



Dan Royles. *To Make the Wounded Whole: The African American Struggle against HIV/AIDS*. Chapel Hill: University of North Carolina Press, 2020. 332 pp. \$29.95, paper, ISBN 978-1-4696-6133-9.

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Since the publication of Cathy J. Cohen’s landmark 1999 monograph, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, scholars continue to expand the field of work on the Black AIDS epidemic. Dan Royles’s 2020 book, *To Make the Wounded Whole: The African American Struggle Against HIV/AIDS*, is one of many recent important pieces that complicate our understanding of how issues such as poverty, homophobia, and residential segregation increased (and continue to increase) poor and working-class African Americans’ exposure to infection. Considered as a teaching text, the book’s seven chapters are seven case studies that could be assigned individually. However, considered together, they take readers into the lives of marginalized Black communities to understand the challenges of inter- and intraracial politics, medical skepticism due to legacies of medical racism, and the international implications of local politics.

Several themes show up consistently throughout the book. One is what anthropologist Michelle Tracy Berger calls “intersectional stigma.”[1] For Royles, this appears while examining the abandonment Black people—including gay and bisexual men, women, and youth—experienced from racist, gay white communities and homophobic African Americans, as well as how Black people responded. The first three chapters unpack these

issues in myriad ways. Philadelphia’s “Gayborhood” discriminatory practices toward African Americans before the 1981 identification of AIDS was reflected during the epidemic. “Through both discrimination and gentrification,” Royles writes, “white gay men marked their downtown enclave as a space for affluent and middle-class whites” (p. 20). Anti-Black racism dominated Philadelphia’s AIDS epidemic, as white groups hoarded resources and scoffed at Black organizers like Rashida Hassan (now Rashida Abdul-Khabeer) and her group BEBASHI (Blacks Educating Blacks About Sexual Health Issues) for lambasting the city’s health infrastructure. As a counter, BEBASHI developed safe sex workshops and inclusive advertisement campaigns throughout the city explaining how HIV/AIDS is transmitted and how one can avoid it.

Royles elaborates on these themes in the next chapter to show the ebb and flow of multicultural AIDS organizations. Groups like Black and White Men Together (BWMT), which was established by a white man, gained reputations for fetishizing Black men, leading African Americans to question their intentions. However, Royles shows that BWMT’s willingness to confront racism and establish a national task force through funds provided by the Centers for Disease Control and Prevention gave them some validity. This led to a national gay men of color consortium (GMOCC) operating at the

grassroots level addressing racism and homophobia. Changes in leadership and reliance on government funds, which stopped in 1991, led to the group's demise. This segues neatly into the third chapter, which surveys the group Gay Men of African Descent (GMAD) and the Black gay arts renaissance that erupted with HIV/AIDS. Building upon the work of scholars Darius Bost (*Evidence of Being: The Black Gay Cultural Renaissance and the Politics of Violence*, 2018) and Kevin J. Mumford (*Not Straight, Not White: Black Gay Men from the March on Washington to the AIDS Crisis*, 2016), Royles shows how Black gay artists depicted the syndemic of poverty, anti-Black racism, homophobia, and white supremacy in their work. They held plays, published anthologies, and produced documentaries that challenged perceptions of Blackness and gayness. They also evoked Afrocentric depictions to show Black same-sex relationships throughout Black and African history. This visibility, says Royles, was used "as a source of healing that could act as a balm for the psychological and spiritual wounds that Black gay men suffered at the intersection of racism and homophobia" (p. 84).

Focusing on Blackness made groups like GMAD cognizant of whom they allowed in their spaces, to ensure Black people had agency in the fight against AIDS. Royles focuses on this theme in the next chapter, which explores the role of Black nationalist organizations, such as the Nation of Islam's attempt at receiving approval for an experimental AIDS treatment. Kemron, which was developed in 1989 in Nairobi, Kenya, by Dr. Davy Koech, was seen as a holistic cure for AIDS. Royles carefully examines ways in which medical racism increased both African Americans' skepticism of American health professionals and policymakers' refusal to give Kemron a chance. The same people led "othering" campaigns that marginalized people of African descent by suggesting AIDS first started in Haiti and Central Africa (p. 125). This chapter bridges the final theme covered in the last three chapters, which analyzes domestic AIDS or-

ganizations and their international reach. Chapter 5 centers Dr. Perness Seele, who in 1991 started the Harlem Week of Prayer for people living with, and dying from, HIV/AIDS. The following year, Seele established a nonprofit, The Balm in Gilead, to help eradicate homophobia and stigma among Black church leaders, who have long been the leaders of poor and working-class Black communities. Many churches remained silent as their churchgoers died from AIDS, refusing to memorialize them due to the stigma associated with the disease. Here, Royles unpacks the impact of The Balm in Gilead's publication *Who Will Break the Silence?* (1995). The book was comprised of pieces from people living with HIV/AIDS, including gay men and lesbians, poets, and other churchgoers. Seele later expanded her efforts internationally and established chapters of The Balm in five African countries, hoping to show that people of African descent suffered disproportionately throughout the world, and to provide a home for Black gay communities with religious ties. This caught the attention of then-president Bill Clinton and former president George W. Bush, who expressed concern about AIDS on the African continent.

The final two chapters take similar approaches. Chapter 6 starts at the turn of the twenty-first century, by which point Philadelphia's AIDS Coalition to Unleash Power (ACT UP) chapter, which had discriminated heavily against African Americans in the 1980s and early 1990s, was led by African American members. Although the group was a shell of its earlier self in terms of popularity and resources, it drew attention to the ways Black Americans and people on the African continent disproportionately suffered from the epidemic. Royles effectively traces the group's changes over time and its fight against privatized health care, which members argued would reinforce poor health outcomes, particularly among African Americans. The advent of protease inhibitors and combination therapies extended the lives

of many, but African Americans, especially Black women, had less access to these therapies.

In the final chapter, Royles pivots to examine Daizon Dixon Diallo and her organization SisterLove’s intersectional and international approach to HIV/AIDS. Founded in Atlanta, Georgia, in 1989, the organization connected the ways in which Black women suffered from HIV/AIDS to racism, misogyny, and poverty. Royles also follows the group’s expansion to South Africa, showing similarities in the ways in which AIDS has adversely affected Black women in the United States and South Africa. International expansion was anything but an easy process, as poverty hampered SisterLove’s efforts, but this did not discourage Dixon Diallo. In 2004, she created the Thembuhlelo Trust Cooperative, “a 668-acre farm in Mpumalanga where staff and volunteers combine AIDS prevention with poverty alleviation” (p. 220). Royles situates Dixon Diallo’s collective economics and fight against AIDS within the long Black freedom movement, arguing that the farm offered women the opportunity to be independent, as relying on men left them vulnerable to HIV/AIDS.

As Royles notes in the introduction, “This book is not exhaustive” (p. 15). It serves as *a*—not

the—book about Black AIDS activism. He offers vignettes about the Black AIDS epidemic and Black AIDS activism, which remain under-researched and overlooked. Although some of the international themes in the book obscure the exploration of African Americans’ domestic experiences, overall it brilliantly documents anti-Black racism as a global phenomenon. Medical and structural racism continue to produce poor health outcomes and to leave poor and working-class African Americans exposed to HIV/AIDS and other diseases. *To Make the Wounded Whole* is necessary reading for those interested not only in how HIV/AIDS affects African Americans, but also how Black people responded (and continue to respond) to health inequities.

Note

[1]. Michelle Tracy Berger, *Workable Sisterhood: The Political Journey of Stigmatized Women with HIV/AIDS* (Princeton, NJ: Princeton University Press, 2004), 4. Sociologist Celeste Watkins-Hayes similarly refers to “injuries of inequality” in *Remaking a Life: How Women Living with HIV/AIDS Confront Inequality* (Oakland: University of California Press, 2019).

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