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“The Real Target”: Medical Racism and AIDS Genocide Conspiracy Theory

An Honors Thesis

Presented to the Faculty of the Department of History

Bates College

In Partial Fulfillment of the Requirements for the Degree of Bachelor of Arts

By

Madeline Grace Polkinghorn

Lewiston, Maine

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Abstract

The emergence of acquired immunodeficiency syndrome (AIDS), and the human immunodeficiency virus (HIV) that causes it, left an indelible mark on the social and cultural fabric of the late twentieth century. The pandemic – which was largely worsened by institutional ignorance and inaction – disproportionately harmed already marginalized existing populations, particularly Black Americans. As the disease began to situate itself firmly in the American consciousness, conspiracy theories that disputed its origins became pervasive. Given the legacy of violent racism that has formed the modern institution of American medicine, some began to proclaim and promulgate the theory that HIV was intentionally created in a laboratory as a means of systematic genocide against the Black population. In this project, I hope to interrogate the content and origins of these theories; and trace the historical instances of anti-Black medicalized racism that enabled them. More particularly, this study explores the ways in which American medicine has, over centuries, made violent attempts at interfering with Black reproductive potential, and how HIV became the perfect platform wherein these historical concerns could shift modes into organized conspiracies and political discourses, particularly for Black men. Finally, this paper will provide an ideological framework by which we may understand these conspiracy theories as attempts at ideologically organizing against state medical narratives.

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Introduction

On May eighth of 1981, the gay publication *The New York Native* published the first ever news media coverage about an atypical pneumonia killing gay men – though this story would assert that bubbling anxieties about a novel illness were unfounded.¹ In July, the *New York Times* would report a story about “a rare cancer seen in 41 homosexuals”, though this too was considered to have relatively minor implications for most of the American public.² It would require the deaths of celebrities, like actor and friend of President Ronald Reagan, Rock Hudson, or the infections of superstar athletes such as NBA player Magic Johnson in order for the populace – and even much of the scientific community – to view AIDS as a significant threat to American life.³ For years, HIV was understood as an illness only reserved for society’s most egregiously maligned: namely LGBTQ+ people, drug users, and sex workers. The state’s approach to the disease was criticized heavily by activist groups, and important interventions were stalled given the highly moralized nature of the disease. President Reagan did not publicly utter the word AIDS until 1986, at which point over 38,000 HIV infections had been recorded worldwide.⁴

AIDS was, in many ways, shrouded in mystery. With no vaccine or cure as well as a pitiful initial state response to the pandemic, individuals sought their own understandings outside of the accepted scientific consensus. The dearth of general understanding of the disease naturally encouraged alternative understandings: namely, conspiracy. While conspiracy about HIV existed in various demographics, it quickly became explicitly racialized, and the belief that AIDS was a

¹ Lawrence Mass, “Disease Rumors Largely Unfounded,” *The New York Native*, May 18, 1981.

² Lawrence K. Altman, “Rare Cancer Seen in 41 Homosexuals,” *The New York Times*, July 3, 1981.

³ Lisa Cisneros, “Thirty Years of AIDS: A Timeline of the Epidemic,” University of California, San Francisco, June 6, 2011, <https://www.ucsf.edu/news/2011/06/104134/thirty-years-aids-timeline-epidemic>.

⁴ Ibid.

biological weapon designed to foment genocide of Black Americans became relatively pervasive.

There has been no shortage of historical exploration on the social implications of HIV/AIDS in America. What has been neglected, however, is the powerful emergence of AIDS denialism and conspiracy in the United States, and how that overwhelmingly implicated Black Americans.

It would be dishonest – or at the very least, misleading – to postulate any overwhelming historiographical consensus for this question, because there plainly isn't one. There is a paucity of scholarship on AIDS denialism and conspiracy in general, nonetheless its specific implications on Black Americans. Still, there are some general conclusions that have been made about the links between a history of medicalized trauma and oppression and beliefs that AIDS was a genocide plot to eradicate Black Americans.

Seth Kalichman – a psychologist who studies the roots of AIDS denialism – posits that the links between African-Americans and AIDS genocide theories are not simply a result of a history of medical racism, but also an active, racist effort on the part of white AIDS denialists (people who deny that HIV causes the often fatal disease that is AIDS) to exploit Black Americans' painful histories of medical racism. Such individuals recruit people of color to their cause, Kalichman posits, by claiming that adherents to AIDS scientists buy into oversexualized and “primitive” stereotypes of African people.⁵ As such, Kalichman posits that African-Americans have fallen victim to a kind of systematic exploitation by white denialists and conspiracy theorists (exploiting legitimate racial concerns, like the lasting legacy of colonialism

⁵ Seth C. Kalichman, *Denying AIDS: Conspiracy Theories, Pseudoscience, and Human Tragedy*, 1. Aufl. ed. New York, NY: Copernicus Books, 2009: 142.

that racializes the sexuality of black people), writing that “a blatant effort exists to pit Africans and African-Americans against the white establishment, perhaps to fulfill self-proclaimed conspiracies.”⁶

There have indeed been organized attempts to stoke AIDS conspiracy amongst Black Americans, most notably through “Operation INFEKTION”: a Soviet misinformation campaign wherein KGB officials planted stories about HIV being an American engineered bioweapon that aimed to systematically exterminate marginalized people – like LGBT people and people of color – into global media sources and newspapers.⁷ While Operation INFEKTION may be partially helpful in explaining how the idea of HIV as a biological weapon created to genocide Black Americans became so popular in the United States, it fails to address the intricacies and nuances of the theories, and why they take on the particular cultural, historical, and racialized narratives that they do or how these theories became autonomous modalities for political and historical expression. There is, unfortunately, no start or end point to the AIDS conspiracy that I can point to in this paper. That is, there is no absolute or singular origin story for how these theories came about, nor do I intend to posit one in this short project. I make no claims about what is the “first” instance of AIDS conspiracy theory, as such information is largely out of the scope of available historical material, and there is no way to prove that Operation INFEKTION was the sole originator of these beliefs – in fact, as I will explore in this paper, they would likely exist without Soviet influence, as they are an extension of pre-existing discourses about racism, reproductive medical violence, and genocide that had been occurring within the spheres of

⁶ Ibid.

⁷ Stephen Bates, "Misinforming the World: Operation INFEKTION (Findings: Brief Notes of Interest on All Topics)," *The Wilson Quarterly* 34, no. 2 (2010): 13.

family planning and reproduction far before the advent of Operation INKETION in 1983.⁸

Rather, I intend to focus on the actual narratives of these theories as expressed by those who espouse them, and how American histories have made those narratives possible.

Pickle et. al, who have examined coverage of AIDS conspiracy in Black newspapers – as this paper will also do – posit homophobia as a potential explanation for the existence of racialized genocidal beliefs about AIDS. Homophobic beliefs impeded “both prevention measures and social support systems”, enabling conspiratorial beliefs about the disease to flourish.⁹ Connections to homosexuality, argue the authors, went hand in hand with moralistic arguments from Black leaders that ultimately escalated to genocidal narratives.¹⁰ We will see in our investigation that attitudes on sexuality – and particularly homosexuality – are central to many of the content of these conspiracies. However, I attempt to close a gap in the literature by offering explanations about *why* sexuality is at the core of these ideas.

In what is considered to be a seminal text on the intersections of anti-Black racism and American medicine, Harriet Washington’s *Medical Apartheid* provides a groundbreakingly comprehensive analysis and primary examination of historic medical abuses against Black Americans, from the colonial era to the 20th century.¹¹ Washington pays particular attention to the ways in which reproductive violence has been a particular weapon of white supremacy in

⁸ As explained above, this paper will not dedicate space to examining Operation INFEKTION. For historical interest in the topic, see Thomas Boghardt, “Soviet Bloc Intelligence and Its AIDS Disinformation Campaign,” *Studies in Intelligence* 53, no. 4 (December 2009): 1-24.

⁹ Kathryn Pickle, Sandra Crouse Quinn, and Jane D. Brown, "HIV/AIDS Coverage in Black Newspapers, 1991-1996: Implications for Health Communication and Health Education," *Journal of Health Communication* 7, no. 5 (2002): 429.

¹⁰ *Ibid.*

¹¹ Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, New York, NY: Harlem Moon, 2006.

medicine, specifically with regard to racist eugenics. In many ways, my research is just one, smaller logical extension of Washington's analysis. However, I bring a different focus to the question of reproduction in histories of medical racism in the United States, by posing the questions: How does reproduction and reproductive violence specifically map on to gendered conspiracy theories about AIDS? How does the specific reproductive harm imposed by the medical system on Black men make AIDS the ideal target for genocidal conspiracy?

I would be remiss in conducting this research if I did not explicitly acknowledge the positionality from which I am approaching it. As a white author, I have served as a beneficiary of the egregious histories of racism that this paper hopes to examine. This paper will explore painful instances of Black trauma and abuse that I will never be able to fully comprehend in a lived or personal capacity. I propose this project as an action item for a more equitable and anti-racist approach to histories of medicine and health. For too long, these theories have been discarded or derided without acknowledging the ways in which white supremacy constructed them. As such, by conducting this research, it is my intention to not only offer a historical explanation for these theories, but offer a theoretical framework by which other researchers – especially white researchers like myself – can understand them and gain insight into the painful racial history of AIDS and move forward to more equitable futures in both historical and medical spaces. There can be no doing the work of true justice without full historical understanding and acknowledgement of centuries of harm.

For this thesis, I argue that the existence of the AIDS genocide plot conspiracy was a result of longstanding anxieties about Black men and their historical connections to reproductive violence committed by white medical institutions. Discourses about reproduction and racial genocide were allowed to occur on a national scale for Black women during the advent of

contraceptives and family planning in the 1960's. The emergence of HIV and its particular connections to men and male sexuality allowed for this discourse to adopt a differently gendered narrative. As such, AIDS genocide theories served as a legitimate conduit by which political, social, and cultural expression of fears about these histories and attacks on Black male reproductive health, sexuality, and autonomy could be mobilized on an intellectual and mass media scale.

In the following chapter, I examine the largest source of primary historical material that exists within the enormous paucity HIV conspiracy research: public health research. Since the 1990's, numerous public health researchers have identified HIV conspiracy as a barrier to positive public health outcomes for HIV and AIDS. I will treat these sources using a distinctly critical approach: while I will extract the raw material and research findings from these studies as secondary material to form my own analysis, I wish to also treat them as primary sources that are imbricated in a historical moment itself. That is, this paper undermines the rigid understanding of the medical industrial complex as somehow detached from the state or culturally "objective" in nature. I will use a greater meta analytical understanding of the intersections of medical research, racism, and the state to understand that these studies may themselves be an extension of the very institution from which these conspiracy theories originated. Secondly, I will examine the work of prominent Black AIDS conspiracy theorists – such as Dr. Frances Cress Welsing and Tony Brown – as well as some general media coverage of the theories to examine these conspiracies as they were embedded in history in real time. Finally, I will employ these sources as a means of providing the theoretical framework for my ultimate claim that the central historical and rhetorical component of these theories centers around issues of reproduction and reproductive racial violence, and that we may see these theories as mediums for radical alternatives to state

narratives about reproduction and racism that ought to be understood, rather than merely discounted.

Chapter 1: The AIDS Genocide Plot

1.1: Defining the AIDS Genocide Plot

Before I offer any qualitative or quantitative analysis on these theories themselves, I must first offer some important distinctions between terms and their definitions. The term AIDS conspiracy may evoke the image of the AIDS denialist, who, as their title aptly suggests, wholly reject the existence of AIDS itself.¹² AIDS denialism posits that while HIV exists, it is a harmless carrier virus not unlike the common cold, and it does not cause the acute and often fatal disease that is AIDS.¹³ In South Africa, under the leadership of post-Mandela President Thabo Mbeki, this belief became institutionalized by the state.¹⁴ Mbeki denied that HIV caused AIDS, and instituted policies that denied patients access to antiretroviral drugs – obliquely causing the death of over 300,000 South Africans.¹⁵

However, AIDS denialism is only one belief under the greater umbrella of conspiracies around HIV and AIDS. Another theory does not deny that AIDS exists, but rather scrutinizes its purported origins in racialized ways. For this theory, I will employ the term “AIDS genocide plot”. Those who ascribe to this theory reject the mainstream scientific consensus that HIV was originally transmitted by primates in West Africa to humans, and that it was in fact purposely created by white scientists as a means of systematically eradicating the Black American population.¹⁶ Supporters of these theories frequently reference the history of systematic medical exploitation of Black Americans through events such as the Tuskegee Syphilis experiments. The

¹² Kalichman, *Denying AIDS*: 10.

¹³ *Ibid.*

¹⁴ Simphiwe Sesanti, "Thabo Mbeki's 'AIDS Denialism: Contradicting Pan-Africanism and the African Renaissance?'" *Theoria (Pietermaritzburg)* 65, no. 156 (2018): 28.

¹⁵ *Ibid.*: 29.

¹⁶ P. M. Sharp and B. H. Hahn, "Origins of HIV and the AIDS Pandemic," *Cold Spring Harbor Perspectives in Medicine* 1, no. 1 (2011): 2.

AIDS genocide plot does not simply posit that the virus and subsequent disease it causes were especially injurious to Black Americans, but were in fact a means of wholly eradicating the Black population in the United States and abroad.

1.2: The Tuskegee Connection

In almost every study, the Tuskegee syphilis experiment is referenced. While I will examine the Tuskegee syphilis experiment more closely in later chapters, a very crude summary ought to be stated to understand some of the contents of this chapter. The Tuskegee syphilis experiments can be most briefly summarized as one of the most patently inhumane instances of systematic medical abuse against Black people in American history. The experiments, which occurred in Tuskegee, Alabama in 1932, provided over 600 poor, Black men with medical care and other material resources in exchange for their participation in a study on the physiological effects of syphilis, a sexually transmitted bacterial infection that can be deadly and result in impotence and other serious disease if untreated.¹⁷ The study lasted forty years – almost half a century beyond the six months the participants had consented to – and while the subjects were informed that the study had continued, most were not treated, and many died as a result of syphilis related disease.¹⁸

1.3: The Genocide Narrative

With this explicit contextual background of medicalized reproductive violence now provided, I will examine more closely the content of these theories. The first idea that these researchers had to make explicit in order to justify the need for their research in the first place

¹⁷ Susan Reverby, *Examining Tuskegee: The Infamous Syphilis Study and its Legacy*, Chapel Hill, NC: University of North Carolina Press, 2013: 90.

¹⁸ *Ibid.*: 2.

was to prove that conspiracy theories about HIV had taken special prominence across Black American communities. Categorically, across decades, geographies, and sub-demographics, this has been proven to be the case. In 1990, the *New York Times* published one of the first direct surveys inquiring African Americans about HIV conspiracy theories through an article titled: “Talk of Government Being Out to Get Blacks Falls on More Attentive Ears.”¹⁹

In a loosely organized poll, the publication conducted over 50 interviews with Black Americans from a wide variety of vocations – including physicians and professors – wherein respondents claimed that the AIDS genocide plot had become a common subject of discussion and belief.²⁰ In a separate poll conducted by the *New York Times* and WCBS-TV, the publication claimed that “10 percent of blacks said the AIDS virus was “deliberately created in a laboratory in order to infect black people” and that “another 19 percent said that theory might possibly be true”, out of a total of 1,047 Black adults polled in New York City.²¹ In a 1990 survey of 1,054 Black churchgoers in the Southern United States revealed that 35% of respondents fully believed that HIV was a genocide plot, and an additional 44% claimed the government was not being truthful or transparent about AIDS.²² These beliefs endured into the early 2000’s, with a 2002-2003 national survey expressing that 48% of surveyed Black Americans nationwide believed that HIV was biologically engineered as a means of eradicating the Black American population.²³ As recently as 2016, a national survey on HIV amongst Black Americans revealed

¹⁹ Jason Deparle, “Talk of Government Being Out to Get Blacks Falls on More Attentive Ears,” *The New York Times*, October 29, 1990: 7.

²⁰ Ibid.

²¹ Ibid.

²² S. B. Thomas and S. C. Quinn, "The Tuskegee Syphilis Study, 1932 to 1972: Implications for HIV Education and AIDS Risk Education Programs in the Black Community," *American Journal of Public Health* 81, no. 11 (1991): 1499.

²³ Laura M. Bogart and Sheryl Thorburn, "Are HIV/AIDS Conspiracy Beliefs a Barrier to HIV Prevention Among African Americans?" *Journal of Acquired Immune Deficiency Syndromes (1999)* 38, no. 2 (2005): 215.

that 31% of respondents still believed that HIV was man-made and that 40% believed the government was purposely hiding a cure.²⁴

It is important to note that these studies suggest a gradient of varying ideological intensity with regard to these theories: while smaller percentages of respondents may agree fully to the premise that HIV was purposely engineered in a lab for the express purpose of wiping out African Americans as a population, greater percentages may simply state that they have doubts about the disease's origins, or that they are generally distrustful of the medical establishment and its predatory racial history. This list, excerpted from a 2005 study conducted by Bogart and Thorburn, was employed as a survey instrument to gauge theory adherence, and it offers a valuable summary of the various ways in which the AIDS genocide plot is expressed through various different theories.²⁵

HIV/AIDS Conspiracy Belief²⁶	Overall (n = 500)	Men (n = 174)	Women (n = 326)
The medicines used to treat HIV are saving lives in the black community	38.4	42.0	36.5
A lot of information about AIDS is being held back from the public	58.8	62.6	56.8

²⁴ Laura M. Bogart, et. al, "HIV-Related Medical Mistrust, HIV Testing, and HIV Risk in the National Survey on HIV in the Black Community," *Behavioral Medicine* 45, no. 2 (2019): 138.

²⁵ Bogart and Thorburn, "Are HIV Conspiracy Beliefs a Barrier": 215. This table is wholly excerpted from the aforementioned article. See "Are HIV Conspiracy Beliefs a Barrier" for further commentary on this table, including potential design pitfalls in the experiment.

²⁶ Ibid.

HIV is a man-made virus	48.2	48.3	48.2
There is a cure for AIDS, but it is being withheld from the poor	53.4	55.2	52.5
The government is telling the truth about AIDS	37.0	31.6	39.9
The medicine used to treat HIV causes people to get AIDS	6.0	7.5	5.2
HIV was created and spread by the CIA	12.0	16.1	9.8
AIDS is a form of genocide against blacks	15.2	20.7	12.3
The medicine that doctors prescribe to treat HIV is poison	6.8	8.6	5.8
AIDS was created by the government to control the black population	16.2	21.3	13.5
Doctors put HIV into condoms	1.6	4.0	0.3
People who take the new medicines for HIV are human guinea pigs for the government	43.6	43.7	43.6

Medical and public health institutions are trying to stop the spread of HIV in black communities	75.4	74.1	76.1
AIDS was produced in a government laboratory	26.6	30.5	24.5

1.4: Tradition as Risk Factor

It is thus evident that the main content of these theories is centered around a genocidal narrative, and that such genocide is explicitly related to the Black American experience. For early researchers, the extent to which an individual was thought to be enculturated into their own Blackness was considered a measurable demographic worthy of investigative attention. A 1990 study conducted by Klonoff and Landrine, another one of the first to investigate specifically this question of whether African Americans believed HIV to be a genocide plot, employed a tool known as the African American Acculturation Scale – Revised (AAA-R), a survey instrument consisting of 74 items regarding Black American culture.²⁷ The AAA-R asked respondents to agree or disagree with statements such as: “I read *Essence* or *Ebony* magazine” and “I eat black-eyed peas on New Years Eve.”²⁸ Those who disagreed with such statements were viewed as

²⁷ Katherine G. Quinn, et. al, "The Health and Sociocultural Correlates of AIDS Genocidal Beliefs and Medical Mistrust Among African American MSM," *AIDS and Behavior* 22, no. 6 (2018): 1817.

²⁸ Elizabeth A. Klonoff and Hope Landrine, "Do Blacks Believe that HIV/AIDS is a Government Conspiracy Against Them?" *Preventive Medicine* 28, no. 5 (1999): 454.

“acculturated or assimilated”, and those who agreed were considered “highly culturally traditional blacks.”²⁹

I bring up this survey instrument because it can elucidate to us that the means by which some of this data was collected relied on racial stereotypes about Black Americans, and we thus ought to remain skeptical and aware of the ways in which inherent racial biases are imprinted into this research. Those who expressed little interest in “traditionally Black” aspects of culture, like rap music and Black television, were considered by these researchers to be in some fashion divested from their own culture and separated from their authentic Blackness. To be viewed as “authentically” Black was to be considered a risk factor for conspiracy adherence. From this, we should be able to understand, as I have tried to make clear throughout this chapter, the inherently paradoxical nature of much of this research: while the study originated from a desire to interrogate the ways in which racism has impacted the Black Americans understand HIV, it itself contributes to the very same oppression created the theories in the first place. Thus, while I will rely on this research to gain some objective findings about the existence of HIV conspiracy amongst Black Americans, I want to reiterate that these studies too are part of, not divorced from, the very history we are investigating here, and we thus ought to treat them as primary material.

1.5: Embodied Experiences of Racism

Despite its clearly racialized flaws, Klonoff and Landrine’s study does offer us a deeply important demographic finding: that experiences of racism and adherence to genocidal conspiracies had a directly positive correlation. The study employed a separate survey

²⁹ Ibid.: 455.

instrument, the Schedule of Racist events (SRE), as a means of quantitatively assessing the degrees to which respondents had experienced specific and overt racist incidents, such as being called racial slurs and or being treated unfairly by service workers in stores or restaurants.³⁰ Of course, there is no objective quantitative measure that can numerically express the level of racism one has experienced in their lifetime. This does allow us however, to grasp what I think is a crucial point: that lived experiences of racism are a direct and demonstrably causal link in the formation of these theories; and that the more specific incidences of racism that an individual directly experiences the higher the likelihood that these theories will be seen and understood as real. It is vital to realize this so that we may know that the development and espousal of these theories is an embodied and deeply human experience, and not simply an abstract conspiracy created in a detached or impersonal vacuum.

Individuals who recorded being accused of stealing in stores, or alienated and demeaned by their employers because of their Blackness more readily embraced these ideas because the notion that white supremacy permeated every aspect of public life was not a hypothetical scenario, but a fully lived reality.³¹ To embrace the AIDS genocide plot, then, is make explicit the painfully political aspects of personhood as a racialized person.

1.6: Women and AIDS

With this foundational knowledge in mind, we may now explore the ways in which issues of reproduction and systemic reproductive violence are constitutive to these beliefs.

Gender is a crucial element of HIV conspiracy theory and the ways in which genocide is understood as a reproductive concept. One of the clearest examples of this is the ways in which

³⁰ Ibid.: 453

³¹ Ibid.

the medical establishment discouraged HIV positive women from becoming pregnant – and how those guidelines were easily racialized. In 1985, the Center for Disease Control (CDC) published its first official recommendation regarding its position on HIV positive women becoming pregnant and having children.³² Today, perinatal transmission from mother to baby has decreased by over 95% since the early 1990's, as HIV treatments have become radically more advanced and accessible; rendering those who can keep their viral levels at undetectable loads incapable of transmitting the disease to their child.³³

However at the time of the CDC's initial 1985 publication, little was known about the risk of transmitting HIV – at the time known as Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus (HTLV III/LAV) – from mother to child via pregnancy, childbirth, or breastfeeding relative to other more known means of transmission such as sexual intercourse and intravenous blood contact. “The rate of perinatal transmission of HTLV-III/LAV,” the report claimed, “from infected pregnant women is unknown; however, available data suggest a high rate.”³⁴ However, the memorandum also acknowledged that perinatal transmission did not occur in all cases of pregnancy and childbirth, and that it was entirely possible for HIV-positive mothers to carry and deliver HIV-negative babies in certain cases.³⁵ The report then proceeded to conclude that “infected women should be advised to consider delaying pregnancy until more is known about perinatal transmission of the virus.”³⁶

³² "Recommendations for Assisting in the Prevention of Perinatal Transmission of Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus and Acquired Immunodeficiency Syndrome," *Morbidity and Mortality Weekly Report* 34, no. 48 (1985): 721-732.

³³ “HIV and Pregnant Women, Infants, and Children,” Center for Disease Control (CDC), August 26, 2020, <https://www.cdc.gov/hiv/group/gender/pregnantwomen/index.html>.

³⁴ "Recommendations for Assisting": 722.

³⁵ “HIV and Pregnant Women.”

³⁶ *Ibid.*

In 1990, a group of non-governmental organizations in New York and New Jersey banded together to form the Citizens Commission on AIDS, a mobilized non-state response to the AIDS crisis, at a time when both the private and public sectors still expressed relative apathy towards the illness.³⁷ The commission endorsed ideas that departed from the institutional response to the pandemic, advocating for community based-healthcare approaches and more drug rehabilitation centers.³⁸ During that same year, the commission published its response to the state recommendation for HIV-positive women to intentionally avoid pregnancy and childbirth; arguing that these recommendations were stigmatizing, ineffective, and at their core racialized and contributed to beliefs that HIV and state recommendations for reducing its transmission were a means of racist eugenics.³⁹

Such a statement served as one of the only major attempts by an official and organized body to bring into the public discourse the racist elements of HIV reproduction messaging in the early 1990's. While the adherence to AIDS genocide conspiracy amongst Black women is worthy of future study and is thus noted here, discourses about racist histories of eugenics and Black women would take a more clearly mobilized approach in the 1960's, while ideas about Black male eugenics would be the focus of most AIDS conspiracy. As such, this paper will more closely explore the latter.

1.7: Men and AIDS

Unlike pregnancy, Black men were more directly implicated in the process of HIV prevention and transmission; as while family planning practices such as the birth control pill and

³⁷ Levine, Carol, "The Citizens Commission on AIDS: A Private-Sector Response to an Epidemic," *Nonprofit and Voluntary Sector Quarterly* 20, no. 3 (1991): 329.

³⁸ *Ibid.*

³⁹ Carol Levine and Nancy Neveloff Dubler, "Uncertain Risks and Bitter Realities: The Reproductive Choices of HIV-Infected Women," *The Milbank Quarterly* 68, no. 3 (1990): 322.

abortion ultimately more intimately concerned the reproductive processes and behavior of women, the act of preventing HIV transmission more squarely placed the responsibility on men – namely through the widespread push for condom usage. As psychologist Albert Bandura was quoted, “unlike protection against pregnancy, where women can exercise independent control, use of condoms requires [women] to exercise control over the behavior of men.”⁴⁰

This allows us to examine most stark demographic disparities found in the research on racialized HIV conspiracies that is at the crux of this paper: the differences in belief between Black men and women. In the early federal study on the explicit question of HIV genocide plot theory in 1990, the researchers observed a “strong gender effect”, wherein Black men were considerably more likely to adopt the theories than women.⁴¹ Bogart and Thorburn’s 2005 study interrogated the ways in which HIV conspiracy affected behavior around HIV prevention, finding a similarly strong gender effect that can be partially seen on the table on page fourteen.⁴² There are a number of possible explanations for this disparity posed by the researchers: that Black men are ostensibly more traditionally enculturated into traditional African American culture than Black women, or that Black men report more specific incidences of racial discrimination in survey methods than Black women do.⁴³ In the next chapter of this paper, I will explore why I argue this strong gender effect became intrinsic to the nature of the AIDS genocide plot’s narrative, and high level of male adherence were not *consequences* of the theories but essential to their formation.

While I am not at liberty to provide causal explanations of these statistical differences counter to what the research methods may suggest, I posit that the specific onus that HIV

⁴⁰ Ibid.: 344.

⁴¹ Klonoff and Landrine, “Do Blacks Believe”: 455.

⁴² Bogart and Thorburn, “Are HIV/AIDS Conspiracy Beliefs a Barrier”: 216.

⁴³ Klonoff and Landrine, “Do Blacks Believe”: 455.

prevention messaging casted onto men – counter to much of historical family planning messaging – as well as men’s susceptibility and personal proximity to the disease (that is, they could personally experience HIV themselves as opposed to pregnancy) allowed for Black men to play a more active role in the reproduction and genocide narrative than before in discussions around abortion, contraception, and forced sterilization of Black women.

1.8: Reproductive Fears and their Implications

This thus allows us to understand the last aspect of these theories and their research that I will examine: the ways in which these theories play a role in materially impacting the real, everyday lives of Black Americans, their health, and their relationships to medicine and medical treatment. We may now understand the general content of these theories: the general consensus being that AIDS was forged as a weapon of biological warfare against Black Americans as a people, know that these theories are adopted to a significant degree amongst Black Americans, and understand the ways in which issues of reproduction serve a central role in enabling the promulgation of these theories. As such, we may now determine whether or not these beliefs had any real impact on HIV transmission and public health outcomes for Black American communities.

In general, the majority of research around this question focused on the most obvious means of reducing AIDS transmission: condom usage, though other forms of prevention through prophylactic drugs like pre-exposure prophylaxis (PrEP) have been in studied in more recent years following the drugs’ development and popularization. In 2005, Bogart and Thorburn found that while adherence to the AIDS genocide plot theory did not meaningfully alter condom use according to Black female respondents, among men these beliefs were “significantly associated

with condom attitudes and condom use” and that the greater the level of adherence to HIV conspiracy, the less likely a man would be to use condoms.⁴⁴

Similarly, Thomas and Quinn – two researcher on AIDS conspiracy amongst Black Americans who has contributed widely to the otherwise sparse scholarly field – remarked in 1992 that the belief that condoms were an instrument of Black genocide was so pervasive that there were even “Black professionals with Ph.D.'s and M.D.'s behind their names who say safe sex [with condoms] equals a lower Black birth rate, which equals Black genocide.”⁴⁵ A 1992 article published in *The New York Times* remarked that a number of Black Americans believed that condom campaigns were a “scheme to reduce the number of black babies.”⁴⁶

In this way, the AIDS genocide plot may seem in many ways paradoxical in nature. The individuals who hold the belief that AIDS was created as a genocide plot against African Americans agree that HIV is a real and lethal disease, and is thus capable of potentially accomplishing a genocide of a substantial American population. That is to say, you may expect that those who are resistant to the idea of condom usage as a means of preventing HIV transmission may also be apt to deny the existence disease and its fatality, similarly to how individuals in our present context may refuse to wear masks as a method of preventing COVID-19 transmission because they dispute that COVID-19 is a legitimate and potentially lethal virus. Thus, there exists what seems to be an innate ideological contradiction here, specifically amongst Black men who possess the belief that AIDS is a systematic tool of ethnic cleansing – and thus validate its potential for harm – but refuse to mitigate that potential for harm by embracing condom usage. This, I argue, is again best explained by the fact that fears about intervention in

⁴⁴ Bogart and Thorburn, "Are HIV/AIDS Conspiracy Beliefs a Barrier": 216.

⁴⁵James H. Jones, "The Tuskegee Legacy: AIDS and the Black Community," *The Hastings Center Report* 22, no. 6 (1992): 39.

⁴⁶ “The AIDS 'Plot' Against Blacks,” *The New York Times*, May 12, 1992: A12.

the reproductive potential of African Americans – particularly Black men – on the account of the state and state-sanctioned white medical industrial complex is the motivating factor and theoretical underpinning for these theories.

In other words, we can understand *from* this inherent contradiction, rather than in spite of it, between the acknowledgement of AIDS as a lethal disease and the reticence to prevent its transmission through condom usage that these theories are in large part ultimately more concerned with reproduction than it is with the disease itself. That is, AIDS was a vehicle by which deeply felt and historically legitimated beliefs about eugenics and reproductive oppression – particularly amongst Black men – are able to be communicated through a series of discourses. These discourses communicate that not only was AIDS created as a means of eradicating already existent Black populations by way of infection, but that the means by which the state has attempted to prevent this disease of its own making were also conspiring to prevent Black people from engaging in the act of reproduction.

Individuals who espouse the AIDS genocide plot frequently believe that only are condoms a means of thwarting Black reproduction, but are actually responsible for the transmission of the disease; with many contending that condoms themselves contain HIV.⁴⁷ There is no reason that adherents to these beliefs should, based on their fundamental feelings that the state has conspired to eradicate them as a people through biological warfare, trust anything that the state has to say about its prevention or its transmission when it comes to modifying reproductive behavior; because the fundamental objective of the state to begin with was to violently interfere with the reproductive future of Black Americans. The fact that condoms – which prevent against sexually transmitted infections like HIV, but also prevent pregnancy as the

⁴⁷Quinn, et. al, “The Health and Sociocultural Correlates of AIDS”: 1817.

only major form of male contraception – were framed as the main personal intervention by which Black men could prevent what they believed was already a state led effort of reproductive assault, then, allowed for these beliefs to form as a foundation around which Black men could communicate a radical ideology that gave a voice to centuries felt frustrations about racialized reproductive violence.

We may also understand this even if we examine a more specific demographic: Black men who have sex with men (MSM). Being the demographic most statistically likely to contract HIV in the United States, in recent years Black men who engage in sex with other men have been the subject of HIV conspiracy research as scientists have interrogated whether their adherence to these beliefs impacts their decisions to take HIV preventative drugs like PrEP or to receive antiretroviral therapy (ART) if they are HIV positive already.⁴⁸ In a 2018 study of 224 Black MSM in Los Angeles, 63% of respondents adhered at least to some extent to the belief that AIDS was a racial genocide plot, and those who did espouse these beliefs were significantly less likely to take PrEP.⁴⁹

Certainly, Black MSM have a radically different relationship to reproduction than Black heterosexual men. And yet, despite the lack of reproductive potential in male homosexual encounters, the justifications for refusing PrEP have similar roots to conspiracy. That is, MSM who refuse antiretroviral treatment like PrEP, or anti-retroviral therapy (ART), are being asked to serve as guinea pigs for the medical system.⁵⁰ As we will see, however, Black

⁴⁸ Ronald A. Brooks, et. al, "HIV/AIDS Conspiracy Beliefs and Intention to Adopt Preexposure Prophylaxis Among Black Men Who Have Sex with Men in Los Angeles," *International Journal of STD and AIDS* 29, no. 4 (2018): 1.

⁴⁹ *Ibid.*: 4.

⁵⁰ Evelyn Olansky, et. al, "PrEP Awareness in the Context of HIV/AIDS Conspiracy Beliefs among Black/African American and Hispanic/Latino MSM in Three Urban US Cities," *Journal of Homosexuality* 67, no. 6 (2020): 834.

MSM were deliberately excluded from the historical discourses about AIDS as a genocide plot in the 1980's and 1990's, as fears about Black homosexuality were central to their ideological structure. As such, the more modern phenomenon of AIDS genocide conspiracy amongst Black MSM is acknowledged here, but lacks the historical material to be fully evaluated in this paper and ought to be the subject of future research.

Conclusion

In this chapter we have laid out a number of important points. Firstly, I have defined what the AIDS genocide plot is, and the specific content of its narratives. Secondly, I have offered both a summation of the existing primary public health literature on the topic, but have also acknowledged the ways in which research on this topic is an inherently contrary practice; that both seek to eliminate disparity and suspicion on behalf of the medical and research industrial complexes, but are also part of and beholden to those same systems. Finally, I have provided the foundations of my ultimate argument that fears about white interference with Black reproduction – particularly for men – are at the core of these theories, and while they may be shocking or even offensive to hear; they offer an ideological framework by which Black Americans were able to resist state narratives about health and race. That is to say, in these future chapters, instead of attempting to rebuke these theories or evaluate them in any prescriptive way that attempts to mitigate their existence, I will provide both a historical context and a theoretical framework – the context being the historical realities that enabled this level of racial mistrust in the American medical system over the course of American history; and that theoretical framework being a

suggestion that we might understand these theories not simply as crackpot ideas but as a means of expression for Black Americans to articulate fears around centuries of reproductive violence.

In the next chapters, we will examine the ways in which historical incidences of systematic medical violence against Black Americans took on a specifically reproductive nature, and the ways in which Black cultural figures such as radio public intellectual Dr. Francis Cress Welsing and media personality Tony Brown were able to formulate alternative narratives about HIV by exploring these histories of reproductive violence and white supremacy; allowing for new discourses on the intersections of reproduction, gender, and race. While, again, these theories are not “true”, nor are they free from internal prejudices such as homophobia and bioessentialism, these alternative narratives are worthy of our historical explorations on racism.

Chapter 2: Black Women and Reproductive Violence

2.1: Context

In *Medical Apartheid*, Washington brings a clear and explicit focus to the ways in which, specifically, issues of reproduction have been central to medical abuse: with much of this centrality originating with the particular reproductive elements of slavery. For all enslaved Black Americans, reproductive potential was directly tied to their fungibility as commodities. For both enslaved Black men and women, their ability to reproduce directly correlated to their value.”⁵¹ Thomas Jefferson was infamously quoted as having said: “I consider a slave woman who breeds once every two years as profitable the best worker on the farm.”⁵²

In this way, then, the specific reproductive ability for enslaved Black women to bear children rendered them particularly vulnerable to violent assaults that attacked their reproductive autonomy: the case of Dr. J. Marion Sims being perhaps the most flagrantly heinous example of this phenomenon, whom I will offer as a case study to elucidate the particular ways in which Black women have been subject to often paradoxical histories of reproductive violence.

2.2: Introducing Sims

Dr. James Marion Sims, born in 1813 in South Carolina, has been widely historicized as the father of modern gynecology.⁵³ At the antebellum peak of his surgical career, Sims constructed what was essentially the first effective medical approach to an issue that posed a fatal and pervasive threat to 19th century women around the world: vesicovaginal fistula.⁵⁴ A

⁵¹ Washington, *Medical Apartheid*: 39.

⁵² *Ibid.*

⁵³ L.L. Wall, “The Medical Ethics of Dr. J. Marion Sims: A Fresh Look at the Historical Record,” *Journal of Medical Ethics* 32, no. 6 (2006): 346.

⁵⁴ *Ibid.*

vesicovaginal fistula refers to a pathological connection between the bladder and vagina.⁵⁵ The effects of the vesicovaginal fistula had majorly negative implications for women's health and general wellbeing, often leading to death for both mother and baby with no meaningful curative treatment options.⁵⁶

In 1852, however, a medical revolution was engineered by James Marion Sims, who was now operating in Alabama. He provided a comprehensive examination and surgical protocol for viewing and treating the fistulae – that would ultimately become standard practice for other gynecological disease and treatment – which would be published first in 1852 in *The American Journal of the Medical Sciences*, by practicing on unconsenting enslaved Black women.⁵⁷

Soon, Sims' talents became ubiquitously known throughout his area of practice in Montgomery. Enslaved women, who frequently experienced deathly vaginal fistulae as a result of physical or sexual trauma, were brought in to see Sims by their enslavers, as their functional benefit for the plantation was considered naught due to their inability to work or bear children.⁵⁸ As such, these women – who never consented themselves to any kind of medical care or surgical intervention – were the ideal experimental test subjects: they were considered to be of little human importance to white supremacist American society, and were believed to be biologically less susceptible to pain.⁵⁹

⁵⁵ G.L. Smith and G. Williams, "Vesicovaginal Fistula," *BJU International* 83, no. 5 (1999): 564.

⁵⁶ *Ibid.*

⁵⁷ Sims, James Marion. "On the Treatment of Vesico-Vaginal Fistula," *American Journal of Obstetrics and Gynecology* 172, no. 6 (1995): 1936-1937.

This particular citation, which is available digitally, refers to a reprint of the original version in the 1852 edition of *The American Journal of Medical Sciences*.

⁵⁸ D. Ojanuga, "The Medical Ethics of the 'Father of Gynaecology', Dr. J. Marion Sims," *Journal of Medical Ethics* 19, no. 1 (1993): 29.

⁵⁹ Washington, *Medical Apartheid*: 70.

The first enslaved woman to be referred to Sims – which would catapult the propulsion of his medical career – was a young woman named Anarcha Westcott, who had contracted a vesicovaginal fistula as a result of injuries sustained during childbirth.⁶⁰ Sims devised a unique speculum technique which enabled him to inside the vagina and view the fistula, prompting him to revisit the case of Anarcha as well as that of another similarly inflicted enslaved woman known as Betsey.⁶¹ From the years between 1845 and 1849, Sims continued to perform these procedures on enslaved Black women from a makeshift hospital behind his house in Montgomery.⁶²

None of Sims' Black patients were anesthetized.⁶³ The pain incurred by performing a highly invasive surgery on an already debilitating injury is, of course, unthinkable. Further, none of his enslaved patients – such as Anarcha, who had endured thirteen unanesthetized procedures – could consent to treatment.⁶⁴ The enslaved women who were brought to Sims for treatment had done so as part of a transaction in which they had no autonomy. “I made this proposition to the owners,” stated Sims. “If you will give me Anarcha and Betsey, I agree to perform no experiment or operation on either of them to endanger their lives, and will not charge a cent for keeping them, but you must pay their taxes and clothe them.”⁶⁵

In 1855, Sims, referred to by the New York observer as “our fellow citizen and friend” would be “placed at the head of a Hospital, for the special (surgical) treatment of females.”⁶⁶ His

⁶⁰ Jeffrey S. Sartin, "J. Marion Sims, the Father of Gynecology: Hero Or Villain?" *Southern Medical Journal* 97, no. 5 (2004): 501.

⁶¹ Ibid.

⁶² L.L. Wall, “The Medical Ethics”: 346.

⁶³ Washington, *Medical Apartheid*: 66.

⁶⁴ D. Ojanuga, "The Medical Ethics": 29.

⁶⁵ J. Marion Sims, *The Story of My Life*, ed. H. Marion Sims, New York, NY: D. Appleton and Company, 1888: 236.

⁶⁶ “Dr. Sims in New York,” *New York Observer*, March 22, 1855: 4.

promotion to the Manhattan hospital, wrote the author, would be an “emanation of the benevolence of the ladies of New York”.⁶⁷ This perceived benevolence and heroization of Sims would endure posthumously into our present cultural moment. Recognizable heralded within the world of reproductive medicine as the “father of gynecology”, a statue of Sims was erected in Manhattan’s Central Park, and was only taken down due to significant community protest in 2018.⁶⁸ To this day, the South Carolina Public Health Association presents the annual “J. Marion Sims Award”, which recognizes excellence in public health.⁶⁹

Sims’ violence has been lauded even in modern public health spheres. One contemporary scholar, who attempts to adopt a “fresh” historical perspective on the Sims experiments, contends that because Sims’ enslaved patients apparently “clamored” to be operated upon by the doctor, and that these women exhibited relatively little physical resistance during the surgery, Sims had in fact obtained their consent to operate.⁷⁰ While painful for the patients, Wall argues that the ends – a curative solution to vesicovaginal fistula – justified the means.⁷¹ This argument, of course, that enslaved patients who were considered to be property and thus cannot consent to invasive, unanesthetized surgery in any informed or meaningful way is contemptible. It does not require an extensive rebuttal to state plainly that enslaved women who were debilitated by their own injuries, literally denied full humanity in the eyes of the state and had no other access to resources or information about their condition cannot provide informed consent.

However, I bring this up – and I bring up Sims’ story as a microcosmic case study more generally – because I want to again illustrate a larger painful truth that too has enabled

⁶⁷ Ibid.

⁶⁸ Adam Serwer, “Why a Statue of the ‘Father of Gynecology’ Had to Come Down,” *The Atlantic*. April 18, 2018.

⁶⁹ “Awards & Scholarships,” South Carolina Public Health Association, n.d., <http://scpha.com/awards>.

⁷⁰ Wall, “A Fresh Look”: 348.

⁷¹ Ibid.

conspiratorial beliefs about the origins of HIV/AIDS to flourish. That is, even after an event such as the Sims experiments have passed through what may generally seem like the basic Overton boundary for morality, they continue to be lauded by the medical establishment.

2.3: Sims' Legacy

If we may, as I introduced in the previous chapter, understand that the roots of HIV conspiracy find themselves situated specifically within the realm of reproductive violence, the record of Dr. Sims is not simply a historical example that proves the state's *propensity* to incur reproductive violence onto the Black American population, but also the ways in which the state possesses a recurring amnesia regarding that history that itself engenders mistrust. That is, we are able to glean from the story of Sims two things: firstly, the historicity of the experiments themselves serve as, of course, an objective historical precedent for the ways in which American medicine has violently interfered with the reproductive care of Black Americans. Even if theorists do not cite the example of Sims directly – they are, as I explained previously, far more likely to evoke the story of Tuskegee, which has experienced larger media coverage and public recognition over time – the bloodshed has occurred either way. It has stained irrevocably the ways in which Black Americans – particularly Black women – can understand their own historical relationship to reproduction, the state, and medicine. In an observational study of issues of race and racism in the NICU, it was profoundly noted that the trauma incurred upon Sims' patients “reverberates through the hearts and minds of an entire racial identity, a group of people who have been given many reasons to doubt our oath to do them no harm.”⁷²

⁷²Shannon Y. Adams, Tanika White Davis, and Beatrice E. Lechner, “Perspectives on Race and Medicine in the NICU,” *Pediatrics* 147, no. 3 (2021): 2.

As discussed previously, perhaps the most common thematic element of these theories is that the status of the Black American within American medicine is that of an unwilling experimental subject. Thus, these histories of violence that have specifically ingrained into the fabric of modern American medicine that Black women's reproductive health is constantly the subject of threat to white intervention.

As such, fears of genocide as a response to historical reproductive violence against Black women became the subject of relatively mainstream public and intellectual discourse. As Washington explores in *Medical Apartheid*, abortion and birth control became the core of 20th century narratives about Black genocide. The legacy of reproductive violence against enslaved Black women had fundamentally shaped public attitudes toward reproductive medicine, though the tone had shifted dramatically: as opposed to being forced to procreate or be unwillingly subject to painful procedures – such as vesicovaginal fistulae – family planning, sterilization, and abortion created a new era of eugenics. “Within a century,” astutely remarks Washington, “reproductive coercion had taken a 180 degree turn for black women. During slavery, black women had been forced to procreate, but now they were being forced into sterility. The consistent factor was white control.⁷³”

While the scope of this paper is too limited to go into depth about the numerous systematic attempts at sterilization and eugenics of Black women in the early to mid twentieth century, we ought to note that state funded eugenics clinics devoted to coercing women of color into not becoming pregnant existed as early as the 1930's.⁷⁴ Birth control itself had used Puerto Rican women as its test subjects in the 1950's – leading to fatal results for many of the women in

⁷³ Washington, *Medical Apartheid*: 210.

⁷⁴ Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*, New York: NY, New York University Press, 2003: 4.

the trial.⁷⁵ Margaret Sanger, the founder of Planned Parenthood, was an avowed eugenicist who viewed contraception as a means of eradicating “unfit” people – often non-white or poor people – from society.⁷⁶

As discussions of birth control – and later, abortion – became commonplace, so did fears about the connections between family planning and genocide. Empirical studies have proven that the instances of these historical evils engendered significant mistrust amongst Black Americans into family planning programs, which were conceived by many to be a means of genocide.⁷⁷ This discourse reached its climax in the 1960’s, wherein Black nationalist movements discouraged Black women from the use of contraceptive medication, claiming that Black women should continue to have children “for the revolution.”⁷⁸ In 1967, The Black Power Conference in Newark would adopt a motion rejecting the use of contraceptive medication and other family planning services due to beliefs concerns about Black women, family planning, and genocide.⁷⁹ Some of the nation’s most organized Black radical organizations at the time, such as the Nation of Islam, were adamant against birth control as a weapon of genocide were able to articulate the specific concerns about white medicine and Black reproduction in a culturally relevant context.⁸⁰

We are thus able to note that discourses surrounding anxieties about reproduction and genocide were able to take place on a national and organized scale in the 1960’s; chiefly with regard to Black women.⁸¹ This is not to say, of course, that Black women’s reproductive

⁷⁵ Ibid.: 19.

⁷⁶ Alexander Sanger, "Eugenics, Race, and Margaret Sanger Revisited: Reproductive Freedom for All?", *Hypatia* 22, no. 2 (2007): 216.

⁷⁷ Dorothy E. Roberts, *Reproductive Rights Movement*, Oxford University Press, 2005: 4.

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Robert G. Weisbord, "Birth Control and the Black American: A Matter of Genocide?" *Demography* 10, no. 4 (1973): 581.

⁸¹ For a more in depth historical analysis of the contraception as Black genocide conspiracy movement, see Robert G. Weisbord, "Birth Control and the Black American: A Matter of Genocide?" *Demography*

autonomy or trauma would be in any way resolved; as patriarchal and racist attacks against Black women's sexuality and reproductive health endure into the present day. Rather, I argue that the birth control debate of the 1960's merely allowed one channel by which historically rooted fears about racism and reproductive genocide could be communicated in a culturally and politically relevant way that did not at the time specifically exist for Black men and their own particular reproductive traumas – which we will examine through the Tuskegee experiments.

10, no. 4 (1973): 571-90 and Simone M. Caron "Birth Control and the Black Community in the 1960s: Genocide or Power Politics?" *Journal of Social History* 31, no. 3 (1998): 545-69. Had this project been longer, I would have placed the two genocidal conspiracy movements (contraception and AIDS) in greater conversation with one another.

Chapter 3: Remembering Tuskegee

3.1: What Happened in Tuskegee, Alabama?

The Tuskegee experiments are considered a pivotal and defining moment of Black American history. As such, I will not devote as substantial a portion of this paper to describing its historical record, as a number of scholars have contributed invaluable research and analysis to this historical moment.⁸² While the Sims experiments have gained, as explained above, increased public attention recently, they have not achieved anywhere near the level of public recognition as the Tuskegee experiments – which, considering the level of horror they incurred onto their participants, even still lacks the level of global familiarity that it deserves outside of the realm of African American studies.

With that said, a basic presentation of the facts is in order. As stated briefly in the introduction of this paper, beginning in 1932, the United States Public Health Service (USPH) provided over 600 poor, Black men in Tuskegee, Alabama with medical care and other material resources in exchange for their participation in a study about the effects of syphilis, a highly infectious sexually transmitted bacterial infection.⁸³ If left untreated, syphilis can cause a myriad of side effects, including infertility and potentially fatal systemic organ damage.⁸⁴ The study, which participants had believed would last six months, lasted forty years, during which only 7.5% of participants actually received the promised medical treatment (by way of antibiotics) that they had consented to.⁸⁵ A 1955 autopsy of participants showed that almost one third of the

⁸² See James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment*, New York, NY: Free Press, 1981, and Susan Reverby, *Examining Tuskegee: The Infamous Syphilis Study and its Legacy*. Chapel Hill, NC: University of North Carolina Press, 2013, for two comprehensive secondary accounts of the studies.

⁸³ Reverby, *Examining Tuskegee*: 90.

⁸⁴ *Ibid.*: 3.

⁸⁵ Washington, *Medical Apartheid*: 172.

autopsied subjects died explicitly from syphilis related complications.⁸⁶ Surviving participants of the studied side effects such as blindness, cardiovascular arteriosclerosis (dangerous hardening of the artery walls), abnormal lymphatic conditions, and ultimately “crippling” disease.⁸⁷ At least nineteen babies incurred syphilis related birth defects as a result of the study.⁸⁸

At the core of the syphilis experiments, of course, were the same kind of underlying white supremacist attitudes toward medicine that had enabled the Sims experiments. More particularly, beliefs about racial eugenics not only allowed for the study to occur, but permitted it to last for the decades that it did. As stated by Lombardo and Dorr, eugenic theory validated beliefs that “hereditary differences separated the black and white ‘races’ particularly with regard to responses to disease—and especially to syphilis.”⁸⁹

There is thus a profound interconnectedness between the women brutalized by Sims and the men harmed at Tuskegee – the operative mechanisms that enabled their traumas are united by the same core beliefs that Black people’s biological humanity was inherently different from that of white people, thus facilitating cruel and violent medical experimentation.

In 1972, the ethical realities of the Tuskegee experiments were leaked to a newspaper, resulting in widespread media coverage that would ultimately lead to the word “Tuskegee” becoming in many ways synonymous with the horrors of the experiments.⁹⁰ In 1997, President Bill Clinton apologized at the White House on behalf of the horrors of the Tuskegee syphilis

⁸⁶ *Ibid.*: 173.

⁸⁷ “At Least 28 Died in Syphilis Study,” *The New York Times*, September 12, 1972: 73.

⁸⁸ *Ibid.*

⁸⁹ Paul A. Lombardo and Gregory M. Dorr, “Eugenics, Medical Education, and the Public Health Service: Another Perspective on the Tuskegee Syphilis Experiment,” *Bulletin of the History of Medicine* 80, no. 2 (2006): 292.

⁹⁰ Washington, *Medical Apartheid*: 175.

experiments.⁹¹ Clinton's apology also came with the establishment of the Tuskegee University National Center for Bioethics.⁹²

As we saw in the previous chapter, though, Tuskegee had sewn itself into the fabric of Black American consciousness; and while formal atonements had occurred, there was no practical means of ever reversing the generational harm incurred. The ubiquitous invocation of Tuskegee in the narratives of AIDS conspiracy theories elucidates the extent to which the wounds of Tuskegee were still profoundly inflamed.

3.2: Historical Synthesis and Impact

We are able to glean, from both the experiments of Sims and Tuskegee, that some of the most infamous and evil incidents of systemic medical violence against Black Americans took place within the reproductive sphere. These incidents naturally informed a logical culture of mistrust around reproduction, race, and institutionalized medicine. In the 1960's and 1970's, the emergence of family planning technology such as contraceptive medicine enabled discourses about the historical abuses of Black women's reproductive health to occur in a politically solvent way. While, of course, these discourses did not lead to the end of family planning services amongst Black women and families, these reactive conspiracies regarding family planning created an organizational and ideological nucleus around which Black Americans – in both elite political circles and everyday churchgoers – could make claims that reflected these histories of reproductive trauma through a culturally pertinent lens.

I posit, then, that the emergence of the AIDS genocide plot served the same purpose – to enable discourses about reproductive trauma and fears of genocide – in a way that specifically

⁹¹ Ibid.: 189.

⁹² Ibid.

centered Black men. As noted previously, while men enthusiastically participated in the conversations around birth control and family planning as a method of genocide, the practical ability to engage or disengage from family planning services was inherently unique to women. On the other hand, conversations about AIDS served the same function of reinvoking deep rooted historical fears and traumas, but allowed men an ability to both materially resist the medical institution's narrative by taking certain practical measures (like not using condoms) as a means of resistance, as well as centered Black men – and as we will see, Black reproduction and sexuality – in the content of the discourse's narrative.

As such, this argument – that HIV served as a modern nucleus for Black men to engage in public and organized discourses around reproductive violence and racist medicine – both explains the strong gender disparities within those who espouse the theories, as well as largely for the generation of the theories themselves.

Chapter 4: Welsing's Movement

4.1: Welsing: Medical Radical

After defining the content of these theories, identifying their prominence amongst Black American communities, and identifying the historical contexts that enables us to understand how these theories are rooted in history, I will now to examine more particularly the ways in which these theories function in their own words. In the next few chapters, I will be examining the beliefs of two individuals, both of whom have served to bring these ideologies into the mainstream physician Dr. Frances Cress Welsing, and journalist Tony Brown, as well as general mass media coverage from twentieth-century Black newspapers.

Dr. Francis Cress Welsing, a Chicago born psychiatrist by trade, was considered to be a major figure in Black ideological thought of the late 20th century.⁹³ Her public recognition was a result of her numerous published essays and books, which discussed ideas of race and what she coined white supremacy culture.⁹⁴ Her influence was not simply relegated to those in academic spheres, however; as Welsing was a widely recognized public intellectual. Chuck D, leader of legendary rap music group Public Enemy, attributed the group's album *Fear of a Black Planet* to Welsing's ideas.⁹⁵

It should be noted that Welsing was a woman, and I have claimed that these theories were generated in some way to express long held historical fears about Black men's relationship to

⁹³ BiBill Chappell, "Activists Mourn Race Theorist Dr. Frances Cress Welsing," National Public Radio, January 2, 2016, <https://www.npr.org/sections/thetwo-way/2016/01/02/461765446/activists-mourn-race-theorist-dr-frances-cress-welsing>.

Public Enemy was a highly influential and famous hip-hop group originating in New York most active in the 1980's and 1990's. Their music was explicitly political and contributed to the movement of hip-hop music as active political resistance. For more on Public Enemy and their contributions to rap, see Robert Walser, "Rhythm, Rhyme, and Rhetoric in the Music of Public Enemy," *Ethnomusicology* 39, no. 2 (1995): 193-217.

⁹⁴ Ibid.

⁹⁵ Ibid.

reproductive health and racist medicine. As we noted from the data in the previous chapter, men are more likely to hold racially conspiratorial views about AIDS than women. Thus, while Welsing serves as the intellectual figurehead for this ultimate movement of thought, her claims would serve as the architectural basis – we will see she is invoked in newspaper articles about the AIDS genocide plot numerous times – for a school of thought that would ultimately *resonate* most profoundly with Black men in statistically significant ways.

4.2: *The Yssis Papers*

Welsing’s *The Yssis (Isis) Papers* is an anthology of her most recognizable essays published through the 1970’s to the 1990’s, spanning a comprehensive swath of topics pertaining to Black American culture, politics, history, and families. It also includes what appears to be one of the first public claims to the AIDS genocide plot to be formally published in an academic or literary context.

Published originally in 1988, one of the boldest claims in the *Yssis Papers* is Welsing’s essay: “The White Supremacy System, The White Supremacy Mindset, and the AIDS Holocaust.” As the title suggest, Welsing constructs a direct and explicit allegory of the HIV pandemic to the genocide against European Jews during World War II.⁹⁶

Welsing’s chapter begins on what could be, to many, a relatively easily acceptable premise, remarking that it is impossible to fully understand the Holocaust and Hitler’s

⁹⁶ It should be noted that Welsing is drawing upon a larger historiographical conversation that has been occurring for decades pertaining to African connections to German genocide, and the ways in which genocide against Africans may have served a precursor to the Holocaust. For a cursory exploration of the historiographical connections between colonial African genocide and the Holocaust, see Daniel A. Gross, “A Brutal Genocide in Colonial Africa Finally Gets Its Deserved Recognition,” Smithsonian, Smithsonian Institution, October 28, 2015. <https://www.smithsonianmag.com/history/brutal-genocide-colonial-africa-finally-gets-its-deserved-recognition-180957073/>.

perpetration of it without fully understanding white supremacy.⁹⁷ She then proceeds to argue that it is further impossible to understand the (then) current and projected death tolls for Black people from AIDS without understanding the Holocaust. As such, Welsing’s arguments about AIDS attempt to place them within the historical context of a genocide against the Jewish people in Europe, which employed biological and chemical methods of warfare with a goal of systematic extermination, as well as the historical context of the documented attempts at medical violence against Black people in the United States.

What I believe is important about Cressing’s work – and the reason I am using it as one of the primary popular texts for the ideological genesis and popular foundation of the AIDS genocide plot – is that her argument hinges explicitly upon ideas about Black reproduction and anti-Black reproductive violence.

For Welsing, the idea of race was biologically determined and innate. She argues that Black people possessed inherently distinct personal, biological, social, and emotional differences from white people, and that much of white supremacy stemmed from a desire to to systematically eradicate what white people view to actually be superior characteristics in Black people – such as ostensibly inherent proclivities for athleticism and superior phenotypical strength.⁹⁸ The analogy to Hitler is derived from this idea of race as a biological reality, as Welsing claims that Jewish people derive from an original group of Semites in Africa, and have simply lost Black phenotypic features over their genetic history.⁹⁹ The perpetuation of the Holocaust, then, was committed because of the “most fundamental of all vulnerabilities”, which Welsing states to be “white genetic vulnerability or the fear of white annihilation.”¹⁰⁰ The

⁹⁷ Frances Cress Welsing, *The Isis (Yssis) Papers*, First ed. Chicago, IL: Third World Press, 1991: 294.

⁹⁸ *Ibid.*: 85.

⁹⁹ *Ibid.*: 296.

¹⁰⁰ *Ibid.*: 297.

purpose of the Holocaust, argued Welsing, was situated squarely within the realms of racial genetic survival and attempts to attempt non-white peoples from producing future generations.

“Indeed,” starts Welsing,” “it can be said that Adolph Hitler was the highest crystallization of the white supremacy mindset based upon the fear of white genetic annihilation and its companion thought, white genetic survival by any necessary and conceivable means.”¹⁰¹ White supremacy was thus genetic in nature, making questions of reproduction and genocide central to its perpetuation. Attempts at the systematic eradication of non-white peoples was born out of white people’s *own* fears of eventual reproductive and genetic obsolescence, or the “fear of white genetic annihilation caused by people classified as non-white.”¹⁰²

So how, then, does this concern our discussion on AIDS? Welsing proceeds to discuss Tuskegee, noting that the experiments began in 1932, only one year before Hitler would rise to power in Germany.¹⁰³ The deliberate withholding of available treatment for Black men infected with syphilis – which, of course, can cause both fatal disease and infertility in men – serves as a documented example of American medicine’s impulse to intervene violently in the reproductive lives of Black American men. As such, Welsing is able to legitimate suspicions about the origins of a disease that not only disproportionately affects Black people, but is said to have originated in Africa – citing the “African Green Monkey” hypothesis – which posits that HIV originate in a certain breed of African primates – which she contends is a pretext for HIV as a racial biological weapon.¹⁰⁴

At its core, Welsing’s argument is reproductive in nature. The motivation for white scientists to develop such a biological weapon, she claims, is rooted in racist concerns about

¹⁰¹ Ibid.: 297.

¹⁰² Ibid.

¹⁰³ Ibid.: 298.

¹⁰⁴ Ibid.: 300.

population and birth. As white people's birth rates declined and people of color's birth rates increased throughout the course of the 1980's, Welsing claims it became necessary to halt the growing reproductive potential of Black people by systematically exterminating them through disease.¹⁰⁵ The "AIDS Holocaust" is principally concerned with population and genetic survival. In order for white supremacy, which requires white genetic survival and reproduction, to thrive; Black genetic survival – and thus Black reproduction – had to be stopped by means of genocide.

Other essays in *The Ysis Papers* elucidate to us how profoundly fears about Black reproductive potential informed Welsing's beliefs about AIDS. Most of the book, in fact, is predicated upon decrying what Welsing believes to be existential threats to Black people's genetic survival. This is seen explicitly through Welsing's views on sexuality – a phenomenon which, goes without saying, is inextricable from ideological approaches to reproduction.

4.3: Sexuality and Masculinity

Published in 1974 and anthologized in *The Ysis Papers*, Cressing's "The Politics Behind Black Male Passivity, Effeminization, Bisexuality, and Homosexuality" introduces what will become a popular (and profoundly homophobic) subsidiary conspiracy theory amongst AIDS conspiracists; that the other epidemic plaguing Black people was that of homosexuality. For Cressing, homosexuality was an aspect of whiteness that has been weaponized by white men to prevent the creation of future Black populations.

White survival is predicated upon aggressiveness and muscle mass in the form of technology directed against the 'non-white' melanated men on the planet Earth who constitute the numerical majority. Therefore, white survival and white power are

¹⁰⁵ Ibid.

dependent upon the various methodologies, tacticts, and strategies developed to control all ‘non-white’ men, as well as bring them into cooperative submission.¹⁰⁶

Homosexuality was thua a deliberately imported practice into the Black community by whites to force Black men into this “cooperative submission”. The ostensibly systematic introduction of homosexuality into Black male communities is an attempt to prevent heterosexual sex, and thus, of course, reproduction.¹⁰⁷ “This is the eventual origin of homosexuality,” wrote Welsing. “It is a parallel activity to the all familiar discussions of ‘population zero’ and ‘birth control’, now current articulations in the white supremacy culture.¹⁰⁸

We can see, then, that fears about Black male homosexuality – homosexuality amongst Black women were far more rarely invoked in these conversations – were absolutely central to the ideological basis of these theories. HIV had not simply been engineered to destroy Black genetic survival, but was being transmitted through through another ostensibly equally dangerous white invention: homosexuality. The obsession with Black male sexuality in the AIDS genocide plot was twofold: it was concerned with both proliferating transmission of HIV amongst Black men through Black homosexual sex, as well as serving as a systematic tool in preventing Black reproduction for future generations by precluding reproductive sex acts to begin with. Again, the connections to reproductive violence and Black male fears of gencoide are intimately and inextricably tied: she notes that histories of physical castration against Black men by white supremacists had engendered pervasive fears amongst Black men about racial and medical harm.¹⁰⁹ The fears about AIDS genocide, then, were situated squarely within the realm of both

¹⁰⁶ Ibid.: 83.

¹⁰⁷ Ibid.: 86.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.: 86.

contemporary fears about Black male sexuality and historical traumas regarding Black men's sexual and reproductive autonomy.

4.4: Welsing in the Public Consciousness

In 1987, *The Black American* published a story entitled: "AIDS: A Man-Made Disease?" The article cites Welsing directly as evidence for the claim that HIV and AIDS were "chemical and biological warfare weapons."¹¹⁰ At the core of Welsing's argument in this particular instance is Tuskegee.

However, aware African-American people were knowledgeable about the longstanding Tuskegee syphilis experiments which were conducted for a period of forty years (1932-1972) on unsuspecting African-American men and their families, causing these African-American people to become sick and die through venereal disease spread. The Tuskegee experiments were conducted by the United States government, namely, the United States Public Health Service and the Center for Disease Control in Atlanta, Georgia. It was even then verbalized that allowing the spread of syphilis could be a method used to destroy the African-American population."¹¹¹

It is plainly reiterated here, then, the explicit connections between the generation of these theories and the historical trauma inherited through centuries of medical abuse. Again, what is important to note is the ways in which Black men are invoked through the mention of Tuskegee – as well as the ways in which *families* are specifically invoked. At the crux of Welsing's suspicion here lies two central ideas: explicit concerns about historical interference in Black male reproductive potential, and concerns about family and procreation. That is, it is not solely

¹¹⁰"AIDS – A Man-Made Disease?" *Afro-Hawai'i News*, (Pearl City, HI), October 1, 1987: 4.

¹¹¹ *Ibid.*

the unique nature of Black men’s historical reproductive abuse that raises red flags about the nature of HIV, but the ways in which that abuse affects both existing Black families and reproduction of Black generations in the future. Connections to reproduction are made even more explicit with claims to population. Welsing states that the “African-American people do not find it all inconceivable” that white scientists would create a disease to exterminate Black Americans, for the purpose of a systematic depopulation agenda”.¹¹²

Welsing is invoked yet again in a 1987 issue of the *Baltimore Afro-American*, which aims to interrogate the “AIDS controversy.”¹¹³ Once again, Welsing’s arguments are justified by reference to Tuskegee – and again, Nazi imagery is invoked.

Ironically, these experiments which were performed solely on Black men without their knowledge of what was going on, were being carried out during the same period when the Jews in Nazi Germany were being used as guinea pigs and going to the gas chambers. The Holocaust has been burned into the consciousness of the world and the slogan is ‘Never Again!’ The Tuskegee experiment which emerged briefly into the light of public opinion had been reinterpreted and forgotten about.”¹¹⁴

This particular excerpt perhaps best elucidates the greater ideas I aim to communicate in this paper. Firstly, we must note the author’s specification that the Tuskegee experiments were “performed solely on Black men.”¹¹⁵ This is a deliberate editorial decision to highlight the ways in which Black men and their reproductive health have been harmed by the medical system in ways that are particular to them. What’s more, the author implicitly communicates the utility of

¹¹² Ibid.

¹¹³ Ethel Payne, “The AIDS Controversy: African Focus,” *The Baltimore Afro-American*, March 28, 1987: 5.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

these alternative explanations for HIV in the first place: they enable a public discourse on Black men's medical and reproductive trauma that has been historically erased from discussion. That is, the author notes that the horrors of the Holocaust have been permanently engrained in the mainstream public consciousness. While violent antisemitism is still widely pervasive to this day, (as is white supremacist Holocaust denial and conspiracy) – Welsing argues that the murder of European Jews by Adolf Hitler would generally serve as a permanent fixture in the mainstream historical memory, while Tuskegee may still be unknown to many unfamiliar with African American history. Further, Tuskegee certainly never obtained a universal expression of remembrance in the modern lexicon (thus explaining Welsing's invocation of the "Never Again" phrase associated with the Holocaust).

The author's calls to Nazi Germany, and more particularly the ubiquity of the Holocaust in public consciousness, demonstrate a kind of mourning for discourse and public reckoning that was never allowed to occur. Tuskegee had gone and destroyed lives, families, and the trust of innumerable Black people in its wake, yet had still failed to universally permeate the American memory and pedagogical curriculum. As such, the author does here what I argue all AIDS genocide plot theories attempt to do: transplant a historical discourse about the ways in which Black men's bodies, lives, and reproductive agency were irrevocably damaged by the American medical institution that was never fully realized onto a contemporary issue. The author's concerns about "constant" experimentations attempts at implementing methods of population control underscore, again, the ways in which ideas of reproductive potential are central to these discourses: AIDS was not simply introduced as a means of harming Black communities where they already existed, but impeding them from generational existence as a people over time.¹¹⁶

¹¹⁶ Ibid.

Thus, the issue of AIDS – and its historical likeness to reproductive experimentation on Black men – was again not an issue of individual death or harm, but a specific anxiety about a systemic cultural attack on Black men and their ability to contribute to racial survival via reproduction and sexuality.

Chapter 5: Tony Brown, Popular Discourse, and “Thirldworldization”

5.1: Tony Brown and AZT

While Welsing’s ideas serve as the intellectual and political foundation of many of these theories, television and television radio personality Tony Brown would allow it to permeate the mass media. Brown, while not necessarily an immediately recognizable name in our contemporary context, served as a cultural fixture in Black public thought in the late 20th century – particularly with regards to more conservative interpretations of Black culture and family.

His syndicated talk show *Tony Brown’s Journal* aired on the Public Broadcasting Service (PBS) and was a landmark in Black representation in media, running from 1978 to 2008 – an extraordinarily long run for a single host show and Brown was heralded as one of “the 100 most important radio talk show hosts in America.”¹¹⁷ Topics of conversation on *Tony Brown’s Journal* included everything from Affirmative Action to a historical analysis of the brutal murder of Emmett Till to the assassination of Malcolm X.¹¹⁸ One of the most ubiquitous subjects of his discussion, however, was that of HIV, its disputed origins, and its connections to homosexuality.

On the twentieth anniversary of his program, Brown invited Dr. Robert Strecker – a white physician who would make it his life’s work to promulgate the theory that HIV had in fact been produced in a laboratory – to go on the record to claim that he and his colleagues would maintain that AIDS was a “laboratory creature”.¹¹⁹ Brown would also reference – and apply credence to – circulating theories that government organizations such as the World Health

¹¹⁷Walter Brooks, “Acclaimed Journalist, Talk Show Host Is MLK Day Speaker,” *UNMC Newsroom, University of Nebraska Medical Center*, January 9, 2004, <https://www.unmc.edu/news.cfm?match=1395>.

¹¹⁸ Tony Brown's Journal,” *Alexander Street, ProQuest*, n.d., <https://video.alexanderstreet.com/channel/tony-brown-s-journal>.

¹¹⁹Bob Morris, “Tony Brown's Journal: The First AIDS Whistle Blower,” *Tony Brown’s Journal*, New York, NY: Tony Brown Productions Inc, 1989.

Organization (WHO) had “unleashed” AIDS in Africa, infecting hundreds of millions of Black people on the continent.¹²⁰ While Brown’s radio program appeared to posit itself as a more objective program – simply inviting others to “ask questions” about the nature of HIV’s origins, the messaging was clear: Brown rejected the scientific consensus about AIDS and was deeply suspicious of the government’s role in the disease.

In one episode titled “Hunting the Virus Hunter”, Brown invited virologist Peter Duesberg, who had become infamous for flat-out rejecting the medical consensus that HIV causes AIDS.¹²¹ “Duesberg believes,” started Brown, “he’s being penalized for breaking ranks with the medical science thought police and developing ideas contrary to the medical establishment.”¹²² Thus, while Brown’s radio programming appeared to adopt a more informational or exploratory approach to AIDS conspiracy, it served as one of the widest reaching media endeavors in systematically introducing suspicion about the origins of AIDS and the government’s relationship to Black Americans and the disease.

In 1995, Brown would publish his own book – not dissimilar to *The Yssis Papers* – that took a wide-ranging, anthological approach to analysis of ideas of white supremacy and Black culture entitled: *Black Lies, White Lies: The Truth According to Tony Brown*. Among the most discussed and contentious issues addressed in the book was that of AIDS.

At the crux of Brown’s work is what he deems “the fear of genocide”, which he endeavors to claim to be a “pervasive fear among Blacks that they will become the victims of racial genocide” that is “more grounded in reality than most folks realize.”¹²³

¹²⁰ Ibid.

¹²¹ See Peter H. Duesberg, *Inventing the AIDS Virus*, Washington, D.C.: Regnery Publishing, 1997.

¹²² Bob Morris, Sheryl J. Cannady, James Cannady, and Tony Brown, “Tony Brown’s Journal: Hunting the Virus Hunter,” *Tony Brown’s Journal*, New York, NY: Tony Brown Productions Inc, 1991.

¹²³ Tony Brown, *Black Lies, White Lies: The Truth According to Tony Brown* (New York, NY: Harper Collins, 1995): 10.

To Brown, much like Welsing, white supremacy and genocide are intrinsically linked, with Brown emphatically claiming that “the logical conclusion of racism is genocide.”¹²⁴ Like Welsing, Brown posited that the declining birth rates of white Americans posit a direct existential threat to the institution of white supremacy in the United States.¹²⁵ As such, the same central construct – white anxieties about white population growth, which in turn leads to genocidal attempts at Black population growth and interference with Black reproductive potential – was also at the heart of Brown’s argument.

Brown’s argument does differ slightly, however, from that of Welsing’s and others illustrated in the previous data. While he maintains that HIV is of suspect, possibly manmade origins, he does not contend that the *virus* was necessarily introduced as a means of systematic genocide, but rather that the current predominant treatment was systematically killing Black people and more dangerous than AIDS itself, of which Brown may be characterized an AIDS denialist – a distinct view in that Brown saw other medical measures relating to AIDS (such as treatment drugs) as main the source of during the AIDS pandemic. Azidothymidine (AZT) or Zidovudine had been approved in 1987 as an antiviral drug to treat AIDS related disease.¹²⁶ During the 1980’s and 1990’s, AZT was one of the few approved and effective antiviral drugs to treat HIV, though it frequently had severe side and chronic side effects such as cardiac disease.¹²⁷ Brown saw the encouragement of the use of AZT within Black communities to be a genocidal medical myth that was the real reason for Black loss of life, propagated “by Black elists” whose slogan should be: “Save me a seat on the next boxcar to Auschwitz!”¹²⁸

¹²⁴ Ibid.:136.

¹²⁵ Ibid.: 288

¹²⁶ Samuel Broder, "The Development of Antiretroviral Therapy and its Impact on the HIV-1/AIDS Pandemic," *Antiviral Research* 85, no. 1 (2010): 33.

¹²⁷ Ibid.: 11.

¹²⁸ Brown, *White Lies Black Lies*, 195.

Here, we see the same genocidal language – and use of Nazi imagery – as in Welsing’s work. Though the two authors disagree on the nature of the argument – for Welsing, the genocide is systemic and directly intentional, and for Brown the method of extermination is more circuitous: while the origins of the disease itself may not be genocidal, the medical establishment’s proposed treatment certainly is – both are united in their invocation of Nazi imagery. The intention of such allegories, thus, is functionally the same: to invoke ideas of systematic extermination and biological annihilation that hinges upon an entire population being precluded from growth. As such, anxieties about birth rate, population decline, and reproduction map onto both of these narratives seamlessly.

Similarly to Welsing, Brown saw the influences of drugs and homosexuality as a corrupting force that theoretically itself could be a form of genocide, through which drug users and homosexual men had implicitly consented to due to the nature of their lifestyle.

The best evidence that there is a conspiracy to exterminate Blacks, as well as homosexual men both in Africa and in the United States is the disproportionate number of HIV and ‘AIDS’ victims among these groups. But I believe this fact is more likely due to high-risk drug use and risky sexual behavior among small segments of these two groups. Even if a genocidal plot exists to kill off Blacks, Latinos, and homosexuals with HIV and ‘AIDS,’ it cannot succeed without the cooperation of these groups through drug usage. It has been suggested that HIV is benign unless your body’s immune system is chemically poisoned and/or malnourished—’thirdworldized’.¹²⁹

Brown takes a socially conservative approach here, and shifts the blame for the destruction HIV had incurred onto the Black community onto the individual. Still, Brown sees the “third

¹²⁹ Brown, *Black Lies, White Lies*, 425.

worldization” process as systemic in origin. The notion that Black Americans had been systematically “thirdworldized” through organized attempts at limiting Black survival through drug use and homosexuality was itself part of a greater cultural genocide to which AIDS was instrumental. Similarly, Brown saw the sexual practices of gay men to be foreign, imported customs antithetical to Black manhood and culture. While homosexual men were “advocates” of anal intercourse, Brown claimed that “this cultural approval is not present among mainstream Blacks and Hispanics, who consider drug users pariahs and do not condone anal intercourse.”¹³⁰

Thus, while Brown’s visions of AIDS and genocide differed in mechanics from many of the cases we have explored previously in the paper, at its core lies fears about a kind of social contagion of general moral decay that specifically harmed Black men – and their ability to form families.

Brown did not see the creation of AIDS as a genocidal bioweapon in the same way Welsing did, but viewed the pervasiveness of HIV amongst Black Americans, and the ostensible pushing of AZT drugs onto Black people to be a part of a greater racist process that itself had genocidal goals. Brown hypothesized that there existed a “socioeconomic metastasis” spreading through Black culture and promoting “drugs, crime, and the devaluation of life” that was systematically attacking the Black family unit.¹³¹ Brown’s conspiracy is thus one of a moral panic: the metastatic and genocidal effects of racism had sewn moral depravity into the culture, of which HIV was a subsequent consequence. Again, we see particular attention paid to Black male sexuality, here: the legacies of Tuskegee – which Brown refers to as “the perfect guise” for genocide – and historical violence against Black men in the reproductive health sphere made HIV the ideal conspiratorial canvas for expressing these fears.

¹³⁰ Ibid.: 295.

¹³¹ Ibid.: 26.

5.2: “An Endangered Species”

While homosexuality was itself seen by some as an genocidal weapon against Black men, others saw the overwhelming disproportionate rates of HIV and AIDS amongst gay men to be a precursory experiment to the ultimate racial extermination project. In a 1992 article published in the historically Black *Homeland* newspaper, the author cites several Black physicians – Dr. James Small, Dr. Barbara Justice, and an unnamed physician from New York – who contend that the “thousands of European Americans who died so far – mostly gay men – were merely a test batch; the practice run for the real target – us.”¹³²

In any case, homosexuality – specifically male homosexuality, which was where transmission was overwhelmingly observed – was viewed and demonized as separate from Black male sexuality. The “us” that the physicians invoke here does not include gay men – they are a separate class merely used for experimental purposes to harm Black people. For Brown, the practices of homosexuality were incongruous with Black cultural norms. Fears about Black men’s sexuality and HIV, then, were rooted in social rejections of queerness and deliberately sought to separate Black men and AIDS.

The AIDS epidemic, then, which was associated with Black homosexual men, as well as Black drug users, was reflective of this larger exterminatory process. This exact line of thinking is mirrored in the *Chicago Metro News*, wherein editorial author Benjamin F. Chavis, Jr. expounds upon what he believes to be an existential threat to Black men – and black masculinity and reproduction – in a short piece entitled “Endangered African-American Males”. While the article does not focus solely on AIDS, Chavis notes that “African American men are

¹³² "Perspectives: Did U. S. Government Create AIDS Virus for Genocide?" *Homeland* (Forrest City, Arkansas), January 1, 1992.

disproportionately suffering from homicides, drugs, and other forms of violence, AIDS, and from the devastation of economic injustice.”¹³³

We can note here, then, an observation that may initially appear obvious but is ultimately crucial to make explicit: that fears about AIDS and AIDS as genocide were inextricably tied to other social pandemics of racism and inequality that were collectively genocidal in nature. For Chavis, AIDS was a constituent piece of a larger cultural operation that sought to intentionally eradicate Black people and particularly Black men. The suffering incurred by AIDS as well as drugs and violence, argued Chavis, was a result of a racist culture that endangered all Black people – but “in particular young African-American men.”¹³⁴ Thus, while Chavis’ analysis does not specifically make claim to the laboratory origins of AIDS per se, it offers us another dimension to greater popular conspiracy discourses: that AIDS, which views the disease through a wider cultural lens viewing Black men as an “endangered species” and victims of eventual genocide.¹³⁵ This culturally mosaic approach to genocide theory is reflected in a 1992 edition of the *McCook Daily Gazette*, which discusses pervasive fears amongst Black Americans of a Holocaust adjacent “genocidal scheme to inflict blacks with AIDS, drug addiction, crime, poverty, welfare dependence and scant education.”¹³⁶

These arguments diverge in narrative from the more explicit hypothesis that AIDS was directly created by white scientists as a means of genocide. For Brown, Chavis, and others, genocide and a racist society that endangered the existence of Black men was itself a larger

¹³³ Benjamin F. Chavis Jr., “Endangered African-American Males,” *Chicago Metro News*, August 5, 1989: 9.

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Arlene Levinson, “White Conspiracy’ Rumors Grow”, *McCook Daily Gazette* (McCook, NE), February 22, 1992: 11.

cultural genocidal process, rather than a merely scientific one. I bring to our attention their arguments, however, because they ultimately map onto this project's greater thesis: that cultural fears about Black men and their ability to generationally survive as a class – as informed by the recorded histories we have already discussed – are ultimately at the core of all of the genocidal beliefs about AIDS that we hope to understand.

These examples of the AIDS genocide plot from their adherents in their own words, while often divergent in ideas, have hopefully made explicit the ways in which fears about reproduction – particularly with regard to Black men – and Black male sexuality were mapped onto a contemporary issue to generate discourses. There is no universal idea that perfectly connects all of these arguments, but all in some way elucidate profound fears about Black male survival, reproduction, or sexuality, and all of which make claims to the historical traumas that have galvanized these fears.

Chapter 6: Theoretical Approach

6.1: Summary

In this paper, we have covered a significant amount of ground in defining the AIDS genocide plot and its narratives, the historical context by which these narratives were constructed, and the ultimate explanations for why they exist. In this chapter, I hope to briefly propose a theoretical framework by which historians – specifically white historians such as myself – ought to reckon with the existence of these theories in our contemporary age, through which they have persisted.

As we saw in the first chapter, the majority of research conducted on racialized conspiracy theories about AIDS has been squarely situated within the realm of public health. What's more, as we saw in that chapter, the existence of those theories comes with practical implications for public health: those who ascribe them may demonstrate lower levels of condom usage or reticence to engage in safe sex practices. As such, the public health approach to this topic has (understandably) taken a prescriptive approach: to debunk or decrease the prevalence of these theories as a means of improving public health outcomes for Black Americans and HIV/AIDS.

6.2: Conspiracy and Marginalized Expression

Certainly, I concur that the existence of conspiracy theories about infectious disease that may discourage adequate transmission mitigation efforts poses a material threat to public health and safety. What's more, the inherent homophobia endemic to many of these theories ought to be the subject of scholarly scrutiny. But what I hope to do here is discourage the immediate impulse – especially on the part of other white people interested in public health and history – to discredit these theories as solely dangerous or misinformed. Rather, I argue they deserve our full historical

and sociological attention as a means of understanding the ways in which racist histories determine public discourse, and how such discourses – even if it appears untrue or even offensive – is a worthy attempt at resisting state narratives about medicine and race.

As I have explicated in this paper, American medicine has violently interfered specifically in the spheres of Black reproductive health and potential. While white supremacist violence in American medicine has taken on a myriad of forms, events such as the experiments of Dr. Marion Sims and the Tuskegee syphilis trials have been painfully evident in the historical record and created reasonable suspicion regarding genocide and reproductive violence.

We ought to understand that, fundamentally, these theories are a kind of trauma response to histories of white supremacy. We know from the field of epigenetics that the existence of racial trauma inherited over generations of white supremacist violence are quite literally codified into people of color's DNA.¹³⁷ In a less material, but more obvious sense, we know that the lived experiences of being Black in America – and the awareness of the United States' systematic violence against Black people – is itself a traumatizing reality. The narrative configuration of these theories, is, on every layer, imbued with racial trauma and an acute awareness of the white supremacist American state. As such, any attempts to merely dismiss these theories – or worse, simplistically demonize them as evil or dangerous – itself a dismissal of the seriousness of Black trauma.

¹³⁷ See Élodie Grossi, "New Avenues in Epigenetic Research about Race: Online Activism around Reparations for Slavery in the United States," *Social Science Information* 59, no. 1 (March 2020): 93–116, for an explanation of the ways in which trauma inherited from histories of slavery have been passed down epigenetically through DNA, causing adverse mental and physical health effects for Black Americans.

But even more than a trauma response, these theories are a historically edifying case study in a mobilized ideological movement against state narratives. The people who devised and ascribe to these theories have made a categorical decision to ideologically, intellectually, and politically push back against institutional systems and narratives about Black people and their health. What's more, they have enabled the galvanization of a discourse about Black genocide – and specifically the ways in which interference with Black male reproductive potential may be a theoretical tool of genocide – that was not previously widely available in the everyday public consciousness.

That is not to say of course, that we ought to evaluate these beliefs as “good” or attach to them any scientific credibility where it does not exist. We ought to be willing, however, to entertain a descriptive analysis that understands that “conspiracy” – a mode of thinking that inherently lends itself to the subversion of state narratives and hegemony – may be an ideological language through which marginalized people communicate resistance to the institutions that enable their marginalization.

We inherently associate the conspiratorial with the nonsensical. But what is a “conspiracy”, if not an organized means of resisting what are oftentimes hegemonically imposed statements of objective “truth” or “fact”?” I aim not to make any kind of epistemological claim against the existence of objective truth, nor do I want to undermine the ways in which conspiracy – such as the ones explored in this paper – can be profoundly harmful or dangerous. But what is clear, from both the clinical significance of these theories and the intellectual narratives behind them, is that these “conspiracies” have served as conduits by which frank discussion about legitimate and ubiquitous cultural fears could occur. They force us to extend our understanding of “reproductive rights” – a conversation that frequently is only invoked within the context of

women. They prompt us to understand why cultural homophobia might be informed by historical anxieties about reproduction and genocide, and offer insight into how that homophobia can be combated. They force us to extend what we may view as “acceptable” civil discourse about AIDS, reproduction, or race into radical narratives that defy institutional knowledge.

For people of color, any radical departure from institutional, normative consensus may be understood by white people as “conspiracy”. White supremacy, which relies entirely upon mythical understandings of race as an immutable, biological reality, is conspiratorial thinking. Racism itself is born of conspiracy. Conspiracy is a powerful method, for better or for worse, of forcing ideas from the margins of society into the mainstream. Any serious cultural historian of the AIDS epidemic, then, ought not to merely discount or disparage these theories; but seek to understand them more deeply as historical methods of marginalized political expression.

6.3: Modern Connections

It goes without saying that conspiracy theories about viral pandemics is, to say the least, a particularly germane topic in the public discourse right now. When I originally began thinking about HIV/AIDS as an area of potential historical investigation, the notion of living through a pandemic seemed abstract and personally immaterial: the horrors of HIV infection felt far away and firmly historical in nature.

But the advent of the novel coronavirus (COVID-19) has forced us all to become familiar with the profoundly strange and harrowing reality of life as dictated by a plague.

Like AIDS conspiracy, the existence of conspiracy surrounding COVID-19 has proven to be a legitimate issue for public health. While those living during the AIDS pandemic never had the opportunity to receive a vaccine, the expeditious approval of a COVID-19 vaccine has made immunization the center of much of the COVID-19 conspiracy movement. Anti-vaccination

conspiracy and propaganda, even before the explosion of COVID-19, has been shown to significantly contribute to vaccine hesitancy.¹³⁸

As a result of various factors ultimately stemming from systemic medical racism, Black Americans contract COVID-19 at rates three times as high as white Americans, and are twice as likely to die.¹³⁹ At the same time, while exact data is limited, Black Americans have been shown significantly higher rates of COVID-19 vaccine hesitancy than other racial groups, and have cited events like the Tuskegee experiments as justification for why.¹⁴⁰

As such, there has quite literally never existed such a dire need for not mere historical understanding, but historical empathy for those whose histories of marginalization and violence have affected their current relationship to medicine. Attempts to simply push the vaccine onto populations whose hesitance is, frankly, logical and well supported due to the racist history of medicine are futile if there is not a concerted effort to understand the origins of these beliefs, or recognize that Black Americans possess an inherent right to be mistrustful of the medical system. An anti-racist approach to decreasing COVID-19 disparity and vaccine hesitancy then, must be one that understands not only these histories of harm themselves, but can look to the AIDS epidemic and its subsequent theories as a historical anchor by which that approach can be informed.

¹³⁸ David Robert Grimes, "Medical Disinformation and the Unviable Nature of COVID-19 Conspiracy Theories," *PloS One* 16, no. 3 (2021): 2.

¹³⁹ Lauren Bunch, "A Tale of Two Crises: Addressing Covid-19 Vaccine Hesitancy as Promoting Racial Justice," *HEC Forum* 33, no. 1-2 (2021): 143.

¹⁴⁰ *Ibid.*, 147.

Conclusion

The existence of racialized AIDS conspiracy amongst Black Americans can be best understood by a legacy of historical racism that perpetuated medical violence particularly in the reproductive sphere. The nature of AIDS as a disease enabled long needed discourse about violent white intervention into Black men's reproductive health and Black male sexuality to occur in an organized and national capacity.

In this thesis, we have accomplished several things. Firstly, by examining the existing body of literature about AIDS conspiracy amongst Black Americans as both secondary sources through which we can extract useful information as well as primary sources that are itself colored by the racist histories of medicine and public health, we are able to understand the content and pervasiveness of these theories as well as the paucity of nuance in the literature that aims to critically evaluate why these theories exist in the first place.

This paucity made an evaluation (albeit a very truncated and brief one) of just some of the abjectly painful and traumatic instances of medical experimentations of Black American women and men necessary to contextualize our ultimate investigation of these theories' narratives. By examining the ways in which reproduction has been a particularly violent sphere of white supremacist medical violence, we are then able to understand the ways in which discourses about racism and reproduction took on explicitly gendered roles; thus creating the need for a modern avenue of discourse regarding Black men and reproductive violence.

Finally, an investigation of these theories and theorists in their own words elucidates profound complexities within the narrative structure of the AIDS genocide plot. We see that Tuskegee and other instances of reproductive violence against Black men (such as Tuskegee) contributed to widespread mistrust about government knowledge regarding a primarily sexually transmitted disease. Fears about Black male sexuality, racist violence, and the drug epidemic

disproportionately harming Black Americans in the late 20th century reasonably framed the Black man as endangered and subject to particular attack – making genocidal theories about AIDS the perfect avenue to discuss what were believed to be existential threats to Black men.

As explained in the previous chapter, the intersections of racism, pandemic politics, and conspiracy have reached an inflection point. While the COVID-19 crisis has served to bring to light the ways in which the American medical system has historically harmed and continues to harm Black Americans, AIDS has often been neglected as a topic of discussion despite its obvious relevance. In order to foment the change necessary to decrease health disparity in our current reality, I contend that more research examining the ways in which the AIDS epidemic affected Black Americans and galvanized conspiracy ought to take place. Further points of historical inquiry may seek to look at Black community care and alternative health movements that arose during the AIDS crisis as a result of medical distrust, and how mainstream practices may look to that history to decrease the level of harm and otherization many people of color feel in medical spaces. Alternatively, other scholars of AIDS and race may examine resistance to AIDS conspiracy theories, and how Black physicians and scientists responded to misinformation that had become ubiquitous in modern discourse.

In any case, I hope that this research can serve, in some capacity, as a useful vantage point upon which future anti-racist histories of health, pandemic, and conspiracy can occur and fill in the historiographical gaps extant within the field.

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