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Reassessing the “Culturization of Race”: The Black HIV/AIDS Epidemic

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Precious, based on the novel *Push* by Sapphire is a film that follows a 16 year-old HIV-positive Harlem black teen, Claireece “Precious” Jones. Precious is a beautiful young girl whose unfortunate life circumstances have not afforded her many opportunities for reaching her full potential. Due to her mother’s constant emotional abuse, she suffers from low self-esteem and obesity, causing her to seek safety in food. Aside from her toxic relationship with her mother, she also experiences frequent sexual abuse at the hands of her HIV-positive father. Consequently, Precious is now pregnant for the second time, with her father’s child. These harmful familial relationships, along with her low socioeconomic status, have also made it so she can not acquire an adequate education. Through all of her life challenges, Precious has been able to successfully reach the ninth grade with good grades despite her inability to read nor write.

Precious encounters her environment with great curiosity and an unshakable sense that there is another, better, world for her. In one scene of the film, Precious’ teacher learns about her pregnancy and sends her to the principal’s office where she is asked several invasive questions, specifically if she indeed is pregnant again for the second time. When Precious reveals that she is, her principal disgustedly asks “tsh what happened Claireece? Do you have any other thoughts about your situation?” insinuating that Precious engages in risky sexual behavior with no regard for her future. The conversation ends with Precious denying the principal’s request for a teacher-parent conference, which then leads to her immediate suspension from the school.

Precious’ case, like that of many other poor black girls living with HIV, highlights how structural racism manifests as state imposed anti-blackness where black bodies are vulnerable to disease and poverty. Young black women like Precious are often subjected to unhealthy home environments coupled with structural violence (i.e. poverty, inadequate education). Instead of receiving assistance from the state or community they are met with that violent racial bias that the conditions of their life seem to be of their doing and choice. As a result, these women are subsequently punished for their life circumstances (e.g. unintended pregnancy) despite their

actual efforts to create new possibilities for themselves. This essay hopes to approach the ways in which public health disease assessment of the HIV/AIDS epidemic in black communities has historically been insufficient in actually tackling the social and structural forces that create poor health outcomes. Instead, it aims to pathologize their culture as a primary factor in the spread of HIV/AIDS.

Culturization of Race

Knowledge production assessing the spread of disease and illness among the black population within the United States has historically been revealed to be profoundly racist and counterproductive to addressing the black poor state of health. The earliest understandings of black illness and poor health were theorized as a consequence of biological difference or cultural pathology instead of racialized social structures. Adam Geary, author of *Antiblack Racism and the AIDS Epidemic: State Intimacies*, reveals that in the 1980s investigators of the overrepresentation of black folks within the AIDS epidemic failed to recognize the “black health tradition, and with it, the broader materialist tradition in the US health sciences, had been effectively marginalized and isolated within the US health sciences. To the degree that black health disparities were not conceived as a problem at all, rather than simple ignored, they were treated as either the consequence of black cultural pathology or black racial-genetic vulnerability.” (p. 8-9)

Dated notions of cultural scapegoating arose once again during the AIDS epidemic where the presumably black Haitian or African origin of the disease portrayed black people as sexual deviants and created the dynamic for what they called a racist “blame game” (Geary, 2014, p. 9). This solidified an atmosphere where “black communities and especially black health professionals [on a global scale] attempted to distance themselves from AIDS all together” (Geary, 2014, p. 9).

Rightfully, many black individuals at this time felt the need to separate themselves from these damaging narratives about the spread of HIV that often depicted the black race as uncivilized and sexually deviant. As a result, this distancing allowed for investigations on the spread of AIDS within the black community to focus more on the happenings of their everyday life rather than the l

“structured violence -- their conditions of everyday life.” (Geary, 2014, p. 10) In doing this, researchers were able to further propel harmful cultural pathology about the spread of HIV/AIDS and the global black community instead of exploring the structural inequities at bay. This specific moment in HIV/AIDS history mirrors the continuacommensuration between the U.S. history of disease assessment in black communities and the racialized institutions under which they produce knowledge about this population.

Black Women: Respectability, Power and Sexuality

Just as Precious’ principal blames her second pregnancy on her assumed promiscuity, recklessness and other racist stereotypes associated with the black femme body, the U.S. health sciences has also had a history of treating black women’s illnesses as a symptom of cultural pathology regardless of class or education. Current black women’s sexuality and normative gender pathology is a result of medical inquiry that defined racial differences. Early scientific discourses surrounding anatomy and racial differences classified the African women’s genitalia as peculiar, excessive and a sign of sexual deviance (Somerville, 2012). This racist ideology has evolved over generations and took form in stereotypes about black women of the times. Relative to Precious’ case, we can see this notion of sexual deviance take its course where contemporary debate around black women on welfare depict them as complicit in engaging in high-risk behavior, apathetic to the consequences and making their fertility a source of income (Jordan-Zachery). The stereotype of the “welfare queen” is harmful and does not engage with the very real nature of black women’s everyday conditions of suffering.

Relatively, the sexual revolution of the of the 1960s and 1970s made massive strides in freeing white and middle class women from traditional gender norms and giving them opportunity to pursue intellectual/career development goals. The reality of the sexual revolution for black women however was that it contributed to a shift in power between black men and women, creating a normalization of relationships outside of marriage that dramatically changed traditional family dynamics and stability (Sharpe, 2012, p. 250). Changing the gender norms lead to a decline in marriage rates among black women where they were now seen as a “surplus” because of high black male incarceration rates. This change in gender norms also lead to a decline in economic power which heavily influenced black womens ability to safely negotiate sexual behaviors (i.e condom use) with partners and increased their risk of HIV/STD infection (Sharpe , 2012, p. 250). The imbalance of power coupled with poverty and little educational opportunities allowed for black women to frequently depend on male partners financially by using sex as a survival method (Sharpe, 2012, p. 250). One of the primary factors behind Precious’ mother’s abuse is her

resentment towards Precious for “stealing her man” and driving him away. Precious’ mother believes in this idea that there is a “surplus” of black women so much so that it causes her to compete with her own daughter over her husband in hopes of financial stability. With this evidence and Precious’ case, it is irresponsible to believe that black women do not face state-sanctioned structural violence in the form of imposed sexual deviance, poverty and gender based violence. All of which, contribute to inadequate conditions of Life for optimal health outcomes.

AIDS Prevention Initiatives: The Perpetuation of State Violence

Influential organizations like the Center for Diseases Control (CDC), whose stated goals are predicated on curing the spread of disease, completely miss the mark when approaching the spread of HIV/AIDS within the black community. Geary explains that “the inability to conceive risk reduction in terms of interventions into poverty, racial segregation, access to basic and preventive healthcare, or safe housing-all [...]suggests that for the CDC, as with dominant understandings of AIDS generally African Americans can only be conceived as a cultural group with behavioral characteristics that lend themselves to increased risks for HIV.” (2014, p. 14) Instead of assessing the conditions that contribute to their precarious state of health, this viewpoint ultimately remains consistent with the logic that the black community contributed to the spread of AIDS because of cultural shortcomings and flaws. This new form of racism is what Geary calls the “culturalization of race,” where in the past the scientific community would attribute poor black health to biological differences, now it has become a result of cultural inferiority instead of acknowledging racist social structures (2014, p. 15). Halford H. Fairchild explains that, “[African Americans], on average, suffer from less access to healthcare, obtain less prenatal care, and live in more impoverished and stressful residential areas than do Whites” and that “environmental influences begin to influence developmental outcomes from the very early stages of their lives” (1991, p. 104).

High rates of HIV/AIDS and STD among black women can be directly correlated to their quality of life. Dr. Tayana Telfair Sharpe reveals in her paper “Social Determinants of HIV/AIDS and Sexually Transmitted Diseases Among Black Women: Implications for Health Equity” that in 2007 1 in 4 black Americans lived in poverty that “limits the choices for selection of residential neighborhoods in which HIV/AIDS and STDs cluster” (2012, p. 250). Sharpe also points to the fact that “poverty can limit access to quality medical care because the poor may have no health insurance coverage, inadequate insurance coverage, no personal healthcare provider, no routine medical screening” (2012, p. 250). Using the example of the spread of HIV in US black communities, we can analyze how the current assessment of black bodies within the U.S. healthcare system continues to propel white

supremacist, anti-black social structures that essentialize black people through the false association of disease and culture.

Onward: Closing the Gap

To close the gap in disparities, health professionals must be prepared to explore and integrate new, non-traditional mixed method interventions that measure black lived experiences with discrimination, structural violence and health inequity. Data on such things can propel legislative action that responds to the complex social determinants of HIV/AIDS and STDs amongst poor black populations. Interventions that provide this type of data can legitimize true lived experiences of black peoples and potentially increase their quality of care. They will also encourage healthcare professionals to acquire adequate contextual details about individual patients' everyday life to improve their health outcomes. For example, the lived experiences of older black women were documented in a study on depression and coping behaviors by Earlise C. Ward entitled "Older African American Women's Lived Experiences with Depression" (2013). Through a qualitative phenomenological investigation, older African American black women's lived experiences with depression were examined and documented. Phenomenological studies focus less on the researcher's interpretation and more on subjective meanings of participants' descriptions of lived experiences. This study gave researchers the ability to understand what it was like for older black women who dealt with depression, revealing structural and societal factors that influence the low proportion of older African American women whom sought therapy.

Studies like this provide new alternatives to measuring disease and give depth to health outcomes of populations. Julia S. Jordan-Zachary, author of *Shadow Bodies: Black Women, Ideology, Representation and Politics*, explains in her book that "through stories black women theorize their experiences. They Bring together what seems disparate to make way out of no way. These stories do a type of methodological and data work that 'standard' academic methods and data could not-primarily because they are not bound by western philosophical understandings of knowledge production" (2017). Uplifting and validating black lived experiences is key to rewriting the racist history of disease assessment on the population and for propelling a better future of health equity for this community.

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Mariam is a recent graduate from Warren College with a degree in Biochemistry/Cell Biology and minors in Global health & African American Studies. She is invested in promoting health equity and challenging the way health systems approach structural deficiencies that influence precarious life conditions. Her paper *Reassessing the "Culturization of Race": The Black HIV/AIDS Epidemic reveals the history of disease assessment of black communities in the United States and its aims to pathologize African American culture as a primary factor in the spread of HIV/AIDS instead of tackling health inequities.*