

Black Communities' Belief in "AIDS as Genocide"

A Barrier to Overcome for HIV Prevention

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ABSTRACT

The belief that acquired immunodeficiency syndrome (AIDS) is a form of genocide targeted at the black population is prevalent in black communities in the United States. Public health authorities are distrusted, in part because of the legacy of the Tuskegee Study of untreated syphilis, a perceived racist experiment. For effective interventions to prevent the transmission of human immunodeficiency virus in black communities, genocidal fears and beliefs must be addressed and black community leaders should be involved in planning and implementation. Ann Epidemiol 1993;3:193-195.

KEY WORDS: Acquired immunodeficiency syndrome (AIDS), prevention, control, blacks, prejudice, race relations.

When I was invited to present at the annual meeting of the American College of Epidemiology, Dr. Raymond Greenberg asked me to make some recommendations addressing three questions related to the theme "Morbidity/Mortality Gap: Is it Race or Racism?": What research is still needed? Why are we not doing it? Who should be doing it? These may seem easy questions, but I had great difficulty trying to find answers.

The articles gathered here present data describing the disparity in health status between whites and nonwhites in the United States. I do not think there is any question that racism is a partial cause of the morbidity/mortality gap. Now, how much more research do we need to do to describe the problem? Do we need to describe the extent of this problem? Do we need to define the attributable risk of racism? Should we move toward studying the precise mechanisms by which racism causes the problems? I do not think so.

Dr. Paul Wiesner (1) said, "We do not need anymore numbing national statistics!" What we do need are solutions. We need to design and implement interventions that are appropriate for health problems in the minorities that we are addressing, that is, "culturally sensitive" approaches. As Dr. Kumanyika (2) said, "Certain interventions are designed for the mythical American—who does not exist." Many interventions will not work for some groups, but will work very well for others. A uniform approach to solving health problems is unrealistic in a culturally diverse society.

How do we approach a public health problem and take into account the effects of racism? I am not sure I know how,

but I would like to use as an illustration an area that I know a little about, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS).

The Centers for Disease Control (CDC) funds a number of community organizations for HIV education and outreach. One of these organizations is the Southern Christian Leadership Conference (SCLC) based in Atlanta, founded by Dr. Martin Luther King, Jr., and presently presided over by the Reverend Dr. Joseph Lowery. This group is funded to try to bring HIV education into black Christian churches in the network of the SCLC. The project is being implemented in five cities: Atlanta, Georgia; Tuscaloosa, Alabama; Kansas City, Kansas; Detroit, Michigan; and Charlotte, North Carolina.

One of the first things SCLC did was to ask church leaders to cooperate in getting AIDS and HIV education into the church groups. SCLC asked the church leaders who responded to answer a questionnaire on knowledge and attitude toward AIDS. This is not a random sample of church members, but a sample of the leadership of the churches who were selected by their willingness to cooperate.

The findings were very important (3). For the thousand or so of leaders who completed questionnaires, the education level was high; in fact, 44% either completed or had some college or university training. So, the selected group was a church-going black population who are educated and middle class. In response to the question "Do you believe that AIDS is a form of genocide?" 35% felt that AIDS was a form of genocide, and 30% said they were unsure. Therefore, 65% of this population thought it was a possibility. Now, if this selected, educated population thinks that AIDS is a form of genocide, then what does the rest of the community think? I believe that there is a much higher percentage,

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with a lower educational level, who believe that AIDS is a form of genocide.

A play that opened in Atlanta last year was based on the Tuskegee Syphilis Study, a study of the natural history of untreated syphilis in the Negro male. The study was started in 1932, before the availability of penicillin, but was continued through 1972 without offering penicillin treatment to the participants. The play was called "Miss Evers' Boys" (4). Following the first performance of the play there was a discussion. The audience, which was a combination of white and black middle-class participants, was able to ask questions, and almost to a person, the blacks who came to the microphone were extremely distrustful of scientists, particularly of government scientists, and believed in the genocidal theory for black people.

If this belief is so strong in a middle-class Atlanta population, I believe it is an issue that we have to address. We have to address it if we are going into the black community and designing interventions to educate the community on how to avoid HIV infection, when the interventions (condom use and counseling women to protect themselves against unplanned pregnancy) play into the idea of genocide—trying to keep a black population from reproducing.

As I thought this through, I came upon a very relevant article titled "The Tuskegee Syphilis Study, 1932 to 1972: Implications for HIV Education and AIDS Risk Education Programs in the Black Community" (5). The authors recounted numerous instances of public discussions of "AIDS as genocide" in the black community. For example, the Nation of Islam disseminated literature that describes AIDS as a form of genocide, that is, an attempt by white society to eliminate the Negro race; "Tony Brown's Journal," a popular television show, aired a series of programs debating the issue of AIDS as a form of genocide; and the *Los Angeles Centennial*, the largest black newspaper on the West Coast, ran a series of stories suggesting that blacks have been intentionally infected with HIV. The authors believed that the "history of the Tuskegee Syphilis Study, with its failure to educate the participants and treat them adequately, helped to lay the foundation for blacks' pervasive sense of distrust of public health authorities today." As evidence, the authors pointed out that a Yale law professor, H. Dalton, believed that the Tuskegee Syphilis Study is a reflection of society's historical disregard for black people. In 1989, he repeated a common distortion that the government purposefully exposed black men to syphilis in order to study the natural course of disease (6). The authors (5) stated that "the continuing legacy of the Tuskegee Syphilis Study has contributed to blacks' belief that genocide is possible and that public health authorities cannot be trusted. These fears and attitudes must be addressed in order to develop HIV education programs for the black community."

How do we address these fears and attitudes? We have been talking about culturally sensitive approaches as a solu-

tion. "The Tuskegee study was culturally sensitive," according to Thomas and Quinn (5). The Tuskegee study included culturally sensitive approaches to ensure the involvement and continued participation of the men. Eunice Rivers, a black public health nurse, served as the primary contact person for the entire 40 years of the study. She provided transportation, organized the men for examinations, provided reassurance, and formed trusting relationships with the men and their families. The Public Health Service was successful in enlisting black church leaders and community elders to encourage participation. In addition, physical examinations, including the taking of blood samples, were conducted in black churches and schools.

In his history of the Tuskegee study, Jim Jones (7) described how health officials recruited local leaders and used the schoolhouse and churches as clinics. The authors concluded, "Now, almost 60 years after the experiment, the Tuskegee Syphilis Study's legacy is a trail of distrust and suspicion that hampers HIV education efforts in black communities." Remember, it was only in 1972 that the Tuskegee study was stopped, barely 20 years ago.

"Public health professionals must recognize that blacks' belief in AIDS as a form of genocide is a legitimate attitudinal barrier, rooted in the history of the Tuskegee Syphilis Study. Many public health authorities who work with black communities are uncomfortable responding to the issue of genocide and the Tuskegee study" (5). I count myself among those public health officials uncomfortable with this issue.

The authors (5) stated that we must be willing to listen respectfully to community fears; share the facts of the Tuskegee study when it arises, as a justification of those fears; and admit to the limitation of the science when we do not have the answers.

Allen Brandt, a historian, has discussed the government's review of the Tuskegee study (8). In 1972, the Department of Health, Education, and Welfare convened the Tuskegee Study Ad Hoc Advisory Panel to advise whether the study was justified, whether it should be continued, and whether the men should have been offered penicillin when it became available. The Panel issued its final report in 1973 (9). Brandt believed that the report missed the point because the government did not look at this study as a racist experiment (8).

The report (9) said that the study was unethical and that the participants should have been offered treatment. Brandt (8) stated that the Tuskegee study

revealed more about the pathology of racism than it did about the pathology of syphilis, more about the nature of scientific inquiry than the nature of the disease process. *The notion that science is a value-free discipline must be rejected.* The need for greater vigilance assessing the specific ways in which social values and attitudes affect professional behavior is clearly indicated.

That was 1978; now in 1991 we are confronted with AIDS and HIV infection as a clearly important problem in the black community. I believe that scientists have not yet rejected the notion that "science is a value-free discipline." I also believe that to be successful in our HIV prevention efforts, we have to propose solutions that take into account the impact of racism and acknowledge the historic basis of the black community's distrust.

Approaches to community problems have to be in the form of a community-organized effort. For example, the Planned Approach to Community Health (PATCH) Program (10) goes into the community and asks what the community members think the problems are and how they assess them, in order to understand the community's definition of its own health problems. Interventions are developed with community involvement.

The National Black Women's Health Project (11) is another wonderful example of taking the community's feelings and beliefs into account. The National Black Women's Health Project worked on preventing teen pregnancy. They went into the rural black communities trying to reduce teen pregnancy, but they did not go in with a categorical program, which is what we tend to do as public health officials. They went into the community and asked young black women what their problems were. Their problems were poverty, where their next meal was coming from, violence in the community, drugs, and whether they could get their children educated. Preventing teen pregnancy was not even on the list of things that they were concerned about. How can health educators push teen pregnancy prevention in a community that does not see it as a problem? The Black Women's Health Project formed support groups of women who started dealing with the issues that the women felt were most important, and then eventually came to addressing the teen pregnancy problem.

I think that is what we have to do when dealing with HIV prevention in the black community. Thomas and Quinn (5) stated:

The impact of HIV infection and AIDS in black communities is exacerbated by the presence of other sources of poor health status and social inequities; therefore, AIDS risk

reduction programs must be built on solid assessments of community perceptions and needs, and must include ongoing involvement of community leaders and program planning and evaluation efforts.

I salute Thomas and Quinn because they essentially crystallized an important issue. We need to develop community interventions, but we need community participation in the design and implementation. Who should be doing it? We should all be doing it. But we should all be doing it with the cooperation and leadership from the community.

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Two Celebrated Authors Say Blacks

Two Black American authors, John A. Williams and Samuel Yette, agreed during a segment of NET's National Educational Television Black Journal program that Blacks have become "superfluous" economically and hence, face a real threat of extermination or genocide. Williams, who dealt with genocide in his tough and chilling book of fiction, *The Man Who Cried I Am Black*, discussed the theme of genocide—the deliberate and systematic destruction of a racial or ethnic group by another—with Yette in a program moderated by Tony Brown, executive producer of Black Journal. Yette's book, *The Choice, The Issue of Black Survival in America*, is a non-fiction work in which he says, "I... try to show... that we have not all the things that make genocide possible. For example, we now have the climate which would contribute to it, (one of) extreme racial hostility and class hostility. We have vested interests; we have those who make a profit out of repression; we have the lack of Black social values and also currently we have the loss of economic value on the part of Black people."

Then we have the rapid maturity of the police state with all of the technological ramifications. We have the legalization of the police state such as the no-knock search and seizure, the preventive detention bill and those which have absolutely abrogated several of the very important tenets in the

Bill of Rights to our constitution. Then finally, genocide whether it is deliberate or non deliberate, I think, is quite irrelevant to the outcome. However, I think it could be quite relevant to the solution to the problem."

Yette, a former EBONY associate editor and previously the director of the Office of Economic Opportunity (OEO), is a Washington, D. C., correspondent for Newsweek.

The Black Journal genocide debate will be aired Oct. 26 and is timely in view of the recent U. S. House of Representatives' move to make unlawful the Emergency Detention Act of 1950 that authorizes the government to detain citizens on suspicion that they are engaged in sabotage or espionage. It is especially timely coming as it does on the heels of one of the worst prison slaughters in history at Attica, N. Y., where 32 inmates (Black) died along with 10 white guards.

Many observers are skeptical over whether the Senate will follow the House's action and strike down the controversial detention camp feature of the act, given the nation's growing white backlash. And once clearing the Senate hurdle, cynics doubt if President Nixon, a warm supporter of the original bill, will affix his signature for final approval of the bill.

With more than 75 percent of the nation's prison population already Black, many observers feel the detention camp provision of

Facing Genocide In The United States

the law is irrelevant.

In his book, Williams deals with a "King Alfred Plan," the government's "final solution to the Black question—vaporization."

Williams said the "King Alfred Plan" idea came to him when he sat down one day "far away and not under any great pressures"

announced a contingency plan for dealing with rebellion, i.e., Black people in rebellion, and not only city governments, but the federal government... Williams said even an organization "as mild as the NAACP would certainly be subjected to destruction by the federal government," once the



TV host Brown discusses controversial genocide topic with guest authors (L-R) Williams and Yette on Black Journal show.

and asked himself: "What would any administration do in a situation when a large segment of the population was discontented and tearing down the neighborhood... threatening the order and the established regime?" Since he published the book, Williams continued, "We all know that practically every city government has

genocide drive sets in. Yette said that when he wrote his book, many people "wouldn't have accepted what I was saying—the Army spying on civilians, but before the book could get on to the stands, the Army acknowledged that it is not only spying on civilians, it is spying on even public elected officials."

DISCUSS Other Forms Of Genocide Being Practiced On Blacks

And while all this was going on, Yette said, another chilling thing was occurring: "The U.S. Navy was studying the question of who ought to survive among the civilians when we become over-populated, over-polluted or whatever. The Navy's study which cost \$1.5 million was on the question of The Value of Human Life. . . . Its rationale and premise was that as we run out of space, we run out of good air and water, then the decision has to be made as to who has value, whose life is more valuable. As they put it, the haves or the have-nots. Then that somebody (who was less valuable) would have to be exterminated: Now you don't have to guess very hard who turns out to be the haves or the have-nots. Nor do you have to guess very hard to see who wins in that argument."

"New York U. S. Rep. Cornelius Gallagher, who was chairman of a subcommittee on the rights to privacy, read the book and demanded that the Navy drop the commissioned study at once. Instead of the study being terminated, Gallagher's subcommittee was. He inserted it all in the March 2, 1971 Congressional Record on page E 1295," Yette said. Yette also contended in his book that a division of the Justice Dept., the Law Enforcement Assistance Administration (LEAA), "is right now building what they call regional detention facilities which, in fact, are concentration camps in virtually every state in the country. That's going on now."

Stuart Smith, a spokesman at LEAA, however, denied Yette's charges. "The answer . . . is flatly no," he said. "The Justice Department is giving money to replace jails and outmoded facilities. We are not building concentration camps. There is no truth in it." The writers said other evidence of the forms genocide is taking include attempts to make it mandatory for welfare recipient women to be sterilized; the over-exposure of many poor and ignorant Blacks to doses of X-rays that can cause leukemia, and the 1970 U. S. census which asked Blacks and minorities different kinds of questions than it did the majority white population. Upon learning about the different questions raised on census forms, Yette said, Sen. Sam Ervin Jr., of North Carolina, a reputed constitutional lawyer, raised serious questions about the matter.

While Yette expressed faith in a belief that in the U. S. Constitution and the Bill of Rights lies hope of salvation, Williams, declared: "I wish I could agree with you, Sam, but I'm just super pessimistic about the future. I look at the Constitution and the Bill of Rights as documents that were fraudulent except for some people. . . ."

Both authors agreed that their books were not widely circulated or read and that, in the case of Yette's book, he says, "the publisher hears from people all around the country who want it, who don't find it available."



six appeal

By JAMES L. HICKS
BOSTON, Mass. — The blind, Black, outgoing chairman of the National Black Psychologists Association has called on his organization to develop and document a petition to the United Nations charging the United States with genocide against Black Americans. The organization has approved his recommendation and will present the document to the UN this fall.

as he turned over his gavel to his successor, Dr. William Hayes of San Francisco. Pointing out that Paul Robeson, William Patterson and Dr. W.E.B. DuBois had presented the UN with a genocide petition "two decades ago," the blind psychologists said that Dr. DuBois had "sharply and sadly learned" that "documentation and exposure of the truth does not, by itself cause change" and that what is needed is "documentation plus action."

"We called on the psychologists of his organization to supply both the documentation and the action. The organization collectively promised to do just that."

He Wants...



REV. WILLIAM JONES

Him, To Resign



DR. LOWELL BELLIN

**Rev. Jones Asks
Dr. Bellin To Resign**

See Editorial Page A-4
By J. ZAMGBA BROWNE
The Rev. William A. Jones, Jr., chairman of Kings County Hospital Community Board, has entered the municipal hospital controversy and is demanding the immediate resignation of Dr. Lowell Bellin.
In a letter to Dr. Bellin, chairman of the Board of Directors of the City's Health and Hospital Corp., Rev. Jones declared: "your insensitivity to the masses disqualifies you to handle the

Jackson charged that the United States government "through gross neglect in the areas of health, education and welfare" and through the use of Blacks as "cannon fodder" had made the choice of employing a pattern of genocide against Black Americans.

He defined genocide as killing members of a group, or causing serious bodily or mental harm to members of a group, or inflicting on the group "conditions of life calculated to bring about its physical de-

We Charge Genocide!

"We Blacks have pursued every collective action imaginable. We free the Scottsboro brothers only to witness the Trenton 6. We free an Angela Davis to witness a Jo Ann Little. We set George Jackson, Martin Malcolm and Medgar eunited to protect our leaders, but the small gains which they died to attain are not transmitted to our next generation. We fight for equal rights and in the process get ripped off by white women. We fight for our protection as a minority and the white power structure pits other minorities against us. In peace and in war we have waged battles, gained for others while receiving crumbs for ourselves."

struction in whole or in part" or imposing measures on a group "intended to prevent births within the group" or the forcible transferring of children of the group to another group.

Calling on his organization to make such actions known to the world, Jackson said:

"Asks Documentation
We Black psychologists, with our research skills, have the capacity to document perhaps as no other group can document, the pattern of genocide in this country."

Declaring that the quality of life for Black Americans is growing worse, rather than improving, Dr. Jackson asked his fellow psychologists:

"What then is our role? What is the nature of our individual responsibility? And to what end should we direct our collective action? How may we enhance Black life?"

Answering his own questions, Dr. Jackson said: "We Blacks have pursued every collective action imaginable. We free the Scottsboro brothers only to witness the Trenton 6. We free an Angela Davis only to witness a Jo Ann Little. We see George Jackson, Martin Malcolm and Medgar eunited to protect our leaders, but the small gains which they died to attain are not transmitted to our next generation."

"We fight for equal rights and in the process get ripped off by white women. We fight for our protection as a minority and the white power structure pits other minorities against us."

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"I Charge Genocide!"



DR. GEORGE D. JACKSON

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Haile Selassie Ruled For 45 Years

**The 'Lion Of Judah'
Found Dead In Bed**

**Longest
Reigning
Monarch**



The Emperor And The President

