: Ideological War by Narrative Means," in *Race-Ing Justice, En-Gendering Power: Essays on Anita Hill, Clarence Thomas, and the Construction of Social Reality*, ed. Toni Morrison (New York: Pantheon Books, 1992), 338.

¹⁴⁹*Ibid.*, 339.

harsh discipline.”¹⁵⁰ If black matriarchal structures are the gardens of black pathology, welfare queens are the weeds that comprise and propagate it. The stereotype’s resilience evidences its affective power within contemporary racial configurations in the United States.

It might seem like black women who, against all odds, find financial independence would disprove some assumptions about black pathology. However, black women who achieve career-related success are also represented as evidence of black pathology. In both the case of the welfare queen and the successful black woman, it is black women’s relationships with and to men that make them pathological. Within late 20th century discourses of pathological black matriarchy, financially independent black women are often criticized for emasculating black men.

Claims of pathological emasculation can be organized into two (inevitably inextricable) categories: interpersonal acts of castigation and structural denials of black heteronormative masculinity. Interpersonal emasculation is represented as part of black women’s romantic relationships with black men. These women are difficult to be with, as they are permanently dissatisfied and prone to publicly cutting their partners down with personal attacks. Stereotypes of black women as angry, stubborn, and hateful are often grouped under the moniker “Sapphire,” the shrewish wife of the eternally inept Kingfish in the Amos and Andy television and radio series.

While Sapphire emasculates black men interpersonally, black matriarchal culture more generally is often represented as emasculating black men by denying them their rightful gender roles. Supposedly, this matriarchal culture gives women many of the roles traditionally held by men, including breadwinner and head of household—black men are then left with no healthy

¹⁵⁰Roberts, 18.

space to be heteronormatively masculine. Lubiano’s “emasculating black lady” demonstrates how the interpersonally castigating Sapphire articulates to matriarchal, structural emasculation. Like Sapphire, she publicly humiliates black men, but she does so by usurping their power instead of through angry tirades. Lubiano argues that Anita Hill filled this role during the Clarence Thomas hearings in the early 1990s. While Hill, a professional and successful black woman, was generally critiqued for publicly accusing Thomas of sexual assault, Lubiano suggests that these critiques were also laden with discomfort around Hill’s professional success. A common feeling at the time was that black female success was a direct cause of black male distress—black women like Hill were taking black men’s jobs and, as a result, their masculinity.¹⁵¹

This emasculation is sometimes read as the cause of black men’s pathological violence. As bell hooks writes of “urban studies of black life,” some scholarly work represents black men as uncontrollable and deranged because of their denied patriarchal role as father and primary wage earner:

The portrait of black masculinity that emerges in this work perpetually constructs black men as ‘failures’ who are psychologically ‘fucked up,’ dangerous, violent, sex maniacs whose insanity is informed by their inability to fulfill their phallogentric masculine destiny in a racist context.¹⁵²

One result of emasculating black female tendencies, then, is the threatening black man, another potent figure within discourses of pathological blackness.

Like the welfare queen, the image of the threatening black man functions as a powerful site of affective investment in the United States. This stereotype becomes a magnet and

¹⁵¹Lubiano.

¹⁵²bell hooks, *Black Looks: Race and Representation* (Boston: South End Press, 1992), 141.

organizing mechanism of affective energies, which are then taken up as “fear.” In fact, the image of the threatening black man is often explicitly deployed as a tool for deflecting criticism and invoking fear by prominent white cultural figures, especially politicians. In the 1990s, the trope was notoriously associated with William Horton, a Massachusetts man found guilty of raping a woman, assaulting her fiancé, and stealing their car after escaping from prison while on a legal furlough. Horton’s name and image were popularized during the 1988 presidential campaign when then-candidate George H.W. Bush used the trope of the threatening black man to attack opponent Michael Dukakis, then governor of Massachusetts. Horton’s mug shot was used to suggest that electing Dukakis would mean putting the country in danger because he had a history of releasing threatening black men into the community.

Within the discourse of pathological blackness, black men threaten the health and safety of all American citizens, including black women. Alan Feldman describes the image of the threatening black man as based upon the idea that black men are uncivilized, animalistic, and, therefore, incapable of self-control. In his analysis of the beating of Rodney King, Feldman argues that depictions and descriptions of King as animalistic pointed to the assumption that this threatening black man was pre-social, and therefore outside of the realm of appropriate police conduct.¹⁵³ Traditional forms of heteronormative masculinity operate as civilizing forces; were black men given access to these roles they could learn how to funnel their testosterone-fueled energy into productive forms of competition, including capitalism. Without these opportunities, however, black men become something pathological and threatening—an adolescent or adult male who never learned how to control his animal impulses. Within the trope of pathological

¹⁵³Allen Feldman, "From Desert Storm to Rodney King Via Ex-Yugoslavia: On Cultural Anaesthesia," in *The Senses Still: Perception and Memory as Material Culture in Modernity*, ed. C. Nadia Seremetakis (Chicago: U of Chicago P, 1994).

blackness these men are violent, uncontrolled, and indifferent to the consequences of their actions.¹⁵⁴ They are “animals” and the “fucked-up” progeny of black matriarchs.¹⁵⁵ Metonyms of black matriarchy, irresponsible reproduction, and threatening black men assemble within the metaphor of pathological blackness to provoke a national investment in the belief that black women are responsible for black oppression and the supposed decline of black communities.

Pathological Blackness in SISTA

Many components of the trope of pathological blackness appear within SISTA’s materials, including representations of black communities in decline, black women as responsible for this decline, and black men as said decline’s threatening productions. Often represented as the potent source of black pathology, black women in SISTA become a targeted site for intervention precisely because SISTA’s tactics presume that this destructive force can be altered into a productive one. This alteration, however, keeps intact—and might reinforce—the negative presumption of black female responsibility for pathology in the first place.

Key to SISTA’s logic for intervention is its assumption that black cultural values and behaviors have led to the current HIV/AIDS crisis in black communities. This claim is not malevolent, and it does not fundamentally resemble the attacks of some cultural theorists on the “tangle of pathology” in black communities. However, SISTA’s attempts to nationally scale a

¹⁵⁴This dissertation is not about police violence, but I would be loath to write a word about stereotypes of threatening black men without at least mentioning their deadly consequences. After all, it is no doubt true that Office Darren Wilson felt as though, when he grabbed Michael Brown, he really was a “five-year-old holding onto Hulk Hogan” (Grand Jury Volume 5 212). However, this is not because Wilson actually was a five-year-old or that Brown was a 6’7” 302 lb. professional wrestler. No, Darren Wilson is a 6’4” 210 lb. man and Michael Brown was a 6’4” 290 lb. man. The two were far more equally matched in size than Wilson described, but that does not mean he felt they were. It is probably true that Darren Wilson felt terrified of Michael Brown, but that had something to do with the 80-pound weight difference between the two and quite a lot to do with the fact that Brown was black and, therefore, violently threatening.

¹⁵⁵Feldman, 99.; hooks, 141.

community-specific and culturally relevant intervention into individual behaviors required researchers to translate population-level statistics into group-level recommendations; culturally informed “risk factors” function as sites where statistical trends map onto individual bodies. The discourse of culture, a governmental requirement, becomes a nebulous stand-in for socio-economic factors and helps SISTA’s creators attempt to make sense of why black Americans might be acquiring HIV/AIDS at higher rates than white Americans.¹⁵⁶

In particular, SISTA connects the metonym of black community disintegration with high HIV rates among black women: with the decline of black communities comes an increase in “risky behaviors.”¹⁵⁷ Wingood and DiClemente quote Mindy Fullilove and her coauthors in multiple publications when describing why these risky behaviors might persist among black women:

Although it might seem that the inability of an African American woman to ‘just say no’ in a high-risk situation contributes to the maintenance of the imbalance in heterosexual relationships, this female powerlessness is best understood in the larger context of change in the African American community.¹⁵⁸

These authors argue that public health theorists and practitioners should remember that the black community is in peril and is undergoing significant negative changes, including drug use and

¹⁵⁶Michel Foucault’s *History of Sexuality, Vol 1* informs my reading of this move from population-level statistics to individual behavior recommendations. Foucault argues that sexuality operates as a site of governmental intervention precisely because it collapses the space between populations and individuals. Michel Foucault, *History of Sexuality, Vol 1: An Introduction* (New York: Vintage Books, 1990).

¹⁵⁷While the logic of risk factor makes sense within dominant medical understandings of HIV/AIDS and public health trends, it is not the only way of interpreting the spread of AIDS among black Americans. The contemporary shift to “treatment as prevention” (which, of course, still requires the behavior of taking a course of antiretrovirals for the remainder of one’s life) or even the emerging use of antiretrovirals as prophylaxis offer two alternatives to the primarily behavior-focused interventions of the early 1990s. Adam Geary, however, points out a different option: reading HIV/AIDS as an endemic disease caused by racism and racist structures.

¹⁵⁸Gina M. Wingood, Dinesha Hunter-Gamble, and Ralph J. DiClemente, “A Pilot Study of Sexual Communication and Negotiation among Young African American Women: Implications for HIV Prevention,” *Journal of Black Psychology* 19, no. 2 (1993): 192.

male impoverishment. In Fullilove et al.'s terms, black men and women are facing "community disintegration."¹⁵⁹ And, more specifically, two primary forces cause this disintegration: the crack epidemic and related black male disenfranchisement.

When describing the latter, Fullilove et al. repeat much of the logic discussed above regarding the trope of pathological blackness as the result of male disempowerment, although they attribute this disempowerment to more than emasculation by black women. Partially the result of white feminism, structural inequality, the war on drugs, and mass incarceration, black men have not only lost their role as patriarchs but are also increasingly absent from black communities. As one of Fullilove et al.'s community participants put it:

the fact that black women are doing well educationally and professionally, I think that's hurt their relationships. It's just a reality and it hurts. And then you have whole elements of black men who are cut out by alcohol, drugs and the jails. There's just so much."¹⁶⁰

Fullilove et al. expand on this participant's logic, suggesting that declining amounts of "marriageable men—that is, men who are heterosexual, employed, and not incarcerated" leave black women a limited pool of potential partners.¹⁶¹ For this participant, black women's career and educational successes further reduce their ability to find loving partners. Men are thusly granted greater sexual freedom, empowered by their relative scarcity. Sexual partnerships are constantly ending and beginning, theoretically increasing the spread of disease at the same time that women have "lost ground in their ability to insist on protection from infection."¹⁶²

¹⁵⁹Mindy Thompson Fullilove et al., "Black Women and AIDS Prevention: A View Towards Understanding the Gender Rules," *Journal of Sex Research* 27, no. 1 (1990): 63.

¹⁶⁰Ibid., 60.

¹⁶¹Ibid., 61.

¹⁶²Ibid., 62.

Within the trope of pathological blackness, the decline of black communities is almost always the result of internal dysfunction, especially dysfunction related to matriarchal family structures. While these authors do not explicitly state that female-headed families lead to community disintegration, they do imply that black women are at least partially at risk for HIV/AIDS because of disintegrating black communities marked by the absence of normatively masculine black men who can function as caring, long-term sexual partners. In the 1993 article that directly led to the creation of SISTA, Wingood et al. claim that public health practitioners “must address what negotiating condom use means for ethnic minority women who possess a personalized set of passions, frustrations, and anxieties regarding sexuality and safer sex.”¹⁶³ These emotions, it seems, are the result of declining black communities.

SISTA suggests threatening black men are formidable elements of supposedly disintegrating black communities. As described above, the trope of pathological blackness suggests that black men, denied traditional patriarchal roles, are abnormally uncivilized and incapable of self-control. Within SISTA, black men are primarily discussed in their role as sexual partners, and within this role they are often represented as dangerous sources of temptation, bad influences who suggest or demand risky sex.¹⁶⁴

In rare instances, SISTA’s materials represent black men as dangerous and willing to physically or sexually abuse women who request safe sex. Fullilove et al. claim that participants in their focus groups shared a fear of being abused for attempting to negotiate condom use.

¹⁶³Wingood, Hunter-Gamble, and DiClemente, 200.

¹⁶⁴I should note that all of SISTA’s primary and related materials assume compulsory heterosexuality on the part of black women. Nowhere are same-sex relationships referred to or acknowledged. The intervention targets heterosexual women, but the absence may also be articulated to attempts by black leaders to distance themselves from further association with sexual pathology. For more, see: Cohen.; Rhonda Williams, "Living at the Crossroads: Explorations in Race, Nationality, Sexuality, and Gender," in *The House That Race Built*, ed. Wahneema Lubiano (New York: Vintage Books, 1998).

Wingood et al. cite “the threat of sexual abuse” as one of the “factors contributing to power imbalances between African American men and women.”¹⁶⁵ A scenario in the SISTA manual describes Keisha’s partner Lamar, who likes to “get around with some of the other campus honeys” and told Keisha that if she brings up using condoms again “he would hurt her bad.”¹⁶⁶

More frequently, SISTA represents black men as threatening in their unrestrained pursuits of unsafe sex. They are women’s natural opponents, determined to have sex without a condom and unresponsive to requests for protected sex. Many of these stereotypical representations of black male dangerousness appear in the SISTA manual’s scenario activities, where SISTA participants are asked to role play a variety of sex- and risk-based situations. In these scenarios men are often resistant to wearing condoms and SISTA’s participants are asked to either explain how they or a fictional character might respond. The following scenarios from SISTA’s manual exemplify SISTA’s representations of threatening black men:

1. Every time you bring up using a condom your partner refuses to listen¹⁶⁷
2. Your son’s father Keshawn has multiple sexual partners—you like spending time with him and are afraid that if you don’t have sex with him he won’t come around anymore¹⁶⁸
3. Terrell broke up with Tamika because she refused to have unprotected sex, had unprotected sex with Shanice for two weeks, then gets back together with Tamika¹⁶⁹

These three men are either having sex without condoms, sleeping with multiple partners, or both. SISTA represents these behaviors as risk factors and attempts to help participants successfully avoid these threats.

¹⁶⁵Wingood, Hunter-Gamble, and DiClemente, 192.

¹⁶⁶Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 213.

¹⁶⁷Ibid., 235.

¹⁶⁸Ibid., 141.

¹⁶⁹Ibid., 233.

The SISTA intervention manual includes a DVD of the public health film *It's Like This*, which attaches dire consequences to the threatening behavior of one man, James. The video's main character, Gladys, is pregnant and in a long-term relationship with James, so when she finds out she is HIV positive she immediately blames him. The viewer knows that James has had unprotected sex with multiple partners in addition to his unprotected sex with Gladys, but James claims to be HIV-negative. In a suicide note, James admits to Gladys that he was positive, gave the virus to her, and likely infected their unborn child.¹⁷⁰ In this video, James fulfills the role of threatening black man; he is sexually mischievous and morally suspect. Even James himself admits that he was a threat to Gladys's health and accepts responsibility for her infection as well as that of their potentially HIV-positive offspring. Importantly, James does all of this in a suicide note; his attempt to take responsibility for his behavior was both ego and life destroying. Cruelly, James can never become the caring partner Gladys desires—he is always a threatening black man, albeit one who eventually acknowledged his own threat.

While rare, SISTA does include a few representations of rational, caring black men who also desire disease-free lives. Unfortunately, each of these alternatives to the threatening black man trope is almost immediately undercut by more examples of men behaving badly. For example, SISTA's "Behavioral Self-Management Training" session tells participants that "many African Americans use condoms," "African American women's partners use condoms," and "if a woman asked them to use a condom, many men say they would use a condom."¹⁷¹ Black men are, apparently, willing and able to use condoms—just not the black men in SISTA. These

¹⁷⁰Ibid., 108.

¹⁷¹Ibid., 198.

“facts” about condom use are immediately followed by two negative representations of black men who are uninterested in or incapable of making smart sexual decisions:

- Candice’s partner Roger, who frequently uses alcohol to deal with stress and drunkenly sleeps with other women
- Dewayne, who caught your eye at the club and claims he doesn’t need condoms¹⁷²

A later session also weakens a potentially positive message. Steve, a black man willing to “hug and kiss” with Beverlee, is also a threatening tempter: he convinces her to smoke a joint two years after she quit.¹⁷³ Beverlee, like Candice and the SISTA participants themselves, are taught to never trust black male romantic interests or sexual partners.

SISTA’s representation of threatening black men and declining black communities reveal its connections to the more widely circulating discourse of pathological blackness. Pathologically destructive black behavior has been a part of public health discourse in the United States for over one hundred years, and many early public health programs excluded black Americans because they were presumed to be incapable of changing these unhealthy habits. The trope shifted in the 1960s, and dangerous black behavior became articulated to black poverty as well as disease susceptibility. Both the trope’s historical connection to public health programming and its particular metonym of black familial dysfunction in the 1990s were readily available to SISTA’s creators, who were looking to create an HIV/AIDS program that felt relevant for black women. However, SISTA’s creators also sought to dispel the trope’s most insidious assumptions by incorporating positive representations of blackness through the discourse of Afrocentricity.

¹⁷²Ibid., 199.

¹⁷³Ibid., 230.

The Trope of Afrocentric Blackness

SISTA's creators consciously used representations of Afrocentric blackness as a tool for increasing participants' feelings of "ethnic and gender pride." Given the above discussion of tropes of pathological blackness, it is no surprise that public health researchers and practitioners wanted to find a positive discourse of blackness to share with black women "at-risk" of acquiring HIV/AIDS. Furthermore, it is not surprising that the particular positive representation they chose to employ was Afrocentricity, as Afrocentric rhetorics displace pathology as either the effect of white excessiveness or a complete lie. However, by deploying Afrocentric blackness as a source of black positivity, SISTA reinforces understandings of black women as potent creators of black culture. Afrocentric rhetorics often challenge representations of pathological blackness through images of black familial heteronormativity that metonymically place women at the center of black cultural reproduction.

As mentioned above, SISTA was developed quickly in an attempt to move any available resources into communities with climbing HIV/AIDS rates. Afrocentric elements were added to SISTA in two key moments: first, when the original researchers used information from focus groups in Bayview-Hunter's Point to build their intervention and secondly when the CDC created additional implementation materials for SISTA's national distribution. I do not know what transpired during SISTA's initial creation in the very early 1990s—the raw data from the focus groups in Bayview-Hunter's Point is not available and I was not able to speak with Dr. Ralph DiClemente or Dr. Gina Wingood. However, the second round of Afrocentric inclusion has been well-documented in a published research article, and I was able to speak with a few women who helped facilitate the changes.

The second round of Afrocentric inclusion occurred in the early 2000s, after a pilot project that distributed SISTA to 16 CBOs across the country. Many of the CBOs reported needing more help developing culturally relevant materials, and the CDC responded by significantly increasing the number of Afrocentric elements in the intervention. By the time these elements were added, Afrocentricity was a strongly held antidote to prevailing racist messages of pathological blackness. In fact, SISTA's use of Afrocentrism to offset the negative consequences of the trope of pathological blackness was perfectly in line with Afrocentricity's historical and contemporary uses as an explanatory tool that accounted for any dysfunctional black behaviors by tying them to oppressive white culture.

SISTA's creators used the works of Molefi Asante, especially his text *Afrocentricity*, to theorize their use of Afrocentric elements. Asante was not the first American author to call for black Americans to connect to their African heritage as a mode of resisting U.S. oppression.¹⁷⁴ Some influential 20th century examples of Afrocentric thinking include pieces by W.E.B. DuBois, many works created during the New Negro Movement, and the poetry and theoretical writings of the Negritude movement. These works frequently used imagery and sounds of African culture to help men and women from Africa and the African diaspora "re-root" themselves in a "history, a geography and a culture" in order to revolt against "European reductionism."¹⁷⁵

The form of Afrocentricity forwarded by Asante and present within SISTA is more directly traced to the political projects of Maulana Karenga and Cheikh Anta Diop. Karenga was

¹⁷⁴Molefi Kete Asante, *Afrocentricity*, Revised ed. (Trenton, NJ: Africa World Press, 1988).

¹⁷⁵Aimé Césaire, "Negritude," in *African Presence in the Americas*, ed. Carlos Moore (Trenton, NJ: Africa World Press, 1995), 14.

a key leader of Afrocentric political organizing around black power in the 1960s and invented the holiday Kwanzaa. Diop's *The African Origin of Civilization: Myth or Reality* has been especially influential, as its central claim, that "ancient Egypt was a Negro civilization" was a fundamentally political argument during a time when many African countries were revolting against their colonial oppressors.¹⁷⁶ Kwame Anthony Appiah has called Diop the hero of the scholarly end of Afrocentrism.¹⁷⁷

While Diop had been active politically and academically since the 1950s, *The African Origins of Civilization* was not published until the 1970s. In the 1980s, Afrocentric theorists, including Asante and Martin Bernal, adjusted and extended his claims, arguing not only that Egypt was a site of advanced black civilization but also that Western countries had erased this history and replaced it with representations of black pathology in order to legitimate racist practices. While Bernal's frequently criticized *Black Athena* explored this through a historical project, explaining how Western historians in the 18th and 19th centuries rewrote history to extract African influences, Asante's was a cultural polemic that called for black Americans (whom he refers to as Africans) to reconnect with their African culture and rituals. Such a reconnection, he argued, would allow black men and women to slough off reductionist Western worldviews and perceptions and their resultant oppression. Instead, black Americans should recognize the primacy of African culture in their lives and celebrate its "core characteristics."¹⁷⁸

¹⁷⁶Cheikh Anta Diop, *The African Origin of Civilization: Myth or Reality*, trans. Mercer Cook (New York: Lawrence Hill & Company, 1974), xiv.

¹⁷⁷Kwame Anthony Appiah, "Europe Upside Down: Fallacies of the New Afrocentrism," in *Perspectives on Africa: A Reader in Culture, History and Representation*, ed. Roy Richard Grinker, Stephen C. Lubkemann, and Christopher B. Steiner (Oxford: Wiley-Blackwell, 2010).

¹⁷⁸Ama Mazama, "The Afrocentric Paradigm: Contours and Definitions," *Journal of Black Studies* 31, no. 4 (2001): 393.

Scholars have critiqued Asante's theory of Afrocentrism for many reasons, including its essentialist representations of Africa as one singular culture and its exclusion of African scholars (besides Diop).¹⁷⁹ While Afrocentrism functioned as a powerful corrective to racist assumptions of black pathology, critics claim that its atavistic portrayal of a monolithic African culture undercuts its cultural value. As Appiah says of the theory's representations of Africa:

It is surely preposterous to suppose that there is a single African culture, shared by everyone from the civilizations of the Upper Nile thousands of years ago to the thousand or so language-zones of contemporary Africa.¹⁸⁰

Rhetorician Mark McPhail explains that Appiah's claims have been supported by African intellectuals, whose work appears nowhere in Asante's theories. Paul Gilroy, too, describes the representation of Africa within Afrocentric theory as "partial and highly selective. Contemporary Africa...appears nowhere."¹⁸¹ One reason these critiques have been so influential is because of the central role this unified African culture plays within Asante's version of Afrocentricity. It is the primary space where black Americans are encouraged to find their true selves—a site of black purity prior to the cultural degradation caused by Western colonialism. This representation of a unitary Africa is a defining and problematic element of Afrocentric theory.

Afrocentric Blackness in SISTA

Just as Afrocentric theory used a homogeneous, pre-colonial representation of African culture to offset racist tropes of pathological blackness, SISTA's creators used Afrocentric representations of a generalized Africa to carve out a space of "ethnic and gender pride" for

¹⁷⁹Some particularly damning critiques of Afrocentrism involve its gender politics. I explore these claims in the final section of this chapter, where I explore how the tropes of pathological blackness and Afrocentric blackness collectively position black women as potent reproductive sites of pathological black culture.

¹⁸⁰Appiah, 50.

¹⁸¹Paul Gilroy, "It's a Family Affair," in *Black Popular Culture*, ed. Gina Dent (New York: The New Press, 1998), 307.

SISTA participants. Afrocentricity, with its emphasis on a supposedly non-degraded African heritage available to all black Americans, provided an untainted form of blackness that SISTA's creators could use to offset popular stereotypes of conniving and emasculating black women to recognize their personal power and begin protecting themselves.

In an article about their response to the intervention's pilot study, SISTA's developers describe their inclusion of Afrocentrism as a "strategy to instill pride and empowerment for people of African descent."¹⁸² Like Asante's version of Africa, the version represented in the original SISTA intervention is generalized and attached to a mythic past. Many of the arguments against Asante's original theoretical formulation apply to SISTA's representations as well. The metonyms of *kente* cloth, Swahili terminology, images of ancient African places and peoples, and African proverbs are linked together in SISTA corresponding to the metaphor of Africa. This tropological assemblage provides for affective investments into a mythological and homogeneous space of black genesis, which SISTA's participants are urged to use as support in their personal fights against contemporary pathological blackness.¹⁸³

SISTA's co-articulation of Swahili phrases and images of *kente* cloth reveal its investment in the metaphor of homogeneous Africa. *Kente* cloth is a recurring visual element of the SISTA intervention manual and can be seen on every page in the manual's header and footer. To even more firmly connect the SISTA intervention with *kente*, the manual's cover page includes an image of five black women looking at each other surrounded by a *kente* border and captioned with the word SISTA created entirely out of *kente* cloth (see Appendix B). Together,

¹⁸²Prather et al., 150.

¹⁸³I do not mean to judge SISTA's creators here. Their use of Afrocentrism is in line with Asante's, and while I agree with the critiques of his work I do not in any way cast blame upon SISTA's creators and facilitators for using it.

the manual's cover, section headings and footnotes make *kente* cloth a key visual component of the manual. If *kente* were the only African imagery used in the SISTA manual it might be read as a specific reference to the Ashanti people of Ghana who have traditionally created the fabric.¹⁸⁴ However, SISTA never mentions the Ashanti (or any particular African peoples), and SISTA connects *kente* imagery with Swahili terminology, marking both as metonyms organized within the metaphor of Africa.

SISTA uses Swahili in its opening section on ethnic and gender pride, although it never describes the language being used as Swahili and instead just incorporates words from the language. The first session of SISTA includes an “*Umoja* Circle ice breaker” wherein women sit in a circle and watch while the facilitator lights a candle and reads, “This candle symbolizes unity, *UMOJA!*”¹⁸⁵ Participants then pass the candle around and say “*Jambo*, my name is _____. I bring _____ to the session.”¹⁸⁶ In Swahili *umoja* means unity and *jambo* means hello, and one would be most likely to hear them in eastern Africa, where Swahili is an official language of Tanzania, Kenya, and Uganda.¹⁸⁷ The Ashanti, who make *kente* cloth, do not speak Swahili—they speak the Akan language. SISTA does not tell its participants the origins of these words, implying that “Africa” is a homogeneous space that all black women can connect to.

SISTA encourages participants to connect with this metaphorical Africa as a pre-colonial place from their collective past. In Prather et al. the authors reference some objects SISTA facilitators can use as resources when implementing the program. One of these items is a CD of a

¹⁸⁴John Gillow, *African Textile: Color and Creativity across a Continent*, Compact ed. (New York: Thames & Hudson, 2016).

¹⁸⁵Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 56.

¹⁸⁶*Ibid.*, 57.

¹⁸⁷“Swahili,” *Ethnologue*, <http://www.ethnologue.com/language/swh>.

female drumming troupe, included “because drumming played an integral part of African culture—serving as a method of communication.”¹⁸⁸ “African culture” exists in the past, and drumming “played” an integral part in it—contemporary Africa is erased. That article’s authors also describe an activity from a facilitator’s training session that emphasized the Baobab tree, which is “one of the oldest living trees” and often provided shade for “elders from African villages” as they made important decisions. The training program used the tree to identify group “elders” and create an image of the Afrocentric room as a “refuge where Black women could retreat and express themselves honestly without prejudice and harm.”^{189,190} The Baobab tree, like the female drumming troupe, conjures images of an ancient Africa. It is expressly celebrated for its age, and elders “would” confer there, in the past tense.

The SISTA manual also uses “African” proverbs to encourage participants to connect with an African past, and like the words *umoja* and *jambo*, the proverbs are divorced from any particular cultural heritage. At the end of the implementation manual, in a section describing the need for continued evaluation of the SISTA intervention, the manual claims, “There is an African proverb that states, ‘A Horse has four legs, yet it often falls.’ Even though our programs or interventions may appear to have all the necessary components it is important we evaluate and

¹⁸⁸Prather et al., 155.

¹⁸⁹Ibid., 156.

¹⁹⁰Interestingly, SISTA’s creators missed an opportunity to reference contemporary African accomplishments as part of their Afrocentric pride building. In a session on facts about HIV/AIDS and practices that put African-American women at risk of infection, the SISTA manual explains that HIV can be prevented by “Abstaining from sex, drugs and alcohol; Being faithful or postponing sexual activity; Condom usage” (101). This is a variation on the ABC model of HIV prevention, which was developed in response to Uganda’s successful public health campaign to halt the spread of HIV in that country in the late 1980s and early 1990s. While the model has been taken up and distributed nationally as part of the 2003 landmark legislation in the United States to fund HIV prevention and treatment efforts internationally known as PEPFAR, it’s Ugandan origin is well-established. By not including this information, it is clear that SISTA’s developers had a very specific understanding of Africa’s role within this intervention.

re-evaluate the situation.”¹⁹¹ When the manual describes the importance of emotional sensitivity during SISTA sessions, facilitators are encouraged to “Remember the African proverb that states, ‘He who upsets a thing should know how to rearrange it.’”¹⁹² These references to “African” proverbs, again, encourage an understanding of Africa as a homogeneous whole and the knowledge that comes out of it as somehow disconnected from any knowledge creators. These are not “Ashanti proverbs” or “Zulu proverbs,” but “African proverbs.”¹⁹³

The poem “Ego Tripping,” referenced in this dissertation’s introduction, and its framing within SISTA also represent Africa as a homogenized, atavistic place of origin (see Appendix A). Women are encouraged to connect with the poem in order to feel a sense of ethnic pride and then use that pride for personal empowerment. Nikki Giovanni’s narrator in “Ego Tripping” seems to embody the entirety of Africa. Within the poem, this African narrator describes things that she is proud of, but these things are only ever physical in nature or connected to ancient or fabled Africans. The poem references the following physical attributes of Africa: the Congo, the Fertile Crescent, the Nile, the Sahara desert, a gazelle, diamonds, uranium, semi-precious jewels, and gold. The poem also mentions the building of the Sphinx and the pyramids, Nefertiti, Hannibal, Noah, and “drinking nectar with allah.”¹⁹⁴ None of the individuals mentioned lived within the past 2000 years. While the poem does use some present-tense phrases, such as “My bowels deliver uranium/the filings from my fingernails are/semi-precious jewels;” it is only

¹⁹¹Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 257.

¹⁹²Ibid., 29.

¹⁹³The Prather et al. article does include one reference to a specifically Ethiopian proverb used at the training conferences: “when spider webs unite, they can tie up a lion,” 77.

¹⁹⁴Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 76.

when referring to physical features of the continent. After reading the poem, facilitators are supposed to say:

As we just read, as women of African descent, we have a lot to be proud of. We were queens, our sons conquered Roman empires, and we have a whole continent to call 'home.' We often forget our history and legacy, and the important role that African American women have played.¹⁹⁵

For SISTA, Africa is an ancient continent that contemporary black women should connect to in order to feel a sense of ethnic pride. It is a stable, shared memory, not a modern collection of nations and peoples with myriad cultural traditions and languages. By presenting it as such, black American women can then rely upon this ancient version of blackness to overcome their contemporary conditions of pathological blackness.

SISTA's representation of Africa within the Amharic version of the manual highlights the original manual's deployment of homogeneous Afrocentric imagery. As I mentioned in chapter one, the Amharic and U.S. manuals are very similar; the Amharic version of the manual often replaces specific American references with Amharic ones or even leaves these American references completely intact.¹⁹⁶ The trope of pathological blackness, for instance, is very similar in the two manuals: HIV/AIDS is represented as crippling black women's lives, Amharic men are represented as threatening, and women are seen as potent sites of cultural reproduction. Many of the intervention's scenarios have changed, but their ultimate arc is the same; stories about Candice and Roger discussing sexual history and negotiating condom use are replaced with ones about Desta and Afework doing the same thing. Similarly, the trope of Afrocentric blackness maintains many of its original features in the Amharic manual. However, some of these

¹⁹⁵Ibid., 62. For the manual's complete version of the poem see Appendix A.

¹⁹⁶As I mentioned in the introduction, I was told by Amna Osman that a version of the manual might exist that is in Amharic and contains more specific cultural references, but this version is not currently held by NASTAD or CDC officials, nor is it available through the internet archives where I was able to find other versions of the manual.

Afrocentric components are missing, which calls attention to the generalized version of Africa present in the U.S. manual

Swahili words and the poem “Ego Tripping” are both absent in the Amharic version of the SISTA manual. In order to be culturally relevant for actual Africans, SISTA’s disseminators had to remove the original manual’s use of Swahili as a generic “African” language. For example, the Swahili words in SISTA’s first session have been replaced: The “*Umoja* Circle” becomes the “*Andinet* Circle” and “*Jambo*” becomes “*Dananish*.” Amharic participants would not recognize Swahili as distinctly “African” because they are African and speak Amharic; Swahili is one of thousands of languages spoken on the African continent.

The poem “Ego Tripping” is absent from the Amharic manual, replaced by a selection from “The Transformation of Silence into Language and Action” by Audre Lorde. The entire excerpt, which is also used in a later session, reads as follows:

We can learn to work and speak when we are afraid in the same way we have learned to work and speak when we are tired.

For we have been socialized to respect fear more than our own needs for language and definition, and while we wait in silence for that final luxury of fearlessness, the weight of that silence will choke us.¹⁹⁷

This poem is definitively *not* about connecting to a triumphant, ancient past. While Lorde does call for women to find strength in their past experiences, it is through personal, lived experiences that are not connected to a collective period of cultural victory. In the original version of the manual, “Ego Tripping” was used to help women combat representations of pathological blackness and was followed by a prompt for participants to remember that they were “queens”

¹⁹⁷Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 75.

and have a whole continent to call “home.” Like the replacement of Swahili words and phrases, this poem’s exclusion reveals its lack of relevance for Amharic women who currently call Ethiopia, a country in Africa, home. These women might not connect to representations of African women who “burned out the Sahara desert” since they live in a mountainous, forest-covered region that contains Ethiopia’s largest inland body of water, Lake Tana.¹⁹⁸

While the Amharic version of the manual maintains many of SISTA’s original elements, it removes some of the Afrocentric components, seemingly in an effort to make the intervention more culturally relevant for Amharic women. These changes reveal the original manual’s deployment of the trope of Afrocentric blackness as generalized and non-modern. While the metaphor of Africa is part of SISTA as a culturally relevant corrective to contemporary assumptions of pathological blackness, Afrocentricity’s precepts constrain the possible positions for black women within SISTA’s deployment of this trope.

Afrocentricity and the Heteronormative Black Family

In its attempts to offset the trope of pathological blackness, especially that trope’s representations of black dysfunction, the trope of Afrocentric blackness offers its own representation of black families as heteronormative and patriarchal. As Rhonda Williams, Wahneema Lubiano, and Paul Gilroy note, Afrocentric theories (especially the works of Molefi Asante) represent black families as natural sites of black cultural reproduction and suggest that

¹⁹⁸I want to briefly reiterate my contention that both the tropes of pathological blackness and Afrocentric blackness are present in SISTA as a response to contemporary, already circulating understandings of blackness. SISTA was created in a moment of crisis, and its international distribution was constrained by the limited budgets of government agencies and non-governmental organizations seeking to halt the global spread of HIV/AIDS. As many of my interviewees mentioned, it is far more expensive to create a new intervention than to tailor one for a new population. Furthermore, the flow of funds from the United States to African countries specifically for HIV/AIDS interventions makes it far more likely that a U.S. intervention will travel to Amhara than vice versa. It is, therefore, unsurprising and understandable that many of the U.S. manual’s original components were only partially adjusted for the Amharic version.

these families should be headed by black men and supported by black women. As Gilroy explains, “In this authoritarian pastoral patriarchy, women are identified as the agents and means of this reproductive process.”¹⁹⁹ Because of their “natural” roles as familial nurturers, black women are taken up as potent producers of blackness.

As a result of this emphasis on black female cultural reproduction, the trope of Afrocentric blackness offers a limited repertoire of available subject positions for black women. Black women are expected to be role models for their children and subordinate to their husbands as well as straight and sexually disciplined. Williams explains that Afrocentricity’s staunch boundaries for acceptable black female behavior are responses to racist representations of pathological black families: “Black heterosexuality is constructed as unnatural, already beyond God’s law and nature’s logic. Accordingly, the redemption of African-American families requires the harnessing and disciplining of black sexual behavior.”²⁰⁰ Williams, who cites bell hooks, explains that these reactionary gender roles are especially destructive in their homophobic manifestations, which “mediate the meanings of queerness for many African Americans.”²⁰¹

For Gilroy and Lubiano, Afrocentricity’s emphasis on familial respectability reduces its political possibilities. Like the trope of pathological blackness, the trope of Afrocentric blackness suggests that no matter where contemporary racial oppression originated, be it from centuries of structural racism in the United States or centuries of Western colonization in Africa, black families are responsible for ending it. Gilroy argues that “disastrous consequences...follow when the family supplies not just the only symbols of political agency we can find in the culture, but

¹⁹⁹Gilroy, 307.

²⁰⁰Williams, 144.

²⁰¹Ibid., 147.

the only object upon which that agency can be seen to operate as well.”²⁰² When the problem resides within black families, the solution resides there, too.

Lubiano explains that Afrocentricity’s interventions into familial practices and tactics of personal responsibility reinforce racist rhetorics of “family values” that authorize the policing of female desire and moral intervention into private spaces.²⁰³ She calls out the “aesthetics of state repression dressed up in black face,” including “slogans of black responsibility,” “increased attention to black self-help,” and “the valorization of black male self-reassertion predicated on the silencing of women, of black gay males, of anyone who falls outside of the black nationalist ‘family.’”²⁰⁴ In short, by focusing on black familial respectability the trope of Afrocentric blackness challenges some elements of the trope of black pathology but reinforces the assumed causal relationship between the metonyms of black female reproduction and cultural responsibility.

The SISTA intervention, in its deployment of the trope of Afrocentric blackness, is shaped by that trope’s representations of black femininity and personal responsibility. Suggestions that participants attach to their African heritage or find strength in a time when they were queens recall contemporary understandings of patriarchal Afrocentricity and reinforce images of black women as uniquely potent sites of cultural transmission. Alongside representations of black female responsibility within the trope of pathological blackness, these depictions situate black women and their personal behaviors as primary sites of cultural

²⁰²Gilroy, 315.

²⁰³Wahneema H. Lubiano, ed. *The House That Race Built: Original Essays by Toni Morrison, Angela Y. Davis, Cornel West, and Others on Black Americans and Politics in America Today*, 1st Vintage Books ed. (New York: Vintage Books, 1998), 246.

²⁰⁴*Ibid.*, 251.

intervention. SISTA is one such cultural intervention, a state-sponsored attempt to alter black women's risky sexual behaviors.

Conclusion

SISTA is designed to help black women make healthy sexual choices, and it does so by reinscribing logics that position black women as uniquely capable of changing culturally produced behaviors. The metonym of powerful black female cultural productivity is present in both the tropes of pathological and Afrocentric blackness. Importantly, the intervention reinforces this metonym and the affects that charge it by representing this black female potency as a valuable asset black women should use to protect themselves from potential harm. Whereas the above tropes represent black female productivity as to blame for black pathology or best directed towards supporting black men, the SISTA intervention encourages women to celebrate it as a personal strength and expend it in service of their own healthy choice-making.

In chapter four I explore one final trope of blackness present within the SISTA intervention: the trope of the strong black woman. Constrained by its historical conditions of emergence and the fecundity of the tropes of pathological and Afrocentric blackness, SISTA presents the strong black woman as uniquely capable of overcoming contemporary challenges and assuming personal responsibility for her health. Because of her cultural potency, the strong black woman is asked to take on tasks many others are deemed incapable of completing. Luckily, the trope implies, she is entirely capable of transcending any obstacles she faces. She is her community's hope and her own savior because she is always working, always finding a way to do what is best for herself while at the same time doing what is best for her family and community. She uses the meager resources she has to make something out of nothing, to be strong, to be safe, to survive.

CHAPTER FOUR: THE STRONG BLACK SISTA

If contemporary American black culture is pathological, black men are dangerous, and black women are ultimately responsible for their own survival and wellbeing, then it takes an especially strong black woman to fend off encroaching threats. Only by being—or becoming—a strong black woman can a participant in SISTA hope to avoid contracting HIV/AIDS. In this chapter, I argue that SISTA deploys and adjusts the trope of the “strong black woman.” SISTA’s version of the trope (which I refer to as the strong black SISTA) is unique in its emphasis on the use of black female strength as a means for taking care of oneself and its assumptions that black women may need help in order to become strong. To argue these points, I will first describe previous theorizations of the trope of the strong black woman and then describe the version of the trope deployed by SISTA. Next, I will explain how contemporary logics of public health intervention and neo-liberal subjectivity provoke some of these differences. Ultimately, I argue that neo-liberal logics of self-management and empowerment account for SISTA’s adjustments to the trope of the strong black woman and that these adjustments extend historical trends of rationalized black exclusion from structures of state support.

The Strong Black Woman

The trope of the strong black woman is, as others have theorized, a response to many of the negative portrayals of black women discussed in chapter three.²⁰⁵ In her book *Sister Citizen* Melissa Harris-Perry explains that black women in the United States have been forced to see

²⁰⁵Melissa V. Harris-Perry, *Sister Citizen: Shame, Stereotypes, and Black Women in America* (New Haven: Yale University Press, 2011). Joan Morgan, *When Chickenheads Come Home to Roost: My Life as a Hip-Hop Feminist* (New York: Simon & Schuster, 1999).

themselves through a skewed lens—they are surrounded by negative representations of black femininity that do not reconcile with their own self-understandings. Images of the emasculating black lady, the pathological mother, and the welfare queen abound, and black women must constantly attempt to set right their senses of self within what Harris-Perry refers to as the “crooked room” of racial misrecognition. Faced with these misrecognitions, Harris-Perry explains that “sometimes black women...conquer negative myths, sometimes they are defeated, and sometimes they choose not to fight.”²⁰⁶ One way that black women have found to counteract these representations and maintain a positive self-image is through the trope of the strong black woman.

According to Harris-Perry, the strong black woman is an easily identifiable mainstay of conversations by and about black women. One of her most important characteristics is her tenaciousness in the face of adversity. She can face down any challenge and come out on the other side unscathed. She is impervious to “oppression, poverty, and rejection” and is the backbone of black communities.²⁰⁷ She has inordinate strength and an “ability for tolerating an unusual amount of misery and heavy, distasteful work.”²⁰⁸ Furthermore, she can face this oppression, rejection, and misery without help from anyone else.

The strong black woman does not require nor seek out aid from others, especially the state. Her strength is innate and, therefore, does not require any assistance. “If African American women are led to believe that strength is an essential, inborn characteristic—a racial rule—their

²⁰⁶Harris-Perry, 31.

²⁰⁷Ibid., 21.

²⁰⁸Michele Wallace, *Black Macho and the Myth of the Superwoman* (London: Verso, 1990), 107.

showing weakness or asking for help becomes traitorous.”²⁰⁹ According to Harris-Perry, the strong black woman’s self-reliance should be read alongside the co-circulating myth of the welfare queen, who is seen as pathologically reliant upon the state. The trope of the strong black woman provides some space for positive self-recognition within the “crooked room” of American stereotypes of black women as greedy and constantly seeking handouts from others.

While she requires nothing from others, the strong black woman is often required by others. She is fundamentally self-sacrificing and “always prepared to do what needs to be done for her family and her people.”²¹⁰ Harris-Perry explains that this imperative for black women to put others’ needs above their own is related to the trope of the black mammy but different in that the strong black woman puts the needs of black folks first, not those of white mothers and children. Harris-Perry found in her interviews that black women often revealed their deep attachment to “the ideal of self-sacrificial strength” when talking about their own mothers. For these women, a commitment to family was an important and enviable trait.

Harris-Perry and many others have argued that pressures for black women to be resilient, independent, and self-sacrificing have personal and political consequences. On a personal level, the trope of the strong black woman can cause exhaustion and loneliness. Harris-Perry found that black women “feel less well, less satisfied, and more burdened than everyone else and yet they believe it is their responsibility to overcome life obstacles alone and to achieve despite having fewer physical, emotional, and social resources.”²¹¹ The impetus to be self-sacrificing seems to be especially draining. Joan Morgan, author and journalist, writes that one of the reasons she

²⁰⁹Harris-Perry, 21.

²¹⁰Ibid.

²¹¹Ibid., 201-02.

personally stopped connecting to the trope was because of its exhausting demand that she put others above herself.

These personal effects are deeply tied to the trope's political functions. Based on survey data and focus groups, Harris-Perry found that black women often simultaneously feel burdened by expectations of self-sacrificial strength and critical of women seeking state support. As Harris-Perry writes:

The realities of black women's lives militate against achieving the mythical position of unwavering strength, and the resulting disillusionment and sense of failure have real effects on their emotional and physical well-being. Framing black women's citizenship around notions of strength also encourages undue self-sacrifice in the political realm. Seeking to sustain their position as backbones of communities and pillars of strength, African American women too often hesitate to demand resources to meet their individual needs.²¹²

The trope of the strong black woman suggests that instead of seeking help from the state black women can *and should* overcome any obstacles they face via their own strength and ingenuity.

Furthermore, popular discourses of the strong black woman let the United States government off the hook for structural disadvantages borne by American black women. It is difficult to recognize and ameliorate the detrimental effects of racism and sexism if we, as a country, believe that these challenges are inevitably overcome by a mythic black female superpower. So, the U.S. government offers little support and black women often demand nothing from it, as they are scared of supporting other more nefarious stereotypes of black femininity. As Michele Wallace writes, the myth of the strong black woman (which she refers to as the black superwoman) is destructive in its concealment of real black women's struggles: "For

²¹²Ibid., 299.

every single slave woman like Harriet Tubman there were twenty who died in childbirth, went mad, or became old by the time they were thirty.”²¹³

The strong black woman, assumed to be physically stronger than white women and emotionally stronger than black men, is expected to survive horrific circumstances and at the same time make the world a better place. As a result, her own challenges are erased and anything less than triumph against all odds becomes personal failure. The trope upholds a logic of personal responsibility: it is not society that needs to change if a black woman cannot gain full-time employment or afford healthcare—she just needs to be stronger.

The Strong Black SISTA

SISTA deploys the trope of the strong black woman, but in an adjusted form, which I refer to as the strong black SISTA. The image of the strong black SISTA maintains many of the metonymic associations of the strong black woman, but it also articulates to neo-liberal discourses of empowerment and self-management, and this new tropological assemblage functions to rationalize the exclusion of some black Americans from structures of governmental support. In what follows, I first describe the ways SISTA deploys and adjusts the trope of the strong black woman and then explore how these adjustments are intricately bound up in 20th century public health discourses of behavior change and neo-liberal logics of flexibility and personal responsibility.

Strong Black SISTAs Are Resilient

SISTA maintains one of the most defining metonyms of the trope of the strong black woman: black women’s innate resilience. SISTA expects black women to be able to access an intrinsic strength, even if they might need help in doing so. Perhaps the most obvious

²¹³Wallace, 153.

representation of this strength is in SISTA’s motto, which is repeated at the end of each of the five sessions and used to “instill a sense of strength, unity, and support among all participants.”²¹⁴

At the close of each session, the intervention facilitator and SISTA participants are all expected to exclaim their portion of the motto passionately and enthusiastically. The motto is quite short:

Facilitator: SISTA love is
Participants: Strong!
Facilitator: SISTA love is
Participants: Safe!
Facilitator: SISTA love is
Participants: Surviving!

Participants are guided to celebrate the things they learn in SISTA because it helps them connect to their strength. Furthermore, this strength is to be used for two very clear reasons: safety and survival. SISTA strength, like the strength of strong black women more generally, is to be used to overcome adversity. Strong black women—and strong black SISTAs—should draw from their personal founts of fortitude to survive HIV/AIDS as well as the structures of racism and sexism that put them at increased risk of becoming infected.

All of SISTA’s sessions include this motto, and some sessions also emphasize strength in other ways. For example, the first session of the intervention is dedicated to helping women connect to a sense of ethnic and gender pride. The “key learning points” from this session include the reminder that “African American women have a legacy and history of strength, support, and valuing family.”²¹⁵ Participants are encouraged to see their strength as an honored duty and an almost inevitable result of being a black woman. Black women have historically

²¹⁴Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 73.

²¹⁵Ibid., 116.

been strong, and this history of strength is a legacy; SISTA participants should connect to their strength and uphold this legacy.

The readings in each of SISTA's sessions also emphasize black female strength and resilience. SISTA suggests that its participants look to black female authors as sources of strength, both by sharing their biographies and by offering some of their work for participants to read and discuss. Two of these readings are especially revealing regarding SISTA's representation of black women as strong and resilient: "The Transformation of Silence into Language and Action" by Audre Lorde and "Still I Rise" by Maya Angelou.

SISTA's third session opens and closes with a selection from Audre Lorde's presentation (and subsequent writing selection) "The Transformation of Silence into Language and Action":

We can learn to work and speak when we are afraid in the same way we have learned to work and speak when we are tired.

For we have been socialized to respect fear more than our own needs for language and definition, and while we wait in silence for that final luxury of fearlessness, the weight of that silence will choke us.²¹⁶

While Lorde's original piece reflects on racist and sexist structures that invite black women's silence, especially the silence of black lesbians, the reading is included here to inspire women to assertively communicate their needs to their partners. An included biography briefly mentions that Lorde "described herself as a 'black lesbian, feminist, mother, lover, poet,'" but neither the suggested script nor the discussion prompts provoke a conversation around the particular intersections of sexuality, race, and gender that challenge black women²¹⁷.

²¹⁶Ibid., 241.

²¹⁷Ibid., 153.

Instead, the SISTA manual asks participants to read the excerpt as inspiration for being strong and assertive during sexual encounters with their presumably heterosexual and male partners. First, the manual connects Lorde’s words to a sense of personal strength by prompting facilitators to say

One line in this excerpt states, ‘We can learn to work and speak when we are afraid in the same way we have learned to work and speak when we are tired.’ How does this relate to being a strong black woman?’²¹⁸

Then, SISTA specifically suggests that its participants use this strength during communication around condom use. In the discussion about this quote, leaders are guided to explain that participants should be “empowered about expressing [their] true feelings when [they] are communicating.”²¹⁹

The SISTA session on coping skills also opens and closes with a reading designed to inspire women to maintain their strength in difficult situations. “Still I Rise” by Maya Angelou is a beautifully written exploration of the narrator’s ability to overcome historical racial injustice (see Appendix C for SISTA’s full excerpt). She continually rises in the face of adversity, and the poem’s phrasing gets lighter and lighter as it progresses. She rose above “the huts of history’s shame” and “a past that’s rooted in pain.”²²⁰ Again, SISTA facilitators are to use the reading to prompt a discussion about how SISTA participants can find an inner strength and overcome their personal challenges. Facilitators are to say:

²¹⁸Ibid., 132.

²¹⁹Ibid.

²²⁰Ibid., 241.

No matter how tired and overwhelmed we may get; whether or not people accept us for who we are, or respect the values we have set for ourselves; we can continue to find strength and survive as we always do.²²¹

Strong black SISTAs are resilient—they can find an inner source of personal fortitude even when faced with harrowing circumstances. In fact, they “always do.”

Both Lorde’s essay and Angelou’s poem describe strength as a necessary means of survival within racist and sexist structures that intersect to uniquely oppress black women. Within these sessions, however, strength is a resource internally available to women that they can use during interpersonal encounters. Within the intervention’s rhetoric, strong black SISTAs use their strength to rise above personal alcohol and drug use or overcome rejection by men who do not want to use condoms. Resilient strength, then, is fundamentally related to a steadfast independence.

Strong Black SISTAs Are Steadfastly Independent

The strong black woman relies on no one, and SISTA guides its participants to display a similar form of independence. While the SISTA intervention is a group intervention with a framing rhetoric of sisterhood, participants are guided towards developing an independent strength that requires no assistance. The SISTA manual and other SISTA materials represent the format of group intervention as a tool for fostering personal strength; the women are never encouraged to seek each other out when the intervention is over or to offer support for other women in similar situations. Like its deployment of the metonym of black female strength, SISTA represents the related metonym of black female independence in its reading selections. “Ego Tripping,” which I have already analyzed in other chapters, suggests that SISTA strength is firmly individual. The poem (see Appendix A) reinforces strong black women’s independence

²²¹Ibid., 224.

through its narrative perspective. The singular narrator embodies the African continent and, as a result, encourages readers to take up cultural achievements as individual accomplishments. For example, the narrator reconfigures ancient Egyptian constructions as the result of individual effort:

I walked to the fertile crescent and built the Sphinx
I designed a pyramid so tough that a star
that only glows every one hundred years
falls into the center giving
divine perfect light
I am bad²²²

This stanza, which SISTA uses to help give women a sense of ethnic and gender pride, contracts an entire continent of people into one singular person and suggests that she completed extraordinary feats, which is why “there may be a reason why” she is “Ego Tripping.” We can read this choice in many ways, but within SISTA it certainly reinscribes a sense of independent black female strength.

The same individualizing mode of empowerment is evidenced in the first session’s closing poem, “Phenomenal Woman” by Maya Angelou, which is also told from the perspective of an individual woman. Each stanza famously ends with the affirmation: “I’m a woman/Phenomenally/Phenomenal woman/That’s me.”²²³ Like Giovanni’s poem, this narrator celebrates her distinction, providing a model of empowerment based upon separateness as opposed to collectivity: “They try so much/But they can’t touch/My inner mystery.”²²⁴ Not only is the narrator phenomenal, she is incapable of being understood by anyone else.

²²²Ibid., 76.

²²³Ibid., 81.

²²⁴Ibid.

Like the strong black woman more generally, the strong black SISTA is also independent from government institutions—her fortitude does not depend upon state support. SISTA acknowledges that structures and social environments contribute to black women’s oppression, but the intervention is designed to help women become independently strong and provides little direction on how to navigate or seek redress from public or non-governmental institutions.²²⁵ For example, both of the theories that comprise SISTA’s theoretical foundation assume that black women are affected by forces beyond their control. Social cognitive theory holds that a “person’s physical and social environments reinforce and shape her ability to change her behavior.”²²⁶ SISTA is formed by these assumptions, but it never suggests that participants might be able to alter these constraining physical or social environments. Instead, SISTA uses peer facilitators and small-group intervention sessions as tools for helping women create temporary communities where they can learn positive behaviors, which they will eventually use to become fully independent. SISTA sessions create self-help communities; spaces where women can collectively learn how to become individually strong.

Similarly, SISTA uses what DiClemente and Wingood call “the theory of gender and power” to explain societal gender-based inequalities, but the intervention offers no suggestions for how women might impact society. Instead, the intervention aims to “empower women” to

²²⁵It is important to note that the SISTA intervention was supported by the United States government and implemented through state/local public health offices or non-profit organizations. So, of course, SISTA’s very existence and its spaces of implementation acknowledge that the state has a role to play in these women’s self-help efforts. However, the intervention is run by “peers” and the manual never prompts facilitators to discuss the roles of the U.S. or state governments in helping participants remain HIV/AIDS free. I discuss this more later in this chapter when I describe SISTA’s adjustment to the trope, which acknowledges that women may need assistance on their journey towards self-reliance.

²²⁶Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 4.

Speak assertively, use condoms, and cope with their emotions.²²⁷ While larger structural conditions and cultural environments may contribute to SISTA participants' struggles, SISTA asks these women to overcome their oppression by only relying upon themselves.

After closing the final session, facilitators are instructed to “have [their] Community Referral List and make [themselves] available to the participants for at least 15 minutes after the session for questions or private discussions.”²²⁸ While the intervention manual gives detailed scripts on almost every other component of the intervention, it spends no time explaining how facilitators can use this information, and the list should only be “available,” not handed out or explained. In an intervention that has otherwise been so detailed and clear, this absence is striking.²²⁹ Five sessions have been meticulously crafted to create an environment where women can learn the things they need to take care of themselves. Scripts are included for every activity and even for the transitions between the activities so CBOs could quickly implement the intervention in their communities. SISTA's reference to this community referral list comes as an addendum; facilitators are asked to stick around for 15 minutes in case anyone wants to talk. The operative assumption is that facilitators may be approached for more information and this referral list will be useful to have on hand. So, the referral list is a tool that the strong black SISTA can seek out, not something she is taught to rely on or even take advantage of.

The very last component of the SISTA intervention—its post-test—also deploys the independence standard within the trope of the strong black woman. The test is designed to be

²²⁷Ibid., 6.

²²⁸Ibid., 238.

²²⁹SISTA acknowledges that it cannot know the individual resources available in each community, so it makes sense that it cannot provide the referral list for every CBO. However, it could have easily formed a script on how to distribute a tailor-made list and incorporate it into one of the sessions.

completed months after the intervention and is used to measure its impact. The test is entirely about independent lifestyle changes, and its general categories measure women's attitudes towards, challenges with, and confidence in using condoms during sex. Some sample questions include:

- Can you insist on condom use if your main partner does not want to use one?
- Can you stop and look for condoms when you are sexually aroused?
- Can you insist on condom use every time you have sex even when your main partner is under the influence of drugs?²³⁰

SISTA's evaluators want to know if SISTA participants can, as one of my interviewees put it, "get the condom on the penis."²³¹ The test asks no questions about nor measures how women have solicited or taken advantage of help from friends or the public and private resources available to them.

Strong Black SISTAs Might Need Help Becoming Strong

While SISTA does deploy the trope of the strong black woman as resilient and independent, it also suggests that strong black SISTAs may need assistance on their way to becoming strong. The SISTA intervention assumes that women have to change in order to avoid risky sex and that they need assistance doing so. This is evidenced in multiple ways throughout the intervention, but is clearest in the intervention's "evidence-based" assumption that the intervention will help women find and develop their resilience. In fact, SISTA measures its success by whether or not it has helped women undergo these changes.²³²

²³⁰ Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 292.

²³¹ Edwards.

²³² While SISTA materials do not frequently use the language of strength to describe the intervention's effectiveness, its articulations of assertiveness and confidence are certainly related to the type of strength I've been discussing. Remember, the strong black woman's strength is about resilience and ability to overcome all obstacles. Key to this process is a sense of personal effectiveness as well as the ability to do what's necessary in any situation.

The post-test I described above is actually distributed both before the intervention begins and after it ends so that CBOs can “assess the effectiveness of the SISTA intervention and make improvements, as necessary.” This test was an integral part of SISTA’s original study and contributed to SISTA’s designation as an “evidence-based” intervention. The original SISTA research article explains that women self-reported “significant changes” in “theoretically important areas of HIV prevention,” including “interpersonal skills, cognitive coping skills such as sexual self-control, partner norms, and... consistent condom use.”²³³ Not only are these elements “theoretically important” to DiClemente and Wingood, they are critical to the intervention’s effectiveness. They explain further that SISTA’s apparent impact

may be attributed, in large part, to the focus on gender relations in which HIV sexual risk behaviors occur. In managing safer sex, women have to exercise influence over themselves as well as their sexual partners.²³⁴

According to its creators, SISTA works because its participants are more confident and more capable of controlling themselves and their partners. They are stronger, and they have learned how to use their strength.

Some of SISTA’s key disseminators also shared with me their belief that SISTA works by making its participants stronger. While they, like Wingood and DiClemente, do not use the exact language of strength, they did suggest that after participating in the SISTA intervention participants were more likely to make positive life changes. Amna Osman, a key facilitator of SISTA’s move to Amhara, told me that the reason they selected SISTA for use in Ethiopia was

Effectiveness and confidence, assertiveness and ability to do what needs to be done, these are clearly related concepts.

²³³DiClemente and Wingood, 1274.

²³⁴Ibid.

its emphasis on empowering women. She described witnessing this empowerment first-hand when facilitating the intervention domestically.

Osman used SISTA with black women in a jail in Michigan, and she “really felt that it empowered women” and helped them realize they can “make an impact.”²³⁵ She said that while she did not have any publishable data on her time at the Michigan jail she anecdotally noticed that women who participated in SISTA were less likely to return to prison than those who did not. One reason this might be, she hypothesized, was because SISTA helped them believe that “even if a woman had all these things going for her that weren’t positive she can still do something.”²³⁶ For Amna Osman, SISTA was a worthwhile intervention, and potentially successful, because it helped women believe in themselves and begin making positive life choices.

Lucy Slater, the senior director of NASTAD’s global program, also told me that she measured SISTA’s success in part by its ability to empower its participants. We spoke on the phone twice, and both times she mentioned SISTA’s success in Ethiopia. While NASTAD’s data has not been published, Slater explained that SISTA was especially successful in universities in Amhara, where young female participants often achieved higher grades after going through the intervention.

Neither Osman nor Slater mentioned rates of condom use or HIV infection among SISTA participants when describing SISTA’s effectiveness. Both were adamant that SISTA was successful because it helped women recognize their own strength and personal potential. In speaking with these women, and other individuals who worked on SISTA, I was often struck by

²³⁵Amna Osman, interview by Allison Schlobohm, October 7, 2015.

²³⁶Ibid.

their desire to improve all aspects of women's lives, not just their likelihood of contracting HIV. These women and SISTA's original creators understand HIV vulnerability as evidence of gender- and race-based oppression, and they seem to use the intervention as a tool for empowering women, which they believe will secondarily have effects on HIV infection rates. This noble intention seems to have had real, positive effects on women's lives, and it has done so at least partially in an effort to help black women become "strong."

Importantly, SISTA represents the strength-building process as a one-time event. The SISTA intervention is only five sessions, with two optional booster sessions at the end. While this is undoubtedly an effect of the limited budgets of most CBOs, it also implies that SISTA participants can go through a short series of seven two-hour sessions and then leave the program as strong black SISTAs. Participants graduate from the program—the intervention manual even suggests having a ceremony and giving certificates. The training of facilitator's weekend program, too, emphasizes the temporariness of the guidance black women need on their path to becoming strong. After the short training weekend women are described as "empowered."

SISTA does acknowledge that this newfound strength can fluctuate, but it implies that any fluctuations can be remedied by being "reminded" of personal strength or "inspired" by others. For example, strong black SISTAs are told they can recover from dips in strength by turning to personal role models. The authors whose writings frame each session, the peer facilitators who lead the intervention, and women the participants identify from their own lives are referenced as "sources of strength" throughout the intervention.²³⁷ SISTA participants are encouraged to view these women's strength as inspirational resources for moments when their own strength falters; they are "some of the women [they] look to for strength."

²³⁷Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 654, 236.

By implying that the process of becoming empowered is temporary and that fluctuations in strength are easily remedied, SISTA adjusts but does not invalidate the trope of the strong black woman. The typical deployment of the trope of the strong black woman organizes the metonyms of inherent black female strength and a resilient independence. SISTA's version of the trope maintains the relationship between black women and inherent strength but reconfigures this relationship by suggesting that some black women do not possess an inherent ability to access their inner power. These women, the women who need an intervention like SISTA, can access this deep-rooted strength but may need the help of others before being able to do so.

Strong Black SISTAs Should Use Their Strength to Take Care of Themselves (and Others)

As I described above, many theorists have critiqued the trope of the strong black women because of its insistence that black women put others' needs, especially their partners' and children's, before their own. The SISTA intervention flips this script by connecting to the metonym of self-care, a powerful component of public health and neo-liberal discourses. One way SISTA emphasizes this need for personal care is through its rhetoric of "personal values." SISTA facilitators are instructed to spend a significant portion of the first session helping women identify these values; participants rank them and then consider how they "influence the decisions [they] make."²³⁸ The women are then asked to "keep these values and beliefs in mind" when they discuss the day's activities with their partners at home.²³⁹ The personal values that SISTA participants outline in this session are referenced many times throughout the intervention, often in an attempt to help participants remember the things that they personally believe when encountering people or situations that have the potential to cause harm.

²³⁸Ibid., 67.

²³⁹Ibid.

These values, and SISTA's assertion that women should take care of themselves, are also represented in the SISTAS assertiveness model.²⁴⁰ The model is first introduced in session three and is significantly featured in the last three sessions. It is designed to help women apply what they have learned from SISTA to everyday decision making and features six steps (which together form the acronym SISTAS). The very first step in the model is to think about the self. Women are prompted to remember: "I need to think about my SELF first. What do I value?"²⁴¹ This articulation of the discourse of self-care makes SISTA's version of the strong black woman trope unique from its standard version.

SISTA's session on cognitive coping skills also emphasizes self-care. The session is designed to help SISTA participants take care of themselves, even when people or situations make it seem difficult. Its title, "cognitive coping skills," is an acknowledgment that for these women taking care of themselves might have some negative consequences. Throughout the entire session women are repeatedly encouraged to cope with difficult situations and emotions by remembering their own values and staying strong in their determination to be healthy. Facilitators say, "You are worth the effort it takes to learn effective coping skills" and "whether or not people accept us for who we are, or respect the values we have set for ourselves; we can continue to find strength and survive as we always do."²⁴²

While SISTA adjusts the strong black woman trope by connecting SISTA strength to the metonym of self-care, it also reinforces the image of strong black women caring for others. Strong black SISTAs should prioritize their own health but still be willing to take care of those

²⁴⁰The SISTAS assertiveness model should not be confused with the SISTA program. The former is a component of the program, and is an acronym for Self, Information, Situation, Trouble, Assertive, and Suggest: SISTAS.

²⁴¹Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 129.

²⁴²Ibid., 224, 32.

around them. In the assertiveness session, facilitators explain the differences between non-assertiveness, assertiveness, and aggression. Participants are discouraged from being non-assertive (thinking their personal needs do not matter) and aggressive (thinking only their needs matter). Instead, facilitators explain that “we should strive to express our concerns while considering the other person’s feelings in the process.”²⁴³ While this is good advice, it is an interesting divergence from SISTA’s general request that participants stand up for their own values. It seems like SISTA’s creators included this language to help women avoid belligerence from their partners:

When you begin a sentence with the word ‘you,’ you are making the person you’re talking to accountable for what you think or feel. This can often make the other person feel defensive and may cause them to become aggressive.²⁴⁴

By focusing on assertiveness and I-language SISTA facilitators are likely trying to keep participants safe. In fact, taking care of others is partially construed as a mode of self-care.

SISTA often appeals to women’s mothering roles as a way to encourage healthy decision making. For example, SISTA’s second session is dedicated to HIV/AIDS education and includes statistics about the spread of HIV among black women. The intervention manual reinforces the importance of learning these facts by asking women to think of how their choices might impact their children. The *It’s Like This* video, discussed in chapter three, is about a woman, Gladys, who is pregnant and HIV positive. It seems she put herself at risk by using drugs and having unprotected sex with a drug user. The video’s emotional weight is significantly increased by the fact that Gladys is pregnant and (we are led to presume) has infected her unborn child.

Participants watch the video after playing a card game designed to simulate the ways HIV is

²⁴³Ibid., 138.

²⁴⁴Ibid., 139.

spread, and the implication seems to be that if you do the things on these cards you and your children may end up like Gladys.

This session on HIV/AIDS facts also opens and closes with a poem about children. This poem, “Always There Are the Children” by Nikki Giovanni, celebrates self-care by emphasizing the inevitable passage of time and transferal of culture to younger generations. The poem ends with the following lines:

we welcome the children of all groups
as our own with the solid nourishment of food and warmth
we prepare the way with the solid
nourishment of self-actualization
we implore all the young to prepare for the young
because always there will be children²⁴⁵

Here “self-actualization” is encouraged, but it is authorized by an imperative to “prepare the way” for “the young of all groups.” Furthermore, facilitators are instructed to lead a discussion around the following question: “Why is it important to leave a history and legacy for our children?” SISTA participants are compelled, in part, to take care of themselves so that their children can have better lives.

SISTA’s use of children as a motivator for taking care of themselves seems strategically sound. As Melissa Harris-Perry explained, many of her participants did desire to be strong so that they could be good mothers. Accordingly, the impetus to take care of oneself for future generations is overdetermined by its relationship to the trope of the strong black woman. The trope of the strong black woman is linked to mothering and taking care of children, so when SISTA makes a similar link it reinforces the connection between black female strength and self-sacrifice. SISTA adjusts the trope of the strong black woman by suggesting that women should

²⁴⁵Ibid., 115. See Appendix D for full poem.

prioritize themselves over others, but it maintains some of its core characteristics by periodically suggesting that women should take care of themselves as a form of taking care of their children.

Generally, SISTA deploys the trope of the strong black woman, but its incorporation of metonyms not included within the original trope reveal other magnetizing discourses within SISTA's field of emergence. Unlike the strong black woman, the strong black SISTA needs help becoming powerful and is encouraged to use her newfound strength for self-care. It seems as though SISTA's creators and disseminators made these adjustments at least partially as a response to prevailing critiques of the strong black woman, including those I described in the first section of this chapter. The intervention is designed to help women avoid HIV/AIDS, and a key part of its theoretical foundation is that women often do not feel capable of protecting themselves. By emphasizing personal values SISTA asks its participants to consciously escape social pressures to put their partners' needs before their own.²⁴⁶

Public Health Discourse and Neo-Liberal Logics of Subjectivity

While this desire to offset popular representations of "good" black women as self-sacrificing is evident in SISTA's materials, the intervention's means for doing so are caught up in other contemporary discourses about health and subjectivity. Specifically, SISTA's adjustments to the trope of the strong black woman are conditioned by 20th century trends in public health discourse and neo-liberal logics of subjectivity.²⁴⁷

²⁴⁶While outside of this project's purview, it would be interesting to consider how SISTA participants' connections to the trope of the strong black woman impact their engagement with the program.

²⁴⁷As I explain below, I'm using a false dichotomy here in the service of fully explaining my argument. 20th century public health discourse is completely inextricable from logics of neo-liberal flexibility and personal responsibility.

20th Century Public Health Discourse Emphasizes Individual Responsibility

As I described in chapter two, public health interventions since the 1970s have focused on individual behavior and lifestyle changes. Following the discovery of antibiotics and the presumptive end of threatening contagious diseases (which of course would later be proved false), the CDC and other health organizations increasingly emphasized the impact of personal lifestyle choices on health and wellness. As the *Healthy People* report illustrated in 1979, this emphasis on lifestyle choice and behavior change made individuals unprecedentedly responsible for their own health: “You, the individual, can do more for your own health and well-being than any doctor, any hospital, any drug, any exotic medical advice.”²⁴⁸ Broadly, the “individual” had become the object of public health intervention. By the late 1980s, public health researchers and practitioners had zoomed in even further; interventions now needed to target individuals even more specifically by accounting for “culturally specific” phenomena.

These late 20th century trends in public health administration almost certainly affected SISTA’s adjustments to the trope of the strong black woman. While the strong black woman is typically represented as taking care of others before taking care of herself, the strong black woman as a subject of public health needed to be focused on her own individual behaviors and lifestyle changes. Any government-sponsored public health prevention intervention created in the 1980s or 1990s would necessarily include metonyms of personal lifestyle change, and the traditional version of the strong black woman did not prioritize her own needs. So, we can in one way read SISTA’s emphasis on self-care as a predictable response to the contemporary tools of public health.

²⁴⁸“Evolution of HIV/AIDS Prevention Programs --- United States, 1981--2006”. 282.

Neo-Liberal Logics of Subjectivity Emphasize Self-Management

Importantly, both this more general trend towards individual behavior change and its specific manifestations in SISTA reveal the impact of neo-liberal logics on contemporary understandings of health and subjectivity. Before exploring those connections, however, let me briefly describe what I mean by neo-liberalism and, more specifically, its relationship to subjectivity.

Broadly speaking, I use the term neo-liberalism as shorthand for a collection of logics that prioritize market rationality, entrepreneurialism, and efficient self-government over state regulation and intervention.²⁴⁹ The state steps away from direct involvement in citizens' lives, instead focusing on measuring population norms. In its stead, civil society takes up former state-run projects in a piecemeal fashion and citizens are expected to be self-sufficient and enterprising in their efforts to navigate these decentralized resources. While these logics have become especially prevalent in the late 20th century, they are inextricably connected to and in many ways an extension of earlier, "traditional" liberalisms. While an economic analysis of the ways neo-liberal logics of governmental (dis)investment in public programs would undoubtedly reveal a lot about the CDC's investment in behavior-change programs and SISTA's structural conditions of existence, such an investigation would produce a dissertation of its own.²⁵⁰ Instead, I focus here on the ways neo-liberal logics privilege certain modes of subjectivity and certain types of persons.

²⁴⁹I follow John Clarke in my use of a hyphen in the phrase neo-liberalism. Clarke uses the hyphen to call attention to neo-liberalism's inextricability from traditional forms of liberalism. John Clarke, "Living with/in and without Neo-Liberalism," *Focaal* 51 (2008): 141.

²⁵⁰Heather Zoller's "Technologies of Neoliberal Governmentality" is a fantastic example of a neo-liberal analysis of public health that focuses on structures of funding and international development. Zoller.

Social theorist Nikolas Rose uses the phrase “advanced liberalism” to refer to the combination of logics I refer to as neo-liberalism. He theorizes that advanced liberal (neo-liberal) democracies, such as the United States govern through “the regulated choices of individual citizens” whom are “construed as subjects of choices and aspirations to self-actualization and self-fulfilment.”²⁵¹ As official government intervention wanes and de-regulation grows, individuals are encouraged to govern themselves towards state-identified “norms,” and this self-government is often taken up as personal freedom. Persons caught up in neo-liberal forms of government seek to make the best, healthiest, most efficient choices in order to reach full self-actualization. Often, this form of self-fulfillment means that humans navigate their daily lives without centralized structures of support—effective subjects both acquire and deploy resources without help from others. For many, the entrepreneur is the ideal neo-liberal subject.

The entrepreneurial subject is a familiar figure in public health discourses.²⁵² Critical public health scholars call attention to how a neo-liberal emphasis on individual rationality and personal self-management emerges alongside public health’s emphasis on personal behavior and lifestyle change. In their text *Critical Perspectives in Public Health*, Ronald Labonte and Judith Green explain that the measurement of citizen norms by state institutions increases surveillance

²⁵¹Nikolas Rose, "Governing in 'Advanced' Liberal Democracies," ed. Andrew Barry, Thomas Osborne, and Nikolas Rose (Chicago: U of Chicago P, 1996), 41.

²⁵²Some of the works I reference in this section reference neo-liberalism through the lens of biopolitics and biopower. While neo-liberalism often refers to logics of rationality, theories of biopower are explicitly concerned with the managed self-government of individuals and their bodies. I recognize that these two forces are unique yet interconnected. However, I do not have space in this dissertation to fully develop their relationship or specificities. For the remainder of this dissertation I am attaching the label “neo-liberalism” to some techniques described by others as biopolitical. I do so consciously, and only when the biopolitical technique is theoretically related to neo-liberal logics. Michel Foucault’s lectures at the College de France are essential for understanding the relationship between these two developments. For more, see (among others) works by Vinh-Kim Nguyen, Jean Comaroff, Joao Biehl, and Peter Redfield.

of citizen health. This surveillance, however, is rarely accompanied by direct state assistance for individuals:

As ever more risk factors for disease and propensity to disease are identified, ever more aspects of our daily lives potentially come under the umbrella of state agencies to monitor and set targets for, but with a corresponding privatisation of responsibility for managing and minimising those risks. [sic]²⁵³

State-sponsored public health organizations identify risk categories and pinpoint certain peoples and groups as more or less healthy. If they need help, individuals are expected to independently seek out and manage any resources they can find.

While they might seek out some resources when in need of assistance, citizens whose subjectivities are shaped by neo-liberal logics are primarily expected to take care of their own health. As Labonte and Green note, healthy citizens in the age of the “new public health” should “conduct themselves as self-caring individuals, orientated towards their own health rather than the social network.”²⁵⁴ Structures of support for health and wellness, including personal networks, are de-emphasized in favor of self-care through preventive positive lifestyle changes.

The strong black woman in SISTA is a complicated embodiment of both the original trope’s emphasis on resilient black strength and contemporary neo-liberal logics of public health, which require a dedicated focus on the self. The strong black SISTA articulates to metonyms of personal self-care that circulate within the discourses of public health and neo-liberal subjectivity. While the typical strong black woman is expected to take care of others before herself, the strong black woman in public health discourse is encouraged to practice self-care. She must take advantage of the “freedom” offered to her by neo-liberalism and seek personal

²⁵³Ronald Labonte and Judith Green, *Critical Perspectives in Public Health* (London: Routledge, 2008), 8.

²⁵⁴Ibid.

fulfillment through individual responsibility and self-management. She is still a strong black woman; she has an innate strength. However, this strength is not a community resource: it is a personal one she is compelled to use in her entrepreneurial enterprise of self-actualization.

Neo-Liberal Logics of Subjectivity Emphasize Empowerment

Neo-liberal logics' effects on public health programming also help explain why SISTA presents the strong black woman as needing help to become strong. Strong black SISTAs are not yet strong, but are capable of becoming so. As cultural studies theorist John Clarke and anthropologist Aihwa Ong argue, neo-liberal logics of government measure citizens' worth using metrics of neo-liberal independence. Clarke describes three categories of "person" present in contemporary neo-liberal governmental discourse: "established 'independent' persons, people who might be 'empowered' to become independent (through techniques of self-development), and the 'residue' requiring containment and control."²⁵⁵ Some subjects do not need help—they are already independent and fully self-managing. Other subjects can achieve a state of self-management if given guidance. Still others are considered incapable of ever achieving self-management and are controlled instead of empowered; throughout most of the history of public health black Americans have belonged to this last group given their presumed inability to make rational behavioral and sexual choices. Ong explains the determination of who should be helped as a "moral calculus about more or less worthy subjects, practices, lifestyles, and visions of the good."²⁵⁶ The strong black SISTA connects the metonym of empowerment to that of black

²⁵⁵Clarke, 141. Importantly, these categories are not inevitable. Neo-liberalism is always accompanied by other logics of power and populations are differentiated and subjected to "different types of rule, allocate[d] different citizenship status, and so on" (142).

²⁵⁶Aihwa Ong, *Neoliberalism as Exception: Mutations in Citizenship and Sovereignty* (Durham: Duke U P, 2006), 22.

female resilience, and thus contributes to the neo-liberal calculation of who is and is not worthy of assistance.

The strong black SISTA has been judged a subject worthy of help—she is an empowerable subject. She has not yet mastered the technique of self-care, especially regarding her health, but she is represented as capable of doing so.²⁵⁷ To reach this state of responsible self-management and self-actualization the strong black SISTA needs to be empowered. That is, she needs to learn from others how to master “normative techniques of self-care” and attain “a particular mode of being.”²⁵⁸ Race theorist Adam Geary explains that these forms of assistance are especially popular in AIDS prevention therapeutics targeting black Americans, which seek to intervene into HIV by “engaging individuals in a ‘project’ ...of active self-cultivation so as to form themselves into ‘responsible’, and therefore ‘ethical’, subjects of culture.”²⁵⁹ For Deborah Lupton, this empowerment is represented in interventions such as SISTA through particular activities and modes of influence.

Lupton explains that empowerment within neo-liberal public health logics suggests “individualistic meanings of rationality, autonomy and responsibility.”²⁶⁰ When a person, or group of persons, is seen as not conforming to this individualized rationality and self-responsibility yet still capable of being helped (not residue), she is targeted with a particular set

²⁵⁷One could argue that black women are designated as empowerable by SISTA while black men are considered the unchangeable residue. The current regime of killing and incarcerating black men in the United States supports such an argument.

²⁵⁸Ong, 22.

²⁵⁹Adam M. Geary, "Culture as an Object of Ethical Governance in Aids Prevention," *Cultural Studies* 21, no. 4-5 (2007): 686.

²⁶⁰Lupton, 60.

of interventions designed to help her change her behaviors. Lupton explains people of color are often the targets of such interventions:

The solution to groups such as ‘racial minority groups’...failing to respond to health promotion interventions is therefore to deal with their ‘diminished sense of control’ by using psychological techniques to ‘instill’ self control in those who do not possess it.²⁶¹

While I argue that not all black Americans are deemed capable of learning self-control, I am convinced that Lupton is correct regarding the use of “psychological techniques” to build self-control in those persons deemed empowerable. These techniques, which include the roleplaying exercises found throughout SISTA, are designed to train people on “‘appropriate’ ways of thinking and doing.”²⁶²

Public health discourse in the late 20th century is undoubtedly influenced by neo-liberal logics, and these logics have affected SISTA’s adjustments to the trope of the strong black woman. While the typical strong black woman is completely self-sufficient and other-oriented, the neo-liberal strong black SISTA incorporates neo-liberal metonyms of ideal subjectivity and has been determined to be an “empowerable” subject who must learn how to take care of herself. Each of SISTA’s educational components I have discussed throughout this dissertation are attempts to help the SISTA participants reach self-actualization by learning how to more properly manage themselves.

Read through a neo-liberal lens, resilient and independent strength in SISTA is a tool that black women can use as a personal resource for fulfillment. Good health—the goal of SISTA—is a form of fulfillment, and the enterprising subject gathers whatever she can to fashion her unique

²⁶¹Ibid., 58.

²⁶² Importantly, these “appropriate” ways include “little emphasis on enhancing the opportunities for collective action born of conflict and tensions between subcultures.” Ibid., 60.

path towards it. After role-playing various scenarios, learning particular skills, and reflecting on past mistakes, strong black SISTAs are represented as capable of becoming fully independent, ideal neo-liberal subjects. One consequence of being able to practice such good self-care will be successfully avoiding HIV/AIDS.

Importantly, this strength is unique. It is both only available to black women and capable of helping these women overcome impossible odds. Because of its uniqueness, black women are personally responsible for both accessing this strength and using it correctly. While it is true that all neo-liberal subjects are expected to be personally responsible and self-managing, the mythical nature of black female strength amplifies these expectations. This becomes clear if we look back at the poem “Still I Rise” from SISTA’s fifth session (see Appendix C).

This session was on coping skills, and participants were instructed on how to cope with rejection and with their personal use of alcohol and drugs. Participants discussed multiple scenarios and contemplated which choices the fictional characters should make to best reduce their risk of contracting HIV. The session begins and ends with Angelou’s poem, and participants are reminded that “if we constantly think about the values that are important for our health and happiness, we may soon find true fulfillment rather than just struggling to survive.”²⁶³ Here the language of self-actualization is obvious. If SISTA participants use their special strength and take the narrator’s advice and continue to rise above even in the most harrowing of circumstances they, too, can achieve independence. No matter what Angelou intended, her narrator’s tenaciousness is used by SISTA to remind its participants that they should be able to access an inner strength that helps them better manage themselves and, as a result, live healthy and fulfilling lives.

²⁶³Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 224.

For interventions such as SISTA, individuals are expected to acquire the resources they need from short-term health interventions and then use those resources to take care of themselves. The CDC, a state institution, surveils HIV/AIDS data, pinpoints persons and communities that stray from the norm, funds the CBOs and independent researchers who create interventions, and ultimately expects the individuals who participate in these interventions to use this knowledge to ameliorate their risks and practice good self-management. This impetus on the individual appears in SISTA's discourse as an adjustment to the metonyms traditionally correlated with the metaphor of black female strength. While the typical strong black woman takes care of others, the strong black woman as she appears in SISTA is guided to become a self-actualizing subject of neo-liberal public health logics.²⁶⁴

The Strong Black SISTA As Evidence of Rationalized Black Exclusion

In reading SISTA's representation of the strong black SISTA through both the trope of the strong black woman and contemporary logics of neo-liberal public health, we can see how governmental logics of subjectivity and contemporary racial configurations are co-constituted. We can now understand the "strong black SISTA" through her relationship to a more generalizable trope: "the neo-liberal strong black woman." The strong black SISTA functions as evidence that neo-liberal strong black women can at least theoretically exist, and these neo-liberal strong black women prove the possibility of recuperable black neo-liberal subjectivity. Given this possibility, the trope of black pathology is reinvigorated by the assumption that racial injustice is the result of black Americans' failures to be sufficiently neo-liberal.

²⁶⁴While neo-liberal logics have certainly shaped the ways individuals manage themselves, these logics are not all-encompassing. As medical anthropologist Peter Redfield explains, even the philanthropic entrepreneurial enterprises that attempt to ameliorate public health are not solely driven by market forces. NGOs, corporate investments, and state donations do, indeed, value "life itself" even as they seek to improve said life through neo-liberal techniques.

Discourses of neo-liberal subjectivity and pathological blackness use metrics of personal responsibility to measure individuals' worth, and the neo-liberal strong black woman provides "proof" that black women are capable of both overcoming structural oppression and black pathological cultural traits. She is understood to be enterprising and resourceful enough to make the most of even the most meager means (which is good because according to the 2014 census she is more than twice as likely to live in poverty as a white woman).²⁶⁵ She is also seen as strong enough to overcome the pathological tendencies that constantly surround her.

Importantly, this neo-liberal strong black woman is a tropological assemblage composed of metonyms related to blackness, neo-liberal subjectivity, and health. She does not exist. However, her existence is deemed possible and thus prompts continual affective investment into the structures, bodies, and discourses she is articulated to, including the trope of pathological blackness.²⁶⁶ The women who "graduate" from the SISTA program and then effectively use condoms for the rest of their lives operate as evidence of the neo-liberal strong black woman's possibility, even as their own self-management projects are never fully complete. Because of the strong black SISTA's connection to the metonym of precarity, her entrepreneurial strength is an uncertainty, not an innate attribute like the traditional strong black woman's. SISTA participants prove their capacity for an acceptable neo-liberal subjectivity by actively participating in the SISTA program.

As far as I can tell, women are not required to participate in SISTA, even the women that Amna Osman worked with in a Michigan jail were given the choice of whether or not to attend

²⁶⁵"NWLC Analysis of 2014 Census Poverty Data," National Women's Law Center, <https://nwlc.org/resources/nwlc-analysis-2014-census-poverty-data/>.

²⁶⁶I am inspired here by Homi Bhabha's description of symbolic slippage and mimicry within colonial discourses of otherness. Homi Bhabha, *The Location of Culture* (New York: Routledge, 1994).

sessions.²⁶⁷ This choice to attend, to show up at a public place with the intention of talking about HIV/AIDS with other black women is their initial neo-liberal act: they are seeking out resources for their own self-management. Participants must further prove their neo-liberal resourcefulness by attending all five sessions, which some women fail to do.²⁶⁸ The black women who join the program, actively participate in all five sessions, and complete SISTA's homework are "almost" neo-liberal. While they are empowerable within Clarke's terms, their self-fashioning towards neo-liberal subjectivity is never complete. To truly demonstrate their empowered, neo-liberal state, strong black SISTAs must report consistent condom use with their sexual partners, and as long as they continue to have sex, SISTA's participants have the potential of slipping back into their non-empowered states. The neo-liberal strong black woman, then, suggests the possibility of sufficiently neo-liberal black self-management but SISTA's participants may not ever be able to adequately prove they have reached this idealized state.

While she may never fully become a neo-liberal strong black woman, the strong black SISTA's potential to do so distinguishes her from less independent and enterprising black Americans. The black men and women who do not participate in self-management programs such as SISTA are not even potentially neo-liberal and thus undeserving of state investment.

²⁶⁷While I could find no reference of SISTA being a requirement for women in controlled setting, Fuller et. al explain, "Some CBOs reported that retention was not an issue because SISTA was being conducted in a controlled environment with the women already part of other ongoing programs." The language here suggests that women were participating in other programs within spaces that they could not leave and thus were unlikely to miss SISTA sessions. It may be possible, too, that SISTA was a required element of their time in these facilities. Even if that is the case, SISTA is so frequently offered in non-controlled settings that my arguments here are still valid. Taleria R. Fuller et al., "The SISTA Pilot Project: Understanding the Training and Technical Assistance Needs of Community-Based Organizations Implementing HIV Prevention Interventions for African American Women-Implications for a Capacity Building Strategy," *Women & Health* 46, no. 2/3 (2007): 179.

²⁶⁸In their article about the original diffusion of SISTA Fuller et. al describe some of the tools implementing agencies use to encourage continued participation: "Some strategies for retention included follow-up phone calls, incentives, mailings, transportation vouchers, food, and gifts." Ibid.

They are in Clarke's third category of subjects within neo-liberalism: residue in need of control and containment.

Henry Giroux explains that such residual persons are consequently seen as disposable by the state—they are neo-liberalism's others, individuals who are “redundant in the new global economy...who are no longer capable of making a living, who are unable to consume goods, and who depend upon others for the most basic needs.”²⁶⁹ Giroux describes the aftermath of Hurricane Katrina as a public unveiling of the ways black Americans are held to be disposable in the United States. Read within the trope of the neo-liberal strong black woman, the black men and women who did not leave New Orleans before the levees broke were insufficiently enterprising and thus unworthy of state investment. Neo-liberal strong black women either found a way to get out of New Orleans before the storm or triumphed over its hardship to emerge stronger on the other side.²⁷⁰ Davi Johnson Thornton has argued that Giroux's biopolitics of disposability extend into rhetorics of black self-care. In her examination of the Depression Is Real public health awareness campaign, she found that the campaign's materials made it easier to blame “those who are unwilling or unable to participate in neoliberal governance” for their own expendability.²⁷¹ These unwilling actors are the new representative of pathological blackness, and their subsequent discharge from the state appears not racist but rational.

In this way, the trope of the neo-liberal strong black woman allows for the rational exclusion of black Americans from structures of governmental support and thus their potential

²⁶⁹Henry Giroux, "Violence, Katrina, and the Biopolitics of Disposability," *Theory, Culture & Society* 24, no. 7-8 (2007): 308.

²⁷⁰I'm actually quite interested in representations of strong black women that suggest they *must* experience and triumph over hardship in order to prove their worth. In a future project I might explore the particular circumstances we ask women to survive in order to grant them this recuperable status.

²⁷¹Johnson Thornton, 331.

disposability. This rationalized exclusion extends the history of black exclusion from public health. Early public health interventions excluded black men and women outright, assuming they could not possibly make healthy and rational choices. Instead, black Americans were used as research subjects, contained within segregated spaces, or subject to state control through eugenics or forced sterilization. SISTA seemingly disrupts this trend by targeting black women and asking them to make rational decisions about their health. However, these women's inclusion is qualified by their potential to become successfully neo-liberal, enterprising strong black women. If they fail to meet this potential (which is actually impossible to reach given the tropological construction of the neo-liberal strong black woman), they are expelled from this inclusion and join other pathologically insufficient neo-liberal black Americans as disposable residue.

The SISTA intervention is the result of its creators' and disseminators' commitments to improving black women's lives. These public health researchers and practitioners sought to empower participants, to help them avoid potentially harmful situations and people; the neo-liberal tools and discourses of strength apparent throughout the program were designed for exactly this purpose. These tools, which have been shaped by their metonymic articulations within discourses of blackness and logics of neo-liberalism, become essential elements of the neo-liberal strong black woman's project of self-management. The trope of the neo-liberal strong black woman then attracts and produces affective investment, ultimately serving as symbolic evidence that black men and women who do not overcome race- and gender-based oppression are pathological, inadequately neo-liberal, and unworthy of assistance.

CHAPTER FIVE: CONCLUSIONS

SISTA is complicit in anti-black oppression and violence in the United States, even as it attempts to ameliorate some of the effects of this oppression. Its attempts to help black women avoid contracting HIV/AIDS are fundamentally shaped by public health's neo-liberal logics of self-management, which articulate to tropes of blackness in ways that allow for the rationalized exclusion of black bodies from structures of state support. This rationalized exclusion, what we might otherwise think of as an expulsion from the rights of American citizenship, is then coded as non-racism by its association with the logics of public health. Cultural studies theorist Adam Geary argues that this political neutralization is partially accomplished by epidemiological language of "epidemic" and "risk factor."²⁷² These terms, and the larger logics they belie, disregard the United States' fundamentally racist structure, which requires and promotes the destruction of black bodies. We need only re-read chapter two to see that Geary is correct—even within the narrow history I draw regarding the historical articulation of public health and black exclusion we can clearly see a governmental disregard for black life. When we acknowledge that racism structurally encourages black death, epidemiologic investigations into HIV/AIDS are revealed as wholly inadequate and ultimately in line with other racist attempts to legitimate violence against black Americans. Instead, Geary suggests that we view HIV/AIDS as caused by racism and as endemic to black communities. By doing so, he argues, we can account for its continuous, ongoing nature: it is consistently prevalent in black communities because of American structures of black oppression, not because of individual behaviors. This definitional

²⁷²Geary, *Antiblack Racism and the AIDS Epidemic: State Intimacies*.

adjustment shifts the burden of responsibility for halting the spread of HIV/AIDS from the individual black men and women who already bear the weight of anti-black oppression in the United States and onto the United States government.

My project uses topological theory to unveil the specific ways that public health programming gets caught up in the regime of anti-black oppression. Geary's work explores structures of intervention and governmental investments, and I examine the deployment of these structures and investments. Topological analysis allows me to trace the very real ways that discourses of health, race, gender, and sexuality invigorate and are invigorated by particular public health messages and interventions. I examine tropes of blackness and rhetorics of public health intervention as they exist both independently and within SISTA as well as their alignment with metonyms of neo-liberal subjectivity. Given my analysis, it seems that neo-liberal logics of self-management are a key mode by which contemporary anti-black oppression is legitimated, and that these logics operate through public health messages in order to specifically rationalize the fact that black Americans are significantly more likely to contract and die from HIV/AIDS than white Americans.²⁷³ In the same moment that it attempts to help women avoid contracting HIV/AIDS, SISTA functions as a mechanism for the production of anti-black sentiment that ultimately reproduces the conditions that make black women disproportionately likely to die from HIV/AIDS.

Describing SISTA in this way is very difficult for me; I feel as though I am discrediting a program that has positively impacted women across the United States and was created by thoughtful and committed public health practitioners. I respect SISTA's creators and disseminators, and I believe that we are all committed to the same goal—reducing the burdens of

²⁷³"HIV among African Americans," <http://www.cdc.gov/hiv/group/raciaethnic/africanamericans/>.

racism and sexism that structure black women's lives. In discussing this project with friends and colleagues, I am consistently reminded, however, that I am actually doing them a disservice by assuming my project is an insult to their efforts. This dissertation traces tropes of blackness as they appear in the governmentally supported materials that the CDC and other organizations used to theorize and disseminate the SISTA intervention. I have not examined in any way what SISTA's facilitators and participants create in their meetings together, and all of the evidence I have gathered makes me believe that the lived version of SISTA is far different from its official materials. Lucy Slater of NASTAD explained that she knows SISTA was changed in Amhara but does not have access to the Amharic manual, Amna Osman described her own process of translation as ad hoc and responsive to the jail she was working in, and Arlene Edwards explained that SISTA necessarily looks different every time it is administered given the uniqueness of each group of participants. SISTA's official materials are constrained by the discourses available to its creators, including tropes of blackness and epidemiological logics of self-management, and I imagine that its facilitators and participants struggle against these constraints in creative and productive ways each time the intervention is actualized.

Perhaps, then, this dissertation will be useful for the men and women who design or implement programs like SISTA. Public health materials are often created urgently, and they must be legible to multiple audiences, including the government agents who sponsor their creation and the CBOs that administer them. I hope that this analysis might in some way expand the modes of legibility available to practitioners. This dissertation has had the benefit of critical distance from the on-the-ground work of public health practice, and this distance has allowed me the space to trace things that may not seem immediately important when creating a public health program but might become apparent when an intervention is implemented. This project might

provide a vocabulary for public health practitioners who seek a tool for articulating the challenges of telling women to change their behaviors within structures of anti-black oppression.

This project might also be useful to rhetorical scholars who hope to examine the ways that contemporary racial configurations inflect individual public health interventions. As I described in my introduction, very few scholars in the field of rhetorical studies do this type of work. The analysis of particular health programs often falls to health communication scholars, whose *telos* of improved health outcomes sets their work apart from rhetorical interests in studying the general shapes and movements of discursive meaning creation. Cultural studies scholars take up projects interested in discursive moves, but their work is guided by questions about the ways culture and cultural processes create and transform individual experiences, everyday life, social relations, and power and do not investigate the messages of singular public health interventions. Given contemporary logics of public health that articulate to neo-liberalism and tropes of blackness and operate through entreaties for personal lifestyle changes, this dissertation's development of a rhetorical theory of tropological analysis is an important intervention into the study of contemporary public health discourse.

By taking a critical rhetorical approach and using the tools of tropological analysis, I was able to connect widely circulating discourses of blackness and subjectivity with the specific requests one U.S.-sponsored health intervention asks of its black female participants. I found that the SISTA intervention was constrained by historical trends in U.S. public health programming, including morally inflected campaigns urging personal responsibility and the resultant exclusion of black Americans from these interventions. Thus, when SISTA's creators were charged with developing a culturally relevant HIV/AIDS prevention program for black women they deployed some already circulating tropes of blackness. The tropes of pathological blackness, Afrocentric

blackness, and the strong black woman were easily attached to moral judgments of personal responsibility and the qualified inclusion of sufficiently self-managing black Americans.

Davi Johnson Thornton takes up a related project in her analysis of the Depression Is Real psychiatric campaign, and she comes to similar conclusions about the ways contemporary American logics of health justify the exclusion of insufficiently neo-liberal black Americans. However, our projects differ in their methods, and these differences point to this dissertation's unique contribution to the field of rhetoric. Johnson Thornton analyzes this campaign through discourses of risk, stigma, and empowerment, calling attention to the ways these neo-liberal logics affect representations of blackness within Depression Is Real messaging. Thus, she uses neo-liberalism as a lens through which to view race and as a mode of understanding cultural logics of racial exclusion.²⁷⁴ I agree with Johnson Thornton that such an analysis is necessary, and I am pleased to situate my work alongside hers. However, my use of tropes allows for a different type of analysis, which allows me to trace the ways that already-circulating tropes of blackness align with neo-liberalism in ways that reproduce anti-black sentiment and energize other more nefarious discourses and projects

I came to these conclusions by examining the tropes of blackness in SISTA in their historical and contemporary conditions of emergence as well as the ways that they articulate and organize metonyms of race, gender, health, and subjectivity. This unique approach allows me to understand the ways tropes of blackness and rhetorics of public health are (and have always been) co-constituted. My theoretical commitments to critical rhetoric and the analysis of discursive formations methodologically translated into examinations of metaphors, metonymies, and affective investments.

²⁷⁴Johnson Thornton.

Future projects can use this dissertation as a model for investigating other public health interventions into HIV/AIDS and its history as a tool for understanding these interventions. I investigate one particular prevention program. By engaging other programs rhetorical scholars can both carve out a space for rhetorical criticism within contemporary discursive analyses of health and determine if the logics I explore here extend to other interventions. Johnson Thornton's work suggests that they do, and more projects like these could potentially alter the landscape of public health interventions. By convincingly arguing that public health interventions are articulated to both contemporary racial configurations and moralizing logics of personal change, rhetorical scholars might encourage alternative modes of intervention that challenge instead of reinforce discourses that exclude many black Americans from receiving public health assistance. Historical grassroots interventions such as those designed by black women in the first half of the 20th century and the Black Panther's community clinics might provide some alternatives to contemporary models.²⁷⁵

By using this model to investigate other public health interventions, scholars might also be able to chart any changes that occurred as the result of the United States' shift towards TAP in 2010. This shift has had many effects on HIV/AIDS prevention interventions, including the CDC's complete defunding of the SISTA intervention. Neils van Doorn's investigation of a campaign in Baltimore that fulfills some of the requirements of TAP suggests that some of the logics of neo-liberalism I outline in this dissertation have remained essential to HIV/AIDS work following this shift, but my conversations with SISTA's creators and disseminators convinces me that governmental investments in TAP provoke new methods of understanding black

²⁷⁵Smith; Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* (Minneapolis: U of Minnesota P, 2011).

women's relationships to HIV/AIDS. These shifts undoubtedly impact the ways tropes of blackness appear with prevention programming.

While this project has much to offer future work on public health programming by rhetorical scholars, it has limitations, including its scope. This dissertation's implications are bounded by its analysis of a singular HIV program. It is also limited by its materials. I primarily relied upon publicly available materials and those provided by the creators and disseminators who returned my e-mails and answered my phone calls. This work would be even more compelling had I been able to acquire some of the primary materials from DiClemente and Wingood's original study in Bayview-Hunter's Point or been able to speak with those researchers and their community partners.

A future project might also take up the work of studying the ad hoc ways the intervention comes to life when administered by implementing organizations. How do its facilitators connect with the women who participate in its sessions? How do these women relate to the material? What meanings about blackness and subjectivity are co-created during the intervention process, and how do these extend or challenge those present within the intervention's written materials? As I mentioned, I am especially interested in these questions because of my conversation with Amna Osman. In our phone call, she explained her adjustment of some of SISTA's element as a response to the women she was working with. She led the intervention in a jail in Michigan, and she sometimes included non-black women or those who injected drugs. She was convinced that being a part of the SISTA intervention improved women's lives, so she wanted to include as many women as possible in the program. After our conversation I was left wondering, what does being a part of a SISTA intervention do for its participants, and how does it do it?

Everyone I spoke to about SISTA was incredibly interested in reflecting on their successes and challenges, and their reflections pointed to SISTA's uniqueness among HIV/AIDS interventions. Unlike other interventions, it accounted for the barriers some black women encounter when trying to take care of themselves and others. SISTA, as constrained as it is by the logics of neo-liberal health improvement and rationalized black exclusion, was for some community organizations an opportunity to connect with and help oppressed women. My interviewees were not just interested in helping their community members avoid HIV/AIDS—they cited reduced recidivism rates and increased school involvement as some of SISTA's successes, successes outside the scope of new HIV/AIDS efforts focused on TAP. I am inspired by their commitments, and I can only hope that in some small way this project contributes to their cause.

APPENDIX A: "EGO TRIPPING (THERE MAY BE A REASON WHY)"

By Nikki Giovanni²⁷⁶

I was born in the congo
I walked to the fertile crescent and
built the sphinx
I designed a pyramid so tough that a
star
 that only glows every one hundred
 years falls into the center giving
divine
 perfect light
I am bad

I sat on the throne
 drinking nectar with allah
I got hot and sent an ice age to
europe
 to cool my thirst
My oldest daughter is nefertiti
 the tears from my birth pains
 created the Nile
I am a beautiful woman

I gazed on the forest and burned
 out the sahara desert
 with a packet of goat's meat
 and a change of clothes
I crossed it in two hour
I am a gazelle so swift
 so swift you can't catch me

For a birthday present when he
was three
I gave my son hannibal an elephant
 He gave me rome for mother's day
My strength flows ever on

My son noah built new/ark and
I stood proudly at the helm
 as we sailed on a soft summer day
I turned myself into myself and was
 jesus
 men intone my loving name
 All praises All praises
I am the one who would save

I sowed diamonds in my back yard
My bowels deliver uranium
 the filings from my fingernails are
 semi-precious jewels
 On a trip north
I caught a cold and blew
My nose giving oil to the arab world
I am so hip even my errors are
correct
I sailed west to reach east and had
to round off
 the earth as I went
 The hair from my head thinned an
gold was laid
 across three continents

I am so perfect so divine so ethereal
so surreal
I cannot be comprehended except by
my permission

I mean...I...can fly
like a bird in the sky...

²⁷⁶Nikki Giovanni, "Ego Tripping (There May Be a Reason Why)" in *Ego Tripping and Other Poems for Young People*, (New York: Lawrence Hill Books, 1992), quoted in Midwest Prevention Intervention Center of the African American Prevention Intervention Network, "SISTA Implementation Manual" (Atlanta, GA: CDC, 2008), 76. I have reserved all formatting from the SISTA manual in these appendices.



Sisters Informing Sisters about Topics on AIDS (SISTA)

Implementation Manual

September, 2008



Prepared for:

Centers for Disease Control and Prevention
Department of Health and Human Services



Prepared by:

 SAINT LOUIS UNIVERSITY	<p><i>MPIC-APIN</i> A Collaborative HIV Prevention CAPACITY BUILDING ASSISTANCE PROJECT <i>of</i> Saint Louis University and the Community Wellness Project</p>	 CWP Community Wellness Project
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²⁷⁷Midwest Prevention Intervention Center of the African American Prevention Intervention Network, 1.

APPENDIX C: "STILL I RISE"

By Maya Angelou²⁷⁸

You may write me down in history
With your bitter, twisted lies,
You may trod me in the very dirt
But still, like dust, I'll rise.

Does my sassiness upset you?
Why are you beset with gloom?
'Cause I walk like I've got oil wells pumping
in my living room.

Just like moons and like suns,
With the certainty of tides,
Just like hopes springing high,
Still I'll rise.

Did you want to see me broken?
Bowed head and lowered eyes?
Shoulders falling down like
teardrops.
Weakened by my soulful cries.

Does my haughtiness offend you?
Don't you take it awful hard
'Cause I laugh like I've got gold
mines
Diggin' in my own backyard.

You may shoot me with your words,
You may cut me with your eyes,
You may kill me with your
hatefulness,
But still, like air, I'll rise.

Does my sexiness upset you?
Does it come as a surprise
That I dance like I've got diamonds
At the meeting of my thighs?

Out of the huts of history's shame
I rise
Up from a past that's rooted in pain
I rise

I'm a black ocean, leaping
and wide,
Welling and swelling I bear in the
tide.

Leaving behind nights of terror and
fear
I rise

Into a daybreak that's wondrously
clear
I rise

Bringing the gifts that my ancestors
gave

I am the dream and the hope of the
slave.

I rise
I rise
I rise.

²⁷⁸Maya Angelou, "Still I Rise" in *And Still I Rise*, (New York: Random House, 1978), quoted in Midwest Prevention Intervention Center of the African American Prevention Intervention Network, "SISTA Implementation Manual" (Atlanta, GA: CDC, 2008), 81.

APPENDIX D: "ALWAYS THERE ARE THE CHILDREN"

*By Nikki Giovanni*²⁷⁹

and always there are the children
there will be children in the heat of the day
there will be children in the cold of winter

children like a quilted blanket
are welcome in our old age

children like a block of ice to a desert sheik
are a sign of status in our youth

we feed the children with our culture
that they might understand our travail

we nourish the children on our gods
that they might understand respect

we urge the children on the tracks
that our race will not fall short

but the children are not ours
nor we theirs they are future we are past
how do we welcome the future
not with the colonialism of the past
for that is our problem
not with the racism of the past
for that is their problem
not with the fears of our own status
for history is lived not dictated

we welcome the young of all groups
as our own with the solid nourishment
of food and warmth

we prepare the way with the solid
nourishment of self-actualization

we implore all the young to prepare for the young
because always there will be children

²⁷⁹Nikki Giovanni, "Always There Are the Children" in *The Collected Poetry of Nikki Giovanni, 1968-1998*, (New York: William Morrow, 1992), quoted in Midwest Prevention Intervention Center of the African American Prevention Intervention Network, "SISTA Implementation Manual" (Atlanta, GA: CDC, 2008), 76.

WORKS CITED

- Ahmed, Sara. *Strange Encounters: Embodied Others in Post-Coloniality*. New York: Routledge, 2000.
- Appiah, Kwame Anthony. "Europe Upside Down: Fallacies of the New Afrocentrism." In *Perspectives on Africa: A Reader in Culture, History and Representation*, edited by Roy Richard Grinker, Stephen C. Lubkemann and Christopher B. Steiner, 48 - 54. Oxford: Wiley-Blackwell, 2010.
- Asante, Molefi Kete. *Afrocentricity*. Revised ed. Trenton, NJ: Africa World Press, 1988.
- Austin, Sydney Bryn. "AIDS and Africa: United States Media and Racist Fantasy." *Cultural Critique* Winter, no. 14 (1989): 129-52.
- Basu, Ambar, and Mohan J. Dutta. "Centralizing Context and Culture in the Co-Construction of Health: Localizing and Vocalizing Health Meanings in Rural India." *Health Communication* 21, no. 2 (2007): 187-96.
- Bhabha, Homi. *The Location of Culture*. New York: Routledge, 1994.
- Boyle, Eric. "Visual Culture and Public Health Posters." U.S. National Library of Medicine, <http://www.ncbi.nlm.nih.gov/pubmed/>.
- Brandt, Alan. *No Magic Bullet: A Social History of Venereal Disease in the United States*. Oxford: Oxford U P, 1987.
- Brown, JoAnne. "Purity and Danger in Color: Notes on Germ Theory and the Semantics of Segregation, 1885-1915." In *Heredity and Infection: The History of Disease Transmission*, edited by J.P. Gaudillière and I. Löwy, 101-31. London: Routledge, 2001.
- Burke, Kenneth. "The Four Master Tropes." In *A Grammar of Motives*. Berkeley, CA: U of California P, 1969.
- Byrd, W. Michael, and Linda A. Clayton. *An American Health Dilemma: Race, Medicine, and Health Care in the United States 1900-2000*. Vol. 2, New York: Routledge, 2002.
- Césaire, Aimé. "Negritude." In *African Presence in the Americas*, edited by Carlos Moore, 13 - 19. Trenton, NJ: Africa World Press, 1995.
- Clarke, John. "Living with/in and without Neo-Liberalism." *Focaal* 51 (2008): 138-47.
- Cohen, Cathy. *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. Chicago: U of Chicago P, 1999.
- Cohen, Ed. *A Body Worth Defending: Immunity, Biopolitics, and the Apotheosis of the Modern Body*. Durham: Duke U P, 2009.

- Comaroff, Jean. "The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body." edited by Shirley Lindenbaum and Margaret Lock, 305-29. Berkeley: U of California P, 1993.
- Control, Centers for Disease, and HIV/AIDS Prevention Research Synthesis Project Prevention. "Compendium of HIV Prevention Interventions with Evidence of Effectiveness." Centers for Disease Control and Prevention, 1999.
- Cornely, Paul B. "The Nature and Extent of Health Education among Negroes." *The Journal of Negro Education Yearbook* 18, no. 3 (1949): 370 - 76.
- Crimp, Douglas, ed. *AIDS Cultural Analysis/Cultural Activism*. Cambridge, MA: MIT Press, 1988.
- DiClemente, Ralph J., and Gina M. Wingood. "A Randomized Controlled Trial of an HIV Sexual Risk—Reduction Intervention for Young African-American Women." *JAMA: The Journal of the American Medical Association* 274, no. 16 (1995): 1271 - 76.
- A Dictionary of Epidemiology*. 4th ed. ed. New York: Oxford U P, 2001.
- Diop, Cheikh Anta. *The African Origin of Civilization: Myth or Reality*. Translated by Mercer Cook. New York: Lawrence Hill & Company, 1974.
- Duffy, John. *The Sanitarians: A History of American Public Health*. Chicago: U of Chicago P, 1990.
- Dutta, Mohan Jyoti. "The Critical Cultural Turn in Health Communication: Reflexivity, Solidarity, and Praxis." *Health Communication* 25, no. 6-7 (2010): 534-9.
- Edwards, Arlene. "Phone Interview About SISTA Intervention." By Allison Schlobohm (August 14 2015).
- Effective Interventions. "High Impact Prevention-SISTA." Centers for Disease Control and Prevention, <https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/SISTA.aspx>.
- "Epidemiologic Notes and Reports Acquired Immunodeficiency Syndrome (AIDS) among Blacks and Hispanics -- United States." *MMWR Weekly* 35, no. 42 (1986): 665-8. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00000810.htm>.
- "Evolution of HIV/AIDS Prevention Programs --- United States, 1981--2006." *MMWR* 55, no. 21 (2006): 597-604. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5521a4.htm>.
- Fanon, Frantz. *Black Skin, White Masks*. New York: Grove Press, 1951.

- Feldman, Allen. "From Desert Storm to Rodney King Via Ex-Yugoslavia: On Cultural Anaesthesia." In *The Senses Still: Perception and Memory as Material Culture in Modernity*, edited by C. Nadia Seremetakis, 87 - 108. Chicago: U of Chicago P, 1994.
- Foucault, Michel. *The Archaeology of Knowledge*. New York: Pantheon, 1972.
- . *History of Sexuality, Vol 1: An Introduction*. New York: Vintage Books, 1990.
- Fuller, Taleria R., Mari Brown, Winifred King, Cynthia Prather, Janine Cazaubon, Justin Mack, and Brandi Russel. "The SISTA Pilot Project: Understanding the Training and Technical Assistance Needs of Community- Based Organizations Implementing HIV Prevention Interventions for African American Women-Implications for a Capacity Building Strategy." *Women & Health* 46, no. 2/3 (2007): 167 - 86.
- Fullilove, Mindy Thompson, Robert E. Fullilove, Katherine Haynes, Stable Url, Mindy Thompson Fullilove, and Shirley Gross. "Black Women and AIDS Prevention: A View Towards Understanding the Gender Rules." *Journal of Sex Research* 27, no. 1 (1990): 47 - 64.
- Geary, Adam M. *Antiblack Racism and the AIDS Epidemic: State Intimacies*. New York: Palgrave Macmillan, 2014.
- . "Culture as an Object of Ethical Governance in Aids Prevention." *Cultural Studies* 21, no. 4-5 (2007): 672-94.
- Geary, Daniel. "The Moynihan Report: An Annotated Edition." *The Atlantic*, 2015.
- Gillow, John. *African Textile: Color and Creativity across a Continent*. Compact ed. New York: Thames & Hudson, 2016.
- Gilroy, Paul. "It's a Family Affair." In *Black Popular Culture*, edited by Gina Dent, 304-16. New York: The New Press, 1998.
- Giroux, Henry. "Living Dangerously - Identity Politics and the New Cultural Racism - Towards a Critical Pedagogy of Representation." *Cultural Studies* 7, no. 1 (01/1993 1993): 1 - 27.
- . "Violence, Katrina, and the Biopolitics of Disposability." *Theory, Culture & Society* 24, no. 7-8 (2007): 305-09.
- Goldberg, David Theo. *Anatomy of Racism* [in English]. U of Minnesota Press, 1990.
- Gunn, Joshua. "Maranatha." *Quarterly Journal of Speech* 98, no. 4 (2012): 359-85.
- Hammonds, Evelyn. "Race, Sex, AIDS: The Construction of 'Other'." *Radical America* 20, no. 6 (1987): 28-36.
- Harris-Perry, Melissa V. *Sister Citizen: Shame, Stereotypes, and Black Women in America*. New Haven: Yale University Press, 2011.

- "HIV among African Americans." <http://www.cdc.gov/hiv/group/raciaethnic/africanamericans/>.
- "HIV in the United States: At a Glance." <http://www.cdc.gov/hiv/statistics/overview/ataglance.html>.
- hooks, bell. *Black Looks: Race and Representation*. Boston: South End Press, 1992.
- Johnson, Lyndon B. "To Fulfill These Rights." Washington, D.C.: Howard University, 1965.
- Johnson Thornton, Davi. "Race, Risk, and Pathology in Psychiatric Culture: Disease Awareness Campaigns as Governmental Rhetoric." *Critical Studies in Media Communication* 27, no. 4 (2010): 311-35.
- Jones, James H. *Bad Blood: The Tuskegee Syphilis Experiment*. New York: The Free Press, 1993. Print.
- Kaplan, Robert M. "Behavioral Epidemiology, Health Promotion, and Health Services." *Medical Care* 23, no. 5 (1985): 564-83.
- Kapsalis, Terri. *Public Privates: Performing Gynecology from Both Ends of the Speculum*. Durham: Duke University Press, 1997.
- Kelley, Robin D. G. *Yo' Mama's Disfunktional!: Fighting the Culture Wars in Urban America*. Boston: Beacon Press, 1997. eBook.
- Labonte, Ronald, and Judith Green. *Critical Perspectives in Public Health*. London: Routledge, 2008.
- Livingston, Jennie, Paul Gibson, Jonathan Oppenheim, Off White Productions Inc., Miramax Home Entertainment (Firm), and Buena Vista Home Entertainment (Firm). *Paris Is Burning*. Burbank, CA: Miramax Home Entertainment : Distributed by Buena Vista Home Entertainment,, 2005. videorecording, 1 videodisc (76 min.) : sd., col. with b&w sequences ; 4 3/4 in., 41451 Miramax Home Entertainment.
- Lock, Margaret, and Vinh-Kim Nguyen. "Human Difference Revisited." In *An Anthropology of Biomedicine*, edited by Margaret Lock and Vinh-Kim Nguyen, 1862-73. Oxford: Wiley-Blackwell, 2010.
- Lubiano, Wahneema. "Black Ladies, Welfare Queens, and State Minstrels: Ideological War by Narrative Means." In *Race-Ing Justice, En-Gendering Power: Essays on Anita Hill, Clarence Thomas, and the Construction of Social Reality*, edited by Toni Morrison, 323 - 63. New York: Pantheon Books, 1992.
- Lubiano, Wahneema H., ed. *The House That Race Built: Original Essays by Toni Morrison, Angela Y. Davis, Cornel West, and Others on Black Americans and Politics in America Today*. 1st Vintage Books ed. New York: Vintage Books, 1998.

- Lundberg, Christian. "Enjoying God's Death: The Passion of the Christ and the Practices of an Evangelical Public." *Quarterly Journal of Speech* 95, no. 4 (2009): 387-411.
- Lupton, Deborah. *The Imperative of Health: Public Health and the Regulated Body*. London: Sage, 1995.
- Mazama, Ama. "The Afrocentric Paradigm: Contours and Definitions." *Journal of Black Studies* 31, no. 4 (2001): 387 - 405.
- McBride, David. *From Tb to AIDS: Epidemics among Urban Blacks since 1990*. Albany, NY: State U of New York P, 1991.
- McGee, Michael Calvin. "Text, Context, and the Fragmentation of Contemporary Culture." *Western Journal of Speech Communication* 54, no. 3 (1990): 274-89.
- McKerrow, Raymie. "Critical Rhetoric: Theory and Praxis." *Communication Monographs* 56, no. 2 (1989): 91-111.
- McLeroy, Kenneth R., and Carolyn E. Crump. "Health Promotion and Disease Prevention: A Historical Perspective." *Generations* 18, no. 1 (Spring94 1994): 9.
- Merzel, Cheryl, and Joanna D'Afflitti. "Reconsidering Community-Based Health Promotion: Promise, Performance, and Potential." *American Journal of Public Health* 93, no. 4 (07/23/accepted 2003): 557-74.
- Midwest Prevention Intervention Center of the African American Prevention Intervention Network. "SISTA Implementation Manual." Atlanta, 2008.
- Mitchell, W.J.T. *Seeing through Race*. Cambridge, MA: Harvard U P, 2012.
- Morgan, Joan. *When Chickenheads Come Home to Roost: My Life as a Hip-Hop Feminist*. New York: Simon & Schuster, 1999.
- Mullan, Fitzhugh. *Plagues and Politics: The Story of the United States Public Health Service*. New York: Basic Books, 1989.
- "National HIV/AIDS Strategy for the United States." edited by The White House Office of National AIDS Policy, 2010.
- "The Negro Family: The Case for National Action." edited by United States Department of Labor Office of Policy Planning and Research. Washington, D.C.: U.S. Government Printing Office, 1965.
- Nelson, Alondra. *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination*. Minneapolis: U of Minnesota P, 2011.
- Nguyen, Vinh-kim. *Republic of Therapy: Triage and Sovereignty in West Africa's Time of AIDS*. Durham: Duke U P, 2010.

- "NWLC Analysis of 2014 Census Poverty Data." National Women's Law Center, <https://nwlc.org/resources/nwlc-analysis-2014-census-poverty-data/>.
- Ong, Aihwa. *Neoliberalism as Exception: Mutations in Citizenship and Sovereignty*. Durham: Duke U P, 2006.
- Osman, Amna. "Phone Interview About SISTA Intervention." By Allison Schlobohm (October 7 2015).
- Patton, Cindy. "From Nation to Family: Containing 'African AIDS'." In *Nationalisms and Sexualities*, edited by Andrew Parker, Mary Russo, Doris Summer and Patricia Yaeger, 218-34. New York: Routledge, 1992.
- . *Sex & Germs: The Politics of AIDS*. Montreal, Quebec: Black Rose Books, 1986.
- Pernick, Martin. "Eugenics and Public Health in American History." *American Journal of Public Health* 87, no. 11 (1997): 1767-72.
- Petersen, Alan, and Deborah Lupton. *The New Public Health: Health and Self in the Age of Risk*. London: Sage, 1996.
- Phields, Miriam E., and Stacey Little. "Overview of Updates to SISTA Materials." Centers for Disease Control and Prevention.
- Porter, Dorothy. *Health, Civilization, and the State*. New York: Routledge, 1999.
- Prather, Cynthia, Taleria R. Fuller, Winifred King, Mari Brown, Marilyn Moering, Stacey Little, and Keydra Phillips. "Diffusing an HIV Prevention Intervention for African American Women: Integrating Afrocentric Components into the SISTA Diffusion Strategy." *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education* 18, no. 4 Suppl A (2006): 149-60.
- Race, Ethnicity, and Genetics Working Group. "The Use of Racial, Ethnic, and Ancestral Categories in Human Genetics Research." *American journal of human genetics* 77, no. 4 (2005): 519 - 32.
- Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Vintage Books, 1997.
- Rose, Nikolas. "Governing in 'Advanced' Liberal Democracies." edited by Andrew Barry, Thomas Osborne and Nikolas Rose, 37-64. Chicago: U of Chicago P, 1996.
- Sastry, Shaunak, and Mohan Jyoti Dutta. "Global Health Interventions and the "Common Sense" of Neoliberalism: A Dialectical Analysis of Pefar." *Journal of International and Intercultural Communication* 6, no. 1 (2013): 21-39.
- Smith, Susan Lynn. *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890 - 1950*. Philadelphia: U of Pennsylvania P, 1995.

- Solomon, Martha. "The Rhetoric of Dehumanization: An Analysis of Medical Reports of the Tuskegee Syphilis Project." *Western Journal of Speech Communication* 49, no. 4 (1985): 233-47.
- Steinberg, Stephen. "The Liberal Retreat from Race During the Post-Civil Rights Era." In *The House That Race Built: Original Essays by Toni Morrison, Angela Y. Davis, Cornel West, and Others on Black Americans and Politics in America Today*, edited by Wahneema H. Lubiano, 13-47. New York: Vintage Books, 1998.
- Streeter, Ruth. "The Vanishing Family: Crisis in Black America." New York: CBS News, 1986.
- "Swahili." *Ethnologue*, <http://www.ethnologue.com/language/swh>.
- Treichler, Paula. *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*. Durham: Duke U P, 1999.
- Trump, Donald. "Campaign Rally Speech." Des Moines, Iowa: C-SPAN, 2016.
- van Doorn, Niels. "Treatment Is Prevention." *Cultural Studies* 27, no. 6 (2013): 901-32.
- Vitellone, Nicole. "'I Think It More of a White Person's Sort of Awareness': Condoms and the Making of a White Nation in Media Representations of Safer (Hetero) Sex." *Feminist Media Studies* 2, no. 1 (2002): 19-36.
- Wallace, Michele. *Black Macho and the Myth of the Superwoman*. London: Verso, 1990.
- Washington, Harriet. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Harlem Moon, 2007.
- Watts, Eric King. *Hearing the Hurt*. Tuscaloosa: U of Alabama P, 2012.
- Williams, Rhonda. "Living at the Crossroads: Explorations in Race, Nationality, Sexuality, and Gender." In *The House That Race Built*, edited by Wahneema Lubiano, 136-53. New York: Vintage Books, 1998.
- Wilson, William J. *The Declining Significance of Race: Blacks and Changing American Institutions*. Chicago: University of Chicago Press, 1978.
- Wingood, Gina M., and Ralph J. DiClemente. "Enhancing Adoption of Evidence-Based HIV Interventions: Promotion of a Suite of HIV Prevention Interventions for African American Women." *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education* 18, no. 4 Suppl A (2006): 161-70.
- Wingood, Gina M., Dinesha Hunter-Gamble, and Ralph J. DiClemente. "A Pilot Study of Sexual Communication and Negotiation among Young African American Women: Implications for HIV Prevention." *Journal of Black Psychology* 19, no. 2 (1993): 190 - 203.

Zoller, Heather. "Technologies of Neoliberal Governmentality: The Discursive Influence of Global Economic Policies on Public Health." In *Emerging Perspectives in Health Communication: Meaning, Culture, and Power*, edited by Mohan Jyoti Dutta and Heather Zoller, 390-410. New York: Routledge, 2008.