Black Men and the AIDS Epidemic

Over the ten years ending in June 1991, some 179,694 persons in the United States were diagnosed as having Acquired Immune Deficiency Syndrome. Of that number of total reported cases, 41,179—or roughly 23 percent—occurred in males of African descent, although black males accounted for less than 6 percent of the total U.S. population. It is common enough knowledge that black men constitute a disproportionate number of persons with AIDS in this country—common in the sense that, whenever the AIDS epidemic achieves a new statistical milestone (as it did in the winter of 1991, when the number of AIDS-related deaths in the United States reached 100,000), the major media generally provide a demographic breakdown of the figures. And yet, somehow the enormity of the morbidity and mortality rates for black men (like that of the rates for gay men of whatever racial identity) doesn’t seem to register in the national consciousness as a cause for great concern. This is no doubt largely due to a general sense that the
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trajectory of the average African-American man's life must "naturally" be rather short, routinely subject to violent termination. And this sense, in turn, helps account for the magnitude of shock that was required to impress the public with the particular threat posed to black men by AIDS, well after white men's vulnerability had been dramatized by the death of Rock Hudson. Indeed, it was six years after Hudson's death (and a full decade after the beginning of the epidemic) that NBA superstar Earvin "Magic" Johnson announced his infection with the human immunodeficiency virus (or HIV, long recognized as the chief factor in the etiology of AIDS), thereby drawing attention to the implications for black men of the ongoing health crisis. This is not to say that no nationally known black male figure had yet died of AIDS-related causes by November 1991, but rather that numerous and complex cultural factors conspired—and continue to conspire—to prevent such deaths from effectively galvanizing AIDS activism in African-American communities.

The Sound of Silence

In December 1988, National Public Radio (hereafter referred to as NPR) broadcast a report on the death of Max Robinson, who had been the first black news anchor on U.S. network television, staffing the Chicago desk of ABC's World News Tonight from 1978 to 1983. Robinson was one of 4,123 African-American men to die in 1988 of AIDS-related causes (of a nationwide total of 17,119 AIDS-related deaths), but rather than focus on his death itself at this point, I want to examine two passages from the broadcast that, taken together, describe an entire problematic conditionizing the significance of AIDS in many black communities in the United States. The first is a statement by a colleague of Robinson's both at ABC News and at WMAQ-TV in Chicago, where Robinson worked after leaving the network. Producer Bruce Rheins remembered being on assignment with Robinson on the streets of Chicago: "We would go out on the street a lot of times, doing a story... on the Southside or something... and I remember one time, this mother leaned down to her children, pointed, and said, 'That's Max Robinson. You learn how to speak like him.' " Immediately after this statement from Rheins, the NPR correspondent reporting the piece, Cheryl Devall, announced that "Robinson had denied the nature of his illness for months, but after he died... his friend Roger Wilkins said Robinson wanted his death to emphasize the need for AIDS awareness among black people" (ATC, 1988). These were the concluding words of the report, and as such they reproduced the epitaphic structure of Robinson's deathbed request, raising the question of to just what extent information about AIDS was reaching black communities.

That these two statements should have been juxtaposed in the radio report is striking because they testify to the power of two different phenomena that appear to be in direct contradiction. Rheins's story underscores the importance of Robinson's speech as an affirmation of black identity for the benefit of the community from which he sprang. Devall's remarks, on the other hand, implicate Robinson's denial that he had AIDS in a general silence regarding the effects of the epidemic among the African-American population. It will be useful for the purposes of this analysis to examine how speech and silence actually interrelate to produce a discursive matrix that governs the cultural significance of AIDS in black communities. Indeed, Max Robinson, news anchor, inhabited a space defined by the overlapping of at least two distinct types of discourse which, though often in conflict, intersect in a way that makes discussion of his AIDS diagnosis—and of AIDS among blacks generally—a particularly difficult activity.

As it happens, the apparent conflict between vocal affirmation and the peculiar silence effected through denial was already implicated in the very nature of Robinson's speech. There is a potential doubleness in the significance of the "speaking" that Robinson did, which the mother cited previously urged her children to emulate. It is clear, first of all, that this mother was referring to Robinson's exemplification of the articulate, authoritative presence that is ideally represented in the television news anchor—an exemplification noteworthy because of the fact that Robinson was black. Rheins's comments illustrate this particularly well:

Max really was a symbol for a lot of people. . . . Here was a very good-looking, well-dressed, and very obviously intelligent black man giving the news in a straightforward fashion, and not on a black radio station or a black TV station or on the black segment of a news report—he was the anchorman. (ATC, 1988)

Rheins's statement indicates the power of Robinson's verbal performance before the camera, for it was through this performance that Robinson's "intelligence," which Rheins emphasizes, was made "obvious." Other accounts of Robinson's tenure as a television news anchor recapitulate this reference. An article in the June 1989 issue of Vanity Fair remembered Robinson for "[h]e is steely, unadorned
delivery, precise diction, and magical presence” (Boyer, 1989, p. 70). A New York Times obituary noted the “unforced, authoritative manner” that characterized Robinson’s on-air persona, and backed its claim with testimony from current ABC news anchor and Robinson’s former colleague, Peter Jennings: “In terms of sheer performance, Max was a penetrating communicator. He had a natural gift to look in the camera and talk to people” (Gerard, 1988). A 1980 New York Times reference asserted that Robinson was “blessed with a commanding voice and a handsome appearance” (Schwartz, "Are TV Anchormen," p. 27). A posthumous “appreciation” in the Boston Globe described Robinson as “[e]arnest and telegenic,” noting that he “did some brilliant reporting . . . and was a consummate newscaster” (Kahn, 1988, p. 67). James Snyder, news director at WTOP-TV in Washington, D.C., where Robinson began his anchoring career, has said that Robinson “had this terrific voice, great enunciation and phrasing. He was just a born speaker” (Boyer, 1989, p. 72). Elsewhere, Snyder succinctly summarized Robinson’s appeal, noting his “great presence on the air” (“Max Robinson, 49,” 1988).

All of these tributes manifest allusions to Robinson’s verbal facility that must be understood as praise for his ability to speak articulate Received Standard English, which linguist Geneva Smitherman (1977, p. 12) has identified as the dialect upon which “White America has insisted . . . as the price of admission into its economic and social mainstream.” The emphasis that commentators have placed on Robinson’s “precise diction” or on his “great enunciation and phrasing” is an index of the general surprise that was evoked by his facility with the white bourgeois idiom considered standard in “mainstream” U.S. culture, and certainly in television news. The black mother cited previously surely recognized the opportunity for social advancement inherent in this facility with standard English, and this is no doubt the benefit she had in mind for her children when she urged them to “speak like” Max Robinson.

At the same time, however, that the mother’s words can be interpreted as an injunction to speak “correctly,” they might alternatively be understood as a call for speech per se—as encouragement to speak out like Max Robinson, to stand up for one’s interests as a black person as Robinson did throughout his career. In this case, the import of her command is traceable to a black cultural nationalism that has waxed and waned in the United States since the mid-nineteenth century, but which, in the context of the Black Power movement of the 1960s, underwent a revival that continues to influence black cultural life in this country. Smitherman (1977, p. 11) has noted the way in which this cultural nationalism has been manifested in black language and discourse, citing the movement “among writers, artists, and black intellectuals of the 1960s, who deliberately wrote and rapped in the Black Idiom and sought to preserve its distinctiveness in the literature of the period.” Obviously, Max Robinson did not participate in this nationalistic strat-
be interpreted as a form of the disingenuous reply characteristic of loud-talking, thus locating his rhetorical strategy within the cultural context of black communicative patterns and underscoring his African-American identification.

Roone Arledge, in taking Robinson to task after the incident, made unusually explicit the suppression of African-American identity generally effected by the networks in their news productions; such dramatic measures usually are not necessary because potential manifestations of strong black cultural identification are normally subdued by blacks' very participation in the discursive conventions of the network newscast. Thus, the more audible and insistent Robinson's televised performance in Received Standard English and in the white bourgeois idiom of the network newscast, the more secure the silence imposed upon the vocal black consciousness that he always threatened to display. Robinson's articulate speech before the cameras always implied a silencing of the African-American idiom.

Concomitant with the silencing in the network-news context of black-affirmative discourse is the suppression of another aspect of black identity alluded to in the previously quoted references to Max Robinson's on-camera performance. The emphasis these commentaries place on Robinson's articulateness is coupled with their simultaneous insistence on his physical attractiveness: Bruce Rheins's remarks on Robinson's "obvious intelligence" are accompanied by a reference to his "good looks"; Tony Schwartz's inventory of Robinson's assets notes both his "commanding voice" and his "handsome appearance"; Joseph Kahn's "appreciation" of Robinson cites his "brilliant reporting" as well as his "telegenic" quality. It seems that it was impossible to comment on Robinson's success as a news anchor without noting simultaneously his verbal ability and his physical appeal.

Such commentary is not at all unusual in discussions of television newscasters, whose personal charms have taken on an increasing degree of importance since the early days of the medium. Indeed, Schwartz's 1980 New York Times article titled "Are TV Anchormen Merely Performers?"—intended as a critique of the degree to which television news is conceived as entertainment—actually underscores the importance of a newscaster's physical attractiveness to a broadcast's success; and by the late 1980s that importance had become a truism of contemporary culture, assimilated into the popular consciousness, through the movie Broadcast News, for instance. In the case of a black man, such as Max Robinson, however, discussions of a news anchor's "star quality" become potentially problematic and, consequently, extremely complex, because such a quality is founded upon an implicitly acknowledged "sex appeal," the concept of which has always been highly charged with respect to black men in the United States.

The black man historically has been perceived as the bearer of a bestial sexuality, as the savage "walking phalus" that poses a constant threat to an idealized white womanhood and thus to the whole U.S. social order. To the extent that this is true, for white patriarchal institutions such as the mainstream media to note the physical attractiveness of any black man is for them potentially to unleash the very beast that threatens their power. Max Robinson's achievement of a professional, public position that mandates the deployment of a certain rhetoric—that of the news anchor's attractive and telegenic persona—thus also raised the problem of taming the threatening black male sexuality that that rhetoric conjures up.

This taming, I think, was once again achieved through Robinson's articulate verbal performance, references to which routinely accompanied acknowledgments of his physical attractiveness. In commentary on white newscasters, paired references to both their physical appeal and their rhetorical skill serve merely to defuse accusations that television journalism is superficial and "image-oriented." In Robinson's case, however, the acknowledgment of his articulateness also served to absorb the threat of his sexuality that was raised in references to his physical attractiveness; in the same way that Robinson's conformity to the "rules" of standard English language performance suppressed the possibility of his articulating a radical identification with African-American culture, it also, in attesting to his refinement and civility, actually domesticated his threatening physicality which itself had to be alluded to in conventional liberal accounts of his performance as a news anchor. James Snyder's reference to Robinson's "great presence" is a most stunning example of such an account, for it neatly conflates and thus simultane-

Max Robinson in Chicago. Photo copyright © 1985 Capital Cities/ABC, Inc.
Black Masculine Anxiety

Homophobia in African-American Discourse

Whether it is interpreted as a reference to Robinson's facility at Received Standard English, whereby he achieved a degree of success in the white-run world of broadcast media, or as a reference to his repeated attempts to vocalize, in the tradition of African-American discourse, blacks' grievances over their sociopolitical status in the United States, to "speak like Max Robinson" is simultaneously to silence discussion of the various possibilities of black male sexuality. We have seen how an emphasis on Robinson's facility at "white-oriented" discourse serves to defuse the "threat" of rampant black male sexuality that constitutes much of the sexuopolitical structure of U.S. society. Indeed, some segments of the black population have colluded in this defusing of black sexuality, attempting to explode whites' stereotypes of blacks as oversexed by stifling discussion of black sexuality generally (noted in "AIDS & Blacks," ME, 5 April 1989). At the same time, the other tradition in which Max Robinson's speech derives meaning also functions to suppress discussion about specific aspects of black male sexuality that are threatening to the black male image.

In her book on "the language of black America," Geneva Smitherman (1977, p. 52) cites, rather non-self-consciously, examples of black discourse that illustrate this point. For instance, in a discussion of black musicians' adaptation of themes from the African-American oral tradition, Smitherman mentions the popular early-1960s recording of "Stagger Lee," based on a traditional narrative folk poem. The hero for whom the narrative is named is, as Smitherman puts it, "a fearless, mean dude," so that "it became widely fashionable [in black communities]...to refer to oneself as 'Stag,' as in... 'Don't mess with me, cause I ain't no fag, uhmm, Stag.'" What is notable here is not merely the homophobia manifested in the "rap" laid down by the black "brother" imagined to be speaking this line, but also that the rap itself, the very verbal performance, as Smitherman points out, serves as the evidence that the speaker is indeed not a "fag"; verbal facility becomes proof of one's conventional masculinity and thus silences discussion of one's possible homosexuality, in a pattern that has been extended—to wide notice—in much contemporary rap music.

If verbal facility is considered an identifying mark of masculinity in certain African-American contexts, however, this is so only when it is demonstrated specifically through use of the vernacular. Indeed, a too-evident facility in the standard white idiom can quickly identify one not as a strong black man, but rather as a white-identified Uncle Tom who must also, therefore, be weak, effeminate, and probably a "fag." To the extent that this process of homophobic identification reflects powerful cross-class hostilities, it is certainly not unique to African-American culture. Its imbrication with questions of racial identity, however, compounds its potency in the African-American context. Simply put, within some African-American communities the "professional" or "intellectual" black male inevitably endangers his status both as black and as male whenever he evidences a facility with Received Standard English—a facility upon which his very identity as a professional or an intellectual in the larger society is founded in the first place. Max Robinson was not the first black man to face this dilemma; a decade or so before he emerged on network television, a particularly influential group of black writers attempted to negotiate the problem by incorporating into their work the semantics of "street" discourse, thereby establishing an intellectual practice that was both "black" enough and virile enough to bear the weight of a stridently nationalist agenda. Thus, a strong "Stagger Lee"-type identification can be found in a parenthetical passage from the poem "Don't Cry, Scream," by Haki Madhubuti (Don L. Lee) (1969, p. 29):

(swung on a faggot who politely
scratched his ass in my presence.
he smiled broken teeth stained from
his over-used tongue. fistead-face.
teeth dropped in tune with ray
charles singing "yesterday."

Here the scornful language of the poem itself recapitulates the homophobic violence that it commemorates (or invites us to imagine as having occurred); and the two together attest to both the speaker's aversion to homosexuality and, by extension, his own unquestionable masculinity, indicating the degree to which homophobia is implicated in "Black Arts" nationalism, whose influence has long outlasted the actual aesthetic movement.
Consequently, Max Robinson was put in a very difficult position with respect to talking about his AIDS diagnosis. Robinson’s reputation was based on his articulate outspokeness; however, as we have seen, that very well-spokenness derived its power within two different modes of discourse that, though they are sometimes at odds, both work to suppress issues of sexuality that are implied in any discussion of AIDS. The white bourgeois cultural context in which Robinson derived his status as an authoritative figure in the mainstream news media must always keep a vigilant check on black male sexuality, which is perceived to be threatening generally (and it is assisted in this task by a moralistic black bourgeoisie that seeks to explode notions of black hypersexuality). At the same time, the African-American cultural context to which Robinson appealed for his status as a paragon of black pride and self-determination embodies an ethic that precludes sympathetic discussion of black male homosexuality. However extensively the demography of AIDS in this country may have shifted since 1981 as more and more people who are not gay men have become infected with HIV, the historical and cultural conditions surrounding the development of the epidemic ensure its ongoing association with male homosexuality, so it is not surprising that the latter should emerge as a topic of discussion in any consideration of Max Robinson’s death. The apparent inevitability of that emergence (and the degree to which the association between AIDS and male homosexuality would become threatening to Robinson’s reputation and discursively problematic, given the contexts in which his public persona was created) was dramatically illustrated in the 9 January 1989 issue of Jet magazine, the black-oriented weekly. That issue contained an obituary of Max Robinson that was very similar to those issued by the New York Times and other nonblack media, noting Robinson’s professional achievements and his controversial tenure at ABC News, alluding to the “tormented” nature of his life as a symbol of black success, and citing his secrecy surrounding his AIDS diagnosis and his wish that his death be used as the occasion to educate blacks about AIDS. The Jet obituary also noted that “[t]he main victims [sic] of the disease [sic] have been intravenous drug users and homosexuals,” leaving open the question of Robinson’s relation to either of these categories (Jet, 1989, p. 14).14

Following Robinson’s obituary in the same issue of Jet was a notice of another AIDS-related death, that of the popular disco singer, Sylvester. Sylvester’s obituary, however, offered an interesting contrast to that of Robinson, for it identified Sylvester, in its very first sentence, as “the flamboyant homosexual singer whose high-pitched voice and dramatic on-stage costumes propelled him to the height of stardom on the disco music scene during the late 1970s” (Jet, 1989, p. 15). The piece went on to indicate the openness with which Sylvester lived as a gay man, noting that he “first publicly acknowledged he had AIDS at the San Francisco Gay Pride March last June [1988], which he attended in a wheelchair with the People With AIDS group” (15), and quoting his recollection of his first sexual experience, at age 7, with an adult male evangelist: “[Y]ou see, I was a queen even back then, so it didn’t bother me. I rather liked it” (18).

Obviously, a whole array of issues is raised by Sylvester’s obituary and its juxtaposition with that of Max Robinson (not the least of which has to do with the complicated phenomenon of sex between adults and children). What is most pertinent for discussion here, however, is the difference between Jet’s treatments of Sylvester’s and Robinson’s sexualities, and the factors that account for that difference. It is clear, I think, that Sylvester’s public persona emerged from contexts that are different from those that produced Robinson. If it is true that, as Jet (1989, p. 18) put it, “[t]he church was . . . the setting for Sylvester’s first homosexual experience,” it is also true that “Sylvester learned to sing in churches in South Los Angeles and went on to perform at gospel conventions around the state.” That is to say that the church-choir context in which Sylvester was groomed for a singing career has stereotypically served as a locus in which young black men both discover and sublimate their homosexuality, and also as a conduit to a world of professional entertainment generally conceived as “tolerant,” if not downright encouraging, of nonnormative sexualities. In Sylvester’s case, this was particularly true, since he was able to help create a disco culture—comprising elements from both black and gay contexts—in which he and others could thrive as openly gay.
men. Thus the black-church milieu, though ostensibly hostile to homosexuality and gay identity, nevertheless has traditionally provided a means by which black men can achieve a sense of themselves as homosexual and even, in cases such as Sylvester’s, expand that sense into gay-affirmative public presence.15

On the other hand, the public figure of Max Robinson, as we have seen, was cut from entirely different cloth, formed in the intersection of discursive contexts that do not allow for the expression of black male homosexuality in any recognizable form. The discursive bind constituted by Robinson’s status as both a conventionally successful media personality and an exemplar of black male self-assertion and racial consciousness left him with no alternative to the manner in which he dealt with his diagnosis in the public forum—shrouding the nature of his illness in a secrecy that he was able to break only after his death, with the posthumous acknowledgment that he had AIDS. Consequently, obituarists and commentators on Robinson’s death were faced with the “problem” of how to address issues relating to Robinson’s sexuality—to his possible homosexuality—the result being a large body of wrongminded commentary that actually hindered the educational efforts Robinson supposedly intended to endorse.

It would be a mistake to think that, because most accounts of Robinson’s death do not mention the possibility of his homosexuality, it was not conceived of as a problem to be reckoned with. On the contrary, since, as I have attempted to show, the discursive contexts in which Max Robinson derived his power as a public figure function to prevent discussion of black male homosexuality, the silence regarding the topic that characterizes most of the notices of his death actually marks the degree to which the possibility of black male homosexuality is worried over and considered problematic. The instances in which the possibility of Robinson’s homosexuality does explicitly figure actually serve as proof of the anxiety that founds the more usual silence on the subject. A look at a few commentaries on Robinson’s death will illustrate this well; examining these pieces in the chronological order of their appearance in the media will especially help us to see how, over time, the need to quell anxiety about the possibility of Robinson’s homosexuality became increasingly desperate, thus increasingly undermining the educational efforts that his death was supposed to occasion.

Within the two weeks following Robinson’s death, there appeared in Newsweek magazine an obituary that, once again, included the obligatory references to Robinson’s “commanding” on-air presence, to his attacks on racism in the media, and to the psychic “conflict” he suffered that led him to drink (“Max Robinson: Fighting the Demons”). In addition to rehearsing this standard litany, however, the Newsweek obituary also emphasized that “[t]he truth [Robinson’s] family . . . don’t know how he contracted the disease.” The reference to the general ignorance as to how Robinson became infected with HIV (as though the precise mode of infection can ever be definitively determined in most cases) leaves open the possibility that Robinson engaged in unprotected sex with a man (or with men), just as the Jet notice left unresolved the possibility that he was a homosexual or an IV drug user. Yet, the invocation in the Newsweek piece of Robinson’s “family,” with all its conventional heterosexist associations, simultaneously indicates the anxiety that the possibility of Robinson’s homosexuality generally produces, and constitutes an attempt to redeem Robinson from the unsavory implications of his AIDS diagnosis.

The subtlety of the Newsweek strategy for dealing with the possibility of Robinson’s homosexuality gave way to a more direct approach by the Rev. Jesse Jackson, in an interview broadcast on the National Public Radio series on AIDS and blacks (ME, 5 April 1989). Responding to charges by black AIDS activists that he missed a golden opportunity to educate blacks about AIDS by neglecting to speak out about modes of HIV transmission soon after Robinson’s death, Jackson provided this statement:

Max shared with my family and me that he had the AIDS virus [sic], but that it did not come from homosexuality, it came from promiscuity. . . . And now we know that the number one transmission [factor] for AIDS is not sexual contact, it’s drugs, and so the crises of drugs and needles and AIDS are connected, as well as AIDS and promiscuity are connected. And all we can do is keep urging people to not isolate this crisis by race, or by class, or by sexual preference, but in fact to observe the precautionary measures that have been advised, on the one hand, and keep urging more money for research immediately, because it’s an international health crisis and it’s a killer disease.

A number of things are notable about this statement. First of all, Jackson, like the Newsweek writer, is careful to reincorporate the discussion of Robinson’s AIDS diagnosis into the nuclear-family context, emphasizing that Robinson shared his secret with Jackson and his family, and thereby attempting to mitigate the effects of the association between AIDS and male homosexuality. Second, Jackson invokes the problematic and completely unhelpful concept of “promiscuity,” wrongly contrasting it with homosexuality (and thus implicitly equating it with heterosexual sex) in such a way that he actually appears to be endorsing it over that less legitimate option, contrary to what he must intend to convey about the dangers of unprotected sex with multiple partners; and, of course, since he does not actually mention safer sex practices, he implies that it is “promiscuity” per se that puts people at risk of contracting HIV, when it is, rather, unprotected sex with however few partners that constitutes risky behavior. Third, by identify-
ing IV drug use over risky sexual behavior as the primary means of HIV transmission, Jackson manifests a blindness to his own insight about the interrelatedness of various factors in the spread of AIDS, for unprotected sexual activity is often part and parcel of drug cultures (especially that of crack) in which transmission of HIV thrives, as sex is commonly exchanged for access to drugs in such contexts (noted in "AIDS & Blacks," ATC, 7 April 1989). Finally, Jackson's sense of "all we can do" to prevent AIDS is woefully inadequate: to "urge people to observe the precautionary measures that have been advised" obviously presupposes that everyone is already aware of what those precautionary measures are, for Jackson himself does not outline them in his statement; to demand more money for research is crucial, but it does not go the slightest distance toward enabling people to protect themselves from HIV in the present and to resist conceptualizing AIDS as endemic to one race, class, or sexual orientation is of extreme importance (though it is equally important to recognize the relative degrees of interest that different constituencies have in the epidemic), but in the context of Jackson's statement this strategy for preventing various social groups from being stigmatized through their association with AIDS is utilized merely to protect Max Robinson in particular from speculation that his bout with AIDS was related to homosexual sex. Indeed, Jackson's entire statement centers on the effort to protect Robinson from potential charges of homosexuality, and his intense focus on this homophobic endeavor works to the detriment of his attempts to make factual statements about the nature of HIV transmission.\(^\text{16}\)

Jackson is implicated, as well, in the third media response to Robinson's death—a response that, like those just discussed, represented an effort to silence discussion of the possibility of Robinson's homosexuality. In his June 1989 Vanity Fair article, Peter J. Boyer reported on the eulogy Jackson delivered at the Washington, D.C., memorial service for Max Robinson. Boyer's piece cites Jackson's quotation of Robinson's deathbed request—"He said, 'I'm not sure and know not where [sic], but even on my dying bed ... let my predicament be a source of education to our people'"—and asserts that "[t]wo thousand people heard Jesse Jackson keep the promise he'd made to Robinson ... 'It was not homosexuality,' [Jackson] told them, 'but promiscuity,'" implicitly letting people know that Robinson "got AIDS from a woman" (p. 84). Apparently, then, the only deathbed promise that Jackson kept was the one he made to ensure that people would not think that Robinson was gay; no information about how HIV is transmitted or about how such transmission can be prevented has ever escaped his lips in connection with the death of Max Robinson, though Boyer, evidently, was fooled into believing that Jackson's speech constituted just such substantive information.

This is not surprising, since Boyer's article itself is nothing more than an anxious effort to convince us of Max Robinson's heterosexuality, as if that were the crucial issue. Boyer's piece mentions Robinson's three marriages (p. 74); it comments extensively on his "well-earned" reputation as an "invertebrate womanizer" and emphasizes his attractiveness to women, quoting one male friend as saying, "He could walk into the room and you could just hear the panties drop," and a woman acquaintance as once telling a reporter, "Don't forget to mention he has fine thighs" (p. 74); it notes that "[n]one of Robinson's friends believe that he was a homosexual" (p. 84); and it cites Robinson's own desperate attempt "to compose a list of women whom he suspected as possible sources of his disease" (p. 84), as though to provide written corroboration of his insistence, "But I'm not gay" (p. 82).

From early claims, then, that "even Robinson's family" had no idea how he contracted HIV, there developed an authoritative scenario in which Robinson's extensive heterosexual affairs were common knowledge and that posited his contraction of HIV from a female sex partner as a near-certainty. It seems that, subsequent to Robinson's death, a whole propaganda machine was put into operation to establish a suitable account of his contraction of HIV and of his bout with AIDS, the net result of which was to preclude the effective AIDS education that Robinson reputedly wanted his death to occasion, as the point he supposedly intended to make became lost in a homophobic shuffle to "fix" his sexual orientation and to construe his death in inoffensive terms.

In order to ensure that this work not become absorbed in that project, which would deter us from the far more crucial tasks at hand, it is important for me to state flat out that I have no idea whether Max Robinson's sex partners were male or female or both. I acknowledge explicitly my ignorance on this matter because to do so, I think, is to reopen sex in all its manifestations as a primary category for consideration as we review the significance of the predominant discourse about AIDS among African Americans. Such a move is crucial because the same homophobic impulse that informed efforts to establish Max Robinson's heterosexuality is also implicated in a general reluctance to provide detailed information about sexual transmission of HIV; indeed, a deep silence regarding the details of such transmission has long characterized almost all of what passes for government-sponsored AIDS-education efforts throughout the United States.

### Sins of Omission: Inadequacy in AIDS-Education Programs

Even the slickest, most visible print and television ads promoting awareness about AIDS consistently thematize a silence that has been a major obstacle to effective AIDS education in communities of color. Notices distributed around the time of
Max Robinson’s death utilized an array of celebrities—from Rubèn Blades to Patti Labelle—who encouraged people to “get the facts” regarding AIDS, but didn’t offer any, merely referring readers elsewhere for substantive information on the syndrome. A bitter testimony to the ineffectivity of this ad campaign was offered by a thirty-one-year-old African-American woman interviewed in the NPR series on AIDS and blacks. Sandra contracted HIV through unprotected heterosexual sex; the child conceived in that encounter died at ten months of age from an AIDS-related illness. In her interview, Sandra reflected on her lack of knowledge about AIDS at the time she became pregnant:

I don’t remember hearing anything about AIDS until... either the year that I was pregnant, which would have been ’86, or the year after I had her; but I really believe it was when I was pregnant with her because I always remember saying, “I’m going to write and get that information,” because the only thing that was on TV was to write or call the 1-800 number... to get information, and I always wanted to call and get that pamphlet, not knowing that I was going to have first-hand information. I didn’t know how it was transmitted. I didn’t know that it was caused by a virus. I didn’t know that [AIDS] stood for “Acquired Immune Deficiency Syndrome.” I didn’t know any of that. (“AIDS & Blacks,” ATC, 4 April 1989)

By 1986, when Sandra believes she first began even to hear about AIDS, the epidemic was at least five years old.

If, even today, response to AIDS in black communities is characterized by a profound silence regarding actual sexual practices, either heterosexual or homosexual, this is largely because of the suppression of talk about sexuality generally and about male homosexuality in particular that is enacted in black communities through the discourses that constitute them. Additionally, however, this continued silence is enabled by the ease with which the significance of sexual transmission of HIV can be elided beneath the admittedly significant (but also, to many minds, more “acceptable”) problem of IV drug–related HIV transmission that is endemic in some black communities. George Bellinger, Jr., then a “minority outreach” worker at Gay Men’s Health Crisis, the New York City AIDS service organization, recounted for the NPR series the “horrible joke that used to go around [in black communities] when AIDS first started...: ‘There’s good news and bad news. The bad news is I have AIDS, the good news is I’m an IV drug user’” (“AIDS & Blacks,” ATC, 3 April 1989); this joke indicates the degree to which IV drug use can serve as a shield against the implications of male homosexuality that are always associated with AIDS, and which thus hover as a threat over any discussion of sexual transmission of HIV. This phenomenon was at work even in the NPR series itself. For all its emphasis on the need for black communities to “recognize homosexuality and bisexuality” within them (“AIDS & Blacks,” ATC, 9 April 1989), and despite its inclusion of articulate black lesbians and gay men in its roster of interviewees, the radio series still subordinated discussion of sexual transmission of HIV to a focus on IV drug use. One segment in particular illustrates this point.

In an interview broadcast on Morning Edition, 4 April 1989, Harold Jaffe, from the federal Centers for Disease Control, made a crucial point regarding gay male sexual behavior in the face of the AIDS epidemic: “The studies that have come out saying gay men have made substantial changes in their behavior are true, but they’re true mainly for white, middle class, exclusively gay men.” As correspondent Richard Harris reported, however, Jaffe “doesn’t see that trend among black gays.” Harris noted that Jaffe “has been studying syphilis rates, which are a good measure of safe sex practices.” Jaffe himself proclaimed his discoveries: “We find very major decreases [in the rate of syphilis] in white gay men, and either no change or even increases in Hispanic and black gay men, suggesting that they have not really gotten the same behavioral message.” Harris continued: “White gay men have changed their behavior to such an extent that experts believe the disease has essentially peaked for them, so as those numbers gradually subside, minorities will make up a growing proportion of AIDS cases.” Up to this point, Harris’s report focused on important differences between the rates of syphilis and HIV transmission among gay white men and among gay black and Latino men,
suggesting the inadequacy of the educational resources made available to gay men of color. As his rhetoric shifted, however, to refer to the risk that all members of "minority" groups face, regardless of their sexual identification, the risky behaviors on which he focused also changed. After indicating the need for gay men of color to adapt their sexual behavior in the same way that gay white men have, and after a pause of a couple beats that would conventionally indicate the introduction of some narrative into the report to illustrate this point, Harris segued into a story about Rosina, a former IV drug user with AIDS, and to a claim that "about the only way to stop AIDS from spreading more in the inner city is to help addicts get off of drugs." Thus, Harris's early focus on AIDS among black and Latino gay men served, in the end, merely as a bridge to discussion of IV drug use as the primary factor in the spread of AIDS in communities of color. Moreover, the diversity of those communities was effaced through the conventional euphemistic reference to the "inner city," which, because it disregards class differences among blacks and Latinos, falsely homogenizes the concerns of people of color and glosses over the complex nature of HIV transmission among them, which, just as with whites, implicates drug use and unprotected sexual activity as high-risk behaviors. The ease with which middle-class blacks can construe IV drug use as a problem of communities that are completely removed from their everyday lives (and thus see it as unrelated to high-risk sexual activities in which they may engage) makes an exclusive emphasis on IV drug-related HIV transmission among blacks actually detrimental to efforts at effective AIDS education.

To the extent that Max Robinson hoped his death would occasion efforts at comprehensive AIDS education in black communities, we must consider programs that utilize the logic manifested in Richard Harris's NPR report as inadequate to meet the challenge that Robinson posed. The inadequacy of such efforts is rooted, as I have suggested, in a reluctance to discuss issues of black sexuality that is based simultaneously on whites' stereotyped notions (often defensively adopted by blacks themselves) about the need to suppress black (male) sexuality generally, and on the strictness with which traditional forms of black discourse preclude the possibility of the discussion of black male homosexuality specifically. Indeed, these very factors necessitated the peculiar response to his own AIDS diagnosis that Max Robinson manifested—initial denial and posthumous acknowledgment. I suggested at the beginning of this chapter that Robinson's final acknowledgment of his AIDS diagnosis—in the form of his injunction that we use his death as the occasion to increase blacks' awareness about AIDS—performs a sort of epitaphic function. As the last words of the deceased that constitute an implicit warning to others not to repeat his mistakes, Robinson's request was promulgated through the media with such a repetitive insistence that it might as well have been literally etched in stone. The repetition of the request ought itself to serve as a warning to us, however, since repetition can recapitulate the very silence that it is meant to overcome. As literary critic Debra Fried (1986, p. 620) has said, regarding the epitaph, it is both silent and . . . repetitious: [it] refuses to speak, and yet keeps on saying the same thing: refusal to say anything different is tantamount to a refusal to speak. Repetition thus becomes a form of silence . . . .

According to the fiction of epitaphs, death imposes on its victims an endless verbal task: to repeat without deviation or difference the answer to a question that, no matter how many times it prompts the epitaph to the same silent utterance, is never satisfactorily answered.

In the case of Max Robinson's death, the pertinent question is, How can transmission of HIV and thus AIDS-related death be prevented? The onus of response at this point is not on the deceased, however, but on those of us still living; and a disproportionate share of that burden has, since the beginning of the epidemic, fallen to those whose identities and social positions have been judged to make them "natural" leaders in the education effort. Gay men have long predominated in this group, which also, however, includes HIV-infected persons who are not gay-identified. If the close association of HIV infection with male homosexuality has made it difficult for a significant number of such persons to acknowledge publicly their HIV status—as the example of Max Robinson clearly indicates that it has—so too does this association complicate the effects when one of them does decide to "come out" as HIV-infected. In the instance of basketball star Magic Johnson, the salient factors of fame and black male identity at work in Max Robinson's case are joined with Johnson's status as a celebrated professional athlete to make for a particularly complex situation. Because Johnson's story is currently continuing, it is impossible to posit a final analysis of its significance. Nevertheless, we can already see that, just as whatever projects in AIDS education Robinson's death was supposed to impel gave way to anxiety-driven efforts to protect his heterosexual identity, the later case has been dominated by attempts to affirm the heterosexuality of both Johnson and his associates, the primary result of which may well have been to constrain the effectiveness of the AIDS-education projects that he has endorsed and undertaken. That Johnson himself has proclaimed the urgency of disseminating information about AIDS and HIV among African-American youth makes it particularly important for us to consider how his own mode of embodying black masculinity might have helped to undermine this very project.
Identification and Disavowal: The Example of Magic Johnson

As this book goes to press, Earvin Johnson—whose unprecedented virtuosity on the basketball court earned him the nickname "Magic" when he was still a high school player in Lansing, Michigan—is launching a comeback as a professional player for the Los Angeles Lakers (see Friend, 1996), thus opening a new chapter in a story that had seemed to culminate in 1992. Prior to this latest sortie, Johnson enjoyed a twelve-season career that had a defining impact on professional basketball during the 1980s. Indeed, most commentators largely credit Johnson and longtime rival Larry Bird (Boston Celtics)—plus such contemporaries as Michael Jordan (Chicago Bulls) and Isiah Thomas (Detroit Pistons)—with elevating the game to a level of popularity that was unimaginable before that heady decade, swelling both live and television audiences for the sport and lending it a new air of glamour and excitement. Consequently, when in November 1991 Johnson announced his retirement from the Lakers, owing to his infection with HIV, media assessments that focused on his unique athletic achievement inevitably implied that his withdrawal represented a profound crisis for professional basketball. This is not to say that commentators did not recognize the personal crisis that Johnson himself faced with the discovery of his infection, but rather that this latter crisis is, in many ways, inextricable from the former, insofar as the continued significance of the sport greatly depends on the fortunes of the individual larger-than-life personalities involved in it.

Thus, for example, among the concerns addressed in press coverage right after Johnson’s retirement—and consistently followed up in later accounts—were both the fate of Johnson’s own product endorsement deals with major corporations and the continued desirability of athletes, generally, for use in high-profile advertising campaigns. Similarly, Johnson’s announcement triggered speculation about whether his case might be just the tip of an HIV-infection iceberg in the NBA that could have serious impact on the future of the entire league (see Araton, "Players"). And while the primary dangers in these instances might have been framed in terms of Johnson’s possible loss of public sympathy “once he is visibly sick” (to quote from marketing researcher Judith Langer’s ruminations on Johnson’s prospects as an endorser; see Elliott, “Magic Johnson’s Ad Career”) or NBA stars’ easy access to female sex partners (one agent expressed particular concern about an unidentified player who, he said, “isn’t able to keep his hands off women wherever he goes”; see Araton, "Players", p. S11), the very nature of these terms indicates that the fundamental crisis precipitated by Johnson’s announcement derived from the questions it raised regarding his (and other players’) sexual practices and, by extension, masculine identity. To put it simply, the sight of a man who is identifiably ill with HIV disease engenders, among other things, a heightened consciousness of male homosexual activity whose denial is precisely what is at stake in the insistent references to pro basketball players’ uncontrollable heterosexual desire. And, given the essential link that current conventional wisdom asserts between heterosexual orientation and normative gender disposition, it is easy to locate the greater purpose of that denial in the establishment and maintenance of proper masculinity. Clearly, this mode of shoring up masculinity is not unique either to professional sports or to the media commentary attending Magic Johnson’s announcement of his HIV seropositivity; rather, it is pervasive in contemporary culture, and accounts for (to name but one obviously pertinent instance) the anxious insistence on Max Robinson’s heterosexuality that I have noted in the foregoing pages. At the same time, though (and paradoxically), because sports and athletic competition constitute a primary context in which masculine identity is forged—a key “arena of masculinity” as Brian Prager (1990) has put it—the need to ensure that male athletes actually possess the heterosexual orientation supposed to found masculinity is particularly great. Consequently, while the circumstances surrounding the revelations of Max Robinson’s AIDS diagnosis and Magic Johnson’s HIV seropositivity differ in some very important ways—not the least of which is that Johnson publicized his own HIV status before becoming ill rather than issuing instructions for a posthumous disclosure—the general anxiety about Johnson’s sexuality that was occasioned by his announcement was even more intense, allowing for the athlete’s greater celebrity, than the concern about Robinson’s orientation that developed after his death, and it extensively conditioned both the dissemination and the reception of the basic, crucial facts at issue in his declaration.

The facts to which I refer are of two principal orders, pertaining, first, to the ramifications of Johnson’s HIV infection for his career (on what we might call the sports-news level of public concern) and, second, to the various means by which the transmission of HIV can be prevented, on the rather more pressing level of public-health education. While both these orders of information were addressed in the voluminous media response to Johnson’s announcement, coverage of them was attended by a persistent focus on a third, much more dubious area, falling under the infamous industry rubric of “human interest.” Specifically, an inordinate effort was expended in clarifying not the general means of HIV transmission, but rather the mode by which Johnson himself became infected, with the overall result that relatively little accurate information about preventing the spread of HIV was disseminated to the public.

As is indicated by the joke referenced in the preceding section, male homosexuality—with which HIV has always been associated in the United States—is widely perceived as much more shameful than the intravenous drug use that HIV
infection also often connotes. Insofar as the very shamefulness of male homosexuality both signals and inspires a general societal fixation upon it—and given the complex relation among sexual orientation, masculine gender identity, and athletic competition that I have noted—it should not surprise us that it was the possibility that Magic Johnson contracted HIV through sex with a male partner, rather than the possibility that he injected drugs, that generated most anxiety and concern upon his disclosure of his HIV status. Indeed, it is precisely because this anxiety underlay so much of the public discussion about Johnson during the year following his announcement that whatever sports-news and, especially, public-health information was disseminated in connection with his case was deeply confused and confusing.

It effectively took Magic Johnson an entire year to retire fully—albeit temporarily—from the NBA, largely because the circumstances that he had to negotiate in making a definitive decision about his career continually changed over that time. If the instability of those circumstances appeared to derive from the supposed novelty of the medical questions his situation seemed to raise, however, those very questions—and thus the uncertainty of Johnson's position—emerged not from any real epidemiological mystery, but out of the welter of gossip that circulated in and around the NBA through the fall of 1992 and that largely constituted the human-interest reportage to which I have already alluded. This fact, and the difficulty Johnson faced in managing the complexities of his situation, indicates his ongoing engagement not only with questions regarding his physical well-being, but with the pressures of masculine identity (and of celebrity) over and above the specific medical ramifications of HIV.

It did not take long at all for those pressures to manifest themselves. Within the first day after Johnson announced his infection, many press accounts either noted that he had neglected to explain exactly how he contracted HIV (see, for instance, Kolata, "Studies") or, in a subtle acknowledgment of the potential impossibility of determining the actual means of transmission in any given instance, cited his doctor's claim that the mode of infection was unknown (see, for instance, Specter, 1991). While the simple declarative mode in which these observations were generally rendered worked to suggest the supposed benign "objectivity" of responsible journalism, the fact that they were made at all indicates a widespread concern that someone of Johnson's popularity and recognized masculine accomplishment might have had a sexual relationship with a man. This concern both informs and explains certain features of the media response to Johnson's announcement, from the relatively subtle instance in which reporter Gina Kolata ("Studies") asserted the statistical rarity of sexual transmission of HIV from women to men and declared that "the primary risk groups for infection are gay men and intravenous drug users" to sportswriter Ira Berkow's ("Magic Johnson's Legacy") explicit reference to "the inevitable questions that will arise about [Johnson's] sexual preferences." If nothing else, the very speed with which commentators raised the issue of Johnson's possible homosexual activity indicated that the general anxiety about it was too intense to be quelled by Johnson's rather oblique assertion, during his press conference, that "sometimes we think, well, only gay people can get it—"It's not going to happen to me.' And here I am saying that it can happen to anybody, even me, Magic Johnson" (quoted in Stevenson, "Magic Johnson Ends His Career," p. B12). If Johnson's heterosexuality—and, by extension, his masculinity—was to be effectively established, a much more decisive move on his part would be necessary, a fact that he clearly realized and to which he responded with startling promptness.

Magic Johnson announced his HIV seropositivity and retired from professional basketball on 7 November 1991. The just-cited press accounts problematizing Johnson's heterosexual identity were published the following day. That evening, Johnson made a widely remarked appearance on the popular late-night talk show hosted by Arsenio Hall, during which he countered the offensive insinuations by proclaiming, "I'm far from being homosexual"—an announcement that was greeted with wild cheers and applause from the studio audience. Four days later, Sports Illustrated published a sort of print-media companion piece to this appearance in which Johnson wrote, "I am certain that I was infected by having unprotected sex with a woman.... I have never had a homosexual encounter. Never." And, as if to underscore what was really at stake in his detailing the extent of his heterosexual activity in this article, Johnson pointedly referenced his own putative bravery in publicizing his promiscuity: "I'm being a man about my past" ("I'll Deal," pp. 21, 22).

Had there been a live audience for this last proclamation, it might well have cheered as loudly as did the crowd in Arsenio Hall's studio, since it is precisely Magic Johnson's manhood that was in question in the latter venue—and in the national consciousness—from the moment he announced his infection with HIV. At the same time, the fact that Johnson perceived a need to continue asserting his masculinity—specifically by publicizing his heterosexual exploits—even after he had supposedly set the record "straight" on national television indicates that masculinity, as generally conceived, is a condition whose very validity in any individual instance consists in its being experienced as under constant threat. Moreover, Johnson's continued protestations seemed to belie his early, poorly worded pledge to be "a spokesperson for the HIV virus" (Heisler, "Magic Johnson's Career Ended," p. A1) and "to help young people, and especially blacks, to understand that AIDS is more of a threat than they can even imagine" (M. Johnson, "I'll Deal," p. 25), since they suggest that he was initially most interested, not in promoting AIDS awareness, but rather in safeguarding his masculine identity against
the unsavory connotations of HIV. That the media shared this interest was indicated by their insistence on verifying the specific means of Johnson's infection, as that means was understood to encompass the "truth" of his sexual orientation. Indeed, in their obsession with thus confirming Johnson's masculinity, some commentators even went so far as to posit public knowledge of how Johnson contracted HIV as the necessary condition for the success of the AIDS-education efforts he promised to undertake, thereby construing that knowledge as the paramount concern, in relation to which AIDS education was unadvisably secondary. In his 8 November 1991 "news analysis," New York Times reporter Michael Specter asserted vaguely that "[s]ome health experts [have] said ... that to become an effective AIDS educator, Johnson will have to discuss how he got the virus." While these "experts"—whose ilk is ubiquitous in media discourse—are never identified by Specter, and nor is the opinion that he imputes to them ever explained in the article, both the substance of the claim and the larger context in which it was registered make clear the assumptions that underlie it.

One of the most basic of those assumptions is that Johnson, like other AIDS educators who are known to be HIV positive, will serve not only as a dispenser of information, but also as an object lesson for those whom he would educate. To the extent that this is the case, his credibility is inherent in his very status as one who has actually engaged in the activity he is warning his audience against and who has consequently suffered the fate that it dreads. The maintenance of this credibility is an extremely delicate matter, however, since—and this is precisely what Specter's analysis fails to address—the specifics of theeducator's risky behavior, beyond grounding his credibility, can carry such social stigma as to cause his listeners to resist identifying with him and thus neglect to take personally the warning he sounds, however much they may recognize the "truth" of his own predicament. We can imagine, for instance, the degree to which a well-heeled professional who occasionally injects amphetamines in a private home with similarly affluent friends might demur at identifying with a speaker who acknowledges having been addicted to heroin and regularly passing the needle with strangers in a rather more public "shooting gallery." In this case the educator's revelation of the specifics of his or her risky behavior would actually militate against the listener's acceptance of the HIV-prevention message, despite the fact that the latter's behavior is no less potentially dangerous than that to which the educator has "confessed." Consequently, the educator's discussion of "how he got the virus," in order to enhance rather than undermine his object-lesson function, should comprise no more than an acknowledgment of his having shared unwashed needles while injecting drugs.

Similarly, in Magic Johnson's case, which is supposed to implicate not drug use but sexual activity, an announcement from Johnson that he likely contracted HIV through unprotected sexual intercourse with another man (a possibility that evidently did not occur to Specter and his experts), rather than enhancing his credibility, would likely occasion a general homophobic disavowal that would undoubtedly mitigate his effectiveness as an AIDS educator among a large segment of the population to which he presumably speaks. The better tack, clearly, would be for him to announce simply that he engaged in unprotected sex, and to fend off further inquiries by invoking a desire for solidarity with other HIV-affected people that would probably be undermined were he to specify more narrowly the nature of his past sexual activity. As I have already shown, Johnson's failure to undertake this strategy in the days just following his retirement indicates that he saw the preservation of his normative masculine identity, rather than the effective dissemination of HIV-prevention information, as his most immediately pressing concern; and he was supported in this evident assessment by press commentary that, while manifesting a similar anxiety about the status of his masculinity, revealed none of the putative interest in effective AIDS education that was invoked in Michael Specter's analysis. Los Angeles Times media critic Larry Stewart identified as a "key question" whether "Magic [had] ever had a sexual encounter with a man." "[T]hat he hadn't," Stewart ("Up-Close") asserted by way of considering the import of Johnson's Sports Illustrated piece, was "[w]hat needed to be said." But, of course, as the foregoing discussion makes clear, no such thing needed to be said at all (especially if it was not true)—at least not insofar as responsible AIDS education is concerned; rather, it needed to be said only to quell a rapidly developing fear that Magic Johnson might not be such a "man" after all, which in the aftermath of his 7 November announcement clearly outweighed any perceived need for accurate reporting on the epidemiology of HIV by the "mainstream" media.

One reason for the magnitude of this fear seems to stem from a noteworthy form of identification operative in relation to star athletes in general and Magic Johnson in particular. It bears remembering that in announcing his HIV infection, Johnson emphasized that, "it can happen to anybody, even me, Magic Johnson," as if in anticipation of his audience's protestation that "only gay people can get it." To the extent that Johnson's assertion functioned as an instance of AIDS education, it depended for its effect on the audience's identification with Johnson himself, whereby implied in his "it can happen to anybody, even me" was the point, "if it can happen to me, then it can happen to you." The remarkableness of this audience identification derives from the extreme unlikelihood (not to say impossibility) that most of what has "happened" to Magic Johnson in terms of athletic achievement and financial gain will happen to anyone among his fans or even his fellow players—an unlikelihood constantly underscored by media assertions of his uniqueness and simultaneously obscured by media formulations...
holding up his success as an objective toward which his admirers should strive. Its speciousness on that account aside, though, such identification certainly seemed at work in reactions to Johnson’s announcement of his HIV seropositivity—at least with respect to the challenge his infection apparently posed to his masculine identity—in that fellow athletes and supporting figures alike appeared to feel equally besieged by the insidious threat.

An initial sign of this sense of threat consisted in the frequency with which members of the male sports community contextualized their reactions to Johnson’s announcement in relation to their own heterosexual arrangements, much as Jesse Jackson emphasized his having learned of Max Robinson’s AIDS diagnosis while nestled in the bosom of his own nuclear family. Such contextualization did not by any means obscure the depth of the emotions Johnson’s compatriots displayed; it did, however, serve to indicate that those emotions were properly channeled so as not to constitute either the men’s homoerotic attraction specifically to Magic Johnson or a general homosexual orientation of which they might otherwise be suspected. Thus, for instance, Johnson’s business manager, Lon Rosen, marveled to the Los Angeles Times’s Mike Downey at the composure and compassion that Johnson manifested on the day following his announcement:

“... And all the while, he’s aware of what the day’s been like for me. He knows how my telephone is ringing off the hook and how anybody who can’t reach him is probably out there trying to reach me. So, before the night’s over, he goes up to my wife, Laurie, and asks: ‘How’s he holding up?’ He says she should make sure I get some rest because he’s worried about me.

“Because he’s worried about me.” (in Downey, “This House,” p. C15)

In this account, Johnson’s sensitivity toward and tender concern for Rosen, which the latter is specifically noting, are directed through Rosen’s wife, who becomes the vehicle of care and nurturing attention. This classic triangulation of male homosocial affection was repeated in an account by Los Angeles sportscaster Chick Hearn, who reported in an interview that Johnson “called last Thursday night [7 November], after the press conference. . . . The first thing he did was ask how Marge and I were doing. Can you imagine? That’s just so typical of him” (L. Stewart, “Up-Close”).

Equally typical is such men’s invocation of their wives, not only as filters for their personal feelings for Johnson, but in general discussion of AIDS itself, where such references have long seemed meant to ward off those connotations of the syndrome that threaten conventional masculine identity. Indeed, when New York Times columnist George Vecsey (1991), in listing people with AIDS whom he had known, mentioned “an artist my wife had worked with,” his reference to his wife apparently defended as much against the effeminizing effects of art as against the emasculation threatened by AIDS itself. So standard were such references by the time of Johnson’s press conference that when the New York Times reported the announcement by a player for the Charlotte Hornets, Rex Chapman, that “he and his wife, Bridgette,” planned to donate $50,000 toward research on HIV (R. Thomas, 1991), it was easy to conceive of it as offering up Bridgette Chapman as a sort of apology for her husband’s interest in the syndrome.

However suspect such heterosexual references may be, though, they nonetheless often indicate that Johnson and his friends from the NBA enjoyed attachments that, precisely because they are based on such depth of emotion as stereotypically characterizes family connections, uselessly invite a progressive reconsideration and expansion of the definition of family tie. This is evidenced less at the surface level of the friends’ comments about Johnson than in the syntax that characterizes them. For instance, in an interview published two days after Johnson’s retirement, teammate Byron Scott insisted:

“The way he handled it just shows the type of person he is, but it didn’t make it any easier for the people who love him, who’ve been with him for so long. It doesn’t make it any easier for me. It doesn’t make it any easier for my wife. It doesn’t make it any easier for (teammates) James (Worthy), Coop (Michael Cooper), Kareem (Abdul-Jabbar). To see how he handled it shocked a lot of people—but it’s not going to make it any easier.” (in Heisler, “Scott”; parentheses added, brackets in original)

At first glance this statement seems much like those by Lon Rosen and Chick Hearn previously cited; on the one hand, Scott’s referential shift from “the people who love [Johnson]” to the more personal “me” sets up a powerful affective bond between Scott and Johnson that, on the other hand, is conditioned and narrowed with the introduction of Scott’s wife, which serves both to broaden the friendship in quantitative terms and yet to sanitize it by disrupting its homosocial aspect. With the subsequent mention of other Lakers teammates, however, the relationship being figured here further exceeds the limits of the standard heterofamilial configuration while at the same time drawing on its connotative significance for the sense of emotional depth and commitment comprised therein. In other words, for all the anxiety about masculinity that can be discerned in statements by Johnson’s associates, those statements nevertheless make it clear that the affection among the men was intense in ways that approximate the familial. Con-
considering the generally conflicted quality of family relations, however, it stands to reason that the friendships between Johnson and various other members of the NBA community should have been characterized not only by love and affection, but also by the fear, anger, shame, and other distressing emotions that inevitably inform our most intimate acquaintances. Thus it follows that the identification with Johnson that many of his friends manifested should have been attended by an impulse toward disavowal that could only intensify with the publication of his HIV status. Finally, since it seems to have been specifically with other African-American players that Johnson forged his closest connections, it is not surprising that it was primarily black men who enacted the especially complicated processes of identification and disavowal that marked Johnson’s association with the NBA in the year following his announcement, and that, unfortunately, worked to militate against the success of the AIDS-education effort on which he fitfully embarked in November 1991.

The interrelatedness of these processes was not particularly salient through the first two months following Johnson’s historic press conference, during which he pretty much remained in the good graces of public commentators. It was his relation of the extent of his sexual activity that drew the bulk of criticism—most notably from tennis star Martina Navratilova, who astutely cited the sexist and homophobic double standard at work in the general response to Johnson’s revelation (see “Navratilova’s View,” 1991). In January 1992, however, Johnson was elected by fans to play on the Western Conference team in the February NBA All-Star game, sparking a widespread controversy about the chances of his transmitting HIV on the court should he or other players sustain cuts during play. The debate followed close on the heels of a claim by a physician for the Australian Olympic basketball team that Johnson—who had long before been slated to compete in the Barcelona Games that summer—would pose a threat to players whom he met on the floor; the physician proposed a boycott of the Olympic competition. While none of Johnson’s fellow players in the NBA seemed ready to forgo the All-Star game, a number of them did call for Johnson himself to withdraw from the team. Noteworthy among these was Byron Scott, whose emotional attachment to Johnson we have already remarked, and whom the Los Angeles Times identified as Johnson’s closest friend among the Lakers (Heiser, “Controversy,” p. C6). Focusing (along with teammate A. C. Green) on the technicalities of Johnson’s status in the league, Scott was reported to have asked rhetorically, “If they vote (retired Laker) Kareem [Abdul-Jabbar] in, should he play? The way I see it, he is retired, and once you are retired, you are retired” (Almond, “Magic’s Decision,” parenthesis added); later Scott tried to clarify the reason for his hesitation, insisting, “It’s definitely my concern for [Johnson’s] health” (Heiser, “Controversy,” p. C6). Privately, though, players and coaches cited the risk of infection as the primary factor in their resistance to Johnson’s participation in the game, and they dismissed researchers’ assurances that the chances of on-court transmission were infinitesimal: “That’s easy for you to say. . . . You’re not in huddles with all that sweat,” one anonymous player reportedly responded to health officials (Almond and Heiser, 1992, p. C9). Fans, too, were drawn into the debate, with newspaper polls tracking popular opinion on whether Johnson should play (see Almond, “Magic’s Decision”), and the controversy continued unabated until after Johnson’s characteristically dominating performance in the contest, for which he was voted the game’s most valuable player.27

This success in the All-Star game apparently strengthened Johnson’s interest in returning to regular play in the NBA, in that the hints of a comeback that he had often let drop in pre–All-Star interviews became louder and more frequent, punctuating even his remarks to the audience at the ceremony to retire his Lakers number (“No. 32,” 1992; Springer, 1992). Speculation about Johnson’s plans intensified through the summer of 1992 and his stint on the victorious U.S. “Dream Team” at the Barcelona Olympics, culminating in mid-August with his announcement that he would return to the Lakers’ active roster pending the approval of his physician (Araton, “With Gold in Hand”; Heiser, “Magic’s Return”). Finally, on September 29, Johnson told the press and the public that he would return to professional play on a reduced schedule, forgoing games on consecutive nights (C. Brown, “Johnson, Unbowed”; Heiser, “Magic Johnson to Rejoin Lakers”).

As if to preempt concern that regular appearances on the court by an HIV-infected Johnson would compromise the game’s masculine identification, numerous press pieces cited his gung-ho assertion regarding the benefits of his off-season weight-training regimen: “I’m 235 pounds now [up 15 pounds from his previous weight], with more muscles than I ever dreamed of.”28 The New York Times’s George Vecsey (“Magic Words”), apparently trying to buy into Johnson’s own enthusiasm about his plan to return to professional play, opined: “It was the right decision because the authorities say he is not harming anybody else by taking his stricken body onto the court. . . . He threatens nobody else.” Yet this very assertion, which itself seemed to constitute Vecsey’s protesting too much, indicated a pervasive concern that a remobilized Johnson would, in fact, pose a threat to his fellow players. That concern, which was again focused on the possibility of Johnson’s shedding infected blood into other players’ wounds, inevitably implicated a fear of contamination that is routinely triggered by the known presence of communicable pathogens, particularly HIV. New York Times sports columnist Ira Berkow (“Unspoken Concerns”) claimed to have heard a number of athletes pose some standard questions off the record: “What if [Johnson] elbowed me in the mouth, or I elbowed him in the mouth, and he bled and opened a gash in me?
Would the virus be transmitted?" Indeed, Johnson claimed that it was the response to a minor wound that he sustained during preseason play in October 1992 that precipitated his decision to retire once more at the beginning of November. "[Y]ou could see the fear upon people's faces," Johnson was quoted as telling reporter Chris Wallace during an interview broadcast on ABC television's *Prime-Time Live* on November 5. "You know," he continued, "I was there at my hotel that night, I was thinking. I said between this and all the criticism, it's just too much. It's going to happen all year long. Whether I get cut or somebody else. Boom. There's that panic. There's that fear." That fear obviously stemmed from the perception that players sharing the court with Johnson risked contracting the virus with which he was infected. The terms and circumstances in which that fear was discussed, however, indicated that more than the athletes' physical health was seen as being endangered, with masculinity itself still as much an object of anxiety as it had been a year earlier, when Johnson first announced his HIV seropositivity.

A key sign of this anxiety was the fact that Magic Johnson's emergence from retirement was accompanied not only by players' expressions of concern about his possibly spreading HIV, but also by renewed speculation that he had been infected in the first place through unprotected sex with a man. Within the first month after Johnson announced that he would return to professional basketball, columnist Dave Kindred (1992) of the *Sporting News* expressed doubt that Johnson had contracted HIV through heterosexual activity. In responding to Kindred's insinuations, Johnson claimed that a player in the NBA—later reported by Long Island *Newsday* to be Johnson's one-time best friend, Isiah Thomas—had been spreading rumors of Johnson's bisexuality throughout the league. Thomas denied the accusation—"Why," he is reputed to have asked, "would I want to spread rumors about [Johnson's] homosexuality when I used to be part of them?" (Araton, "Bashing and Trashing")—but its very registration in the press indicates the perceived seriousness of any challenge to an athlete's heterosexual identity. After Johnson's return to the game in 1992—as in the wake of his 1991 announcement—such a challenge seemed to be constituted by the very presence of HIV itself. It was met by a strenuous effort, not necessarily to expel Johnson, as bearer of the virus, from the league (though this was one eventual—and, I will argue, inevitable—outcome), but at the very least to configure other players' relation to HIV in terms that would not compromise their normative masculinity.

The promulgation of rumors positing Johnson's homosexual activity—whatever their source—was one aspect of this effort; another was the resurrection of the familiar practice of explicitly invoking players' heterosexuality in discussions of HIV. The effectiveness of this latter strategy lay largely in its great flexibility, whereby it could be deployed not only by those opposed to Johnson's participation in league play, but also by those who ostensibly supported it. Thus, on the one hand, one team's general manager, who requested anonymity, could couch players' fears of HIV in terms of a sensitivity for their female partners' concerns that the athletes themselves were apparently too manly to acknowledge publicly: "A lot of guys won't say it, but their wives and girlfriends are concerned. Guys get teeth marks on their heads and arms all the time. They bleed. Doctors say there is no risk, but they don't really know" (Araton, "Johnson's Return," p. S11). On the other hand, after Johnson's second retirement, his Laker teammate Vlade Divac was able to register both his support for Johnson and his own heterosexual orientation in a similarly formulated statement: "I am not scared playing with Magic. My wife was not scared . . . " (Friend, "No Anger"). I have already noted that such references to wives and female partners seem calculated to ward off the connotations of HIV that threaten conventional masculine identity, and their perceived ability to do so substantially explains their general appeal. At the same time, however, these references alone could never succeed in fully vanquishing the threats to masculinity that are at issue here, both because such challenges are by their very nature perennial and constant and, more specifically, because the heterosexually identifying references made by and about players other than Johnson are identical in kind to those made by Johnson himself, whose infection and public association with HIV mitigated their capacity to defend against the virus's connotative threat.

By the time of the debate over Johnson's return to NBA play, most observers were well aware of the centrality of his wife—Earletha "Cookie" Johnson—to his public discussion of his seropositivity. Not only did Cookie Johnson appear by Magic's side during his November 1991 announcement, but, logically, her own HIV status immediately came into question, with Magic assuring listeners at the press conference that she had tested negative for antibodies to the virus (Stevenson, "Magic Johnson Ends His Career," p. B12); she was declared definitively HIV-seronegative in December 1991 (Almond, "Johnson's Wife Tests Negative"). Further, Cookie became greatly admired by a wide segment of the public after Magic's relating, in his *Sports Illustrated* article, her indignantly loyal response to his suggestion that she might rightfully leave him upon learning of his infection: "... before I could get most of the words out of my mouth, she slapped me upside the head and said I was crazy" (M. Johnson, "I'll Deal," p. 20; for an extended account of Cookie's response, see Randolph, 1992). Finally, Johnson emphasized that his decision to return to basketball had been made after close consultation with Cookie over the months following the 1992 All-Star game. Indeed, Magic Johnson's foregrounding references to his wife in much of his public discussion of his HIV infection could easily have served as the prototype for similar invocations by other members of the NBA in the wake of his announcement, ironically making those invocations appear merely as further evidence of the strong identification with the HIV-infected Johnson that his cohorts experienced.
Perhaps the most striking illustration of this point derives from a reference by Karl Malone of the Utah Jazz, not to heterosexuality or heterosexual attachment per se, but to the normative masculinity that they supposedly signify. Malone became a focus of controversy in early November 1992, when he publicly acknowledged his fears about Magic Johnson’s return to the basketball court, thus rending the veil of anonymity that had previously characterized press reports of player concern. In a conversation with the New York Times’s Harvey Araton (“Johnson’s Return,” p. S1), Malone spoke of the danger he felt in playing against Johnson: “Look at this, scabs and cuts all over me . . . I get these every night, every game. They can’t tell you that you’re not at risk, and you can’t tell me there’s one guy in the N.B.A. who hasn’t thought about it.” On the day following the publication of Araton’s article, Johnson announced his second retirement from the NBA, fueling widespread speculation about the role of Malone’s comments in the decision. So intense and long-lasting was the discussion of this matter that Malone himself eventually expressed regret over not having raised the issue privately with Johnson before going on record; had he been given the chance to do it over again, Malone said, “I would still have made the same statement, but I would have talked to him first . . . When the dust settles . . . I’ll make the call but no one will know about it. I’ll talk to him about it like a man” (Araton, “Malone Admits Error”). In thus registering his intention to confront Johnson personally with his concerns, Malone rhetorically distinguished himself from those players who would discuss their fears only under cover of anonymity, projecting a demeanor of forthrightness that he was apparently eager for observers to apprehend as intrepid “manliness.” This projection, however, like players’ pointed references to their female partners, closely approximated the mode of self-presentation used by Johnson himself the year before, when he proposed that his public discussion of his extensive sexual activity constituted his “being a man” at a critical juncture. Indeed, the parallel between Malone and Johnson was particularly strong, in that not only did they both posit the mere verbal acknowledgment of their problematical positions as the very essence of their masculinity, but in doing so, they obscured the existence of earlier crucial moments at which similarly forthright action might have prevented their problems from developing in the first place. After all, either Johnson’s having taken safer-sex precautions or Malone’s having raised his concerns in a forum for proper discussion might have been construed as alternative instantiations of the manliness they were both so anxious to assert after the fact. As it is, the versions of masculinity that the two athletes did put forth—however limited and ineffectual they might have been—were so nearly identical as to cause us inevitably to wonder what really distinguished each man from the other at the moment of Malone’s intervention.

It is precisely this possible lack of differentiation between Johnson and his NBA associates that I am suggesting generated intense anxiety once his HIV infection became public knowledge. Until that point, players in the NBA must have been as eager to be like Magic Johnson as the mother on the Southside of Chicago was for her children to “speak like” Max Robinson, given Johnson’s widely acknowledged prowess on the court. Upon revealing his HIV seropositivity, however, Johnson became associated, willy-nilly, with the taint of male homosexuality and consequent inadequate masculinity that HIV has always connoted in the U.S. context, with the result that any identification with him or approximation to his status became a deeply problematic and conflictual prospect for those men who had, to adapt Byron Scott’s phrase, “been with him for so long.” Indeed, the near-familial attachment between Johnson and other African-American players such as Scott and Isiah Thomas would, as I have already suggested, constitute the logical site at which tensions generated by Johnson’s HIV status would be manifested and played out, with the catalytic statements by Karl Malone—to
whom Johnson was not so close—representing a sort of culmination in this crisis of black male mutual identification.

In the end, of course, the most significant difference between Johnson and Malone (as well as other players in the NBA) in the fall of 1992 was that the former was known to be infected with HIV while the latter was not. Johnson's statements to the media suggested that the emotional pressures that bore down on him due to this fact were so intense as to necessitate his second retirement from pro basketball despite researchers' continued assertion of the needlessness of this move (see Altman, 1992; Heisler, "Magic Johnson Retires," p. A1; Martinez, 1992, p. B9). Consequently, Johnson shed the dubious distinction of being the only active player in the NBA known to be HIV positive, with the effect that he became more markedly distinguished from his peers in the league by very virtue of the fact that he was now no longer in it. In other words, he whose masculinity had been laid open to question through his infection with HIV became disassociated from the primary context in which he had heretofore derived his indisputable masculine identification; as a result, the constituents of that context—namely, players in the NBA—became free once again of the demasculinizing taint that HIV comprises. These are the key sociocultural facts in the story of Magic Johnson's second withdrawal from professional basketball, in which sociocultural effects seem to have loomed much larger and played a much greater role than medical and scientific evidence (granting the admittedly problematic aspects of the latter), as they have throughout the AIDS epidemic. One thing that epidemic has reminded us, however (as though such reminding should have been necessary), is that sociocultural factors themselves figure heavily in and have a profound effect on the medical phenomena that we still too foolishly look to the "natural" sciences to control and combat. That scientific research has produced so few weapons in the fight against HIV is the primary reason that sociocultural intervention—specifically the halting of risky practices and the changing of behaviors—has become our primary tool. Such intervention, though, is an extremely delicate undertaking, especially insofar as behavior is closely associated with identity, and identity is experienced as precious, hard-won, and in need of constant defense. This is particularly the case for masculine identity as it is conceived and lived throughout U.S. culture, and it is precisely masculine identity that is seen as most threatened not only by HIV, but, both consequentially and paradoxically, by the sexual-behavioral changes that are essential to the effort to stem its spread.

For all Magic Johnson's evident reluctance to become implicated in the questions regarding normative masculinity that societal response to HIV has forcibly raised—and it is important to note that in manifesting such reluctance, Johnson is certainly no different from the vast majority of heterosexual men who have gone so far as to give the issue conscious thought—he has nonetheless kept good on his pledge to fight AIDS by trying to effect behavioral change among key segments of the population. The evidence available so far suggests that the predominant hindrances to his conscious efforts in this area (as opposed to the unintended lessons that I have suggested he conveyed through his statements at the time of his initial retirement) have derived not from his own ignorance and prejudice about the social ramifications of HIV, but from the same official checks on the promulgation of AIDS-educational materials that have stymied so many others in the fight against HIV. Always accompanying this discernible barrier, however, is one less vividly evidenced in the public record (though it can easily be teased out from between the official lines in the manner that I have undertaken here, by way of identifying and analyzing it), and that is the attitudinal block against crucial AIDS-prevention information that frequently characterizes those who strongly disavow the populations that have been most visibly affected by HIV. A major impetus for such disavowal is that a defining characteristic of one of those populations—namely, gay men—is that its members are widely seen precisely as not men. Indeed, it was the extension of this judgment to himself that Magic Johnson was striving desperately to prevent by so insistently and repeatedly asserting his heterosexuality in the days following his November 1991 press conference. And it was, as I have suggested, the possibility that such a judgment might be extended—through the logic of guilty association—to other players in the NBA that was undercut with Johnson's second retirement in November 1992.

With the distinction between Johnson and other members of the NBA having been underscored by his more than three-year absence from the league, one now wonders whether his return to that veritable citadel of masculinity will reaffirm for the public Johnson's conventional masculine identity, which his infection with HIV evidently put into question. If so, perhaps the HIV-prevention information that he offers will be that much more readily received by a population intensely concerned with safeguarding its own masculine identification against any possible threat—specifically, the young African-American males whom Johnson putatively most hopes to reach. Regardless, both the inevitability and the uncertainty of this proposition indicate how intractable and dangerously self-fulfilling is the logic of proof that governs dominant conceptions of masculine identity in U.S. culture, which I would argue are particularly crippling for populations of color.

It will require an immense amount of critical work—some of which I take up in the following chapters of this book—to outline the specifics of those crippling effects as well as to indicate the serendipitously productive ways in which they have sometimes been negotiated. With respect to combating AIDS among
black men, however, the critical intervention must extend to an immediate and uncompromising literal revision of everything we “know” about masculine identity, in order to ensure that what we know about HIV can be effectively communicated throughout the population. Otherwise, like so many others engaged in the fight against AIDS, Magic Johnson will find that, for all the import of his message and the energy with which he propounds it, he is merely preaching to the converted or—not worse, but sadder—talking to himself.

NATIONALISM AND SOCIAL DIVISION IN BLACK ARTS POETRY OF THE 1960s

Black Rhetoric and the Nationalist Call

Who is being spoken to, and how, is a key issue in the material to which I now turn, as is the sort of dynamic of expulsion that characterized Magic Johnson’s 1992 experiences in the NBA. At the same time, however, both of these issues signify differently in Johnson’s situation—where they refer primarily to masculine identification—than they do in the context I am now considering, in which masculinity gives way to—and simultaneously grounds—black identity. I have already alluded to this process in my brief consideration of Haki Madhubuti’s “Don’t Cry, Scream” (1969); and it is perfectly emblematised in Nikki Giovanni’s contemporaneous exhortation, “Learn to kill niggers / Learn to be Black man” (“True Import,” p. 319), in which the accession to manhood that Giovanni demands coincides with the achievement of “Blackness” that she extols, both these developments deriving from the execution of cathartic violence against those who are yet “niggers” (according to a strict reading of the first line’s syntax),