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Reimagining Care: Surviving and Thriving Among LGBTQ African Americans in Birmingham, Alabama

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REIMAGINING CARE: SURVIVING AND THRIVING AMONG LGBTQ AFRICAN AMERICANS IN BIRMINGHAM, ALABAMA

DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Arts and Sciences
at the University of Kentucky

By
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2021

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ABSTRACT OF DISSERTATION

REIMAGINING CARE: SURVIVING AND THRIVING AMONG LGBTQ AFRICAN AMERICANS IN BIRMINGHAM, ALABAMA

This dissertation draws on fieldwork with Black LGBTQ identifying individuals and communities in Birmingham, Alabama conducted from 2015-2019 as part of a project that reimagines theories of care. Informed by scholars of Black and feminist studies, I conceive of forms of care as negotiations of survival and tactics of thriving that are worked out in everyday practices and discourses among LGBTQ African Americans. I show how histories of racial inequality and centuries of resistance, surviving, and thriving among communities of African descent intersect with LGBTQ politics, space, and identity to create strategies and places of individual and community care. My analysis examines positionalities and inequalities of power and is political in that it understands activism as a form of "caregiving," and "caring with" as recognitions of social and structural inequities and works to remedy them. In these ways, this dissertation provides a moving image not only of state, biomedical, and social structures and discourses shaping the lives of LGBTQ African Americans but also of Black LGBTQ practices and understandings of self-determination, resistance, community, and thriving.

Drawing from five aspects of care as theorized by educational philosopher Berenice Fisher and political scientist Joan Tronto, marginalizations and precarities of Black LGBTQ lives are 1) "cared about" in that an active awareness of concerns across multiple sites and identities is understood by Black LGBTQ individuals and communities in Birmingham to be part of Black LGBTQ identity. Through conferences, LGBTQ events, social and spiritual communities, kinship, and political organizing, Black LGBTQ issues in Birmingham are 2) "cared for" in that individuals and communities take on the responsibilities of seeing that needs are addressed. 3) "Caregiving" is engaged in across multiple and diverse sites such as HIV prevention, LGBTQ space, family, care for children, religious and spiritual care. 4) "Care receiving," can be seen in mutual emotional, physical, and spiritual as well as in self-care engaged in by Black LGBTQ individuals and Black social and political activists in Birmingham. 5) "Caring with," Fisher and Tronto's additional aspect of care in which "a group of people (from a family to a state) can rely upon an ongoing cycle of care to continue to meet their caring needs," reflects care visible in recently formed organizations like Bham Black Pride. While Black and Black LGBTQ communities have robust histories of self-determination and self-saving, committed practices of allyship, advocacy, and activism among non-Black people would help to provide dependable networks and structures of ongoing care proposed by Joan Tronto and Berenice Fisher. Imagined in these ways, care becomes an important framework for understanding intersections of Black LGBTQ surviving and thriving in Birmingham, Alabama.

KEYWORDS: Care, Race, LGBTQ, North America, U.S. South

Stacie Hatfield

May 12, 2021

Date

REIMAGINING CARE: SURVIVING AND THRIVING AMONG LGBTQ AFRICAN AMERICANS IN BIRMINGHAM, ALABAMA

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“It’s a dangerous business, Frodo, going out your door. You step onto the road, and if you don’t keep your feet, there’s no knowing where you might be swept off to.” J.R.R. Tolkien, *The Lord of the Rings*

I could not have anticipated the path that led me to anthropology, Dr. Kathy Fine-Dare, and Fort Lewis College in Durango Colorado before taking me to a PhD program at the University of Kentucky. I am grateful for every moment of divine grace, every inspired thought or aspiration, every gift of providence and guidance. It is not uncommon for athletes to say, “First, I thank God for making all this possible.” I know the truth of those words and am brought to my knees time and again, Sweet Amazing Grace.

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Chapter 1: ***Reimagining Care: Surviving, and Thriving Among LGBTQ African Americans in Birmingham, Alabama***

Introduction

I stared into the dark glass, my own reflection gray/brown against its blood red smears. Morning sunlight filtered in through the museum window behind me. The Blood Mirror Sculpture was created by artist Jordan Eagles and temporarily displayed at the Birmingham Civil Rights Institute (BCRI) where I conducted participant observation as a volunteer. The sculpture was created by pooling blood from "59 blood donations from gay, bisexual, and transgender men" between layers of glass and stacking the multiple layers on top of each other (Institute 2020). The result is a blood mirror, the deep redness of dried blood behind the glass reflecting the images of those who look into it. The sculpture is a provocative statement on the 1977 Food and Drug Administration (FDA) lifetime ban on blood donations from men who have sex with men. The ban was enacted to reduce the spread of HIV through blood transfusions but unfairly discriminated against donations by gay men, reflecting a limited vision of the spread of HIV and of the gendered dynamics that fuel it. The Blood Mirror reflects processes of racialization and racial discrimination as well. In a statement on the importance of the sculpture's presence at BCRI, Jordan Eagles said:

> "Blood donation has always had a dark cloud of discrimination in our country's history. Even Dr. Charles R. Drew, the "father of blood banking", was unable to donate blood to the system he created in the 1940's, as he was African-American and there was still racial segregation of blood" (Institute 2020).

The Red Cross voted "to stop marking racial designations on blood donor records" in 1950, at the end of World War II (biochemist 2020). The FDA lifted the ban on donations by men who have sex with men in 2015, reducing the restriction on donations to twelve months since their most recent sexual contact. The restriction was reduced again in 2020, changing the time restriction to three months to allow for HIV/AIDS testing. However, intersections of race, gender, HIV, and health continue to shape the lives and experiences of Black LGBTQ individuals and communities living in Birmingham. The Blood Mirror's presence in the Birmingham Civil Rights Institute called on viewers to see themselves reflected in LGBTQ blood including the blood of LGBTQ African Americans. I stood there a long time, pondering my presence in Birmingham as a straight white HIV negative woman studying intersections of Blackness and gayness in a home of the Civil Rights Movement. I stared into the blood, blood like the blood I had so many times drawn[1] or donated myself. Blood not from my own arm, but from the lives and bodies of diverse LGBTQ communities. Blood that still flows and is still being spilt. Blood marked by pain and suffering but bright with life too, tended and cared for.

In this dissertation, I draw from fieldwork with Black LGBTQ identifying individuals and communities in Birmingham, Alabama to develop an argument exploring how, through their everyday ways of saving themselves, caring for their health, supporting, and caring for children, and creating Black LGBTQ spaces, LGBTQ African Americans in Birmingham reimagine notions of care more commonly situated within white, patriarchal, and biomedical framings. This reimagining contests and reshapes conventional notions of care by making Black LGBTQ surviving and thriving central. This chapter introduces my dissertation and the lives and intersections of LGBTQ

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[1] I have a bachelor's degree in nursing with clinical expertise in emergency care. As such, I have drawn and collected blood samples from many patients, a generally routine process for providers but often a painful and dreaded one for patients.

African Americans living in Birmingham, Alabama. During my research I came to know more about how intersections of racialization and gender shape the lives and experiences of LGBTQ African Americans living there. In this chapter, I lay out my project aims and outline the theoretical frameworks I draw from. I suggest broader impacts arising from this work and provide background historical and social context for Birmingham as an ethnographic field site followed by discussions of methods and methodology as well as my positionality as a researcher. This chapter closes with descriptions of the chapters that follow, providing a 'roadmap' of the dissertation.

I conducted ethnographic fieldwork from 2015-2019 to analyze strategies of belonging and survival that actively span, crosscut, and weave through identities of race and gender for LGBTQ African Americans. I conducted primary ethnographic fieldwork over sixteen months between 2018 and 2019 in which I lived in Birmingham. My research took place among Black LGBTQ communities in a southern city that is a touchstone of the U.S. Civil Rights Movement and in a country struggling with white supremacy and anti-Black racism demonstrated particularly by the police killings of Breonna Taylor and George Floyd. My fieldwork activities included interviews and participant observation in an HIV Outreach Center, the Birmingham Civil Rights Institute, two local church congregations, Pride events, and many activities associated with these organizations and communities. In addition, I had numerous informal conversations with other HIV resource providers, outreach specialists, and individuals working to provide LGBTQ safe-spaces in Birmingham. As part of my preliminary research, I conducted five interviews with key HIV resource providers in Birmingham. I conducted twelve interviews with organizational leaders working in HIV prevention and for LGBTQ spaces including Black LGBTQ spaces in Birmingham. I conducted one interview with the father of an LGBTQ child and was present at a recorded interview of two mothers of LGBTQ children hosted by the HIV Outreach Center where I conducted participant observation. I had numerous informal conversations with parents of Black LGBTQ children who initiated conversations with me, posted about their lives and experiences on social media, or attended church where I also attended. The individuals I conducted research with and among in Birmingham are mothers and fathers, sons and daughters, aunties, and uncles, each navigating families of origin and families of choice. Many of them work in HIV prevention and are personally impacted by the routines of preventing or managing a positive HIV diagnosis. Among them are activists and grassroots organizers, vocalists and poets, dancers, and students. Some are local, having grown up in the Birmingham area. Others moved to Birmingham from other cities or states. Some marched with Dr. King. Nearly everyone had spiritual or religious experiences to recount, and all were seeking safety and belonging across social, political, and urban spaces. Through these various identities and positionalities, I gained some understanding of how surviving, and thriving are negotiated in everyday ways. I found that LGBTQ African Americans engage in everyday discourses, politics, and practices best understood through an analytic framework of care. When casually asked about my research, I generally responded with the simplest explanation. I said: "I am studying what it means to be young, Black, and 'gay' in Birmingham." My words were met with a variety of responses ranging from disinterest or polite nods to concern and caution. I now know that being "young, Black and 'gay'" means not only different things for different people but is also a continuous orientation toward care for oneself and care for the intersecting forms and configurations of community contested, created, and experienced by Black LGBTQ people in Birmingham.

Project Aims

In this dissertation, I examine care in the context of Black feminist literatures of intersectionality and Black and queer literatures of race, place, kinship, and activism. I show how LGBTQ African Americans create strategies and places of individual and community care in the context of racializing processes, racial inequality, resistance, survival, and thriving. In doing so, this dissertation provides an analysis of how state and biomedical policies and social discourses shape the lives of LGBTQ African Americans but also of Black LGBTQ practices and notions of self-determination, resistance, community, and thriving. In the dissertation I draw directly from the five aspects of care theorized by feminist educational philosopher Berenice Fisher, and political scientist Joan Tronto: caring about, caring for, caregiving, care receiving, and caring with (Tronto 2006; Fisher and Tronto 1990). Marginalizations and precarities of Black LGBTQ lives are “cared about” in that an active awareness across multiple areas of concern is recognized and understood in Birmingham to be part of Black LGBTQ identity. Through institutional, community, kinship, and political organizing, Black and Black LGBTQ issues in Birmingham are “cared for” in that individuals and communities take on responsibility for seeing that needs are met. Through multiple and diverse everyday activities, “caregiving” as the actual work of providing care is continually and actively participated in. In considering the fourth facet of care proposed by Fisher and Tronto, that of “care receiving,” I focus on emotional, physical, and spiritual self-care engaged in by Black LGBTQ individuals and Black social and political activists in Birmingham. Self-care can contest inequalities between real and theorized care-givers and care-receivers as individuals, or in this case African American LGBTQ communities reject the failures of social and government and move instead to care for themselves. Self-care within Black LGBTQ communities and among Black LGBTQ individuals resists white patriarchal and heteronormative modes and notions of care drawing instead from Black histories of self-saving and self-determination. "Caring with," Fisher and Tronto's additional aspect of care in which "a group of people (from a family to a state) can rely upon an ongoing cycle of care to continue to meet their caring needs," the "established and reliable patterns" of which "produce the virtues of trust and solidarity" (Tronto 2017, 32) reflects possibilities of reliable and ongoing care visible in recently formed organizations like Bham Black Pride. It is also a call for greater allyship, advocacy, and activism in anti-racist theory and practice in Birmingham and in and beyond the social sciences.

Drawing on these notions of care, three main inquiries frame this dissertation. First, I seek to understand how African American histories of oppression and liberation shape discourses and practices of survival and thriving across social, familial, biomedical, and LGBTQ identified contexts and positionalities in Birmingham. Whether in church, at the Birmingham Civil Rights Institute, at the HIV Outreach Center or participating in Pride events, I saw, heard, and was invited into African American history, by which I mean ongoing stories of violence, oppression, and death but also of determined resistance, cunning ingenuity, and hard won victories. These narratives were often undergirded by a sense of shared strength and the value of faith and community. In this way, Black LGBTQ experiences are markedly different, from those of white or other non-Black LGBTQ communities. Black LGBTQ experiences as distinct from white LGBTQ identity and histories form a kind of Black LGBTQ solidarity in Black queer literatures. The distinctiveness of Black experiences is examined in works such Kevin Mumford's 2016 book *Not Straight, Not White: Black Gay Men from the March on Washington to the AIDS Crisis* (Mumford 2016), a work that highlights the contributions of Black gay men to movements for civil, health, and LGBTQ rights. However, Black history as it shapes current experiences is often written about as if taken for granted and the ways Black LGBTQ individuals and communities experience racializing processes have not been specifically addressed: as if to say, "of course, local histories shape the present. We already know that." I write about Black history, study, retell, and am convinced of its importance for this research because of the way these histories shaped the lives of the people I came to know. Black LGBTQ individuals and communities in Birmingham. At the same time, however, the present is not merely the result of the past. Black and Black LGBTQ lives connect with ongoing narratives, depictions, and memories of African American history through an acute awareness that those histories stretch into the present to harm and to kill but also to provide strength, hope, and direction; to offer possibilities for survival, thriving, and strategies of care. Racialization, the "formation" of racialized identities, positionalities, and lives, is an ongoing process that permeates every aspect of political and social life in the United States (Omi and Winant 2015). Histories of the experiences of Black people in the United States are often present in the words and narratives of Black and Black LGBTQ individuals and communities in Birmingham as well. Whether in events honoring remarkable figures like Dr. Martin Luther King and Reverend Fred Shuttlesworth or living icons like Dr. Angela Davis; whether an artist's rendering of a slave ship in the hallway of a church, or memories of picnics, cheesy grits, or lost loves, the ancestors and those who came before are never far away.

Second, I analyze the notion of "saving ourselves" as it is used, understood, and employed by Black LGBTQ individuals and communities in Birmingham as a radical and vernacular understanding of care. The agentively constituted theme of self-saving across multiple intersections of identity and positionality permeated my fieldwork experiences in Birmingham as it oriented Black LGBTQ meanings of and approaches to health, LGBTQ space, political activism, faith, and family.

Third, I examine caring about, caring for, and caregiving in Birmingham through shifting terrains of allyship, advocacy, and activism seen in everyday, organizational, and political events that took place during the time of my fieldwork, and in the context of the imperative need for anti-racist and gender and sexuality inclusive theory and practice in anthropological research and pedagogy. As a white cis-gender woman who is also a researcher and anthropologist, these concepts are critically interrelated. I am compelled to ask myself how I can engage anti-racist, gender, and sexuality inclusive theory and practice? In what ways can I truly become a better ally, advocate, and activist? These questions have very real and practical applications and call into perspective dialectical and practical intersections between anthropology and "the field" and between positionalities and possibilities for equity and justice. These questions are directly connected to what Fisher and Tronto conceptualize as "caring with" and with what Daniel Engster theorizes as care ethics (Engster 2005; Tronto 2017). In the theory of care ethics described by Daniel Engster and Maurice Hamington, "the center of moral action is shifted from interactions among citizens in the public forum and marketplace to personal relationships" (Engster and Hamington 2015, 15). Their theory brings the politics of care into everyday interpersonal interactions.

Theories of Care

Through HIV prevention and education work, the preservation of Civil Rights history and activism, in schools, neighborhoods, and churches, the theme of care permeated my fieldwork experiences. The forms, contexts, and approaches to care are broad enough that at first, I had difficulty making sense of them. I was not sure how political activism intersected with notions of childhood and parenting or the ways in which HIV prevention was connected to LGBTQ space or kinship. When I found care as theorized by Berenice Fisher and Joan Tronto, an analytic framework emerged that could account for the intersecting identities and positionalities I was seeing.

The overarching definition of care proposed by Fisher and Tronto in 1990 is:

> "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web (Fisher and Tronto 1990).

In a 2006 book chapter, Tronto further specifies what she and Fisher termed "phases of care." She recounts:

> "Fisher and I then determined that there are four phases of care: caring about, caring for, caregiving, and care receiving. Caring about involves recognizing the need for care in the first place. Caring for involves assumption of responsibility for the caring work that needs to be done. Caregiving is the actual work of care, and care receiving is the response of the thing or person cared for. We also noted that care can be provided in the household, in social institutions, and through market mechanisms." (Tronto 2006, 6).

In 2013 Tronto added a fifth phase of care, "caring with." "Caring with occurs when a group of people (from a family to a state) can rely upon an ongoing cycle of care to continue to meet their caring needs" (Tronto 2017, 32). The five phases of care, caring about, caring for, caregiving, and care receiving aligned with my findings in unexpected ways as they could be seen underlying discourses and practices engaged in by Black LGBTQ individuals and communities in Birmingham.

In “recognizing the need for care”, caring about as described by Fisher and Tronto means seeing a need and experiencing concern. For example, caring about climate change means recognizing potential negative impacts of increasing global temperatures on biological life on the planet including experiencing concern about how human lives are affected. Caring about social justice or health disparities first requires a recognition of inequity or disproportionately poor health outcomes. Care within Black and Black LGBTQ communities in Birmingham is often grounded in shared experiences of racial oppression. Individuals and communities care about these issues because their lives and the lives of their children and communities are directly impacted by them. For individuals and communities who do not share the same experiences of racialized or gendered marginalization, caring about means recognizing the experiences of others and allowing ourselves to experience concern.

The second phase of care outlined by Fisher and Tronto is caring for. They use the phrase ‘caring for’ to mean taking on the responsibility of seeing that care is provided. This aspect of care can be administrative and taking place at state levels such as the provisioning of federal grant money to see that HIV prevention services are provided. It can also mean more everyday forms of caring for. For example, a high school counselor who arranges for an HIV prevention specialist to provide STD prevention education is caring for the sexual health needs of their students.

Caregiving, the third phase of care utilized by Fisher and Tronto is the actual work of giving care. It is the mother dressing her child, the phlebotomist inserting the needle and drawing blood, the partner offering comfort or defending their spouse. Helping a young person write their resume or giving them a ride to a doctor's appointment is caregiving. Hearing someone's story and offering empathy is caregiving.

The fourth phase of care theorized by Fisher and Tronto is care receiving. It references an agentive aspect of care in which the person receiving time, attention, medical intervention, education etc. accepts or receives the services or attentiveness provided. It also recognizes a duality to care in that, traditionally conceptualized, one person cares for another. One gives, the other receives or one receives, the other gives. The two aspects of giving and receiving care imply a difference in power. The strong person cares for the weak person. The well person cares for the sick. The parent cares for the child. This notion of an inherent power differential between caregivers and those receiving care is one called into question in recent scholarly work. Recent literatures recognize the validity of inversions of care such as when children care for adults by acting as language translators or by attending to an ill or injured parent (Eisikovits 2012; Garcia-Sanchez 2018). In considering care receiving and unanticipated forms of care, the critical point is that those receiving care are often not powerless. Engaged processes of relationship take place between the person providing care and the person receiving care when care is actively received. Care can be reciprocal and shared rather than hierarchical.

This leads to the fifth phase of care added by Tronto, that of caring with. As theorized by Tronto caring with happens "when a group of people (from a family to a state) can rely upon an ongoing cycle of care to continue to meet their caring needs"

(Tronto 2017). In this way, caring with can involve political and policy structures supporting healthcare facilities and services. It can mean services sustainably organized by faith based organizations or non-profit agencies. The concept of caring with can be applied to laws and legal structures guarding or sustaining caring or protective services. Caring with can also mean reliable kin or social networks of care occurring within families of choice such as LGBTQ ballroom communities and between Black and non-Black allies, advocates and activists.

Many of the experiences, discourses, and practices among Black LGBTQ individuals and communities in Birmingham resonate with the theories of care offered by Berenice Fisher and Joan Tronto. There are key differences too. Writing three decades ago, Fisher and Tronto theorized from a white feminist rather than a queer racially informed perspective. However, the theories of care they set forth in 1990 (Fisher and Tronto 1990) and developed further 2013 (Tronto 2017), when placed in conversation with Black feminist literatures, Black queer studies, and theories of activist anthropology, offer the notion of care as a helpful analytic framework for examining intersections of race, gender, survival, and thriving among Black LGBTQ people and communities in Birmingham. In drawing on these literatures, I am attuned in my analysis to the positionalities and inequities of power and propose a conception of activism as a form of "caregiving" that recognizes social and structural violence and actively works to alleviate it. Fisher and Tronto write from a feminist framework that does not engage diverse notions of femininity, of gender, or sexuality. Neither do they address intersections of racialization or positionality. Their theory of care points toward activism and advocacy but does not examine political activism as locally situated. In filling these gaps, my research and the experiences of Black LGBTQ individuals contributes to their understandings and explorations of care.

Agency and Intersectionality

This dissertation is grounded in three other significant bodies of literature, those of agency, intersectionality, and kinship. In the following pages, I outline these theories as they have been conceptualized and developed by Black scholars, artists, and activists. I do this not only to demonstrate my own understandings of these theories, but also to recognize African American and LGBTQ African American contributions to these theories and to my dissertation. As I will show, these voices and theories are also intimately connected with the lives of Black LGBTQ individuals and communities in Birmingham.

Agency

Questions of agency in Birmingham are bound up with African American experiences of oppression and struggles toward liberation. They are shaped by discourses of survival and self-determination. In Maya Angelou's famous poem "Still I Rise," Angelou tells of "the gifts my ancestors gave," she the "dream and the hope of the slave. I rise I rise I rise"(Angelou 1978). She counters everyday forms of racial marginalization and histories of oppression with bold steps and head held high. Her poem speaks to the limits imposed on Black agency by histories of slavery, Jim Crow, and ongoing anti-black racism in the United States. Yet she counters with the words "still I rise." She proposes that like dust and air, she as an embodiment of Blackness in the United States, is meant to rise. I saw Maya Angelo's words written on bags and refrigerator magnets for sale in the gift shop of the Birmingham Civil Rights Institute. I heard them on the lips of community and grass-roots activists and saw them in social media posts made by people have known and talked with. The persistent strength of Black self-determination, surviving and thriving conveyed through them inspires and shapes Black identity in Birmingham.

Writer and poet DaMaris B. Hill explores and reframes the bonds of Blackness through her exploration and intersecting conceptualizations of the word "bound." In her book *A Bound Woman is a Dangerous Thing: The Incarceration of African American Women from Harriet Tubman to Sandra Bland* (2019), Hill sees in the term "bound" a double-entendre: it notes the systemic oppression of Black women, but also the double meaning to "hurdle forward" or to "spring forth" like a deer might bound over a meadow or a rabbit over a bush (Hill 2019). The meanings and contexts of the term "bound" as used by Hill echo the agentive themes permeating my experiences in Birmingham, those of meanings reimagined, oppressive systems subverted, families negotiated, and family reframed, surviving and thriving tended and cared for. In addition, poetry, and memoirs like that of Hill's were also ever present in my research, sometimes a spoken word offering at an event, sometimes the spontaneous outflow of personal expression. Several pieces are included in these dissertation chapters. Their inclusion in this dissertation is not solely artistic. Spoken word and oration are critical and honored avenues of protest, activism, and organizing (P.A. Anderson 2001) and the poems, prose, lyrics, and written words included directly speak the themes and theories of agency I am engaging.

Intersectionality

Before Kimberlé Crenshaw, a Black woman and legal scholar, argued the inadequacies of the legal system to address co-existing identities of race and gender

(Crenshaw 1991) or Patricia Hill-Collins, also a Black woman, wrote on Black feminist thought (Hill Collins 1989), W.E.B Du Bois addressed his hopes at the intersections of Blackness and being an American in the following words.

> "The history of the American Negro is the history of this strife, - this longing to attain self-conscious manhood, to merge his double self into a better and truer self. In this merging he wishes neither of the older selves to be lost. He would not Africanize America, for America has too much to teach the world and Africa. He would not bleach his Negro soul in a flood of white Americanism, for he knows that Negro blood has a message for the world. He simply wishes to make it possible for a man to be both a Negro and an American, without being cursed and spit upon by his fellows, without having the doors of opportunity closed roughly in his face (DuBois 1994 [1903], 3).

DuBois expressed the desire for an integrated whole in intersections of race and nationality. The determinations and constraints of agency outlined by what often feels like conflicting identities profoundly shape the experiences of Black citizens and communities throughout the United States and in Birmingham. What I saw in Birmingham were lived experiences of intersectionality less like intersections of identity or experience and more like the weavings of braided or woven thread. Each twist looser or tighter than the last, new threads being woven in. In other words, I saw dynamic movements of intersectionality. Through these pages, I examine intersectionalities as ongoing agentively shaped processes along multiple and varying identities and experiences. By "intersectionalities", I mean those of identity such as race and gender, but also those of age, ability, citizenship, and employment. I mean intersections of positionality as well, of mothers and sons, of caregivers and those needing care, of researchers and collaborators. I am not able to address intersections in discreet parts. That is not how they happen. What I try to show are movements along the intersections as they relate to each other, as they shape and turn, and as they reflect or impact the lives of the individuals I spent time with. My analysis is situated in Black and queer feminist understandings of intersectionality as a way of examining multiple simultaneously embodied and socially constructed experiences of identity and positionality (Hill Collins 2016). While robust literatures have been written on agency and on intersectionality, in this dissertation, I am concerned not with notions or intersections of identity and agency or their constraints. But rather, with ongoing tacit and explicit processes of negotiation among intersecting identities and the kinds of agency or constraint afforded by those identities which sometimes result in new identities and processes of agentive negotiation. In looking at everyday forms of care, kinship, activism, and LGBTQ space, I aim, like anthropologist Shaka McGlotten, to

> "grapple with intersectionality through a conception of ordinariness understood as the affective intensities that are attuned not to capturing or transcending life but to the desires and impacts and promises that help us get out of bed and get on with our day because of or in spite of things like racism or failure or loss" (McGlotten 2012, 59).

While Du Bois wrote about intersections of Blackness and being American, McGlotten joins many others in theorizing and writing about intersectionalities of racialization, gender, and sexuality in the lives of Black LGBTQ individuals. Langston Hughes writes passionately about same-sex sexuality and desire though he resisted "naming and fixing his desire," embracing as Shane Vogel argues, a non-closure or anti-closure response to public or private identifications with gayness (Vogel 2006, 418). James Baldwin writes of the tensions of race, gender, sexuality, and desire for Black and gay men in his 1956 book *Giovanni's Room* (Leeming 2015; Baldwin 1956). Bayard Rustin's presence and importance to the Civil Rights Movement of the 1960's is largely obscured because he was openly gay (Carbado and Weise 2003). E. Patrick Johnson and John Howard make significant contributions to understanding of Black LGBTQ life in the U.S. south, noting contradictions and negotiations of belonging for Black LGBTQ individuals in southern communities organized around conservative religious sensibilities and segregated social landscapes (Johnson 2008; Howard 2001). In 2005 E. Patrick Johnson together with Mae G. Henderson edited a volume on Black queer studies in which they stated their "ultimate goal here is to demonstrate how both (Black studies and queer studies) might be pressed into the service of a larger project – one imbricating race, class, gender, and sexuality (Johnson and Henderson 2005, 3). They advocate for a field of study that encompasses intersectionalities as whole rather than as disciplinarily siloed parts. Their argument resonates with Laura Alexandra Harris's words, who in 1996 argued for a queer Black feminist theory that calls into question "naturalizing identities and communities" through sexual politics of pleasure arising from an analysis and reclaiming of queer Black sexualities (Harris 1996, 28). Jennifer Dominique Jones extensive work on queer Black histories builds on Johnson and Henderson's call for Black queer studies. Jones takes Black queer studies into the discipline of history to better understand diverse approaches to intersecting histories of Blackness and queerness taken up by historians (Jones 2019b, 2019a). Intersectional approaches are central to understanding Black LGBTQ experiences in the United States and they are foundational to examinations of care among Black LGBTQ individuals and communities in Birmingham.

Terminology and Usage

I use several terms and phrases throughout this dissertation that require definition and clarification as I begin. Many letter designations and symbols have been used to indicate the vast diversity of identities, bodies, gendered expressions, and desires of individuals and communities who do not identify as heterosexual. I use LGBTQ because the individuals I knew in Birmingham who identified their gender/sexual identities publicly identified themselves as lesbian, gay, bisexual, trans, or queer. While the word queer is often used as an umbrella term for non-binary or non-heterosexual gender or sexual identity, at least one individual in Birmingham said he had been called queer as a form of verbal abuse and bullying as a child. He did not identify as queer and being classified as queer recalled those memories. He stated he is a gay man. Without a doubt, many of the people I encountered who do not identify as heterosexual and would identify as other than LGBTQ as well. I welcome their self-designations and in no way mean to minimize or exclude their experiences through the use of LGBTQ.

I draw from the work of Judith Butler and Sherry Ortner to understand gender as socially constructed ways of being “performed” in everyday interactions, behaviors, and discourses, and understood in relation to bodily forms of sexual identity (Butler 1990; Ortner and Whitehead 1981). For the individuals I interacted with in Birmingham, gender meant how one expressed their personal identity in relation to masculinity or femininity. Sexuality, also as understood by Butler and Ortner and by the individuals I knew in Birmingham is related to bodily form and sexual desire. Though it may appear at first glance that I use the terms interchangeably, when referring to aspects of LGBTQ identity or experience having to do with identity and expression, I use the term gender. I use the term sexuality when I am referring to bodily form or sexual desire. Each term is used to reflect the specific contexts or experiences about which I am writing.

The terms African American and Black are also used frequently throughout this dissertation, sometimes interchangeably to indicate meanings the words in common as they were used, sometimes with intentional reference to their distinctive histories and usages. Individuals I knew in Birmingham variously identified as African American or as Black depending on social context, personal identity, or intent. African heritage is celebrated during Black history month. Histories of slavery, oppression, and the global trade of African lives to enrich white nations are keenly remembered. The contradictions and marginalizations of being an American citizen of African descent like those described by a multitude of voices (Omi and Winant 1994; Baker 1998; Baldwin et al. 1961; M. Anderson 2019; Delgado 2017; Wilson 2000a; Torres, Miron, and Inda 1999; Carbado and Weise 2003; Drake and Cayton 2015; Gregory 2005; Patillo 2008) are ever present in conversation and daily life in Birmingham. I understand that the experiences of people of African descent in the United States are diverse and that Civil Rights victories are claimed and experienced in diverse and uneven ways (Thomas-Houston 2005). Ideas of what constitutes and who rightly embodies Blackness is itself contested in Black communities (Riggs and Badgely 1995). In Birmingham, the term Blackness is often used to mean shared histories of slavery and ongoing forms of economic, social, political, and criminalizing oppression. It also indicates identifying with Black culture through music, dance, food, ways of speaking, and being. A woman I knew from church stated she had never been to Africa, was not knowledgeable about her African heritage and did not like African food. She told me she is not African American. She is Black. I capitalize Black to indicate not skin color, or African heritage though both are generally included in the term. I capitalize Black to indicate a rich diversity of experience and ways of being variously claimed, contested, and celebrated by Black people in Birmingham.

Broader Impacts

Previous research has been conducted regarding the lives and experiences of LGBTQ and African American LGBTQ individuals and communities in Birmingham and in Alabama. Professor of criminology and criminal justice, Bronwen Lichtenstein has studied stigma, secrecy, and the prevention of sexually transmitted infections (STI's) including HIV in Alabama and in the U.S. South. Her findings highlight social and contextual constructions of shame and male sexuality emphasizing the roles of bisexuality, homophobia, and stigma in the reluctance to access STI testing and treatment particularly among African American individuals and communities (Lichtenstein, Hook, and Sharma 2005; Lichtenstein 2000).

The "Living LGBTQ in Central Alabama" study provided key insights into the lives and experiences of LGBTQ individuals living in Birmingham. In 2015, a council of stakeholders supported by the LGBTQ Fund at the Community Foundation of Greater Birmingham conducted a needs assessment to survey the experiences of LGBTQ people living in Birmingham and to set in place priorities for action. Through interviews, focus groups, and web-based surveys, the needs assessment produced seven key findings which I summarize as follows. They found that most individuals are selectively rather than universally out about their LGBTQ identity and that in the places where they are out, they generally feel well supported. LGBTQ individuals in Birmingham enjoy socializing with diverse groups of people and report positive person-to-person interactions regarding their gender and sexual identities. Negative responses to LGBTQ identity are more generalized but are faced across work, school, employment, social, and family settings. As noted in the Needs Assessment:

> "There is a strong set of LGBTQ organizations and advocacy activities in the area that enjoy strong support from the community. At the same time, there are racial and socio-economic divides within the community that have been challenging for existing organizations to bridge. This was widely recognized by interviewees and survey respondents." (p8)

Lastly, LGBTQ individuals in Birmingham experience increased rates of depression, anxiety, and suicidal ideation as well as homelessness, domestic and public violence (Fund 2015). I reference the section of the Needs Assessment that addresses racial and socio-economic divides to highlight further findings of the Living LGBTQ in Alabama Needs Assessment in relation to those divides.

The "Living LGBTQ in Alabama Needs Assessment" gathered helpful data regarding the experiences of Black LGBTQ individuals and communities in Birmingham. They found that African American respondents were less likely to be out in public settings such as work, school, or medical environments but were more likely to be out to their families. This is a significant finding and suggests that despite a prominent narrative connecting resistance to HIV education with homophobia in Black churches and communities (Arnold, Rebchook, and Kegeles 2014; Robertson IV 2006), Black families may be quietly supportive of LGBTQ identifying family members. The needs assessment found that that trans-identified African Americans were out about their gender identity more often than LGBTQ identifying individuals overall. The Needs Assessment also found that "African Americans in general face challenges including racism, limited income and more exposure to violence, crime and the criminal justice system. Being LGBTQ creates an added challenge" (Fund 2015, 15). This finding speaks to intersectionalities of racialization and gender which I discuss in further detail throughout this dissertation.

While a section of the “Living LGBTQ in Central Alabama Needs Assessment” is titled and addresses “Special concerns of African American Respondents,” the findings report that African American and Hispanic individuals are under-represented in the sample. According to the Assessment Report this was not unexpected. The report states “Individuals who work with both populations expected that this would occur, as many of these individuals are not out and/or not part of the social networks that were used to publicize the survey availability” (p13). The dilemma presented is that individuals working with both populations could anticipate that racially minoritized individuals and communities would be under-represented in the study, but the sampling problem was not resolved in designing the Needs Assessment and is noted as such. In light of this, in addition to contributing to anthropological understandings of intersections of race, gender, HIV prevention, and African American childhoods in the United States, my work helps to fill multiple lacunae presented by the “Living LGBTQ in Central Alabama Needs Assessment” as well.

Background

Birmingham is Alabama’s most populous city with a 2019 population size of 209,880. In the same year, the median age was 34 years with a median household income of $33,770. 71.55% of Birmingham’s population identified as black with 24.59% identifying as white with other ethnicities making up the remaining percentages (Review 2019). The city is geographically, economically, and historically divided along racial lines (Connerly 2005). Birmingham was established in 1871 as a planned industrial city for the mining and processing iron and steel. From its founding, the city was racially segregated both geographically and by class related to employment organizational structures in mining. White industrialists generally owned and operated rail lines and mining operations while former African American sharecroppers, immigrant laborers, and convict labor made up the work force in Birmingham's booming mining and ore smelting industries. This disproportionately exposed African American and minority workers to dangerous work conditions. It also spatially segregated the city by race and class, an arrangement that continues in Birmingham's urban landscape. (Connerly 2005; Curtin 2016; Flynt 2004).

In the 1950's and 1960's, Birmingham became a key battleground for the Civil Rights Movement. In April of 1963 Dr. Martin Luther King Jr. wrote his famous *Letter from a Birmingham Jail*, and the Birmingham Civil Rights Institute is located blocks away from the 16th Street Baptist church where four girls were killed by a white supremacist's bomb in September of the same year (McKinstry and George 2011). In 1963, African American students defied the orders of Governor George Wallace and sought federal protection to attend desegregated schools (Flynt 2004; Wilson 2000b). Despite Civil rights victories and strong neighborhood organization, Birmingham continues to be geographically and racially divided (Diel 2013, Service 2011, Wilson 2000)**.** Interstate 20, built in the 1960's and 70's, cuts a geographical line dividing Birmingham diagonally from southwest to northeast with neighborhoods to the north and west being primarily black and those to the south and east bring primarily white (Service 2011). The interstate project removed several African American neighborhoods including churches that interlocutors reported were key sites of African American community and political organizing. In this way, road construction was seen as an intentional tactic for suppressing African American communities and civil engagement, a reality documented by scholars as well (Bullard, Johnson, and Torres 2004) Growing areas of gentrification also mark racially contested sites of inclusion and exclusion (W.C. Anderson 2014; Cahill 2007; Isin and Turner 2002). While Birmingham shares much, in terms of its racialized and economic histories of the post-Civil Rights Movement and deindustrialization with other northern and southern U.S. cities, the relationship Birmingham's inhabitants have with Birmingham, its spaces, and with each other has been shaped by locally specific racialized urban processes, interstates built, neighborhoods lost, communities separated.

Birmingham commemorates its Civil Rights history through places such as historic neighborhoods like "Dynamite Hill" where more than forty bombings of Black homes and businesses were committed in the 1940's and 50's. The 4th Avenue business district, Kelly Ingram Park, churches such as the 16th Street Baptist Church, and event spaces such as the Boutwell Auditorium commemorate Black space and place in Birmingham. Just before leaving the presidency in 2017, Barrack Obama designated historically Black areas including the Birmingham Civil Rights Institute as a National Monument, a lasting designation marking the importance of these areas.

These places are important to Black individuals and communities in Birmingham who remember the Civil Rights Movement and who engage in ongoing discourses and practices of liberation. The presence of these sites and how they are interacted with are important in ways described by cultural geographer Richard Schein writes,

> "Seemingly mundane everyday urban occurrences- comprehensive planning, historic preservation, museum tours, school bus routes, property values, to name but a few- all bear some traces of past sociospatial practice, and presumably carry within them the opportunity to redress those practices (or not)" (Schein 2009, 815).

Possibilities for greater racial equality are thought and worked through in sites like the Birmingham National Monument as much as nearby historically Black neighborhoods and townships. These sites provide valuable insights for understanding the U.S. south and the United States more broadly.

African American and Civil Rights history is a burgeoning business in the U.S. South with numerous museums, institutes, and memorials increasingly attracting local and international visitors. As a "production and reproduction of American life" they are of international importance as well. One morning volunteering at the Birmingham Civil Rights Institute, I greeted and directed guests from seven different countries. International guests sometimes knew more about Rosa Parks and Dr. King than local visitors. African American struggles for equality and equity in the United States were part of how international guests understood the United States and U.S. history more generally.

Civil Rights history links Birmingham to broader histories of racial oppression and activism globally and in other U.S. cities. However, as shown by Marilyn Thomas-Houston, intragroup differences within African American communities impact how activism and Civil Rights benefits are experiences and engaged with (Thomas-Houston 2005) and Civil Rights victories do not always translate into victories for LGBTQ African Americans. It must be remembered as well that African American Civil Rights and LGBTQ rights are intersecting and overlapping yet distinct political movements and gains for both groups have been hard won.

Research Field Sites and Methodology

My methodology is guided by anthropological and feminist theories. In the tradition of Bronislaw Malinowski and Clifford Geertz, I believe anthropological research is best conducted through long term ethnographic fieldwork involving detailed description and analysis (Malinowski 2002; Geertz 1973). Feminist standpoint theory and the concept of situated knowledge argue that life experiences and positionality shape our worldviews granting those who experience oppression a "strong objectivity" in the production of knowledge that is legitimated by those experiences (Harding 1992; Harraway 2013). As such, I center my discussion throughout the dissertation on the experiences, words, and perspectives of Black LGBTQ individuals. They know their truths and can best speak to the multiple intersections of race, class, gender, positionality, and more described by feminist and social science theories of intersectionality (Hill Collins 2016; Crenshaw 1991; Cho, Crenshaw, and McCall 2013; Carbado et al. 2013). To accomplish this, I engaged qualitative ethnographic methods of participant observation and interviews during the time of my fieldwork. I scheduled regular hours at an HIV Outreach Center providing services to predominantly Black LGBTQ clients, and at the Birmingham Civil Rights Instituted. I attended two churches each weekend, a Seventh-day Adventist church on Saturdays and a Baptist church on Sundays. I also celebrated Pride events, shared meals, attended exercises classes and political marches. While it is possible in Birmingham to live, work, and play nearly entirely within one's own social, political, racial/ethnic group, I sought out Black churches, schools, commemorative sites, organizations, and neighborhoods as much as possible. I thought that might be difficult when it came to healthcare provisioning as medical care and disease prevention should not be oriented around race or ethnicity. As it turned out, HIV prevention in Birmingham is also separated by racial lines. My early thought was to focus on youth because, per Centers for Disease Control and Prevention data, individuals ages

13-24 are experiencing the highest numbers of new HIV diagnosis. While I was often in the presence of young people and young Black LGBTQ individuals, they did not come to the art classes I offered or stop to talk with me as they moved through the HIV Outreach Center. I saw them most often in schools during education events with the HIV Outreach center or in church. I heard their stories told to others or through the lenses of their grownup selves. I watched them interact with parents, fellow church attendees, or teachers. My analysis of their experiences is conveyed through these contexts and lenses. I conducted interviews with individuals I had contact with through the HIV Outreach Center, church, and the Civil Rights Institute as well as with a couple of individuals who found me through chain referral. Interviews with HIV resource providers were conducted as part of my preliminary fieldwork.

This dissertation project began with epidemiological data collected by the Centers for Disease Prevention and Control noting starkly disproportionate incidences of new HIV diagnoses among young African American men who have sex with men in the U.S. south. Jefferson county Alabama, where Birmingham is located, documented the highest numbers of individuals living with HIV and the highest incidence of new HIV diagnoses (Prevention 2015; Health 2016). This health disparity prompted several preliminary questions. Among them were: what HIV prevention resources are available, what are the obstacles to HIV prevention and care, how are racializing processes and gender configured into negotiations of care, and how do individuals navigate intersecting and cross-cutting social and kin networks of belonging to access various forms of care? To address those questionds, I made several short trips to Birmingham. I conducted five formal interviews with HIV resource providers in key positions of HIV prevention and care and had numerous informal conversations with HIV resource providers, researchers, and LGBTQ identifying individuals in Birmingham. I also visited several of Birmingham's LGBTQ bars and youth safe spaces.

I knew of Birmingham's Civil Rights history. Beginning with my preliminary research, I began to examine African American history and Birmingham's civil and political histories more closely. As I drove and walked in Birmingham, visited historic sites, museums, and landmarks, I saw ongoing racial disparities evident across the urban landscape. The oldest of the project communities were recognizable by their red brick construction, rows of narrow front porches, and grassy playground areas. They are still occupied, though some of the rowhouses and community buildings are empty and have been boarded up. Newer project communities more closely resemble apartment complexes, with painted siding and rounded cul-de-sacs. These newer communities are located away from the main parts of town, grocery stores, and shopping or business areas. They are bordered by farm or vacant land and accessible by side roads. More affluent predominantly white neighborhoods are located on "the hill" of Red Mountain where mine supervisors and administrators first established homes. These neighborhoods overlook the plain not far below, where ore was smelted and working Black and immigrant families lived. Adjacent townships of Mountain Brook, Hoover, and Vestavia Hills are among the predominantly white and more affluent areas. Historically Black neighborhoods such as Graymont and Smithfield are west and north of downtown, within view, but distanced from Red Mountain.

My preliminary interviews with HIV resource providers and my observations suggested that HIV prevention services and LGBTQ spaces in Birmingham might also be marked by an unofficial racial color line. White interviewees reported good relationships among healthcare services, HIV prevention and AIDS service organizations. When asked about relationships among organizations, Black interviewees were hesitant to be specific, but said there were problems. Through the interviews it became clear that intersections of race and gender structured social networks as well access to HIV prevention resources including LGBTQ space in Birmingham. Research field sites for extended fieldwork would need to allow me to examine those intersections. As a white cis-gender woman I was an obvious outsider in LGBTQ or Black spaces. It was important to select field sites where I could reasonably expect to collect valid and reliable research data and engage in in-depth participant observation while allowing individuals and communities around me to have as much or as little contact with me as they liked within each context.

Three primary sites emerged as promising ethnographic field sites. During sixteen months of fieldwork in Birmingham I conducted participation at an HIV outreach center[2], the Birmingham Civil Rights Institute, and two churches. In addition to regular hours at the HIV Outreach Center, I attended testing and education events held around the city and in area schools. I attended a Seventh-day Adventist Church on Saturdays and a Baptist church on Sundays. Congregations at the churches I attended were predominantly Black and local to the United States and Birmingham though the Seventh-day Adventist church had a number of Caribbean members. In addition to regular attendance, I also participated in church events such as after service meals, health fairs and trips to Civil Rights sites. I kept regular hours with the Birmingham Civil Rights Institute (BCRI) where I worked with other volunteers greeting visitors in the rotunda and providing the

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[2] Pseudonym

welcome/orientation presentation before ushering them into a film viewing that marked the beginning of their self-guided tour. The quieter hours at BCRI provided time to talk with volunteers, most of whom were retired and had personal memories of the Civil Rights Movement. Some were also docents for the institute. I was also able to wander to gallery, taking in Civil Rights history through the various exhibits, art, and music. During its busy hours, and at special events, I talked with visitors from around the world as well as those from more local government, school, and church groups.

In addition to these regular fieldwork activities, I attended conferences including "Ending AIDS: A Deep South Summit" hosted by the University of Alabama in April of 2015, the "Saving Ourselves Symposium" sponsored by the Red Door Foundation held in June of 2018 and the inaugural "Queer History South Network and Conference" held in March of 2019. I also participated in Pride events, listened to podcasts hosted by prominent Black LGBTQ leaders in Birmingham, and attended social events hosted by the HIV Outreach Center. In order to better understand LGBTQ space in Birmingham, I conducted fourteen semi-structured interviews with LGBTQ advocates, organizational leaders, and policy makers. Through these combined fieldwork activities, I learned much about care, about LGBTQ space, and about Black LGBTQ experiences of surviving and thriving in Birmingham.

My attempts at interaction were not always successful. I received back none of the surveys I distributed to young LGBTQ individuals as Pride events. They were likely too long and the young people enjoying their Pride celebrations were less interested in my questions than they were in the packages of candy included in the survey packets. The Art Research Classes I had carefully prepared and advertised went unattended. I had failed to realize that most school aged individuals were busy at after-school activities or hanging out in their homes or neighborhoods, none of which were located near to the HIV Outreach Center where I offered the classes. Despite thoughtful and repeated efforts, I was unable to secure interviews with two prominent organizations providing HIV prevention and LGBTQ spaces in Birmingham. The complex relationships between AIDS Service Organizations and diverging goals perhaps complicated my attempts at reaching these organizations. I was interested in examining racialized marginalizations in HIV prevention. They were interested in expanding existing programs. Though not what I hoped for, these experiences also provided important insights into intersections of race and gender, kinship, community, and care in Birmingham. For example, they made visible some of the ways communities and services are maintained as separate from each other. They helped to shape my dissertation findings in ways that will unfold in the following pages.

Researcher Positionality

When I first considered care as an analytic framework, I was ambivalent. Having spent many years caring for sick and injured patients as a registered nurse working in the emergency department, I knew only too well the patriarchal and hierarchical capitalist structures that inform and dictate ideologies and practices of care in the United States. I had seen firsthand how contexts of care could also be spaces of inequality and abuse as economic status and racial/ethnic identity shape access to care and caregivers themselves are entangled in unequal power dynamics and processes of marginalization and oppression. I was not eager for an in depth anthropological examination of the same. However, the feminist assessment of care made by Berenice Fisher and Joan Tronto critiqued care and theoretical models of care that failed to address gendered inequalities of power. Their theoretical framework and my experiences in nursing positioned me to reframe care beginning with the lenses they provided.

My experience in nursing shaped my understandings of gendered and inequitable power structures of care and was also helpful in developing insights about everyday intersections of care. Policies requiring "universal precautions" such as the routine use of gloves, plastic gowns, and face shields to protect healthcare workers from potentially infectious patient blood and body fluids, were initiated as I was entering nursing in the early 1990's largely in response to the HIV/AIDS pandemic. More recently introduced needleless IV ports and safety syringes were a response to HIV and to hepatitis C. Many of the nurses I first worked with were still adapting to wearing gloves while drawing blood or inserting intravenous (IV) catheters and would glance around to see that no one was watching before tearing the tip of the glove off the index finger of their non-dominant hand to better feel for a promising vein in which to insert their needle. Gloves, like condoms, have been contested and negotiated forms of self-care and protection even for healthcare providers.

Although I did not conduct HIV testing through the HIV Outreach center, I have conducted numerous kinds of point of care testing in the emergency department. I was familiar with processes of collecting samples, placing drops of blood or other body fluids onto various testing mediums, and awaiting the results. I am familiar with consent procedures and patient privacy and education rights. This prior knowledge eased my participation in HIV prevention events and allowed me to know when I could be present or when I needed to step away to protect client privacy and organizational processes protected by the Health Insurance Privacy and Accountability Act known as HIPAA.

I have talked with patients including teenagers about sexual health and navigating care. I have mediated conversations with their parents and guardians as well. I have seen health inequities play out in real time, watching patients with good connections find easier access to providers and more rapid transfers out of overcrowded emergency rooms and into comfortable inpatient beds. I have cared for Navajo patients with renal failure, a health disparity created by histories of displacement, exclusion, and government mismanagement and performed a sexual assault examination for a young man assaulted by his same sex partner when a fully trained sexual assault examiner was unavailable despite an abundance of other specialty services in the emergency department that day. In other words, my many years working as a nurse had already given me an understanding of disparities related to race, ethnicity, sexuality, and gender.

In addition to my years in nursing, my faith and experiences in church have been helpful for conducting ethnographic research in religious environments and for conversations about faith and spirituality more broadly. I was raised in the Seventh-day Adventist church and still attend regularly. My familiarity with the routines of church attendance, religious organizations, and services made me a welcome guest at the two churches and facilitated the many conversations I had with people about faith, religion, and church. I attended a Seventh-day Adventist church on Saturdays and worshiped with a Baptist congregation on Sundays. Both congregations were generous and welcoming though my whiteness continually marked me as a guest and outsider.

Though women are often marginalized in religious organizations and female sexuality doubly so, as a heterosexual woman, I do not know the "fear and trembling" of "working out" one's salvation, when passing or remaining closeted in religious settings is impossible or unlivable. I do know that courageous, determined, and faith-filled souls are finding their way into the kingdom, creating communities of belonging and spiritual places of care.

I am also a mom, a daughter, an aunt, and a grandmother. My familial and kinship positions attuned me to negotiations and calculations of care wrapped up in attending to one's own desires, hopes, and concerns for one's children. These experiences of family allowed me greater empathy with grown children and parents as I conducted interviews and analyzed the discourses and practices of care for Black and Black LGBTQ children. Kath Weston's development of fictive kin and "families we choose" in LGBTQ communities in California together with examinations of "the children," meaning Black LGBTQ people, provided by William Hawkeswood and Jafari Allen deepened my understandings of kinship organized around notions and practices of care (Weston 1997; Hawkeswood 1997; Allen 2009).

As I mentioned previously, Birmingham is a racially divided city. With few notable exceptions such as the shopping mall, it is generally possible to live and work nearly entirely with individuals, either Black or white, who share one's racial identity. While in Birmingham, I intentionally lived and spent time in non-white predominantly Black spaces. My whiteness made me ever visible as an outsider and researcher. I am also a cis-gender heterosexual woman, married to a man. These realities mean that I do not share experiences of intersectional marginalizations related to my race and gender with either

Black LGBTQ individuals, Black parents, or children, or with African American individuals and communities more broadly. I am sure, I made more than one blunder, more than one naïve comment, asked more than one thoughtless question. I worked to "educate myself" by way of academic, social, and media resources. I endeavored to listen more than I talked and to make my presence unobtrusive. I am grateful to those who were patient with me and for those whose blunt honesty steered me right. Both responses were forms of thoughtful and generous care toward me. I also recognize them as forms of care for Black and Black LGBTQ communities. It was important to the people I spent time with in Birmingham to correct me, to see that I knew better, that I better understood the context I was studying, and that I did better when I learned better.

As a result, I better understand whiteness and my positions as a white woman, researcher, academic, and citizen for theorizing, and learning practices of allyship, advocacy, and activism. Without the differences of race that shape identity politics and anti-Black racism in the United States, I would not understand how race shapes risk in judicial, social and media spaces. The rising popularity of "Karen" memes depicting white women angrily drawing on entitled white privilege to take up space, assert supposed rights, endanger, and harm Black people made my embodied intersections of whiteness, privilege, and woman pointedly clear. Through these images, and the very real events behind them, people who look like me could also be found to be abusive, determinedly ignorant, and willingly dangerous. These realities called into question my positionality in public and political discourses of race. When Black interlocutors posted Facebook responses to anti-Black violence with the words, "Where are you white allies?" I was called out and called to the critical importance of speaking up and being seen. In the famous words of Dr. Angela Davis, “in a racist society it is not enough to be nonracist. We must be anti-racist.” Acting and speaking are sometimes required. When police violence against Black bodies sparked a deluge of social media comments by white people and a key interlocutor posted, “White allies stand down. We’ve got this,” I was reminded that Black people do not need me, my insights, my academic or nursing credentials, my whiteness, or my questions. Though I may be helpful as an ally, advocate, or activist, I am an aside to the movement. Not only can Black and Black LGBTQ people care for themselves and for each other, when it comes to responding to processes of racialization, racism and racist words and practices, they can take care of it, by which I mean, they can respond effectively. The long counteroffensive of the Civil Rights Movement continues in countless grassroots organizations, legal and educational programs, on social and journalistic media platforms, in health outreach programs, and in stories and practices told from generation to generation, constituting a form of care undeveloped by Fisher and Tronto and characterized by everyday discourses and practices of political and social resistance.

Dissertation Organization

Using the overarching framework of care this dissertation examines the experiences of Black LGBTQ individuals and communities in Birmingham, Alabama as they navigate surviving and thriving in a racially segregated Civil Rights city in the U.S. south. Following the introduction, Chapter two is narratively situated in the Saving Ourselves Symposium hosted in Birmingham in June of 2018. In this chapter, I draw from the works of Essex Hamilton and James Baldwin to examine discourses and practices of everyday survival and resistance as forms of care expressed in the phrase and notion “saving ourselves.” I examine “saving ourselves” as a salient and discursively flexible phrase utilized by Black LGBTQ individuals and communities across identities and positionalities in Birmingham to invoke narratives and practices of self-determination, survival, and thriving rooted in African American history, rhetoric, literature, and poetry.

In Chapter three, I examine race and LGBTQ politics in social, organizational, and state contexts of HIV prevention. Building on the arguments made in the chapter two, this chapter examines HIV prevention work engaged in by Black LGBTQ individuals as a form of embodied care born by Black LGBTQ communities and Black LGBTQ AIDS service organization employees who take on the bureaucracies of unreliable non-profit work while caring for the precarities of their own physical and economic health. I then draw from Savannah Shange’s analysis of progressive logics that produce dystopic environments and experiences for individuals and communities minoritized by race and gender, to examine the ideological and organizational combining of LGBTQ safe space and HIV prevention as one that perpetrates racialized segregation and marginalization by way of state, organizational, and popular logics of fiscal responsibility and inclusivity. Chapter three concludes by examining HIV prevention work in Birmingham through the lenses of kinship and care as theorized by Berenice Fisher and Joan Tronto, Emily Arnold and Marlon Bailey, and Marty Fink to see communities of care organized around HIV prevention as forms of family, networks of community, and political acts of resistance and thriving.

In chapter four, I examine African American childhoods and care for African American children in the context of systemic anti-black racism in the United States. I argue that the concerns parents and religious communities have for the safety and success of their Black children discourage children and youth from identifying as LGBTQ and distance Black LGBTQ young people and their families from LGBTQ resources. Drawing from the works of Jafari Sinclaire Allen, Robyn Bernstein, and anthropologies of childhood, I explore family and care across multiple sites in Birmingham. I focus specifically on religious and HIV prevention settings to trace networks and notions of care that support African American LGBTQ young people. In the first chapter section I draw from Robyn Bernstein's understanding of Black childhoods and Fisher and Tronto's notions of caring for and caregiving to examine African American childhoods and care provided through church and religious communities. The second section examines teaching children about race and mitigating the risks of being Black as care. In the third section, I examine "coming out" stories, narrative accounts of times in which an individual disclosed their LGBTQ identity to others, to examine parental practices of care. My findings suggest that because LGBTQ resources and support are often conceptualized or maintained as white public spaces, parents seeking to protect their children from racial marginalization or concerned about being marginalized themselves may be reluctant to seek support for themselves or their children through these services. The last section of the chapter examines caring for "the children" as conceptualized by Jafari Sinclaire Allen and others, to see the HIV Outreach Center and Black LGBTQ spaces as sites as places of kinship, community, and care.

Chapter five examines community and individual care through social and geospatial places of exclusion and belonging. I begin by examining histories of LGBTQ space in Birmingham. I draw from political scientist Robert W. Bailey's 1999 book chapter on “The Political Organization of Sexual Identity in Birmingham, Alabama,” and from recent work “Mapping the Gay Guides” by Amanda Regan and Eric Gonzaba, to show how LGBTQ spaces have intermittently thrived in the “Magic City.” These works also reveal how racial segregation shaped and continues to shape landscapes of LGBTQ space and history in Birmingham. The second section of chapter five focuses on interviews with leaders, activists, policy makers, archivists, and organizers to examine various ways LGBTQ spaces are understood, structured, and supported in Birmingham and how racially separate spaces are maintained in ways that can be understood as care or as a privileged form of not caring. In the last section of the chapter, I examine how care in the form of Black LGBTQ spaces and belonging are created and fostered in Birmingham through social events, conferences, and the establishment of Bham Black Pride.

In chapter six, I examine allyship, advocacy, and activism through the lenses of care offered by Fisher and Tronto to show how various local forms of activism or inactivism care for intersecting and sometimes conflicting political, ideological, identity and health related needs of Black and Black LGBTQ communities in Birmingham. I briefly discuss how events around the 2019 Birmingham Committee for Truth and Reconciliation event honoring Dr. Angela Davis shaped my own commitments to caring about, caregiving, and activist anthropology. In the last chapter section, I examine decolonizing anthropology, activist anthropology, and “Letting Anthropology Burn?” in the context of critical anthropology’s commitments to care about, care for, and practice caregiving through theory, praxis, and pedagogy.

In the concluding chapter, I share a vignette from an HIV prevention education class at a Birmingham middle school to examine discourses and practices of care and self-saving across intersecting positionalities, racial and gendered identities, and LGBTQ space. The predominant themes developed throughout the dissertation intersect in an analysis of this everyday yet significant ethnographic moment. I conclude with a discussion of research gaps, opportunities for further research, and recommendations for applied approaches to allyship, advocacy, and activism in caring with Black LGBTQ individuals and communities.

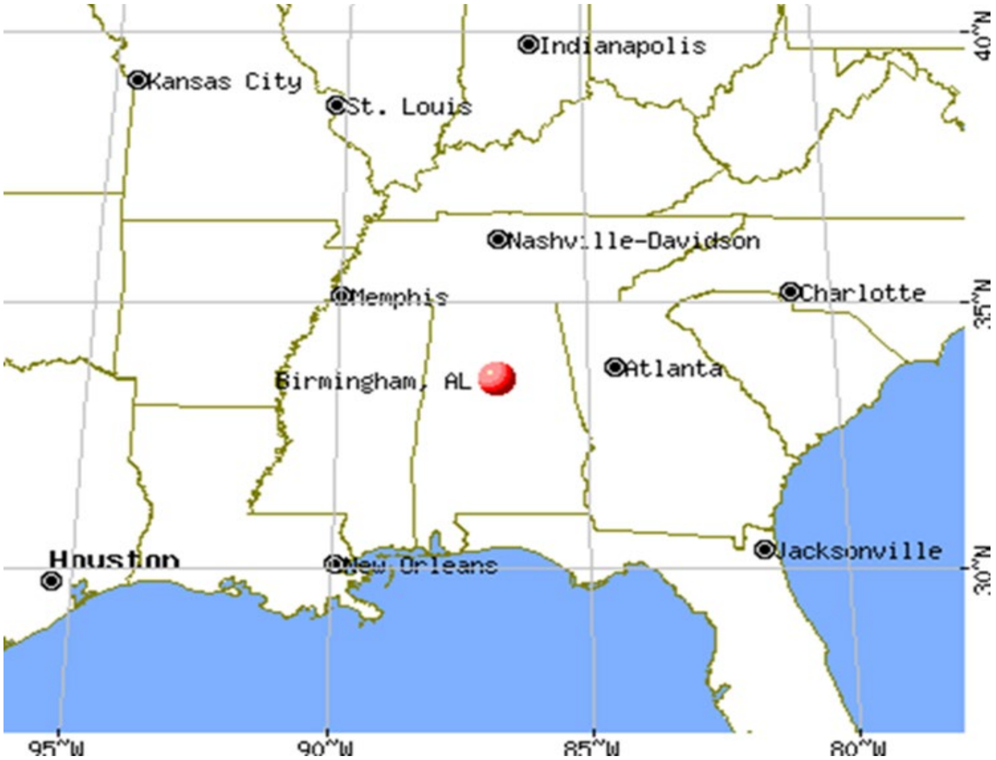

Figure 1-1 Red dot locating Birmingham within the U.S. state of Alabama.

Figure 1-2 Birmingham from Red Mountain facing northeast.

Figure 1-3 Sculptor John Eagle's Blood Mirror at the Birmingham Civil Rights Institute

Chapter 2: *"Saving Ourselves" in Discourse and Practice*

Introduction

As I walked across the conference lobby, I recognized a face on the program I had been handed. The photo was of an African American transwoman, serenely beautiful. She regularly stopped by the HIV outreach center to visit with friends and to catch up on the latest news. Just above her brochure photo in bold white letters was a quote from African American writer and activist James A. Baldwin. It read, "There is never time in the future in which we will work out our salvation. The challenge is in the moment; the time is always now." The conference had taken its theme from these words. While Baldwin had been speaking of Black liberation more generally, the conference drew its sense of urgency from his compelling call to "work out our salvation" for Black LGBTQ attendees and communities. Baldwin's call to self-saving is a pervasive one in Black LGBTQ thought. In his poem "For My Own Protection" gay African American poet and activist Essex Hemphill wrote "I want to start an organization to save my life. If whales, snails, dogs, cats, Chrysler, and Nixon can be saved, the lives of Black men are priceless and can be saved. We should be able to save each other" (Hemphill 1992, 27). The conference title "Saving Ourselves Symposium," shortened to its acronym "SOS," visually signaled the known international maritime distress call indicating danger, or an urgent plea to "save our ship." Though "SOS" in this context stood for the "Saving Ourselves Symposium," the message of distress or danger underlying the "SOS" acronym echoed the words of James Baldwin and Essex Hemphill and articulated an imperative of self-determination, self-saving, and self-care. The conference was organized to provide life-saving aid, information, and community for LGBTQ African Americans.

Established in 2013 by Marvell L. Terry II and the Red Door Foundation, the goal of the conference was “ to educate and empower the Black LGBTQ+ individuals and communities in the South”(Symposium 2020). In 2018, the conference was held in Birmingham, Alabama. Throughout the symposium, I heard Black LGBTQ leaders, advocates, activists, and visionaries speaking on issues facing LGBTQ African Americans. They offered guidance, fostered conversations, and lent encouragement through words that outlined intersectional tensions negotiated by members of Black LGBTQ communities, communities marginalized by race and gender but also inspired by the words and practices of those who had come before them in the struggles for civil and gender based rights. This symposium and its title came to signify a worldview and approach to marginalization that I saw not only expressed but also practiced by LGBTQ African American individuals in Birmingham, Alabama. I found the notion of “saving ourselves” to be powerful in the lives of the individuals I interviewed and conducted participant observation with across multiple sites and contexts. As an agentive declaration, “saving ourselves” was not only a useful rhetorical phrase in the contemporary moment: it also held powerful historical significance for LGBTQ African Americans living in Birmingham, a city known for its Civil Rights history. It was an agentive declaration cross-cut by intersections of identity, constraint, and determination. The notion and impacts of “saving oneself” are complicated by its costs noted in the legend of John Henry in which an African American railroad worker participated in a steel-driving contest against a steam-powered mechanical drill. He summoned his last strength to outperform the machine but died soon after, overcome by physical and mental exhaustion. The subsequent theories of “John Henryism” (Bennet et al. 2004) and “the Sojourner syndrome” (Mullings 2002, 2005b; Davis 2014) point to health disparities exacerbated by intersectional stresses of racialization, as well as class and gender inequities. Researchers have investigated relationships between the notion of “the strong Black woman” and increased incidences of mental health needs including obstacles to accessing multiple forms of physical and mental health support services (Donovan and West 2015; Harris-Lacewell 2008; Beauboeuf-Lafontant 2009; Abrams et al. 2014). For African Americans, saving oneself and “saving ourselves” often comes with heavy physical and emotional costs.

In this chapter I argue that LGBTQ African Americans living in Birmingham, Alabama engage discourses and practices of everyday survival and resistance through the notion of “saving ourselves. Drawing from social theories of agency and feminist theories of intersectionality, I explore “saving ourselves” as a complex phrase bound up with processes of possibility, self-determination, and structures of racial and gender oppression in the United States and in Birmingham. The chapter unfolds as follows: The first section explores the Saving Ourselves Symposium as an ethnographic site for understanding how “saving ourselves” is understood and used as an approach to individual and community preservation, as a form of resistance, and a declaration of resilience and self-determination. I examine what LGBTQ African Americans in Birmingham variably mean when employing the phrase “saving ourselves”. The second section draws from topics presented during breakout sessions of the Symposium to explore multiple discursive valences of “saving ourselves” as engaged across varying social and ideological sites. In the third section, I analyze how the rhetoric of "saving ourselves" is lived out through self-saving practices in LGBTQ spaces, HIV prevention, and notions of spiritual salvation. In these ways, "saving ourselves" can be understood as a form of individual and community care worked out in discourses and practices of surviving and thriving and variously negotiated through intersections of oppression, resilience and self-preservation. An analysis of the notion of "saving ourselves" makes visible intersecting forms of marginalization and oppressions experienced by LGBTQ African Americans, by looking at what they are "saving" themselves from. It also posits discourses and practices of self-saving as agentive forms of active resistance with deep ties to African American rhetoric and history.

While practices of "saving ourselves" may include sharing resources and neighborhood organizing, the notion in the context of this analysis is distinctive from social economies and subsistence strategies and neighborhood movements for political organizing. "Saving ourselves" in this context is a historically grounded and mutually understood frame of discourse among African Americans and LGBTQ African Americans that orients practice across multiple sites and contexts. From strategies of economic saving through sex-work or working to stay in school, to "saving ourselves" through maintaining family connections, or engaging in political activism, the discourse of "saving ourselves" oriented everyday practices for LGBTQ African Americans living in Birmingham.

This anthropological analysis draws together scholarship on agency in critical race theory, feminist, and social theory to situate the words and practices of LGBTQ African

Americans not only within anthropological understandings of discourse and practice but also within broader African American movements for liberation and equality.

Discourse and Practice

Anthropologists studying agency have long been interested in discourse and practice, two terms which people often take to mean, “what people say and do.” Michel Foucault’s theory of the phenomenon of discourse is more expansive, including not only how we think, talk, create, or deconstruct various social realities but also how we represent them materially (Foucault 1971, 1980, 1978) The conveners of the Saving Ourselves Symposium drew on the words of James A. Baldwin as a form of discourse on what it meant to be seen as Black in the United States and how ideologies and practices of self-determination could change not only how African American people were viewed by others but could support the success and thriving of Black LGBTQ people. W.E.B. DuBois’ book *The Philadelphia Negro: A Social Study,* published in 1899, twenty five years before Baldwin was born, noted the importance of discourse in creating or maintaining inequalities. In his study mapping Black neighborhoods in Philadelphia, DuBois contested the notions implied in the phrase the “Negro Problem”. He argued that the term “Negro Problem” was part of racial discourse in the United States making poverty an inherent part of being Black. DuBois concluded that the primary problem facing Philadelphia’s Black neighborhoods was a discourse of racial inequality that allowed Black people to be seen as inferior, justifying exclusionary hiring practices and reducing access to affordable housing (W.E.B. DuBois 1899). In *The Philadelphia Negro*, marginalizing discourses circulated from outside the neighborhoods of DuBois’ study yet powerfully impacted the people living in them. DuBois contested discourses marginalizing Black people and communities through his own work. DuBois began each chapter in *The Souls of Black Folk* with the verses of Christian hymns, employing the poetic words of others to increase the rhetorical power of his own (W.E.B DuBois 1994 [1903]). His thoughts were echoed by many others including Dr. Martin Luther King Jr., Malcolm X, and Barak Obama, men known for their powerful command of discourse and rhetoric (The Martin Luther King 2017; Eskew 1997; Wilson 2000b; Breitman 1965). Their words moved the nation and further illustrate the power of discourse as engaged by Black voices.

Though Martin Luther King Jr. spoke of the Beloved Country as a utopic place of equity and love transcending what is known now (The Martin Luther King 2017), for the LGBTQ African Americans living in Birmingham, "saving ourselves" did not generally suggest radical culture change. Rather, "saving ourselves" was understood as an agentive discourse of resistance employed across intersections of identity and sites of oppression. During the Civil Rights Movement, African Americans marched for human rights and equality. Attendees at the Saving Ourselves Symposium engaged the notion of "saving ourselves" through discourse and practice for similar ends, to secure racial, political, economic, and gender equality but also to engage in everyday forms of self-care, care for community, compassion, and thriving.

As the conference began, I settled in beside attendees from all over the Southern United States. Some presenters had come from even farther, from New York and California. The Saving Ourselves Symposium was a discursive process of words and of materiality and place. Attendees gathered to talk with each other, to hear from presenters, to exchange ideas, and to engage in dialogue. During the breaks, they gathered outside the session rooms to share stories, discuss what they had just heard, or exchange contact information to facilitate further conversations. While conferences often gather people of similar interests, these attendees were personally connected with the topics being discussed. They passionately shared experiences of being "Black" and "gay." One session titled "Healing Ourselves: Interrupting internalized Oppression & It's Impact on Our Collective Wellbeing" particularly fostered personal reflection and experiences. Attendees also talked excitedly about the non-profits they were founding, the histories they were collecting and preserving, the communities they were fostering, the resistance they were meeting, and the healing they were finding. Rather than being a conference on an area of academic or business interest, the topics of this conference were deeply and personally relevant to attendees. In addition, each presentation was undergirded by notions and words of care. As reflected in the models of care, attendees expressed concern, assumed responsibility, engaged in care practices, received care at home and from each other, and worked to establish reliable systems and networks of care. The evening gala celebrated their efforts.

The gala unfolded as a formal celebration of the symposium marked by speeches recognizing honored guests, exchanges of shared experiences, and the building of social networks, all done primarily by way of words. It is important to note that while the flow of presentation content was directed downward, in that presenters spoke and attendees listened or participated a form of caregiving and care receiving, but discourse also quickly diffused among attendees, as those listening excitedly shared content among each other or engaged in new ideas that emerged out of the conference sessions. While the purpose of conference was to share ideas and foster creativity, the Saving Ourselves

Symposium brought together individuals with the shared experience of being "Black and gay in the U.S. south." This shared sense of identity allowed attendees to discuss experiences of marginalization, offer empathy and understanding, and envision hopeful futures in distinctive ways. Unlike conference settings where the primary goal is to share or convey information, the Saving Ourselves Symposium, as indicated by its name and seen throughout its proceedings became a discursive event of self-saving and of care through rhetorical assertions of social agency, of self-determination, resistance, and thriving as Black LGBTQ individuals and communities.

The term "saved" was integral to the kinds of care proposed and several symposium presenters directly engaged the word "saved" in their presentations. In a session titled "How the DJ Saved my Life and Relationship! Sacred Ministry: The Black Gay DJ During the AIDS Crisis", Johnnie Kornegay from The Counter Narrative Project spoke of gay musicians and disc jockeys (DJ's) who created audio mixes and electronic dance music in some of the most prominent underground clubs in Chicago and New York in the 1980's. The title "How the DJ Saved My Life" referenced Bill Brewster and Frank Broughton's 1999 book on the history of the disc jockey titled, "Last Night a DJ Saved My Life" (Brewster and Broughton 1999). Johnnie Kornegay's presentation emphasized the work of music icons like Frankie Knuckles, Larry Levan and Ron Hardy. Knuckles' innovative mixes at the Warehouse, a Chicago club primarily frequented by Black and Latino gay men. Knuckles mixes earned him the title "Godfather of House Music" a genre still recognized for its influence and distinctive sounds (Walters 2014). Defined by its fast paced "four on the floor" 4/4 electronic rhythms, and synthesized beats, House Music continues to influence popular music across genres in the United States and around the globe (Rietveld 2019). Frankie Knuckles was a Black and openly gay musician. He was inducted into the Chicago LGBT Hall of Fame in 1996 for his innovative work as a producer, remixer, and DJ (Fame 2019).

The presenter seemed to be speaking of the significance of gay Black DJ's in the creation of House Music, to remind listeners of the impact these DJ's had as gay Black men "saving" each other through music in predominantly gay clubs. Recounting the stories of these musicians at a Saving Ourselves Symposium invited attendees to recall that "gay" men had routinely engaged self-deterministic forms of care understood as "saving ourselves" and in so doing created music that influenced music in the United States more broadly. The presentation connected African American liberation through house music with freedom songs and spirituals sung by captive Africans in the Americas and to African American art and music during the Harlem Renaissance (Bloom 2004; P.A. Anderson 2001). It also reinforced Black LGBTQ history as part of African American history in the United States, connecting strategies of self-saving to histories of oral presentation and rhetoric as valued and treasured aspects of African American culture. These forms of discourse and rhetoric are foundational to the work of Black scholars of critical race theory as well.

Critical race theorist engage stories and words as an intentional methods of restructuring legal processes. African American legal scholar, professor, and activist, Derrick Bell has argued for a legal recognition and rectification of racial inequalities in the United States as written into legal code (Bell 1991). His futuristic story "The Space Traders" poignantly illustrates political processes justifying the "sacrificing of Black rights" and lives for the preservation of other citizens in a negotiation with cosmic aliens

(Bell 2000). Bell engages science fiction, a genre dominated by white authors, to create a dystopic yet believable future. One in which identifiable politics and politicians negotiate the reselling of Black lives and bodies for the saving of the United States. Bell along with critical race theorists, Richard Delgado, Patricia Williams, Tara Yosso, Matthew Fletcher and Mari Matsuda among others skillfully utilize storytelling to work for greater justice for black and brown individuals in the courtroom and in the U.S. imagination (Delgado 2017).

While not all words are acts of resistance or even of agency as noted by Laura Ahearn (Ahearn 2001), presenters and attendees at the Saving Ourselves Symposium used language to identify sites of oppression within themselves, such as internalized homophobia, and in their communities, such as unequal access to healthcare. They also used history, story-telling, interactive discussions, and formal presentations to advocate for themselves and for each other. In short, they expressed and countered their experiences of oppression with discourses of equality, activism, and care for oneself and for African American LGBTQ communities through sessions like “The Black Church and HIV: A Social Justice Imperative” and “Healing and Internalized Homophobia.” organization of a conference, an event organized around speech and discourse, supporting the “social awareness, unity, and self-empowerment” of LGBTQ African Americans a form of caring engaging self-saving tactics.

During the symposium, the term “ourselves” directly referenced African American LGBTQ individuals. It was a reflexive and inclusive term. It indicated the notion of a shared identity or experiences and differentiated those within “Blackness” and non-heterosexuality from others. As used in the conference and as found in my fieldwork, "ourselves" meant those who have shared the experience of having been excluded or oppressed because of their individual racial or gendered identity and as a result, share a group identity. Ideas and experiences of inclusion and exclusion across a diversity of sites and identities worked to create varying yet powerful notions of "ourselves". In the context of the Saving Ourselves Symposium, "ourselves" meant LGBTQ African Americans. This group identity was stated on The Red Door Foundation Saving Ourselves Symposium website and in advertising materials (Foundation 2016). Any individual who identified, either as a sense of internal identity or as an outward statement, as being LGBTQ and as African American was configured into this notion of "ourselves". African Americans recently and voluntarily immigrating from Africa or individuals of African diaspora but not sharing a history of slavery and oppression in the United States may be configured differently or outside of the notion of "ourselves" as understood by symposium organizers and attendees.

As I discussed earlier, The notion of "saving ourselves" has historical precedence in the lives of early African American figures like Harriet Tubman and Frederick Douglass, African American individuals who escaped slavery, fought for their own freedom and worked for the emancipation of others (Horton 2013; Douglas 2008). W.E.B DuBois argued that education for former slaves include instruction in more than vocational fields so that they could think and argue effectively on their own behalf (W.E.B DuBois 1994 [1903]). The Civil Rights Movement of the 1950's and 60's in which Birmingham played a vital role was led by African Americans as a form of self-saving (Eskew 1997). The presentations of the Saving Ourselves Symposium repeated may of those themes.

It is important to note that while civil rights and LGBTQ politics have overlapping goals and features, they are distinct movements with key differences prompting the question of how "saving ourselves" and the politics of self-saving are configured by LGBTQ African Americans living more than fifty years after the 1963 Civil Rights marches in Birmingham. This question emerges throughout the dissertation but will be addressed most fully in the chapter on allyship, advocacy, and activism. Various forms and goals of care shape how politics of self-saving are engaged in and inform active political engagement as well as refusals of political action.

During the Saving Ourselves Symposium after-party, I spoke informally with Marvell L. Terry II, the symposium's founder. I asked how African American and LGBTQ rights were conceptualized by young LGBTQ African Americans. He responded by saying, "you have to realize, we're Black first." By which he meant that LGBTQ African Americans are first subjected to the onslaught of racial marginalization experienced by African Americans more broadly. Marginalizations related to gender or sexual identity, according to Terry, were more often secondary. For example, LGBTQ African Americans would be more likely to be subjected to over-policing because of their racial identity than because of their gender identity. As a result, care and self-saving for Black LGBTQ individuals often means caring first for marginalizations experienced through racialization.

This idea of racial marginalization often being prioritized over marginalizations experienced on the bases of sex or gender was present in conversations occurring during the semi-structured interviews I conducted on LGBTQ space in Birmingham. In an interview in which a Black gay man recounted coming out to his mother, she responded “you’re already a Black man and that’s already going to make things hard for you in this country. Adding that to it is not going to make things any easier.” Like Terry, she her first concern was for his welfare as a racialized Black man in the United States. She saw that being gay would make his life more difficult. The founder of the Saving Ourselves Symposium stated clearly that in terms of race and gender “we’re Black first.” Social, economic, educational and other marginalizations already facing Black people are also of primary concern to Black LGBTQ individuals. One of the questions I asked interviewees was about their participation in political activism. LGBTQ African Americans more often voiced concerns also associated with racial marginalization such as access to good jobs, education, and access to basic resources like food and housing. Their concerns were not primarily related to LGBTQ identity. In contrast, political organizing around issues often associated with LGBTQ politics such as marriage equality and LGBTQ visibility were more often mentioned by white LGBTQ individuals. These findings supported Marvell Terry’s comment that race, or “Blackness” overall resulted in greater experiences of marginalization for LGBTQ African Americans than gender or sexual identity. These findings are important for understanding how engagement and access to care are configured for LGBTQ African Americans.

Terry’s statement also suggested questions about how intersecting identities are experienced in everyday ways for LGBTQ African Americans. Presenters and audience members engaged in discourse regarding the specific intersections of being gay or lesbian or trans and of being African American. They spoke of being multiply marginalized and of the challenges of continually navigating race and gender in shifting ways across diverse social, political, and religious contexts. In these ways, the phrase “saving ourselves" configured identities and responses to structural and ideological forms of racial and gendered marginalization. Symposium sessions that addressed what were fundamentally racialized disparities but were disparities that also significantly impact African American LGBTQ individuals, were a way of talking about intersections of race and gender.

Through the Saving Ourselves Symposium it was clear that "saving ourselves" was a care laden and deeply complex phrase. It carried the meanings and notions of each word individually, and in the symposium, it plainly indicated that given the oppression, exclusions, and marginalizations faced by LGBTQ African Americans, no genuine or effective outside help should be expected. If LGBTQ African Americans were to be "saved" from the risks and dangers confronting them, that "saving" must come from "ourselves". As expressed in the symposium, it voiced the relentless agentive determination of LGBTQ African Americans working in HIV prevention, advocacy, and policy, including those organizing and hosting conferences and creating spaces of African American LGBTQ healing and belonging. It referenced the resistance and inventiveness of African Americans who survived or escaped slavery and the years of violence and marginalization that continue. As a rhetorical phrase recalling African American liberatory pasts, the notion "saving ourselves" oriented a range of discourses around marginalization, violence, health, and safety for LGBTQ African Americans.

The following section explores the discursive flexibility of the notion as I heard it employed across sometimes unexpected social terrains.

Discursive Valences and "Saving Ourselves"

Through the Saving Ourselves Symposium and other ethnographic encounters in Birmingham, an important aspect of the notion of "saving ourselves" was the multiple registers through which the notion was expressed. It was variably applied to topics from reproductive justice, and HIV prevention, to domestic violence, activism burnout and encounters with law enforcement.

The concept of saving ourselves is employed in the recruitment of HIV positive Black LGBTQ individuals for work in HIV prevention and is a form of embodied work (Hilfinger Messias et al. 2009) Their firsthand knowledge of the disease legitimized the education and counsel they provided. Although researchers noted the difficulty in finding qualified individuals, as noted in a Saving Ourselves Symposium session called "Who, what, and where: Challenges in recruiting African American (AA) lesbian, gay, bisexual, and transgender persons (LGBT) for HIV/STI prevention research in the Deep South", LGBTQ and HIV positive African Americans working in HIV prevention are actively recruited and bear a disproportional burden of care in that they are tasked with saving others' lives while also fighting to care for and preserve their own. The individuals I worked and spent time with at the HIV Outreach Center, engaged in HIV prevention work precisely because they knew that contributing their own experiences and expertise was the best way to go about "saving ourselves" by which they meant caring for their own bodies as well as the lives African Americans and LGBTQ African American individuals at risk for HIV and at risk for receiving sub-par interventions and care.

Care and the notion of "saving ourselves" came with contradictions as well. While keeping one's gender or sexual identity secret or "closeted" could deny one's internal sense of self and threaten depression, anxiety, and suicidal thoughts and deaths (Cover 2012), remaining closeted and keeping one's gender or sexual identity secret could also help to maintain important social networks with family or community members. When "coming out" or revealing non-heterosexual gender or sexual identity threatens social, emotional, or physical harm, saving oneself means denying part of oneself and remaining closeted. Contradictions in care are present in testing and church contexts as well.

Saving our Spiritual Selves

The Saving Ourselves Symposium session on HIV prevention and the Black Church brought to light a theme within the African American LGBTQ community regarding religious or spiritual saving. While John Howard and E. Patrick Johnson in their histories of gay life in the South wrote about the roles church and religious communities play in the lives of Southern LGBTQ individuals, their emphasis was primarily on church as a religious site of social interaction. While churches often do not publicly affirm LGBTQ members, choirs, classes, and other events become places where LGBTQ attendees find welcoming spaces and find each other (Howard 2001; Johnson 2008). Bernadette Barton's ethnography *Pray the Gay Away* examines the hegemonic heterosexuality and homophobia of Evangelical Bible Belt Christianity demonstrated in backyard conversations, local merchandise, and roadside billboards. She highlights the extraordinary lives of LGBTQ individuals living in an often overtly unwelcoming social and political environment but her emphasis is on the effects of pervasive Christianity on LGBTQ lives (Barton 2012). David K. Seitz brilliantly explored "improper queer citizenship" in a LGBTQ congregation in Toronto Canada as a contestation of and negotiation with state sovereignty. In doing so he:

> "enriched broader efforts to contest the axiomatic status of religion and citizenship as bad objects for queers, efforts that refuse to cede the monopoly on either term to the most conservative faith voices of most obvious forms of nation-state power" (Seitz 2017).

His work is an important intervention on the complexities of Christian faith and LGBTQ identity particularly as sites of refuge. What I saw in the Saving Ourselves Symposium and in numerous other sites in Birmingham was related to but distinctive from studies examining LGBTQ lives and faith communities as social or political spaces. The conflicted aspects and possibilities for spiritual salvation for LGBTQ African Americans were more clearly addressed in the 2014 film *Blackbird* (Polk 2014). The film showed how heteronormative sexuality confined to the context of marriage produced contradictions and exclusions for gay and straight young people alike. In the film, gender and sexuality in church functioned on a "don't ask, don't tell" basis. While many individuals in Birmingham relied on "don't ask, don't tell, remaining closeted or discreet to maintain their connections with church and religious family members, others sought spiritual salvation on their own.

While not surprising in contexts of economic, health, and political threats, "saving ourselves" is unexpected though directly connected to theologies of salvation presented in mainstream U.S. Christian faith. Drawing from a protestant theology of the priesthood of believers in which any believer may approach God for salvation without intermediaries such as priests, saints, or the church, but more often from a personal desire to find spiritual communities and remain in relationship with God, I saw LGBTQ African Americans actively engaged in the practices of saving themselves spiritually.

In casual conversation I often identified my research as a study of “what it means to be young, Black and gay in Birmingham.” Invariably, the conversation would turn to experiences in church or with religious ideas. Individuals often framed their experiences as responses to religious environments, people, or beliefs. One afternoon, I spoke with a middle aged Black gay man at a local club. He talked vehemently about his life and experiences. After referring to instances of rejection by his church and by religion more broadly he said that those people “don’t matter” to him. He defiantly declared, “If God says you’re ok, can’t nobody tell you different.” His gay identity and experiences of rejection from religious environments drove him to seek and find spiritual salvation directly from God. Drawing from a biblical text, Philippians 2:12, he had effectively “worked out” his “own salvation”.

During session of the Saving Ourselves Symposium titled “The Black Church and HIV: The Social Justice Imperative,” an eruption of responses revealed a critical contradiction between practices of self-saving and HIV prevention education and testing. The session began with an overview of HIV disparities in Black communities. African American individuals experience a disproportionate rate of HIV compared with non-African American individuals living in Alabama (Health 2019a). The presenters highlighted the need for HIV prevention efforts in Black communities as a social justice issue and presented a call for action and implementation tools among clergy members. Churches and faith communities have been and continue to be powerful sites for political and other forms of mobilization in African American communities. Churches often host health fairs with booths offering education and point of care testing such as blood sugar or cholesterol testing, conducted by local care providers. HIV testing could be readily offered at such an event. However, before the presenters could finish, attendees raised their hands with questions and concerns. People posed questions about homophobia in Black churches and wondered how "safe sex" might be configured in ways that were not LGBTQ affirming. While African Americans are disproportionately at risk for HIV, Black churches are rarely LGBTQ affirming and sermons often contain statements affirming heterosexual relationships and condemning same sex intimacy as prohibited in the Bible (Robertson IV 2006; Howard 2001). Session attendees ostracized by religious organizations for their gender or sexuality saw an immediate contradiction in promoting HIV outreach at church. While LGBTQ African Americans, particularly men who have sex with men are most at risk for contracting HIV, they may be unwelcome in church as gay men. Attendees were also concerned that abstinence only and heteronormative discourses of monogamy, while shown to be harmful in reducing HIV rates (Hirsch et al. 2009; Patton 1996) may be employed by churches as part of their HIV prevention efforts. The session quickly became a discussion of spiritual abuse and marginalization as attendees shared their negative experiences in church and in religious settings. Yet in their responses, most individuals attending this session indicated that they had not stopped going to church or abandoned their faith. Rather they had worked to find avenues of spiritual salvation outside of the religious anti-LGBTQ rhetoric too often found in church. Their religious faith was a form of self-care and preservation in a spiritual sense. Rejecting the idea of HIV prevention interventions in religious settings was a form of care for their LGBTQ and spiritual selves, having experienced abuse and marginalization in church as LGBTQ individuals.

While my research, along with the works of others shows that faith communities and spiritual salvation even as conceptualized by protestant Christianity are often valued by LGBTQ individuals (Seitz 2017; Johnson 2008; Howard 2001), HIV testing in the context of non-affirming religious settings presents a contradiction for strategies of self-saving and care. The relationship between HIV testing and churches was understood as potentially harmful because HIV is a sexually transmitted disease and churches often take conservative stances regarding sexuality. While HIV testing is important to the preservation of health and church is often understood as a site of spiritual salvation, religious organizations distancing LGBTQ individuals from spiritual salvation yet engaging in HIV prevention outreach programs represented an untenable contradiction for Saving Ourselves Symposium attendees seeking to save both their bodies and their souls. While the contradiction and objections of attendees disrupted the original intent of the presenters, it illustrated the discursive flexibility of the phrase “saving ourselves”. Saving as conceptualized across a range of contexts and ideologies was in this case meant spiritual salvation and protecting LGBTQ individuals and communities from spiritual abuse. By interjecting with questions and concerns about HIV prevention in religious setting unwelcoming to LGBTQ individuals, the session attendees engaged the counter discourse of their personal experiences to interrupt a potentially damaging approach to HIV prevention and LGBTQ support. They advocated for themselves by their objections and through their use of words, enacted a verbal tactic of self-saving.

Through the Symposium, care for one’s spiritual self extended beyond the church and traditionally Christian religious settings. I entered a Saving Ourselves Symposium morning session titled Equity 101 anticipating a research or statistically based informational presentation. The presenter, a queer African American with a vibrantly engaging yet peaceful manner began the session by recognizing the tribal lands occupied by this conference center and the Native American descendants whose enduring trauma related to their removal from these lands had gone unrecognized. The session presenter introduced themself by name and personal heritage, recognizing the diversity of identities embodied in their life. They then asked attendees to break up into groups, identify ourselves beginning with our heritage or background, then speak our concerns and fears. We worked in groups to generate possible solutions to what we saw as the greatest problems of society before being guided into utopic hopes for rethinking incarceration, engaging with mental illness, and feeding mouths and souls. Through these exercises of self-recognition and recognition of the mutuality of our experiences, the presenter intentionally invited attendees into practices fostering greater understanding for what equity means and how to perceive and treat each other thoughtfully and equitably. Practices of mindfulness were evident in the exercises and session and in the calm demeanor of the presenter who also led the trap yoga sessions each morning during the conference. The necessity of "saving ourselves" translated not only into everyday spiritual practices for this individual but also meant pedagogical practices of inviting others into spiritual spaces of self-saving. During the course of my fieldwork, I came to know this individual better. I saw them repeatedly engaged in direct social and political activism, political rallies, protest marches, and community organizing events. Their practices of "saving ourselves" across diverse sites and contexts demonstrated how discourses and practices of self-saving permeate Black LGBTQ approaches to personal, social, and political lives of resistance, self-saving, and thriving. The HIV Outreach

Center also hosted weekly yoga sessions and had for a time hosted a weekly Bible study group. Individuals also gathered for religiously inclusive Sunday services during Black Pride weekend events.

One individual found himself in conflict with his local congregation after YouTube's video algorithm queued a video of him and his husband on their wedding day after a recording of the church service. He responded by eventually leaving the congregation and establishing a home church with a white and radically inclusive United Methodist pastor he had met through local grassroots organizing. Religious community and spiritual salvation are important to many LGBTQ African Americans. Whether remaining at least partially closeted or creating spaces of spiritual salvation in unlikely venues, LGBTQ African Americans in Birmingham Alabama actively engage in discourses and practices of "saving ourselves" spiritually across diverse site and spiritual contexts.

Saving our Trans-selves

The notion of "saving ourselves" as I have discussed it so far is one of discourse in a broad ideological sense, and of practice in everyday interactions of care for oneself and for the community. The practice of "saving ourselves" as employed by African American transwomen is not abstract or metaphorically or discursively complex. African American transwomen in Birmingham were actively engaged in talking about and engaging public support to end acts of deadly violence against African American transwomen.

In November of 2019, the Human Rights Campaign reported that since the beginning of the year at least 22 transgender and gender non-conforming individuals had been killed in the United States.[3] This statement was included in a report monitoring ongoing violence against trans-women. The Human Rights Campaign stated,

> "Since January 2013, HRC has documented more than 150 transgender and gender non-conforming people who were victims of fatal violence; at least 127 were transgender and gender non-conforming people of color. Nearly nine in every 10 victims were transgender women" (McBride 2019).

Acts of life threatening violence are disproportionately perpetrated against trans-women of color. While there were few organizations in Birmingham supporting African American and LGBTQ individuals of color, one organization was committed entirely to supporting African American transwomen. Special sessions for transwomen were held during the 2019 Birmingham Black Pride (Bham Black Pride) event and two of the sessions featured FX TV show's award winning Pose star and transwoman Dominique Jackson.[4]

The first session was open to Bham Black Pride attendees and about forty individuals eagerly settled into their conference chairs. Dressed in a tailored silken shorts-jumper and tall heels, Dominique Jackson easily commanded the attention of admirers and fans. She talked briefly about the show and her success before addressing issues facing transwomen. She spoke about the stress of being seen, of being constantly "read", by which she meant enduring visual scrutiny by those trying to determine her

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[3] The Human Rights Campaign "The Human Rights Campaign Fund was founded by Steve Endean in 1980 as one of the first gay and lesbian political action committee in the United States. The Fund's mission was to provide financial support on behalf of the gay and lesbian community to political candidates who supported gay civil rights legislation… In 1995, under Executive Director Elizabeth Birch, the organization dropped "Fund" from its name and expanded its reach far beyond political lobbying work. Programs such as the Workplace Project and the Family Project became part of the newly created educational arm, the Human Rights Campaign Foundation" (Campaign 2020).

[4] "Set in the 1980s, `Pose' is a dance musical that explores the juxtaposition of several segments of life and society in New York: the ball culture world, the rise of the luxury Trump-era universe, and the downtown social and literary scene. The first episode of Pose was released May 17, 2018. The show has won multiple awards and nominations (Google 2020).

gender and sexual identity. She indicated that by “being read” she meant that individuals frequently stare at her to determine whether she is “actually a man” or to judge whether or not she “passes as a woman.” She recognized their aggressive gaze as a kind of violence against her identity and her expression of it. She identified “being read” as one of the many stressors experienced by transwomen noting that transwomen of color are more likely than other LGBTQ individuals as a result of these kinds of experiences to experience poverty, a reality supported by recent research findings (Badgett, Choi, and Wilson 2019). From the affirmative nods and rapt attention of the attendees around me, I saw that many Black LGBTQ individuals attending the session had experienced the same thing. Jackson’s primary concern though, was that of physical violence against transwomen. She talked about the importance of transwomen “being there” for each other and she called on African American LGBTQ communities to “look out for your trans-sisters.” Her words were a discursive call for practices of care and caregiving. She urged transgender women to be active in caring for and saving other transgender women. She also verbally recruited LGBTQ identifying individuals to help transwomen, calling them sisters. Her activity as a public speaker, her acts of physically coming to Birmingham and her standing in a conference room talking about saving transwomen as a transwoman herself were embodied practices of “saving ourselves” and care. She offered practical suggestions of care for session attendees as well. On protecting transwomen as they engage in sex work she said:

> “You know when your trans-sisters are working the streets. Call them. Tell them you are there if they need anything. Stand with them on the corner so the stranger picking them up knows someone is waiting for them to come back. Text them while they are in the car. It makes a difference if the person (the client) they are with knows they are not alone. These simple things can help to protect them and to make sure they come back alive.”

While notions and practices of “saving ourselves” powerfully oriented LGBTQ African American approaches to multiple marginalizations, Dominique Jackson’s words were readily understandable. She called directly on LGBTQ African Americans to engage in practices of self-saving for themselves as transwomen and for themselves as members of LGBTQ African American communities. Her words drew vigorous nods of approval and the session concluded with vigorous applause. The ideas and practices Jackson presented resonated with the words of James Baldwin and Essex Hemphill and with the experiences of Black LGBTQ symposium attendees. They recognized the needs of caring for, caregiving, and caring with for the protection of Black trans-lives.

The second session hosted by Dominique Jackson was closed to general attendees. It was announced as a private session for transwomen to “be with each other” as transwomen with specific experiences of violence and marginalization distinct from those experienced by African American LGBTQ communities more broadly. Her words and presence at Bham Black Pride and those of the presenters and attendees at the Saving Ourselves Symposium demonstrated the salience not only of verbal forms of self-saving, but of practices of self-saving and care in the lives of LGBTQ African Americans, specifically for Black transwomen. Care in this context is understood through the experiences, discourses, and practices of self-saving engaged by Black LGBTQ individuals and communities.

Conclusion

In this chapter, I discussed care through the notion of “saving ourselves” as found in the Saving Ourselves Symposium and across multiple sites in Birmingham. The Saving Ourselves Symposium demonstrated the rhetorical value of the notion of “saving ourselves" as inspired by African American responses to slavery, Jim Crow legislation, and Civil Rights activism. The phrase illustrated by writer and activist James A. Baldwin's words "There is never time in the future in which we will work out our salvation. The challenge is in the moment; the time is always now" and by Essex Hemphill's reflective poem on the saving of Black men, has continued salience among African Americans working toward healing, justice, and equality as LGBTQ identifying individuals. The notion presupposed modes of care and has discursive flexibility across a range of sites and contexts. This linguistic agility allows individuals to invoke the phrase across broad range of experiences. Confronted by rejection in religious spaces some individuals side-step religious institutions and seek spiritual connection and salvation directly from God. Individuals working in HIV prevention were often quite literally saving themselves as they worked to increase access to life saving physical and mental health resources. These sometimes surprisingly overlapping contexts demonstrate how discourses of "saving ourselves" orient practices of care supporting more than body and soul.

The Saving Ourselves Symposium concluded with a Red Gala cocktail reception, dinner, and after-party. During these events, attendees relaxed together discussing their trips home and plans to attend next year's symposium. They also talked about possibilities for change. From businesses or organizations, they hoped to start or policies they hoped to influence, symposium attendees discussed plans of "saving ourselves" in the hope of positive future outcomes. These plans and conversations are what Berenice Fisher and Joan Tronto suggested in the phase of care they called "caring with." Caring with means creating stable and reliable networks and systems of care (Tronto 2017).

Through these conversations, attendees talked about how they would take the things they heard and the conversations they had engaged in to actively employ ideas and practices of "saving ourselves." In this way, LGBTQ African Americans in and beyond Birmingham, Alabama engage discourses and practices of everyday survival and resistance through the discursively flexible notion "saving ourselves.

In the next chapter, I explore HIV prevention in Birmingham to examine how histories of racial segregation, federal and local HIV prevention strategies, and LGBTQ politics intersect with HIV prevention and AIDS service organizations (ASO's) to configure the lives and experiences of individuals Black LGBTQ individuals working in them and accessing services through them.

Figure 2-1 Saving Ourselves Symposium promotional image

Figure 2-2 2018 Saving Ourselves Symposium Program and session handout.

Chapter 3: *Racial Difference and Care in HIV Prevention*[5]

Introduction

Marked disparities in new HIV diagnoses and HIV prevalence overall among African American individuals and specifically among young African American men-who-have-sex-with-men, a subcategory within the CDC data (Prevention 2015), raised the questions that initially motivated my research in multiple ways; questions about how African American histories of oppression and liberation shape discourses and practices of survival and thriving across social, familial, biomedical, and LGBTQ identified contexts and positionalities in Birmingham. The ethnographic data invited an examination into how various forms of care are engaged to prevent the spread of HIV. But it was a conference hosted by the University of Alabama in 2015 that alerted me to the powerful place racial difference has in HIV prevalence and in the organizations and institutions tasked with slowing the spread of the virus.

In April of 2015 I traveled to Birmingham to attend a conference on the epidemiological status of HIV/AIDS and prevention efforts in the "Deep South". I sat in the after lunch hum of ongoing conference presentations, taking notes and learning what I could about HIV in the southern United States. The warm scents of catered meat and vegetables lingered in the air and around our tables as the afternoon sunlight filtered through the windows and reflected off the meeting room chandeliers. The conference, titled "Ending AIDS: A Deep South Summit" was organized by the University of

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[5] Prevalence refers to the proportion of persons who have a condition at or during a particular time period, whereas incidence refers to the proportion or rate of persons who develop a condition during a particular time period (CDC 2021; Last 2001)

Alabama to discuss continuing and disproportionate incidences of HIV in Alabama and in the southern United States. The morning sessions featured individuals who had traveled from out of the area to report on state and federal surveillance data. Experts from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau had flown in from federal offices in Washington D.C. They were followed by state epidemiologists and public health specialists. The speakers were well educated, predominantly middle aged, middle class and white. Each described from their own sets of epidemiological and programmatic perspectives the contexts and metrics of HIV diagnosis and treatment. Previous data showed that LGBTQ African Americans, specifically young African American men who have sex with men were experiencing greatest new incidences of HIV infection. These findings had sparked a flurry of academic research and a proliferation of state and non-profit policy driven interventions. The presentations offered updated statistics on HIV incidence and prevalence, emphasizing the importance of testing, linkage to care and retention in care, meaning a long term commitment to doctors' appointments, bloodwork, and medications. Various presenters discussed barriers to seeking and obtaining care as well as how each might be addressed. The presentations were professional, and data driven. Speakers in business attire and button down shirts directed our attention to charts and graphs of new cases, cases by gender and age, cases by ethnicity and race, rural vs urban intervention efforts and the difficulty of reducing rates of HIV in populations with the highest incidences, namely young African American men who have sex with men. Attendees listened and took notes. Conversation was limited to the breaks between speakers. I was struck by the well-provisioned and professional approach to HIV prevention indicated by the conference. While a sense of urgency was maintained through cautious statements about rising HIV rates and continued disparities in new HIV diagnoses, the overall feeling was one of administrative calm. I recognized the feeling from my experiences as a nurse. Whatever crisis may be happening in staffing or in the overcrowded emergency department, institution and administrative personal remained calm, created detailed charts, and collaborated with other administrators to discuss solutions. I knew that these presentations were likely the smooth well rounded tip of a larger, more complicated iceberg.

By lunchtime, the crowd had thinned as presenters from D.C. left to catch flights taking them north and east. The afternoon presentations continued as local speakers focused on issues closer to home. The room quieted as the final presenter, an African American woman from a local AIDS service organization stood and in a clear voice powerfully recited Naomi Long Madgett's poem "Alabama Centennial." In the Civil Rights era poem, African American educator, and poet, Naomi Long Madgett wrote of the injustices experienced by African Americans seeking equality and civil rights. She recounted how African Americans were told to be patient, to wait for equality and freedom. Madgett concluded the poem not with despair or frustration over opposition to equal rights for African Americans, but with the imperative to "walk", a reference to freedom marches like those that took place in Birmingham in the 1960's in which African Americans locked arms and marched with the goal of obtaining equality (Gale 2001; Madgett 1965). Madgett wrote and the presenter spoke her words:

> They said, "Wait." Well, I waited.
> For a hundred years I waited
> In cotton fields, kitchens, balconies,
> In bread lines, at back doors, on chain gangs,

In stinking "colored" toilets
And crowded ghettos,
Outside of schools and voting booths.
And some said, "Later."
And some said, "Never!"
Then a new wind blew, and a new voice
Rode its wings with quiet urgency,
Strong, determined, sure.
"No," it said. "Not 'never,' not 'later."
Not even 'soon.'
Now.
Walk!" (Madgett 1965)

The presenter, a leader in HIV prevention in Birmingham, spoke with clear conviction and the poem made up the entirety of her presentation. After speaking the last words and having never mentioned HIV, the presenter simply sat down. She added nothing more. A group of largely African American attendees seated around her erupted in standing applause.

I was surprised to observe the stark connection made between civil rights and HIV prevention, however the speaker found it unnecessary to draw that link for the listeners around her. They did not need those gaps filled in because as African Americans working in HIV prevention in Birmingham, the connection between health disparities and racial inequality are realities they see and experience every day. Through their standing applause, they appeared to strongly agree with the speaker, that just as African Americans in the 1950's and 1960's organized and marched for civil rights, African American individuals, particularly those identifying as Black, and LGBTQ must often move on their own behalf to reduce disparities in HIV and AIDS. In applauding and standing, they identified racial inequality as the primary factor in disproportionate rates of HIV among LGBTQ African Americans and through their response, protested failed promises of remedy and relief. Following a day of state and biomedically focused presentations the speaker, like Naomi Long Madgett, called on LGBTQ African Americans not to wait for bureaucratic answers or solutions, but to “walk”. In short, to save themselves. I wondered what this poem meant in the context of HIV prevention in Birmingham and why it resonated so thoroughly with a group of African Americans working in HIV prevention. The presence of this presenter and the attendees around her made visible a community of individuals who care deeply about racial inequality and the communities disproportionately affected as well as those who are involved in caregiving through HIV education and testing. Her act of care extended beyond concern about and taking responsibility for as phases of care described by Berenice Fisher and Joan Tronto. As someone working in HIV prevention, she was involved in the daily routines of caregiving involving HIV testing, referrals, and sexual health education. In this moment, she engaged in care in the political and ethical senses described by Daniel Engster. She engaged an ethics of care grounded in the political (Engster 2009). She recited Naomi Long Madgett and recalled the failures of promised equality to call out the failed promises of health equality in the context of HIV prevention. She called on Black LGBTQ people to walk, to move steadily toward their own surviving and thriving, to care for themselves. Hers was a social and political act of saving in the context of HIV prevention and care.

The previous chapter discussed the notion of “saving ourselves” as a phrase denoting care, surviving and thriving among LGBTQ African Americans. The notion is connected to African American history and rhetoric and orients practices across a diversity of sites and contexts. The recitation of Naomi Long Madgett’s poem “Alabama Centennial” with its call to African Americans to “walk”, to take action, as the path to achieving equality was powerful all by itself. To present the poem in formal response to a full day of presentations on healthcare inequalities in HIV gave the poem a rebuking edge. This ethnographic moment shows how this Black speaker understood histories of racial inequality to be at the root of healthcare inequalities in HIV prevention and care in Birmingham. It situated Birmingham's HIV/AIDS histories and prevention interventions within broader social, medical, and political contexts in the United States.

My preliminary and dissertation research took me into Birmingham's primary AIDS service organizations to conduct qualitative research in cultural anthropology, to try and better understand how intersections of race and gender, belonging and cultural citizenship shape the lives of LGBTQ African Americans. My goal was to examine how race and gender intersect with state and non-profit organizational structures to shape experiences of belonging and citizenship for HIV outreach staff like the ones I encountered at the Deep South Summit, and for LGBTQ African Americans seeking care and social connection through sites of HIV prevention. I wanted to make sense of the recitation of the poem "Alabama Centennial" and the standing ovation following it in the context of HIV prevention in Birmingham.

The lives of LGBTQ African Americans are profoundly shaped by intersections of race and gender and by the politics of parsing blackness and "gayness" into comprehensible sites of health related intervention. Intersections of Blackness and gayness sometimes confound HIV prevention strategies. At the height of the AIDS epidemic in the late 1980's and 90's, AIDS was thought of as a disease of gay white men (Epstein 1996) and gayness continues to be understood through the frames of whiteness and maleness (Carbado 1999). Kimberlé Crenshaw's foundational work highlighted the legal system's inability to respond to the intersections of race and gender embodied by Black women (Crenshaw 1991). Institutional structures of healthcare provisioning have an equally difficult time respond to the intersectional realities. AIDS service organizations and HIV prevention agencies often have difficulty providing services at the intersections of race and gender as well. This chapter examines forms and contradictions of care experienced by Black LGBTQ individuals working in AIDS service organizations in Birmingham. I also examine how LGBTQ African Americans contest whitening narratives of "gayness" and create sites of belonging through HIV prevention organizations and services. I begin with experiences of LGBTQ African Americans working in HIV prevention to see how racialized histories of local, state, and federal intervention intersect with non-profit funding structures to shape HIV prevention efforts, employment, and negotiations of survival for HIV outreach staff and clients. The second section outlines histories of AIDS research and prevention in the United States and globally to situate HIV prevention in Birmingham within intersectional disparities of HIV research and prevention. The third section looks at HIV prevention efforts taking place outside of the outreach center to examine the conflicting ways in which LGBTQ politics and segregated urban spaces shape HIV education and prevention across diverse social and educational settings. Through these discussions, I contend that race and gender continue to shape practices of care around HIV prevention and additionally burden Black LGBTQ individuals who are tasked with caring for others while caring for themselves. I also show how ethics of care (Engster 2005) and notions of self-determination and self-saving orient Black LGBTQ approaches to HIV care work.

My analysis draws from participant observations activities at the HIV Outreach Center and from interviews with HIV prevention service providers in Birmingham. Alabama. While I attended and actively participated HIV testing events in local schools and neighborhoods and spent regularly scheduled time at the HIV Outreach Center making up safe-sex kits, setting up for events or cleaning up after, and visiting with staff and clients, I did not test clients, access, or view protected healthcare information. My goal was not to engage in an analysis of HIV prevention from a biomedical or medical anthropology perspective, but to better understand how care among Black LGBTQ individuals and communities intersects with HIV prevention interventions for individuals who identify as "Black and gay." Five of the six individuals I worked with at the HIV Outreach Center were Black and five identified as LGBTQ though the categories did not entirely overlap. An overwhelming majority of the outreach activities organized by this HIV outreach center occurred in predominantly Black communities, schools, or events planned by and for Black people. The HIV Outreach Center offers routine testing and HIV/STD/STI education as well as community spaces and events. However, the care provided there is rarely confined to regularly posted hours and the burden of care most often falls on Black LGBTQ staff members with ties to Black and Black LGBTQ communities. Care work for HIV prevention specialists is embodied work "constructed around personal identities and experiences" (Hilfinger Messias et al. 2009, 572) that shape their responses to the needs of others.

The HIV Outreach Center and Everyday Forms of Care

An HIV outreach specialist came quickly through the back door into the community space at The Center. He was obviously distraught. I stopped folding give-away t-shirts and asked if he was ok. He told me of a client who had been living in Atlanta, out of touch with family, gay, and not "taking care of himself", by which he meant that the man was HIV positive and was not taking his medications or following up with lab work or visits with his physician. A family member had convinced the man to come home, and he was ill enough that he let the family member come get him. He was emaciated and unable to stand. The man, his family member and the HIV outreach specialist went immediately to the infectious disease clinic. It was Friday and the clinic was about to close for the weekend, so technicians there examined the man and instructed him to return on Monday. The HIV prevention specialist was beside himself. He was concerned that the man might not live until Monday. He and the family member took the man to the emergency department where, after hours of sitting in the waiting room, the man was admitted to the hospital. These events took place over the weekend when the HIV Outreach Center was closed, and the HIV prevention specialist should have been off work. The HIV prevention specialist intervened as if the man's life hung by a thread, knowing that without immediate intervention and advocacy, the man might die. He expressed frustration that the man had not accessed care like he should have and had become so ill. He was irate that the man had not received more attention at the clinic. He worked with the clinic regularly and was usually pleased with the care received there. The incident felt personal to the HIV outreach specialist who is also an African American gay man. He is conscientious about HIV prevention, engages in, and teaches HIV protective practices. He works to keep situations like this from happening and yet HIV care and the work he does are precarious; people slip away from care and too often die. The HIV prevention specialist himself, may face health problems or other challenges.

Funding may shift away from the services provided through the HIV Outreach Center, leaving individuals working in HIV prevention without jobs and individuals and communities without care.

The experiences of the HIV resource provider and of this man highlight the failures of self-care in a neoliberal medical context that rests the responsibility for health on the individual. It suggests failures of care by the clinic to refer the man for further treatment. It also highlights the persistent and concerned care of the family member who kept in touch with the man and convinced him to return home. It highlights the determined care provided by the HIV prevention specialist to intervene on behalf of this man. Each of these forms and contexts of care, the contradictions of care in neoliberal logics of healthcare, caring for oneself even though the need for care generally implies that one is not able to survive and thrive without intervention, are bound up with HIV prevention, Blackness, and ideals and practices of care. In this weekend encounter, the HIV prevention specialist bore the weight of caring for this man and his family within those contradictions and intersections.

This ethnographic account resonates with the findings of assistant professor of professional communication Marty Fink whose work explores "HIV community newsletters, media, zines, porn, and literatures" through queer/trans narratives of care and kinship in the 1980's and 90's. Fink argues that "queer and trans caregiving kinships that formed in response to HIV continue to inspire how we have sex and build chosen families in the present" (Fink 2021). He builds understandings of kinship and care organized around HIV disability and LGBTQ identity that can be seen in the acts of caring and advocacy engaged in by the HIV preventions specialist. They can be seen more broadly in formal and informal systems of care provided by and for Black LGBTQ individuals and communities in Birmingham.

Reaching and caring for individuals most likely to be impacted by HIV, Black people, is a priority for this HIV Outreach center and HIV prevention specialists often intervene in critical ways. They engage flexible methods of care and care provisioning in an effort to extend HIV prevention care.

An audio advertisement created for the AIDS service organization invited individuals to get tested. Two Black speakers engaged in the following exchange:

> Speaker one: (we) are now providing in home HIV testing, at your house, if you can't come to us, we'll come to you. A lot of people don't like coming into places to get tested. We will come to your house, test you there, and give you the results.
> Speaker two: In your car
>
> Speaker one: Or the park. Wherever you want to meet us. We'll be there.
>
> Speaker two: At the beauty shop!
>
> Speaker three: (laughing) you want to get tested, you give us a call.
>
> Speaker one: We'll test you.

The speakers laughed but emphasized that they will go out of their way to meet clients requiring tests. One HIV prevention specialist reported testing someone in the bathroom of a fast food restaurant because that was where the client felt safe and could meet. The HIV Outreach Center had found that the most effective HIV prevention takes testing and education to the individuals most at risk, a flexibly agentive form of care designed to accommodate those most distanced from preventative testing. Sometimes this flexibility of care meant conducting testing and education in parks, at public events, in project housing communities, in bars, at parties, in schools, in individuals' homes.

One of the largest testing events of the year for the HIV Outreach Center took place during Magic City Classic, a much anticipated weekend of festivities including a parade, food and commercial vendors, and crowds of fans gathered for the annual football game between Alabama A&M University and Alabama State University. The two schools are among Alabama's premier Historically Black Colleges and Universities (HBCUs). The event takes place in a historically Black area of Birmingham and attracts large numbers of predominantly Black attendees from across the state. We passed out hundreds of safe-sex kits including an assortment of condoms, personal lubricant, and information for confidential testing. Alumni and fans alike gathered to hear the bands, browse food booths and merchandize stands, and attend the game. The HIV Outreach Center had bought swag items weeks in advance. T-shirt, water bottles, sunglasses, and key fobs stored in boxes under the tables were distributed to anyone coming by and getting tested. The event required extensive preparation and staff were at the tables from morning until after game-time. It was a long day, but this kind of community outreach is important for preventing HIV transmission. Testing events in the community provide access to HIV testing for individuals who might not come to the HIV Outreach Center. Because the HIV Outreach Center also provides LGBTQ support services, individuals who not identifying as LGBTQ or who associates HIV with gayness and would not suspect heterosexual transmission are able to be tested. I was surprised by how familiar people were with the process of being tested. Many stated they had been tested within the past few months but needed to be tested again. Prevention specialists called out to young people, inviting them to be tested, stepping away from the crowds to provide parents with additional support and education. I answered questions about testing and helped to contain the t-shirts and safe-sex kits that spilled over the table. People approaching the tables were happy to interact with me, an outsider visible by my whiteness, but when it came time for testing and asking serious questions, they looked to the African American HIV prevention specialists who through their words and interactions demonstrated not only familiarity with Black communities, but I imagined who could be trusted to provide care in the vulnerability of a possible positive test. Shared experiences of Blackness visible in skin tone and hair type, but also in ways of speaking and interacting conveyed a collaborative form of care I could not convey. My primary gatekeeper, Marvin, often stressed the importance of having trusted community members involved in HIV prevention work. More than once I heard him say "You can't send a white girl who speaks Spanish into a Hispanic neighborhood (to provide HIV testing and education). It's not going to work." By which he meant that language proficiency does not equal cultural proficiency and even cultural proficiency does not always translate into trust. He works to build trust from the start. Peer to peer counseling is important and LGBTQ African Americans working in HIV prevention can connect with clients in crucial ways. While they are often employed specifically to reach African Americans who do not routinely access services, many individuals working in HIV prevention have also often been personally affected by HIV. This makes them particularly able to relate to, empathize with, educate, and guide clients through HIV prevention and care. It grants them personal insights into the vulnerabilities and frustrations of disease prevention and treatment by way of non-profit and government funding agencies. During a 2015 interview with Marvin at the HIV Outreach Center, he relaxed into his office chair and explained:

> "Having people like myself who are open with our status. It kind of demystifies it a little bit. As part of our testing, I never test anyone without somewhere during

> the conversation, I give them their results, they know that I'm HIV positive. Because for me, you ask so many ask so many intimate questions on that. And you know nobody wants to say, "I had sex with five different people last week" (laughs) you know.
>
> S. Unless you're drunk and bragging.
>
> T. Unless you drunk and bragging. You know. But that's the reality of some people having. It was my reality, so you know, and so by them knowing that I'm positive already it kind of lowers their defenses and almost "ok, he's not going to judge me". So, I think we're also afraid of judgement from other people and when you kind of, sometimes you can't get rid of all of it, but when you at least make it a little more palatable I think it's easier for people to say, "well, he's done this so I can do it too." Just in case I get some news that I didn't want to get … I love it. But I've been doing this work for free for years. Umm because of being positive since '93. Umm a long trek before I got into treatment and once I got into treatment, I started helping other people."

In this exchange, Marvin detailed how he intentionally shares his own HIV status and sexual history during HIV testing as a form of care. He wants those being tested to feel safe, and unjudged. He shares his personal history, making himself vulnerable in a potentially fearful and vulnerable moment for those being tested. His ability to do this and his willingness to do so are vital to successful strategies of HIV prevention. For clients seeking testing, care, or social connection through AIDS service organizations, feeling safe and welcome is essential. Background music, art, and who else occupies spaces can work as racialized indicators of belonging (Steele 2010). Creating comfortable and welcoming client environments is important to AIDS service organizations because HIV prevention requires ongoing testing and education. Clients are less likely to return to a testing center where they feel they are not treated well or do not feel safe and welcome. HIV prevention organizations tailor lobby and testing areas to target populations and create social and multi-use spaces as well as testing areas (Garcia et al. 2015). The lobby of the HIV Outreach Center was bright with natural light coming in through the windows. A red shag carpet and matching pillows on the brown leather couch invited clients in. A carousel of magazines featuring shirtless models with chiseled brown abs and tight jeans touting the importance of “know(ing) your status” sat on a bar height table opposite the coffee maker. The environment and social events were designed to normalize testing procedures while improving testing rates. A comfortable space invited client to come for social connection and stay for HIV testing. Staff at the Center assisted clients with services beyond direct HIV prevention. HIV prevention organizations are accessed and utilized differently by race and gender identity. Structurally and socially, they can be places of exclusion. However, Marvin’s efforts showed that HIV prevention by and for LGBTQ African Americans can be intentionally shaped as vibrant if ephemeral places of belonging.

The difficulty of building trust presents a contradiction in HIV care. While it is essential to have Black and Black LGBTQ individuals working in HIV prevention among Black and Black LGBTQ individuals, LGBTQ African Americans then bear a disproportionate burden of providing HIV prevention care. Additionally, social segregation means that Black HIV prevention organizations may not have the social or political connections to raise funds from wealthier white communities resulting in disparities in HIV prevention services related to unequal access to funding. Peer to peer counseling is considered the most effective way to reach difficult to access populations and engage them in care (Parkin and McKeganey 2000; Ochieng 2003; Horvath et al. 2013). As a result, organizations seeking to reduce incidences of HIV among African Americans and young LGBTQ African Americans hire African Americans and LGBTQ African Americans for outreach and education positions. At administrative levels however, predominantly white AIDS service organizations may see the challenges of building trust as a justification for leaving HIV prevention care in racialized communities to organizations staffed by people of color. In interviews and during informal conversations, I sometimes saw white individuals responding to the problems of racial disparities, shrug their shoulders and say, “we tried,” too often without successfully building positive long term relationships and effective collaboration. This response has historical precedent driven by racialized notions of HIV and by the research and activism that followed initial waves of the AIDS pandemic. Without examining these histories, it might be easy for white individuals and predominantly white organizations in Birmingham to imagine that racial disparities as recent and understudied developments rather than persistent realities in the history of HIV research, prevention, and care. The history unfolds in ways that are unmistakable.

Histories of AIDS and HIV Prevention

I first became aware of AIDS in the early 1980s near the beginning of the pandemic. I was a middle school student in a small predominantly white church school, but I overheard concerns about a deadly new virus on the evening news. I was not the only one to take notice. Researchers and healthcare providers around the world began work on understanding the disease. Doctors in New York documented an increasing incidence of the rare cancer, Kaposi Sarcoma, among gay men. At the same time, physicians in California as well as in New York diagnosed an increasing number of patients with the rare lung infection, pneumocystis carinii pneumonia, among the same demographic. Laboratory studies revealed that the men had severely depressed immune systems. This form of pneumonia was often the first indication of the seriousness of the patient’s conditions and became an indicator of the disease. The men’s counts of white blood cells responsible for fighting infection, known as T-lymphocytes or T-cells were critically low. Known variably as gay compromise syndrome, gay-related immune deficiency (GRID), acquired immune deficiency syndrome (AIDS), or gay cancer, the illness in the United States was thought to be confined to individuals with hemophilia who had received therapeutic blood products and the men who have sex with men (Avert 2013; Epstein 1996). Those with hemophilia showed the now recognizable skin lesions and developed pneumocystis carinii pneumonia as did some individuals who intravenously injected drugs. The nature of the illness caused medical researchers to suspect a retro-virus as the cause. Retroviruses have the enzyme reverse transcriptase, which allow it to copy ribonucleic acid (RNA) into deoxyribonucleic acid (DNA) within cells. They then use that DNA "copy" to further infect human, or host, cells (Microbicides 2020). Dr. Luc Montagnier and his team at the Pasteur Institute in France identified a retro-virus which they named the lymphadenopathy-associated virus (LAV). Biomedical researcher Robert Gallo, working in the United States, simultaneously identified a virus he called human T-cell lymphotropic virus or HTLV 1. The viruses were determined to be the same and the cause of human immunodeficiency virus or HIV (Epstein 2007). The presence of HTLV 1 in a patient's blood stream became a positive diagnosis for the presence of the human immunodeficiency virus or HIV. Researchers soon found that the HIV virus could be present for weeks, months, or years before an individual became ill. An individual testing positive for HIV might not develop or display symptoms. When the individual's immune system became compromised to the point that they were unable to fight off other infections, the individual was understood to have AIDS though possibility that the virus might reproduce quietly for weeks or years took time to discover (Epstein 1996). At this point, blood and gayness were seen as vectors of the disease. Research was conducted in the United States and in Europe, first world, predominantly white countries.

However, research efforts in the United States to produce and make available HIV/AIDS treatments and medications were slow, hindered by the marginalized status of those most affected and a lack of political will (Epstein 1996; Harden 2012). It was not until locally organized activist movements began to put significant pressure on government, research, and pharmaceutical industries that a gradual flurry of activity began (Feldman 1998). During this time, white gay men lead efforts calling for increased research and exploration of treatment options. These men were educated and able to learn the science and politics of AIDS/HIV prevention. This allowed them to speak convincingly to drug development and research institutions. Their whiteness also gave them political access they might not have had otherwise (Epstein 1996). Larry Kramer, the director of ACTUP, a grassroots activist movement grounded in non-violent resistance to oppression, was an example of the power of gay whiteness in HIV/AIDS advocacy. ACTUP was particularly skilled at attracting media attention and conducted large scale rallies and protests (Epstein 1996). Communication between individuals affected by HIV/AIDS and the Food and Drug Administration (FDA) and organizations conducting clinical trials became productive. As activists learned the language of clinical trials, pharmaceuticals, and microbiology their new role as lay experts gave them a voice in the discourse surrounding HIV/AIDS (Epstein 1996). Educated white gay men with financial resources bridged the gap between gayness and research and development by drawing on their whiteness, and socio-economic class to show that their lives, though marked by gayness, were worthy of care (Bérubé 2001).

The stigma of gayness impacted medical policy and practice as well. Screening guidelines were established for blood products barring gay men from donating blood. Needle exchange programs and interventions targeted at sex workers worked to reduce the incidence of transmission through blood transfusions and through intravenous drug use (Epstein 1996; AIDS.gov 2013). Public education programs on HIV/AIDS transmission and advertising campaigns sponsored by HIV/AIDS organizations began to be available. The United Nations, the World Health Organization, and the Centers for Disease Control issued mandates for HIV/AIDS prevention and treatment. Global programs funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) bolstered an ever growing industry of research and non-government organizations (Harden 2012). HIV/AIDS prevention became a multifaceted global epidemic shaped by racialized and gendered notions of the disease and those diagnosed with it.

Shortly after the discovery of an immune deficiency disorder in men who have sex with men, similar symptoms were found in immigrants from Haiti. The problem of HIV/AIDS became mapped onto brown and Black bodies. The role of sex tourism, in which tourist from the United States brought HIV/AIDS back home with them, and the internationally generated economic environment in Haiti that limited employment opportunities and made sex work a strategy for survival were obscured. HIV/AIDS became socially understood as situated in the bodies of people of color as well in the gay bodies of white men (Farmer 2006).

By the 1990's, the triple drug approach to HIV/AIDS treatment was shown to be effective and became widely available in the United States through the Ryan White CARE Act which covered much of the cost for medications (Programs 2014). The visibility of Ryan White, a white school child who contracted HIV through blood transfusions, advanced again, the notion that lives impacted by HIV/AIDS were lives worth saving. Effective medications became more widely available, and HIV/AIDS could become a chronic disease rather than a death sentence. Education efforts slowed. A generation gap between those who had lived through the years of fear, political activity, and the funerals of friends and lovers, and those who were new to HIV/AIDS risk developed (Harden 2012). Fear of the disease eroded (Beaudin and Chambre 1996; Saag 2014). For some contracting HIV seemed inevitable. Weary of the constant dread and the work of prevention, individuals sometimes called "bug catchers", sought HIV positive sex partners to intentionally contract the disease. (Truinfol 2003). These shifts were seen in Birmingham as well (Saag 2014).

As experiences of the HIV/AIDS changed, so did responses to it. Studies showed that gay communities in California experienced HIV/AIDS differently than immigrant communities in Florida (Epstein 2007; Vieira et al. 1983). Sex workers in China contracting HIV through ritualized sexual encounters between older men and young women experienced HIV/AIDS in ways distinctive from the homeless in Brazil who had limited access to care (Biehl 2007; Hyde 2007). Transmission and physical symptoms were similar but contexts of transmission, and how the disease was understood and reacted to varied by place and community. The reality of local biologies (Lock 1993) and locally situated experiences of HIV/AIDS became evident in the varied lived experiences of HIV/AIDS sufferers and in the emerging strains of the HIV/AIDS virus. Sweeping epidemiological and biomedical solutions were shown to be limited in the shifting political and economic realities that shape the experience of HIV/AIDS. What worked in one place or with one group of individuals, was ineffective somewhere else. HIV/AIDS researchers were called to take into account local histories, economic and political environments and the social norms, struggles and structures that construct experiences of HIV/AIDS (Lock 1993; Farmer 2004). Tracing diversities of experience and the importance of local context, searching for common threads that allow the virus to continue to spread and take lives, and recognizing emerging evidence of broader racial disparities marked the research findings. Intersectionalities of experience marked by class and gender, as well as historical and ongoing processes of racialization, part of what are understood as "social determinants of health," noting marked health disparities among minoritized populations, were clearly laid out in discussions of "the John Henryism hypothesis" and "the Sojourner syndrome" (Mullings 2002, 2005b; Bennet et al. 2004). Both theories point to additional and extraordinary strain caused by multiple marginalizing intersections generally experienced by Black people in the United States that result in poor health outcomes among African American individuals and communities.

Because HIV/AIDS is a pandemic requiring responses by global and national entities, questions of cultural and social citizenship and the state, neoliberalism, and health care provisioning become prominent as resources were triaged and body counts revealed healthcare deficits and state and local failures (Farmer 2006; Susser 2009; Biehl 2007; Nguyen 2010). Questions of how sexuality becomes implicated in state services, who could the state reasonably care for, what constitutes a worthy citizen, and what could be done for those who fell “through the cracks” began to surface. These questions plague HIV/AIDS care and prevention globally and in the United States. They continue to mold discourses of health care provisioning in economically stressed areas of the Southern United States and are important for understanding HIV prevention taking place in HIV Outreach Centers and through AIDS Service Organizations in Birmingham as well.

Birmingham played an important role in the history of HIV/AIDS research. Dr. Michael Saag at the University of Alabama spearheaded early and innovative research on the virus and on treatment including:

> “the first description of the quasispecies nature of HIV (*Nature*, 1988), first use of viral load in clinical practice (Science, 1993), the first description of the rapid dynamics of viral replication (Nature, 1995), the first guidelines for use of viral load in practice (Nature Medicine, 1996), the first proof of concept of fusion inhibition as a therapeutic option (Nature Medicine, 1998), and directed the ‘first in-patient’ studies of 7 of the 25 antiretroviral drugs currently on the market (including indinavir, efavirenz, abacavir, and enfuvirtide)” (Saag 2021).

The University of Alabama’s 1917 clinic brought the first therapeutic pharmaceuticals to area patients (Saag 2014). The clinic continues to offer comprehensive HIV/AIDS care including researchers, doctors, social workers, psychiatrists, pastors, and dentists to its patients. Local services extend beyond the university as well.

Individuals I interviewed from across AIDS service organizations in Birmingham told me that during the late 1980’s and 1990’s, an increase in the numbers of those suffering and dying from AIDS in Birmingham was overwhelming. Faith based groups, friends, and family members joined to provide care for Birmingham’s AIDS patients gradually expanding to provide a variety of services including food and housing assistance, legal help and LGBTQ support services.

Despite a local wealth of biomedical research on HIV/AIDS in Birmingham (Saag 2014), African Americans and LGBTQ African Americans in Birmingham continue to experience a disproportionate incidence and prevalence of HIV. Disparities of race are compounded when youth and gender orientation are taken into consideration. The infection rate among African American males aged fifteen to twenty-nine years of age and living with HIV infection in 2013 was nearly eleven times that of their white counterparts and four times the rate of infection among all prevalent cases aged fifteen-twenty nine years of age. Sex with another male is the predominant risk factor reported among newly diagnosed HIV cases in adolescent and young adult African American males (APH 2019). As early as 2010, the CDC noted an increase in the incidence of new HIV diagnoses in individuals aged thirteen to twenty-four, particularly in young men who have sex with men. Thirteen to twenty-four is an age span marked by significant social, educational, and life transitions, but the increase of HIV incidence in that age demographic when diagnoses in other age groups was stable or declining brought young African American men who have sex with men into sharp epidemiological relief, making them visible and subject to intervention in multiple ways. High incidences of contracting the HIV virus and the risk of dying from AIDS brought young African American men who have sex with men (YAAMSM) into view for studies in epidemiology and biomedicine around testing, retention in care, and viral load suppression (CDC 2018). Comparing 2015 data with that of 2020 provides further insights.

Preliminary data reported by the Alabama Department of Public Health for 2020 shows that incidences, new diagnoses, of HIV are highest in Black individuals (70.1%) and among individuals 30-39 years of age (24.6%). However, the data in 2020 was presented by age differently than in 2015. In 2020 13-19 year old individuals are one group at 5.1%, 19-24 are a second group at an incidence rate of 21.6%, and 24-29 are a third group at a rate of 20.3%. The combined incidence rate for this group is 47%. The 2015 data grouped individuals ages 15-29 together and reported an incidence rate for 2015 of 45.5%. So, while the numbers for each group appear to be improved in the 2020 data because the data is arranged differently by age group, the overall incidence, or new diagnoses, of HIV for individuals ages 15-29 is slightly increased over the 2015. In short, the situation in 2020 was somewhat worse than when I began my research in 2015 (CDC 2021, 2015).

Comparing HIV rates in Alabama with the U.S. rates generally, CDC data shows that 51% of new HIV diagnoses in 2018 were in urban areas of the U.S. south. 52% of those individuals are Black. 47% of deaths in individuals diagnosed with HIV in the United States were in the south (CDC 2018). In 2017, Alabama was behind Georgia, Florida, Louisiana, Nevada, Mississippi, South Carolina and New York in new incidences of HIV diagnoses per 100,000 people. Like much of the south, Alabama's numbers are disproportionately high compared with the rest of the country. HIV continues to be a public health problem for multiple population groups (CDC 2017). In Alabama in 2018, 22.2% of new diagnoses were in white individuals, and 23% of new diagnoses were in individuals who identified as heterosexual, a percentage very similar to MSM at 23.3%. Similarities in findings between heterosexual and MSM identifying individuals may reflect bi-invisibility, by which I mean the difficulty of distinguishing individuals who are attracted to and potentially sexually active with both men and women from individuals who identify as attracted to and potentially sexually active only with individuals of opposite sexes. These numbers and percentages vary from state to state. For instance, in 2018 in California, 88% of new diagnoses were male and 48.1% identified as Hispanic or Latinx. The age of greatest new diagnoses was also in individuals 13-24 years of age at 56.4%. The specialized focus on young African American males (MSM) in HIV prevention is because males make up 76.7% of HIV diagnoses. The incidence (new diagnoses), prevalence, and overall number of HIV diagnoses among young African American men who have sex with men is higher than any other group (CDC 2018).

HIV continues to bel a significant public health problem throughout the 2010's and into the 2020's not because of a lack of research data on HIV or because of a lack of good prevention and treatment options, but because marked disparities continue to be seen in who contracts and dies from the virus. The disparities demonstrate inequities in our health prevention, delivery, and reporting systems, but, as I show in this dissertation, demonstrate broader inequities related to race and gender in the United States. Continuing rates of new HIV diagnoses suggest that HIV is a public health crisis that the U.S. public has largely forgotten or been eclipsed by other concerns such as the recent Covid-19 pandemic, although Covid-19 made plainly visible many of the disparities already experienced by racially minoritized groups. From my vantage point as a social science researcher concerned about HIV/AIDS, HIV is an epidemiologically visible indicator of profoundly significant health and social factors shaping the lives and experiences of African American LGBTQ young people living in Birmingham particularly those of racialization. This reality begs many of the questions that frame my dissertation. Why are these numbers higher? We have good diagnostic tools, good preventative and treatment options. Why is this group experiencing higher rates of HIV? What other factors and contexts shape these numbers?

I was not the first researcher to investigate these trends and the experiences of LGBTQ African Americans in Birmingham. In her 2000 article “Secret Encounters: Black Men, Bisexuality, and AIDS in Alabama”, Bronwen Lichtenstein explores HIV risk in African American men in Alabama through three lenses: “sex for money or drugs”, “prison sex”, and “sneaky sex”. She found that bisexuality was highly correlated with secrecy and unprotected sex, what she termed “sneaky sex”. This correlation was confounded by incarceration, homophobia, and drug use and pointed to homophobia and stigma around same-sex desire as a cause of unprotected sex. The article was followed by a 2005 article, “Public Tolerance, Private Pain: Stigma and Sexually Transmitted Infections in the American Deep South” Bronwen Lichtenstein, Edward W. Hook III, and Amit K. Sharma that examined stigma around HIV diagnosis through telephone surveys of African American and white individuals in Alabama. They found that African American and regular church-goers reported they would delay or refuse treatment because of embarrassment, the stigma of same sex desire. Findings suggested that religiosity or religious beliefs prohibiting same sex desire work to limit access to HIV prevention resources. I met Dr. Lichtenstein during at a group lunch following the “Ending AIDS: A Deep South Summit” conference in 2015. Although individuals I worked with at the HIV Outreach Center were well acquainted with the role of stigma in HIV prevention, they were not very familiar with her work perhaps because of its focus on incarcerated populations. Conversations I had with Black LGBTQ individuals at the HIV Outreach Center and at the Saving Ourselves Symposium discussed in chapter two suggest a more complicated relationship between faith, gayness, and HIV. Negotiating same sex desire, whether that of bisexuality or of gayness, and finding belonging in faith is oriented toward maintaining relationships, surviving and thriving rather than responses responding to stigma.

While each of these studies contributes to key aspects of my research, none explains the recitation of "Alabama Centennial" at an HIV prevention conference or intersections of race and gender in the lives of LGBTQ African Americans in the context of HVI prevention in Birmingham. A closer examination of everyday practices of HIV prevention provided further insights.

HIV Prevention, Race, and AIDS Service Organizations

As I conducted interviews at various AIDS service organizations in Birmingham during my preliminary research, I was struck by the presence of racial divides within the organizations and with clients seeking their services. While receptionists or "front desk" staff were often individuals of color, administrative and office personnel were predominantly white. Clients accessing services at each organization were generally either generally white or individuals of color, depending on the organization I was at. While most AIDS service organizations actively advertised racial and gendered inclusivity through images on their pamphlets and websites, outreach activities and the racial makeup of the organization administration and staff in the organizations I visited suggested disparities in the communities services were reaching. When I asked about the relationships between the various AIDS Service Organizations, white interview participants said they worked together well. One director, speaking said:

> "yeah, so, so you know, in the early days, it was competition. It was all a competition … there were the four principal community based organizations. I

> think (two of them are gone) and so now we’ve evolved to two primary organizations. They work collaboratively much, much better together. The leadership is not, the leadership in those organizations are much more willing to work as a community together. it’s challenging when you deal with a diverse group of people and a diverse group of organizations, who have different individual corporate missions working to support a community in a situation that just sometimes, overwhelms the systems that are available.”

Their comments spoke to histories of conflict and competition among Birmingham’s AIDS service organizations resulting in “diverse group(s) of people and “diverse organizations.” It might be easy to read “diverse” in this sense as organizations whose goals and objectives are simply different from each other’s as they address varying needs. However, it became clear to me that the diversity of needs and organizations was often organized around racialized differences. And African American interview participants responded differently. In consistently professional terms, perhaps as a response to my whiteness, Black individuals working in HIV prevention often reported that tensions rooted in racialized differences were present in the relationships between organizations.

They recounted that what began as one organization providing some services and another organization providing other services had shifted to divides by race in the communities being served. I chatted one afternoon with a white AIDS service organization service provider. He worked more hours than anyone should in a week providing legal services to individuals with HIV, and I knew him to be passionate about his work and thoughtful and compassionate in his care for those he worked with. I wondered aloud about the apparent racial divide. He nodded and said “Yes, I guess so. I hadn’t really noticed it.” An African American interview participant when asked about observed differences of racial composition and interorganizational cooperation leaned back from his desk and responded “oh yeah. It’s a problem.” The difference in their responses was startling and suggested multiple overlapping factors. The response of the white service provider highlighted blindnesses often related to white privilege and acclimation to racial inequality. Perhaps the overwhelming workload related to providing scarce legal services kept the white service provider from noticing disparities related to racialization. Perhaps persistent racial disparities had become naturalized in the contexts of his work. I knew from other encounters with the white service provider that he was heavily invested in HIV prevention and a genuinely caring and thoughtful person. Yet he had not noticed a fairly stark racial divide among HIV prevention services in Birmingham, a divide that was obvious and problematic to his Black counterpart. When I raised the question of racialized separation in HIV prevention services in conversations I had with white HIV prevention personnel, they said "They (HIV prevention organizations reaching predominantly Black individuals and communities) work with different populations than we do. That way everyone gets services." The realities of unequal needs and inequities in funding, prevention, safe spaces, and care were glossed over in a statement that implied successful and effective collaboration, a collaboration I knew to be fraught at best. These encounters highlighted racialized disparities in HIV prevention and care and prompted many of the questions shaping my time in Birmingham and the discussions of this dissertation.

Funding precarity in HIV prevention work can also exacerbate disparities of race. Changing grant cycles means that employment in HIV prevention work can be unsure. Salaries are limited and individuals I knew often took on second jobs or looked for forms of employment with better chances of advancement. To improve rapport with clients and client communities, and thereby improve testing rates, AIDS service organizations try to align HIV prevention specialists age/race/gender demographics with client demographics. This makes sense from an interventional perspective. However, individuals of racialized minorities rarely occupy administrative or positions of leadership in the organization thereby reinforcing marginalizations by racialization within AIDS service organizations. HIV prevention spaces are grant funded so organization names, services provided, equipment and staff change with the expiration and awarding of grant monies. During a weekday interview in his office, a Black HIV prevention specialist spoke to the difficulties of funding services. He said:

> "I've always just called it "pimping your resources". You know, we all work in the non-profits. We all understand budgets are finicky. But I was like, you know, the stuff I've done here collectively has been over 5,000, under $5,000. If we're just talking about the estimation, the things I've had donated, the deals I've worked out. If you just explain to people what your cause is and what you're trying to do. A lot of people are on board for it. But a lot of people it just goes in one ear and out the other. So yeah"

Much of the work he describes in providing resources for HIV prevention is social in nature and requires "working out deals" and finding people willing to make donations. Reliable sources of funding are difficult to find. HIV prevention work is precarious work. Birmingham is not a large city. AIDS service organization leaders and staff members know each other and have worked together and across organizations at various times. There is history to those personal and organizational relationships that affects HIV prevention provisioning and LGBTQ resources in the city. Talking together as we gathered supplies for an HIV testing event, I asked an individual I worked with at the HIV Outreach Center whether conflicts between organizations competition for funding resources might simply be related to competition for funding. He replied,

> "no. It's more about interpersonal relationships… they want a Black person at the table to say they're diverse, but they want us to do their programs. They don't want to listen to what works for reaching Black communities. They don't want us in leadership."

Angela Davis describes diversity as a synonym for justice as diversity that does not make a difference. Equally important is the way this reality was experienced by the person I was talking with and by communities he identifies with. “They don’t want to listen to” us. “They don’t want us in leadership.” While Black LGBTQ individuals are vital to HIV prevention work, they are not valued in positions where their knowledge and experience could contribute to greater gains against the spread of HIV.

All of these factors come together to create racialized spaces of HIV prevention in Birmingham. While having someone who “looks like” the communities being served enhances the abilities of an organization to provide services, racial divides within and between organizations result in unequal experiences for LGBTQ African Americans committed to the work of HIV prevention. It also means that organizations with racially mediated professional connections may have better or worse access to financial and other resources exacerbating inequalities.

Gaps and Slippages

Combining HIV prevention and LGBTQ support interventions uniquely provides needed services and spaces. However, conflating and combining HIV prevention and LGBTQ support interventions also allows for critical gaps and slippages. Heterosexual HIV transmission can be overlooked and disparities of race can be obscured: HIV rates are higher overall for individuals of color than for LGBTQ identifying individuals as a group (APH 2019). Yet, a great deal of HIV prevention efforts and money are directed specifically towards LGBTQ populations as a way of reducing rates of HIV. LGBTQ individuals are not, as an overarching group, most likely to contract HIV. For instance, HIV rates for women who have sex with women is low, yet queer and lesbian teenagers are often among those in need of and accessing LGBTQ support services made available through HIV prevention programs.

LGBTQ African Americans, particularly young Black men who have sex with men are made visible by way of epidemiological surveillance and HIV prevention interventions whose framings can obscure or render invisible broader claims to health justice and basic resources. As one HIV resource provider declared during an interview:

> "You know, with the Prep clinic here in Birmingham, 90% of the guys that are in it are white. Whereas African Americans make up 70% of the newly infected. Something's wrong with that number."

He meant that although more African Americans are infected with HIV, they do not have the best access to preventative medications. In this way, categories of "risk" such as "African American men who have sex with men" used to secure funding and services can also be subverted to funnel resources away from those most in need of them as monies granted for HIV outreach can also be used to provide support for LGBTQ identifying individuals. Incidences of HIV diagnoses are not the same across LGBTQ communities. A 2015 article by Jonathon Garcia et al. recommended safe spaces as essential to effective HIV prevention efforts (Garcia et al. 2015). However, AIDS service organizations can apply for grants stating the intent to provide education, testing and support to individuals who are young, "Black" and "gay", receive funding, and create programs that do not actually attract or serve young LGBTQ African Americans. In this way, awarded resources do not always benefit LGBTQ African Americans. In research settings, the justice requirement of the Belmont report requires researchers to see that groups participating in research also benefit from the research (Protections 2016). Are grant funded programs adequately monitored in such a way as to ensure that awarded funds benefit the groups the grant was written for? To use the marginalizations of one group to secure funding primarily benefitting a different group is an unjust misappropriation of funds. Structures and practices of racial and gender discrimination within these spaces need to be recognized and confronted at every level. From organizational flow charts to marketing and intervention outcomes, the question to ask is who is benefitting from the research or program? Are they people the research or program was intended to benefit? Enormous effort is spent securing funding and implementing programs. When grants expire, programs stop. The evaluation and critical assessment of end results can be overlooked in the rush to meet the next funding cycle. However, this is a critical part of ensuring justice and equity in sites of HIV prevention. The shoulder shrugs and sighs of bewilderment that I saw in Birmingham and expressed during interviews do not remedy the problem. Decisive steps need to be taken to ensure that funding reaches the groups and individuals it was awarded to benefit. Steps also need to be taken to increase access to funding by minority grant applicants. At the institutional level, LGBTQ African Americans expressed frustration with being employed solely as a way of reaching difficult-to-access populations. They wanted to be trained, mentored, and promoted to administrative and leadership positions. They emphasized their personal knowledge of the challenges and difficulties faced by individuals who are young, Black, and gay and felt qualified to develop effective forms of support and intervention.

The HIV Outreach Center is grant funded to reduce rates of HIV overall, but specifically among young Black men who have sex with men. On any given day, young Black individuals move through the Center, stopping at computers in the front room, chatting with the predominantly Black staff members, or hanging out dancing or talking with friends. Staff members provide testing, education, and social events for all, including non-Black individuals who occasionally come in as well. Target programs are important because African Americans experience the highest rates of HIV in the Birmingham area (Health 2019b). Other AIDS service organizations work in Birmingham providing education, testing, linkage to care and LGBTQ support to diverse populations. My limited encounters with their programs and events, suggest that they reach diverse but primarily white populations. To be clear, all individuals need comprehensive sex education, HIV prevention education and care. All LGBTQ identifying individuals need support and safe spaces. The work of each AIDS service organization in Birmingham is important. However, colorblind and class blind approaches, can prevent those most in need from receiving adequate services and in worse cases can create injustices. Focusing on one aspect of the race/gender intersection, in this case, gender, and providing services for LGBTQ identifying individuals broadly, can obscure marginalizations of race that transcends gender and sexuality and that limit access to support services. Certainly, African American men who have sex with men experience the greatest incidence of HIV and combining HIV prevention and LGBTQ support programs benefit LGBTQ African Americans. But HIV prevention and LGBTQ support need to be recognized as distinct through overlapping interventions to ensure that those most in need of support and services receive those services, especially if their racial marginalization is drawn upon to secure grant funding.

Conclusion

In this chapter I examined the experiences of LGBTQ African Americans in HIV prevention spaces both as employees and as individuals who access those spaces seeking

HIV prevention services and social connection. I have shown some of how LGBTQ African Americans in Birmingham are embedded in, negotiate, and creatively utilize HIV prevention efforts in their communities and in the context of complex histories and politics of racial and gendered discrimination. I have also explored HIV prevention and LGBTQ support services as overlapping interventions marked by critical gaps and slippages but also ripe with potential for LGBTQ identity and belonging especially in educational environments.

The next chapter examines African American childhoods and caring for "the children" as racially situated forms of care that both connect and distance Black LGBTQ children and young people for HIV prevention and LGBTQ support services.

Figure 3-1 Christmas with the HIV Outreach Center

Figure 3-2 Condoms for safe-sex kits

Chapter 4: *Caring for the Children: Race, Gender, and Prioritizations of Care*

Introduction

It was Father's Day more than a year after completing my fieldwork in Birmingham. Scrolling through Facebook, I read a string of posts by Marvin[6]; each post highlighting one of his children. Marvin was my first contact at the AIDS service organization where I conducted participant observation and he interviewed with me during my preliminary research. In addition to his regular responsibilities working in HIV prevention, he posted daily Facebook live videos, hosted two podcasts, and was active across social media and educational platforms. His Facebook posts this time were of his children and grandchildren. Some of them were related to him biologically: they were his son, nieces, nephews or grandchildren. But most came to him through non-biological relationships. The pictures showed him with his children at various moments in their lives together: one showed their family with a judge finalizing an adoption, others were graduations, birthday celebrations, or simply relaxing together at home. Above each photo was a written description, telling the story of how they had come to be together. Across a diversity of activities and relationships, Marvin generously and often fiercely engages in care. He is openly gay and HIV positive. In these Facebook posts, he publicly showcases family in its multiple forms proudly displaying his abiding affection for his loved ones and the challenges of parenting while contesting heteronormative notions of family and care.

Drawing from various understandings and configurations of family, this chapter engages anthropological literatures of children and youth, care, and racialization to

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[6] Pseudonym

explore networks of care and support across intersections of Blackness and “gayness” in Birmingham. Through the chapter sections, I ethnographically explore family and care across multiple sites focusing specifically on structures and processes of care in religious and HIV prevention settings. In doing so, I trace notions and networks of care that support African American LGBTQ young people. The first section focuses on African American childhoods and care provided through the churches and religious communities I spent time with in Birmingham. The second section examines racialization, teaching children about race and mitigating the risks of being a racialized minoritized child growing up in the United States as a form of care. In the third section, I examine “coming out”[7] stories to examine parental practices of care noting that because LGBTQ resources and support are often conceptualized or maintained as white public spaces, African American parents in Birmingham, seeking to protect their children from racial marginalization or concerned about being marginalized themselves are often reluctant to seek support for themselves or for their children through these services. The fourth section examines caring for “the children” as voiced by Jafari Allen, in which “the children” are Black LGBTQ individuals seeking spaces of belonging and survival in social and societal landscapes marked by their marginalization and exclusion (Allen 2009). From this lens, care for “the children” is examined through the sites of “gay families”, HIV prevention, LGBTQ safe spaces, and through discourses of care at Black Pride events.

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[7] “Coming out” refers to telling others of one’s LGBTQ identity with others. Someone who has not disclosed their LGBTQ identity is often referred to as “closeted”. Individuals may be “out” or identify publicly as LGBTQ or may be “out” only to a small group of individuals. “Coming out” is often a process that is repeated as individuals meet new people.

Racialized Hopes and Religious Networks of Care

Part of my routine of participant observation included regular attendance at two churches. On Saturdays, I attended a Seventh-day Adventist Church with a weekly attendance of approximately one hundred and fifty people. On Sundays I attended a Baptist Church with an average attendance of sixty or seventy. Birmingham is home to many churches, some of them LGBTQ affirming, and I am sure that each congregation would offer unique insights into questions of LGBTQ and Black identity. The experiences I had and observed are limited to the congregations I spent time with. These congregations were not randomly selected, they were selected with purpose. I attended a Seventh-day Adventist church because I have regularly been part of primarily white Seventh-day Adventist churches and I anticipated that attending a predominantly Black Seventh-day Adventist congregation would allow me to see racialized differences of experience within a denominational group I was already familiar with. In addition, my identity and cultural competence as a Seventh-day Adventist facilitated my being part of this congregation. Most churches gladly welcome guests and new members and the Pastor and fellow congregants were indeed friendly and welcoming.

The Baptist church I attended came to my attention through my preliminary fieldwork. The Reverend there had interviewed with me as a prominent figure involved in HIV prevention resources. When he's not caring for the spiritual needs of his congregation, he works caring for the spiritual needs of HIV positive individuals and healthcare providers at an area HIV clinic. He had invited me to visit his church at the time of my preliminary fieldwork and reissued the invitation to attend his congregation when I returned full-time, an invitation that was often repeated by the people I met and came to know at church. Because the Baptist church had a smaller congregation than the Seventh-day Adventist church, I developed closer relationships with fellow attendees there. Being part of church congregations meeting on Saturdays and on Sundays also increased the amount of time I was able to spend conducting participant observation in church oriented religious contexts, though combined with LGBTQ, Pride, or HIV prevention events, often made for a for a full weekend.

Neither of these churches identified themselves as predominantly Black congregations, though I was often the only white person in attendance. Both churches were located in a historically Black neighborhood and Birmingham's history together with ongoing practices of social segregation and racialized differences in worship styles signaled the racial/ethnic makeup of the congregations. Most of the members at the Baptist church were local to Birmingham or had been in and out of the area regularly. Individuals attending the Seventh-day Adventist were more diverse. Many were longtime residents of Birmingham. Some were students attending the University of Alabama. and a large group were individuals and families who identified as Caribbean. While the ethnographic stories in this section are drawn primarily from my time at the Baptist church, both churches provided key insights into the networks of care parents and religious communities form for the support of African American young people in Birmingham and of the hopes and aspirations they hold for Black children. An understanding of parental and community aspirations is important because "gayness" complicates parental and community care. Parental notions of the risks posed by "gayness" often determine access to support and resources for African American LGBTQ children and youth.

On a bright Sunday morning I left my apartment in Birmingham's northeast side and traveled west along the interstate. I exited near downtown and drove past City Hall, through parts of the Birmingham National Monument including the historic Black business district along 4th Avenue and the Birmingham Civil Rights Institute. Continuing under the interstate, I passed a row of houses still occupied but left over from the steel industry company towns. A couple of older women in knit blouses and worn skirts looked out from their chairs on the sagging porches. I pulled into the church parking lot, navigated a couple of potholes, and found a space behind a freshly washed SUV and a sleek sports car. The neighborhood around the church was historically Black and underserved but not everyone in the church struggled financially.

The morning service began as it did many Sundays. Congregants, some in jeans and button-down shirts, others in silken spring dresses and flowered hats filled the pews. The choir director led the morning's music from an organ tucked into the right side of the platform. The pianists, a trained vocalist now in her eighties improvised effortlessly from a grand piano on the left. Smooth sounds flooded the sanctuary while congregant voices joined in the familiar hymns. After a warm welcome with handshakes and hugs with people in surrounding pews, and a double offering, one for the church budget, one for special collections, the children were called to the front. The Assistant Reverend gathered the small group of kindergarteners, elementary school students and young teens around him. He spoke gently, reminding them how much he and the church loved and valued them. He then prayed over them, asking God to guard and protect them from violence and harm and to give them success in their studies. He then sent them off to "children's church", a children's program that took place during the sermon time in the rooms behind the sanctuary. I remained with the adults, but I knew from previous visits that on their way to the classrooms, the children would pass by a painted wall mural showing brown bodies sitting upright in the holds of crude ships. An outline of the African continent was painted to one side of the wall; Birmingham, indicated by a silhouette of Sloss furnaces, framed the other side of the mural. The boat with its human cargo, rested in between. The history of the transatlantic slave trade bringing Africans, the ancestors of these children and their parents, to this exact place was depicted in bold strokes and bright colors. It rested on a common wall, placed where the children could see and understand the history depicted there. The story of slavery and of how people from African were brought to the U.S. South and to Birmingham, against their will and through a dangerous ocean passage that killed many of the individuals imprisoned deep inside the ships was part of this church's heritage and collective memory. References to African American history and the Black struggle both in the past and the present were included in sermons and in parts of the church service that children and youth participated in as well.

During Black History Month, students presented reports on famous African Americans who made advances in science, broke political and educational barriers, and turned histories of oppression and subjugation into strength and new freedoms. In his sermons, the Reverend frequently mentioned current events as they related to Black communities nationally and to African American lives locally. The story of Birmingham's Children's March in 1963 in which Black students walked with Dr. Martin Luther King Jr. to face Eugene "Bull" Connor's fire hoses and police dogs was still in the minds of the older members and grandparents seated in the pews. Some members of the congregation had been there.

The church's children and youth were an integral part of church community. Their academic achievements were publicly recognized. High school and college graduates were celebrated by having their names announced and pictures presented on the video monitors on either side of the platform. The church also awarded scholarships to students showing academic promise. In her foundational work on African American kinship and community, Carol Stack might describe this communal sharing of resources as an economy of survival for economically disadvantaged communities (Stack 1974) and certainly many of the children at this church were grateful for the assistance. Although this church was in a historically Black part of Birmingham within walking distance of a nearby project community, this congregation was not poor. Many of the congregants were well educated and held prominent positions in Birmingham's businesses, schools, and government. While a group of volunteers provided weekend meals for school children in a project neighborhood across town, the support and monetary awards offered to the children of the church were not driven by the need to provide basic resources. They were offered to further the successes of Black children and by extension the preservation and success of African American communities. Riché J. Daniel Barnes wrote of the responsibility Black career women often feel to "raise" African American communities through their academic and professional accomplishments as well as through the "raising" of their children (Barnes 2016). This church congregation also viewed it as their responsibility to "raise" their community through support and care for the children and young people who attended.

Intergenerational relationships of care also took place at church through the mentoring of young musicians or speakers. A young man eleven or twelve years of age performed pieces on the piano several times during my time there. He took lessons from the church pianist. His first church performances were halting as he occasionally played wrong notes and nervously made his way to the completion of the piece. He was visibly relieved to finish the piece and the Reverend proudly commented on how well he was "coming along." In one of the last performances I heard, he played together with the organist. As the final chorus of the hymn neared, the organist repeated the musical phrase, adding dimension and volume, drawing the young student into the improvisational rhythms of music so often heard during the services. The young man halted then adapted perfectly, continuing to play, and flushed with pleasure when the congregation applauded him after several repeated refrains and the song had wound to a close. His beginner's efforts had grown through regular opportunities to perform publicly for the congregation and in no small part, because of their warm and forgiving encouragement of his efforts. Their applause at the end of this surprising call to improvisation was a moment of active and public mentorship, supporting this young musician and encouraging his learning.

Although experiences of Black histories and identity differ, participating in cherished musical styles, reporting on African American history, and learning about slavery, Jim Crow, and ongoing systems of oppression for these parents and children, was part of understanding what it was to be Black in the U.S. south and in Birmingham. Histories of Black survival and thriving informed the hopes and aspirations of African American parents and communities represented in this church. They also informed specific approaches to parenting and providing care for many Black children in this southern U.S. city.

Church communities often formed critical networks of support for children and young people. Through prayers spoken and concerns expressed I came to know that parents and children alike were aware of the potential dangers they faced as racialized individuals and communities; the possibility of a shooting at their school, of a robbery in their neighborhood, or of being gunned down by the police. Through these stories and in words spoken over them by the church community, the children were encouraged to be brave, to be leaders, and to work for change. In blessing the children and before sending them off to children's church, the Assistant Reverend often celebrated the children's achievements, noting graduations, and A's on report cards. The church veterans club hosted a yearly fund raising dinner and awarded scholarships to promising students. Parents, church leaders, and the congregation work steadily to mentor and support the children as African American young people living in social environments that would recognize them first as Black and too often respond unfavorably. Through various kinds of verbal, spiritual, and financial support, they formed networks of care to guide, protect, and propel children toward success.

Following the prayer with the children and their departure to children's church, the Reverend turned to the congregation. He stood and invited a row of individuals to come forward. Family and friends, maybe fifteen in number rose, smiling proudly, and made their way to the front of the church. A baby dressed in a bright christening gown slept in the arms of a well-dressed man. The baby was being presented for a ceremony of naming and dedication. Through his words, the Reverend encouraged the parents to recognize the baby as a gift from God and a child of purpose. He began by introducing the family and spoke of the importance of naming and of the potential of a child before continuing. In rousing words, he said: “Who could have thought that the infant pulled from a Nile River basket in the Biblical story of Moses, would return to Egypt and rescue God’s people from slavery? Martin Luther King Jr. and President Barack Obama were once babies like this one. What purpose might God have for the life of this child? What deliverance might this child bring?” The Reverend took the baby in his hands and prayed over her and her family. Then holding one hand under her shoulders and one supporting her body, he lifted her high over his head and asked what her name would be. The baby’s father responded clearly. The Reverend, still holding the child aloft, proclaimed her name, announcing it in ringing tones to the congregation. As the Reverend spoke of individuals whose lives changed the course of African American history, it seemed to me that this child of African American heritage bore in that moment the burden of potential, a possibility of liberation, of bringing freedom and life out of oppression. In the dedication service, this baby momentarily embodied the hopes of her parents and of her community: hopes not only for her success, safety, and thriving, but the hope of greater liberation for African Americans more broadly. In the context of slavery and the oppression of African Americans in the United States, everyday survival was viewed as a victory. It was clear in the dedication service that the racialized hopes and potential represented by a single young child could inspire rich networks of care and support provided through the church and the parents and families.

In her discussion of identity politics and failures of African American communities to respond to the AIDS crisis, Cathy Cohen (1999) writes about “linked fate”, the notion among African American communities and citizens that Black communities rise and fall together; that politically, they must focus strategically on key issues sometimes to the neglect of the needs of smaller groups of individuals. Though written twenty years before my fieldwork, Cohen's argument resonates with my findings of African American childhoods in that the hoped for successes of one child could be imagined impacting the lives of many African Americans, potentially changing what it means to be Black in the United States. The success of one could be linked to the success of all, and indeed in the past it has sometimes been so.

In the 1960's, Black children and youth played pivotal roles integrating schools, engaging in protest marches in Birmingham's Kelly Ingram Park, and dying in the white supremacist bombing of the 16th Street Baptist Church (Coles 2009; Aggarwal 2014; Eskew 1997; McKinstry and George 2011). Children had been key to the political successes of the Civil Rights Movement. The fate of many African Americans could change based on the ability of one child to rise to the heights of Dr. King or President Obama. As a result, networks of care organized in religious spaces worked to support Black children and young people. Cohen heavily critiqued the notion of a "linked fate" for Black politics as an ideology that propelled some issues to the forefront while leaving others, like HIV prevention, to languish. However, in idealizing the potential of a child, the notion of a young Black person whose successes could improve the conditions and experiences of African Americans more broadly, has continued salience as demonstrated through the baby dedication service.

These moments from African American church communities in Birmingham are examples of how members of these communities care for children and youth. These networks of care included mentorship and financial support as well as education, celebration, and spiritual intercession. Children were viewed not only as loved and valued members of local families and communities but through an understanding of Black history, they were also viewed and valued as potential liberators acting on the behalf of Black people and communities Birmingham and in the United States. Understanding the hopes and aspirations of Black parents and communities and the networks of support in place to care for Black children is key to upcoming discussions of racialization, learning race, and mitigating marginalization. They lay the groundwork for how parental and community care may impact access to HIV prevention and LGBTQ support services for Black LGBTQ children and young people.

Networks of Care

Networks of care organized through family and family like groups, church, and religious communities and through the HIV prevention services provide multiple forms of support for the Black and “Black and gay” young people I met in Birmingham. This examination allows for a closer understanding not only of various forms of care but of the contexts that impact the ways African American parents and caregivers in Birmingham conceptualize and respond to the perceived needs and marginalizations of African American LGBTQ young people. My analysis contributes to understandings of Black LGBTQ kinship and care as well as to racial disparities in access to LGBTQ support services.

In utilizing care as an analytic framework, I build on a long tradition within anthropology that examines and theorizes childcare practices across geographical and cultural settings (Hardman 1973; Mead 1928; Montgomery 2009; Whiting 1963; Boas 1912; R.A. Levine and New 2008; Lancy 2015). Examinations of childhoods, children, and youth are a rich subfield within anthropology and continue to make significant contributions to the discipline (Group 2020). This chapter also relates care to notions of kinship. Scholars of care have focused on children as individuals who receive as well as provide care (Alber and Drotbohm 2015; Eisikovits 2012; Garcia-Sanchez 2018; Hunleth 2017) and Robin Bernstein documents the ways in which African American children are adultized and understood as less in need of comfort and care than white children (Bernstein 2017, 2011). Researchers studying children and youth in the United States have drawn our attention to the diverse ways ethnic minority and LGBTQ young people experience marginalization across the intersections of race, class, gender, and sexuality (Chin 2002; Tilton 2010; Bernstein 2017; Gray 2009; Meadow 2018; Cover 2012; Pascoe 2007). However, our understandings of how care is conceptualized and mobilized by Black parents and church communities, and how care for Black LGBTQ young people is organized in "gay spaces" and through HIV prevention work deserve further attention. This work is important to better understand African American LGBTQ youth access and utilization of LGBTQ support services. My examination of care for African American children and Black LGBTQ young people in Birmingham resonates with Riché J. Daniel Barnes' work with Black career women. Barnes' analysis of Black career women's negotiations of marriage and parenting found that childcare practices drew from and contested notions of Black womanhood, kinship, and family rooted in histories of Black oppression in the United States (Barnes 2016). Like Barnes, I find care practices to be situated within historical and current negotiations of Blackness as a particular kind of marginalizing identity within the U.S.

My research originally proposed deepening anthropological understandings of the experiences of young African American LGBTQ youth in the U.S. South by conducting research on belonging and cultural citizenship among high school aged individuals living in Birmingham, Alabama. When I told Marvin of my plan to study how teens and young adults navigate belonging and being Black and “gay”, he laughed and said “when you figure it out, let me know. I’m old gay. I don’t know what these kids are up to.” His response was meaningful in several ways. It invited my curiosity and research questions. It also highlighted the generational differences between him and the young people I hoped to learn more about, generational differences I would need a strategy for as well, given my own generational position as woman in her forties, about the same age as Marvin. His response was especially meaningful because he regularly worked, mentored, and parented young Black LGBTQ identifying individuals. As a gay Black man himself, he had also been “young, Black, and gay”, and had to navigate social and family relationships as well as networks of care. Yet his words spoke to the things he did not know and to the things he wanted to know as someone working in HIV prevention, supporting and caring for young Black LGBTQ individuals across organizational, personal, and professional sites. Marvin’s own experiences as a self-described “unapologetically Black and gay” man and those of his children are interwoven with his approaches to parenting and mentoring children and African American LGBTQ young people.

I gained an understanding of how care is conceptualized and provided for young LGBTQ African Americans through participant observation, informal conversations and through semi-structured interviews. While at the HIV outreach center, I washed dishes, organized event materials, put together endless numbers of safe sex kits, (small give-away packets containing condoms, personal lubricant, and information on local resources) and talked with anyone who seemed interesting in speaking with me. Through the HIV Outreach Center and associated in-school HIV education and testing events, and through Pride festivities and programs, I was frequently in the presence of young individuals who identified as Black, and "gay". However, they often disappeared as quickly as they had slipped in. "The children", as I sometimes heard staff at the HIV Outreach Center refer to them, rarely stopped to speak with me or answer the questions I had. They frequently evaded service providers and education specialists as well. However, my fieldnotes, interviews and informal conversations were filled with parents and young people, stories of "coming out" and of navigating relationships and resources across diverse communities. There were accounts of abuse and precarity as well as themes of support and care. The many stories and multiple sites showed networks of familial and community care in the lives of African American LGBTQ children and how parental notions of care shape their experiences as well as the resources available to these young people.

My understandings of parenting, and of parental and community support for children and young people was largely shaped by my time at church. I saw that African American parents and communities there deeply value and support their children and young adults. While the care that these individuals and communities create and provide for their children should not need to be established, as children are generally loved and cared for by their parents and communities, scholars have shown that African American children are perceived by non-Black people as less childlike and less in need of support, protection, and emotional care than white children (Bernstein 2011, 2017). Tropes of welfare mothers and incarcerated fathers present an image of African American children as parentless whereas a more accurate assessment may be that of a reorganization of care (Drotbohm and Alber 2012). Care of children and young people is often distributed among supportive family and community members. While many families depend on state programs for basic needs in Birmingham and in the United States more broadly, and while African American men are markedly disproportionately imprisoned, African American families and communities in Birmingham invest heavily in the welfare, safety, and care of their children.

Black parents are aware of the racial marginalizations their children face and work to mitigate the effects of those marginalizations (Lopez 2016; Nettles and Eng 2019). Systemic racism, processes of racialization, and implicit bias in the United States mean that Black children experience challenges that white children more broadly do not. In addition to racialized marginalization, I found that African American parents and caregivers often perceived “being gay” as an additional and overwhelming obstacle for children already heavily policed, educationally stereotyped, and economically disadvantaged. In a statement I discuss further in the chapter, one mother said to her gay son, “you’re already a Black man and that’s going to make things hard for you in this country. Adding that (gayness) to it is not going to make things any easier.” Black families in Birmingham struggle to know how to support their LGBTQ children. Finally, in ways not dissimilar to ballroom communities and gay “houses” (Arnold and Bailey 2009), informal families (Nelson 2020; Weston 1991) and HIV prevention organizations providing LGBTQ “safe spaces” also support and care for young people.

Learning Race and Mitigating Marginalization as Care

Protecting children from danger is a basic part of providing care for children and is important to church communities and to parents in Birmingham as well. Teaching children how to live and respond in a world in which they are racialized and minoritized was understood as an important part of childcare several of the parents I knew in Birmingham. African American parents face an additional burden in this regard in that not only do they need to protect their children from dangers facing children across racial identities, like the dangers of not looking both ways before crossing the street or failing to interact safely with strangers. Many Black parents also teach their children about race, the dangers of being Black in the United States, and about to safely interact with law enforcement officers.

One Saturday at the Seventh-day Adventist church, the sermon time was devoted to a discussion of safety. A local detective and church member who was also a Black police officer, led the discussion. He talked about the safety plan in place for the church, pointing out exits to the sides, front, and back of the sanctuary area and what to do in case of a power outage or severe storm. The conversation then turned to the possibility of a violent threat. The congregation was instructed not to hide under the pews in the case of an active shooter by which the officer meant, someone who had drawn and was firing a gun. Worshippers were instructed to run and to exit the church as quickly as possible. If they hid, they were to turn off their cell phones. Incoming calls or texts might alert the shooter to their presence. This information was relevant to those attending. In 2015, a white man opened fire during a prayer meeting service at Emanuel African Methodist Episcopal Church in South Carolina killing nine people (Eversley 2015). The possibility of a shooting happening at their church did not seem out of the question. One woman said, “it’s so scary, (the idea of a shooting in the church). I sit in the back row now so I can get out.” Her words showed how a racially motivated shooting several states away, impacted her weekly behaviors at church. The threat of a shooting in the church was perceived as real and possibly imminent. The officer also talked about interactions with law enforcement and how to respond when pulled over by a police officer while driving. He emphasized keeping both hands on the steering wheel, acting as directed, and not making any sudden movements. He stressed the importance of these directions for young people.

Though the detective was known to the congregation -- he had been a member at the church-- tensions began to rise as this point. “What if we’re not in a car” one young person asked. “What if they’re not even stopped?” a parent interjected. “The police might shoot them as they’re walking down the street” another parent declared. One parent rose and spoke loudly in a troubled voice. “Our son has autism. He might not be able to follow directions. How can we keep him from being shot?” The family of this autistic child attended church regularly. One parent always accompanied the child to calm him if he became disruptive, and to make sure he did not wander or get lost. The parents knew that a police officer had shot and injured the caretaker of an autistic man in Florida (Donaghue 2019) and they were concerned for their son. Despite instruction, their child might not be able learn how to respond to the police in such a way as to save his life. The unpredictable dangers presented by white supremacism in everyday encounters and teaching their child how to keep safe in environments where even complying with the commands of law enforcement officers might not protect their child was concerning to these parents.

Maria Kromidas argues that children learn about racialized difference and possibilities for anti-racist responses through everyday encounters. She found that the ethnically diverse “cosmopolitan” nine and ten year-olds in her New York public school research site “had an open, savvy, and sophisticated orientation to race that represents antiracist forms of being and relation” (Kromidas 2016). She found, through her work, that children can teach each other anti-racism within social contexts with their peers at school. Her work is important for the environment she was writing into. I agree with Kromidas’ conclusions that anti-racism by which I mean working deliberately to dismantle racism should be part of how children learn to live and move in the world. However, for parents, caregivers, and children in Birmingham, learning anti-racism also meant recognizing the inequalities and dangers of being a racialized minority child in the United States and in Birmingham. Black parents explicitly teach their children how to behave to protect their lives in the context of unequal power with white people or with police officers. Articles in parenting magazines (Nettles and Eng 2019; Robinson-Celeste 2020) and multi-media news stories report on “the talk” meaning the conversation Black parents have with their children teaching them that being Black means they need to behave differently from other people and from other children to remain safe. In “the talk,” Black children encountering law enforcement officers are taught to always keep their hands in sight, not to run even if they are afraid, and to remember that whatever else happens, their goal is to get home safely, to survive the encounter. (Gandbhir and Foster 2015; Robinson-Celeste 2020; Lopez 2016; Thompson Plourde and Thompson 2017;

WFYI and SALT Project). Deadly violence inflicted on Black citizens across the United States compels Black parents and communities in Birmingham to teach their racialized children specific ways to behave to remain safe and alive. The parental care of these children in learning how to stay safe as a Black child in the United States and in Birmingham harkens to Charles Mill's writings (Mills 2014). This additional burden is an unwritten part of the racial contract of white supremacy in the United States that maintains racial inequality and shapes the lives of Black families and communities, including the lives of parents and children.

Recognizing the seriousness of this reality is important because the concerns parents of Black LGBTQ children have for their children begin with concern for their safety as racially minoritized children living in the context of anti-black racism in the United States. Their first concerns are connected to race. Concern for their children as individuals marginalized for their gender or sexual identity is secondary. Addressing these concerns is multiply difficult in that marginalizations of race and gender are not additive but are compounding, intersecting in sometimes unexpected ways.

While it is understood that historical experiences inform parenting practices, the ongoing experiences of anti-black violence against Black people in the United States shape the experiences of Black LGBTQ individuals in specific and analytically important ways. While parents of white LGBTQ children, are generally concerned about the marginalizations their children may face based on their gender and sexual identities, seek LGBTQ support resources, Black parents of LGBTQ children are primarily concerned with the marginalizations their children face because of their skin color and may not access LGBTQ resources where they or their children are likely to experience racial discrimination. Caregiving for Black parents in Birmingham as understood through the phases of care (Fisher and Tronto) means teaching children about racialized injustice in the United States, instructing them how to act in social and law enforcement encounters, and guarding children from racialized forms of discrimination and marginalization. This form of parental care speaks powerfully to white supremacy as an ongoing and dominant form of oppression present in the everyday lives of Black parents and children in the United States and in Birmingham.

In the next section, I examine "coming out" stories and "gayness" as a perceived obstacle to success for young Black LGBTQ individuals. Finding out that their Black child, already marginalized by race, was "gay" increased the concerns parents had for their children's health and safety. Finding "gayness" to be an overwhelming obstacle for children already under threat of multiple forms of violence and marginalization, parents were reluctant to see their child identify as LGBTQ.

Coming Out and "Gayness" and Perceived Obstacles to Success

In the first section of this chapter, I discussed networks of care for Black children and young people in Birmingham seen primarily through church communities. In the second section, I examined learning race and the dangers of being Black in the United States as a form of care engaged in by African American parents. This section builds on the previous pages to understand negative parental responses to "gayness" as a form of care that can inadvertently distance LGBTQ children from support and resources. I draw from "coming out" stories, in which "coming out" means making public one's status as an LGBTQ identifying individual, to first examine how "gayness" is understood by parents in the context of racial marginalization and second to show how the individuals "coming out" navigate parental responses, aspirations, and fears. My findings suggest that "being gay" is often seen by parents as an additional obstacle to young people already multiply marginalized. "Gayness" can disappoint parental aspirations for their child as well and parents can be intentional in advising their LGBTQ children.

In an interview I conducted on parenting Black LGBTQ children in Birmingham, one father recalled talking with his son about responding to a verbal assault related to his being gay. The father recounted:

> P. Dad such and such a person cussed me out. Such and such a person said I was a fag, gay. And I said "well, you're going to get that. And just prepare yourself and whatever you're going to say about it however you're going to respond it's going to be up to you".

Through his words, the father told his son to anticipate verbal abuse related to his gender and sexual identity. He encouraged his son to determine ahead of time how to respond. I found that instances of verbal abuse were only one of the threats Black parents perceived for their LGBTQ children. "Being gay" was understood to encompass multiple threats to a child's safety and success.

As I talked with Black and "gay" individuals, they often conveyed experiences of navigating "gayness" with their families, especially during the years when they were first coming out. My interview with Winton was no exception. The interview had come about through chain referral and he seemed eager to speak with me. We sat across from each other in the recording studio at the Birmingham Civil Rights Institute talking about LGBTQ space, what that meant, and about his hopes for safety and community as a gay Black man. During the interview, he talked about coming out and described telling his mother he was gay. He told the following:

> W. Unless you're being raised by alternative lifestyle parents, you're going to be nine times out of ten you're going to be raised to believe that

> alternative life is not the route to go. Even when I came out to my mother. Her first response shocked me. Her first response was "you're already a Black man and that's already going to make things hard for you in this country. Adding that to it is not going to make things any easier". And after she said that she got her things together and went to work, because you know, I told her early in the morning before we left out hoping that I could just say it and we could get like one or two words about it and then be like "I've got to go to work" "I've got to go to school. Let's go".
>
> S. right, right
>
> W. But no. She stopped for a moment and gave me a second and told me how she felt about it. And you know, "that's not the life that I want for you, a life of uphill battle. But if that's the life you choose, I can't do anything but support you". And I know, I know it hurt her to say that cause she was so heavily invested in me.

Several important things took place during this brief interaction with his mother. Winton planned the timing of his conversation so that their interaction would be brief. He needed to leave for school. She needed to go to work. He acted strategically in this, allowing himself a way to escape the conversation if he felt he needed to. In the interview, he recalled being "shocked" by his mother's response. First, by her pausing in her need to leave and go to her job. He expected her to hear his coming out statement then hurry away to work. Second, he was shocked by her response. Her first concern was not that he would be endangered spiritually and rejected by the church, a commonly held understanding of why LGBTQ identity is resisted in African American communities, but that the marginalizations he would face as a Black man living in the United States would be compounded by his gayness. As a parent, she said, "that's not the life I want for you, a life of uphill battle." She expressed her desire to care for him. She desired for him a life that was no more difficult than it had to be. Finally, her words "but if that's the life you choose, I can't do anything but support you" spoke to the ongoing care and concern she felt for her son. She identified his Blackness as a cause of marginalization that would only be made more difficult by his “gayness” and reiterated her commitment to support and care for him as his mother.

The conversation resonated with much of what I had seen through my fieldwork experiences attending church services, welcoming families, and school groups at the Civil Rights Institute, attending social events, and conducting participant observation at the HIV Outreach Center. I heard families and communities, African American children, and parents working through what it meant to be Black in Birmingham and in the United States. Many were also navigating what it meant to be Black and “gay”. The phrase stated by Winton’s mother, “you’re already a Black man” spoke directly to intersections of race and gender, safety and concern, and racial marginalization in the experiences of African American children and their families. Blackness was seen as the marginalized category at the base of other marginalizations. As a result, parents worked first to mitigate marginalizations of race sometimes at the expense of their child’s need for support and care based on gender and sexual identity.

What care involves and looks like varies from parent to parent. A publicly available interview titled *“Coming Out” Stories* was conducted at the HIV Outreach Center and made available through the podcast “Same Crap; Different Day (Christon-Walker 2018). I knew the individuals participating in the interview and was present for the event. During the interviews, one individual recounted how his mother responded to his coming out by temporarily placing him in a residential correctional school for boys stating she needed “time to figure out what to do”. When asked by other boys at the school why he had been sent there, the boy replied, “because I am gay.” At that point in the interview the individual telling the story laughed and said knowingly “I suddenly had all these new friends" clarifying that following his statement, "because I am gay", numerous boys came to him seeking sexual favors. He went on to say that when his mother discovered that he was not "begging to come back" after having been sent to the school, she quickly came and took him home. Though her attempt to care for him through the residential correctional school did not turn out the way she expected, this mother was trying to plot the best course for her child. The individual telling his story reported that the relationship between him and his mother around his gayness changed over time to gradually become more comfortable (Christon-Walker 2018). The man appeared to be in his forties, underscoring the long process of negotiating care and "gayness" experienced by the man and by his mother.

Both coming out stories were told by the person coming out. During the same recording of the "Same Crap; Different Day" episode in which the man told of being sent to a residential correctional school, two mothers also told of how they experienced their sons' coming out. As the recording and interview event began, the two mothers chatted eagerly together although they had never met. They had been invited with their adult sons, to talk about the experience of coming out. Both men had come out as gay during their high school years but reconciling those experiences with their families had been a journey not only for the men but for their mothers as well.

They were here not only to talk about what the experiences meant to each of them as mothers and as gay men, but also to share their stories with the broader African American community to reduce stigma around gayness and HIV. In addition to being part of the "Same Crap; Different Day" podcast, the event streamed live on Facebook and was later uploaded to YouTube to make the interviews and discussion as accessible as possible. As each mother and son told their stories, the focus for the men was on their fears around coming out. They were primarily afraid of disappointing their parents and families and of getting in trouble, by which they meant being punished by their parents for “being gay” through verbal reprimands, physical punishment such as being attacked or hit, the loss of social privileges, or added chores, which were commonly accepted forms of childhood punishment. The men also expressed wanting to avoid social forms of punishment such as verbal abuse, and social and economic exclusion. While their experiences included instances of verbal, physical, and social “punishment” for their gender and sexual identities, they hoped that telling their stories would help other young men to “come out” primarily because “coming out” publicly or recognizing one’s own same sex desire and sexual practices increases the likelihood that an individual may access HIV prevention treatment or testing. The men told their stories as a form of care for other young Black gay men. They hoped that by telling their stories, other boys and men would find the courage to “come out” and seek formal medical, emotional, and social care.

The purpose of the event and of telling their coming out stories for the men, was intended as a form of care for young Black LGBTQ individuals. The emphasis for the mothers was their concern for the safety and welfare of their sons. “When I found out my son was gay”, one mother telling her story during the podcast said, “I was afraid for him. He had watched his uncle get sick and die from AIDS. I couldn’t see how he could choose to go that same way, down that same path.” Her response to his “being gay” was directly linked to her fears for his health and wellbeing. Like most mothers, she wanted to see her talented and intelligent son successful and healthy. “Being gay”, compounded by the additional risk of HIV threatened, his physical wellbeing. She hoped to protect her child from “gayness” and from the possibility of contracting HIV through same-sex sexual encounters. She saw his “gayness” as a choice rather than as an unchosen part of his identity like his skin color. By choosing “gayness” she feared he might also be choosing how he would die. She wanted to protect him from HIV by protecting him from “gayness” and same sex desire. Judith Levine emphasized the irony of how abstinence only education policies intended to protect “children from sex” is, as her book title states, *Harmful to Minors*, often producing the very results parents most fear: increased incidences of teen pregnancy and sexually transmitted diseases and infections (J. Levine 2002). By fearing her son’s “gayness” and distancing him from LGBTQ support services, the mother telling of her son’s coming out may have decreased the likelihood of his receiving HIV prevention education and regular testing, two interventions that would reduce the possibility of his contracting HIV and dying of AIDS.

Concern for the care and the safety of Black LGBTQ youth guided the recommendations for and negotiations of coming out discussed by attendees and interview participants alike. Personal safety was discussed as the most important thing to consider when anticipating coming out. During the question and answer period of the public podcast taping of “*Same Crap Different Day: Coming Out Experiences*” described in the previous paragraphs, a gay man spoke from the audience. He commented that parents are often more accepting of the news that their child was gay than their children expect. “However,” he added “if it’s going to be a bad situation, wait to come out. You’re going to go off to college soon. It’s only a couple of years. Keep it in. Don’t come out if it’s not safe for you”. His advice to high school students was first to protect them from the immediate possibility of verbal or physical abuse but also to protect them from longer term implications of coming out as gay. Parents both within and outside of African American communities may withdraw social and family support as well as housing and help with education as a form of punishment to keep their children from “being gay”. “Keeping it in” by which the speaker meant remaining closeted, keeping one’s gender or sexual identity secret, may protect high school aged African American LGBTQ young people, improving their chances of success both within and beyond Black communities. His statement challenged notions of freedom and liberation associated with “coming out”. It proposed “coming out” as a negotiated process in which LGBTQ young people work to navigate potentially precarious social and familial landscapes to ensure their safety and continued access to necessary resources. He recommendation was to remain closeted if that was the best way to way to ensure continued physical, emotional, and economic care.

Mary Gray, in her book *Out in the Country* (Gray 2009) highlighted the importance of family connections for belonging and political activism among LGBTQ youth in rural Kentucky. Understanding “coming out” not as an event, but as a negotiated process is important in that agency becomes visible not only as the intentional act of speaking but also in the use of strategic silences for maintaining social and family relationships. Children and youth may delay coming out to family members to avoid creating stress in the relationships and to maintain access to vital resources. Doing so can be understood as a form of self-care. Parents and caregivers may resist LGBTQ identity in their children or respond negatively out of their concern for the safety and welfare of their child especially when their children and young people already face other forms of discrimination and marginalization.

On a Tuesday afternoon in the study room of a nearby library, I spoke with Daron about his experiences raising an LGBTQ child in Birmingham. He told of how he came to know his son was gay and how his son "came out" to him. Though his son was now grown, Daron clearly remembered how things unfolded. He related:

> D. When I first found out it was not a total shock to me. I had three daughters; he was the caboose, right? So, they were into pageants. And he would always sit there and practice with them, try on the little stuff. And I didn't pay any attention and I found out when one of my daughters said "dad he is trying on our costume our dresses and stuff. And I said "well son, that's theirs. You leave theirs alone". The next time I heard a problem. They would find their clothes under his bed. And I said, "wait a minute this sounds kind of serious here. Let's see what's going on." And then he started hiding ok? And during that period, I didn't still didn't really think anything cause he was a kid. He was about this tall right? My daughter had just won a pageant and she was the first Black (unclear word) to win that pageant and he went down to give her flowers and he tiptoed up to give her a hug and everyone thought it was so warm and so beautiful. So, they started putting him into their act with them because he was taking tap and ballet. And I didn't think nothing was wrong with that because I took ballet in college myself because it was good for my ankles the coach told us.
>
> S. right, right
>
> D. So we I didn't see a problem with it, not really. And a few years passed by and he came and said "Dad, I need to tell you something." And I said "ok". Let's go on in and sit down and talk. He said "I like boys." I was "ok, uh you don't like girls?" He said "yeah but I am attached to boys" and I said "ok, well I thank you for telling me."
>
> S. ok
>
> D. And of course when he finally told me he liked boys. I said ok, well, that did it. But that's when I first found out. He came to me, he must have been about fifteen, sixteen when that happened. And which was fine with me and (I told him) "as long as you can go and get your education, I'm going to pay for it. But you don't go and just mess up your education and be out there partying."

Several aspects of this interview invite analysis. Most notable, is the timeframe over which Daron came to know that his son was gay. While the instances of his son trying on his daughters' dance clothes piqued his interest and seemed to indicate in retrospect that his son was gay, it was not until a decade later when his son said to him that he (the son) liked and was attached to boys, did Daron say he knew that his son was gay. The time involved speaks to coming out as a process that may have a formal aspect or conversation in which a child tells their parent of their same sex desire but is often the process of acceptance takes place over an extended period of time. Daron was specific in mentioning his ongoing involvement in his son's academic and sports interests though he mentioned during the interview that he and his son's mother had divorced during his son's growing up years. The theme of the father's care for his son emerged through his support of his son's sports and academic endeavors, and through his acceptance of his son's coming out. Though many parents are not as accepting of their child's non-heteronormative gender or sexual identity as this father reported (Cover 2012; Prevention 2017; Bouris et al. 2010). Had I interviewed the son, his perception of his father's response may have been different. As a father, Daron was likely to portray himself favorably. However, he wanted to convey not only acceptance, but ongoing care for his child. Daron did say during the interview that he did not have any resources to draw on as a parent of a LGBTQ child and that further resources would have been helpful to him. He told how his son had become involved in HIV prevention work with a local AIDS service organization, likely a source of support and resources for the son, though in this case, not for the father.

Support and resources for African American LGBTQ young people and families is complicated by Birmingham's racially segregated urban landscape and ongoing struggles for social justice. Belonging for African American LGBTQ youth first means belonging as African American, being Black. For LGBTQ children and youth, "being gay" is bound up with the anxieties and aspirations for childhood safety and success held by African American parents and caregivers as well as with experiences of marginalization and subjugation more faced more broadly.

Numerous organizations provide LGBTQ resource and support in Birmingham. LGBTQ safe spaces and events such as film festivals and Pride events offer activities and community specifically for LGBTQ youth. PFLAG, a national non-profit organization providing "confidential peer support, education, and advocacy to LGBTQ+ people, their parents and families, and allies" (PFLAG 2020) has chapters in the Birmingham area and student led Gay Straight Alliance groups are present in some area high schools. In assessing LGBTQ resources across Birmingham through my preliminary interviews and during my fieldwork experiences and interviews however, I found that broader kinds of support for LGBTQ youth are missing in African American communities. Few schools in Birmingham support Gay Straight Alliance groups and none exist in African American schools. No PFLAG groups met to support African American parents. Interview data and informal conversations indicated that social segregation means that African American families and young people in Birmingham generally do not access LGBTQ support resources in white communities. Youth oriented LGBTQ safe spaces located far from Black neighborhoods or in majority white public parts of town are unlikely to successfully reach Black LGBTQ children and youth.

In addition, students often lived with and are dependent on parents or guardians with whom they need to maintain positive relationships. Grandparents, godparents, and extended family are often interested and involved in the activities and successes of the children in their care. These relationships are especially important in an urban area like

Birmingham because the city offers few safety nets. For example, during the time of my fieldwork, there was no shelter for homeless youth in Birmingham. Which meant that young people squeezed or kicked out of their homes took shelter with friends or extended family limiting their access not only to social and emotional support, but to school funding, food resources, transportation, and health care. The fear of disappointing and losing the support of parents and caregivers was very real and kept many African American LGBGQ young people closeted regardless of the support they might ultimately receive from family and other networks of care.

As noted in the beginning of this chapter, African American communities in Birmingham understood young people as children, students, and parishioners that they care about and for whom they pray safety and success. However, community understandings and hopes for these youths could be interrupted by perceived obstacles associated with "gayness". For example, notable Black leaders like Barack Obama and Martin Luther King Jr. were held up as inspirational figures while individuals like Bayard Rustin, an openly gay Black man who worked closely with Dr. King and was instrumental during the Civil Rights Movement (Carbado and Weise 2003) was not a potential role model presented to children. Devon Carbodo and Donald Weise note

> "Few African Americans engaged in as broad a protest agenda as did Rustin; fewer still enjoyed his breadth of influence in virtually every political sector of American life…Nevertheless, Rustin remained an outsider in black civil rights circles for much of his life. He was openly gay – and that he was black in addition created a seemingly unprecedented conundrum for African American leaders, who weighed the worth of his tactical expertise and political sophistication against his "deviant" sexual identity. Sometimes his expertise and sophistication won out. At other times, the perceived political cost of his homosexuality outweighed his value to the movement. In these instances, he was dismissed, asked to resign from service, or denied a platform to voice his concerns (Carbado and Weise 2003, ix)

Rustin's "gayness" eclipsed his historical significance, making his life unrecognizable as one worthy of public recognition during his lifetime and unsuitable for emulation as a notable African American leader. This finding is analytically important. When faced with the intersection of Blackness and "gayness", parents prioritized protecting their children from threats to safety and education associated with racial marginalization, with "Blackness," rather than with LGBTQ identity or "gayness." Because "gayness" was seen as an identity that compounded the challenges experienced by Black people, protecting children first from racial discrimination and marginalization sometimes meant minimizing or denying their child's LGBTQ gender or sexual identity. Coming out is often difficult for white LGBTQ young people and their families as well. As Mary Gray notes, churches are sometimes used as a kind of "cover" for LGBTQ young people, racialized in various ways but generally white, who could not come out to their families but who could get dropped off at church to go to the skate park where they found sources of socialization and support with other LGBTQ young people (Gray 2009). Coming out is a difficult transition for many people but accessing resources can be more difficult for racialized individuals.

As told in the "Coming Out Stories" interviews, some parents responded violently on hearing their child was "gay." Others put off talking about it unless their child broached the subject. One father felt there were no resources available to him as the father of a Black LGBTQ child. One mother placed her son in a correctional school for a short time, but none accessed formal kinds of support for their Black LGBTQ child. This reluctance to access LGBTQ resources and support can also be seen as a form of parental care and a response to the racial marginalizations already well understood by Black parents and experienced by them as well as by their children.

“Gay Families” and Configurations of Care

Black children and young people in Birmingham are supported through various forms of parental and community care. On learning that their child is “gay”, many, though not all, parents continue to provide care for their children and youth. When being at home, or accessing care through family or designated caregivers failed, individuals were known to seek community and care through “gay families.” During the interview on LGBTQ space that I drew from earlier in this chapter, Winton, a gay Black man in his early twenties shared the following comments about where young people find support when they are not able to stay with biological family or designated caregivers. He said:

> W. They can’t take it anymore. That’s really the basis of gay families here in Birmingham. Where I’ve been to other cities and it was based off of who likes to J set, who like to vogue, who like to do drag etc. etc. And the family is built that way just based on entertainers. But here it’s been more of a necessity just like when you have the thug who grows up in a bad home life and ends up joining a gang. The gays here in Alabama when they grow up in a bad home life, they end up running away from home and in a family. And their gay family is their real family.
>
> S. yeah right
>
> W. you know and, they call these people mom, dad, brother, sister. Like, they’re their real family because that’s who they feel they are.

This fragment is insightful in that it describes not only where young people unable to stay at home might find housing and community. It also describes how group relationships were configured. Winton first told how the gay families he saw in “other cities” were organized around various kinds of dance and presentation styles such as J Set or vogue. “Houses” formed around dance and drag performances like the ones Winton described were portrayed in the 1990 documentary film *Paris is Burning* and the FX

Network show *Pose*, both featuring house ballroom communities in New York city and highlighting the social organization of groups of individuals living together for mutual support and care (Livingston 1990; FXPose 2020)[8]. Winton contrasted gay families or houses organized around dance styles in other cities with his experience of how gay families were organized in Birmingham. He described gay houses in Birmingham to be more like families, individuals coming together for mutual support who refer to each other using familial terms like mother, father, and sister or brother.

His description resonates with scholarly conceptions of fictive kin and gay and lesbian families and intergenerational hijra households in India (Nanda 1999; Weston 1997; Leyton 2018; Nelson 2020). In 1997, Kath Weston ground laying work documented how the notion of family, a term conventionally used to denote biological kinship networks, was used among "gays and lesbians" to describe chosen social networks as family. The focus of Weston's research questions was primarily on culture change and the impact gay and lesbian family formation would have on notions of family in the United States more broadly. More than twenty years of research since Weston's work have shown that, like heteronormative constructions of kinship and family, same sex and "gay" families take on many forms and have profoundly impacted state and national discourse and policies on marriage, parental rights, employment benefits, and adoption among others. Weston and others propose that intimate relationships and social networks in LGBTQ communities create belonging and care in ways that not only parallel notions of family but are themselves forms of kinship (Leyton 2018; Nelson 2020; Robinson 2018; Weston 1997; Shange 2019a). Additionally, a vast literature on the

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[8] Note that actor Dominique Jackson from the FX show Pose, spoke at the 2019 Bham Black Pride celebration. A discussion of her appearance there can be found in chapter 2.

notion of fictive kin and configurations of family has also been developed (Nelson 2020, 2014, 2013; Leyton 2018; Pritchard 2020; Robinson 2018). Winton referred to housing as a primary form of care found through joining a gay family indeed, living "under my roof" often indicates family forms of connectivity, authority, and obligations for care (Schalet 2011). While the purpose of their research was to facilitate HIV prevention and treatment, several researchers across multiple sites in the United States have documented social structures of support and care in ballroom communities like those describe by Winton (Arnold et al. 2018; Arnold and Bailey 2009). These findings alongside Winton's narrative point to the notion of family as one that organizes care and support for African American LGBTQ adults and young people and could be in LGBTQ spaces, outside of parental or heteronormative communities. The communities sometimes overlapped with HV prevention and LGBTQ safe space spaces.

"The Children", HIV Prevention and LGBTQ Safe Spaces

I stood at the industrial metal sinks in the side room of the HIV Outreach Center, washing serving bowls greasy with yesterday's chip dip. A large clear plastic bowl usually filled with ice for canned sodas lay against the bottom of the sink. It had sat too long among the spoons and office dishes at the bottom of the stack. I soaped up a green scouring sponge and began to scrub. A door at the end of the room was partially open, displaying racks of jeans, dress slacks, and shirts of various descriptions. What the closet could not hold hung from a metal clothing rack along the wall while donations of mixed clothes and shoes spilled over the sides of an oversized cardboard box. Behind me flecks of old glitter sparkled from under a tote of HIV and safe sex education pamphlets left over from a recent testing event. Lost feathers from a white boa drifted behind bright yellow mop buckets and into a corner of the concrete floor. Quiet conversation and occasional bursts of laughter came from the offices on the other side of the wall. Late in the afternoon, most of the data entry and organizational work of HIV prevention was slowing down for the day. Regular clients, staff, and young adults using the computer/game room relaxed in overlapping spaces.

A young man in his late teens or early twenties sat across a desk from one of the HIV prevention specialists. He bent over a paper with pen in hand while the HIV prevention specialist looked over the man’s resume, making edits and offering suggestions. Job postings hung from push pins on a corkboard across from a row of computers. The afternoon sun faded through the glass door down the hall near the front of the office. A Black queer woman in workout clothes wandered into the room where I had finished the last of the dishes. They were looking for yoga mats and we searched together for a few minutes before finding them neatly rolled and stacked under a heavy duty rollaway cart. I moved aside the chairs in the computer/game room and helped to stretch the mats out side by side. Class members filtered in while the instructor prepared the room, lighting candles and wafting sage. The young adults who had been talking together quieted or drifted away.

On other days, high-school-aged young people connected a cell phone to the speaker system in the multipurpose room. Heavy beats fell beside the sounds of choreographed footsteps, body taps, drops, and turns. They practiced routines for upcoming or improvisational dance performances. Again, and again they moved through the motions, each customizing their own steps and style. Sounds filled the space, filtering into the rest of the center. The daytime quiet and professional health education and office environment of the center throbbed with activity in the late afternoon. Though the space was intended to be used that way, to be inviting to the diverse needs of Birmingham's Black LGBTQ communities, the overlapping groups and activities felt less like a health provisioning space and more like an unruly family gathering. More than once I heard a passing HIV prevention specialist mutter under his breath about supervising "the children." He meant by this term, the young people dancing in the back, dropping in long after they said they would, for help with their job searches, or struggling to reschedule appointments with social service and health care providers. One of "the children" would stride into the Center loudly calling "Grandma!" by whom he meant this same HIV prevention specialist. The familial term was one of affection referring to the care he received in the forms of food and personal attention. It also referred to the straightforward advice and correction he received. For example, a young adult visitor to the HIV Outreach Center once complained that he would be missing a doctor's appointment because it conflicted with another appointment. An HIV resource provider offered neither empathy nor help in resolving the problem, rather he chastised the young man for not rescheduling one of the appointments in the same way that a frustrated elderrelative might. Forms of care including food, school, and recreational spaces as well as guidance, direction, and the occasional reprimand, mirrored forms of care commonly provided through familial kinds of support. They were everyday occurrences at the HIV Outreach Center. The staff and administrative personnel there formed a network of care and support as well as HIV prevention education, testing, and linkage to care for the young people who accessed the Center. The term "the children" used by the HIV prevention specialist referenced more than these few Black and LGBTQ young people.

Anthropologist William Hawkeswood titled his dissertation work on social networks and kinship among gay Black men in New York *One of the Children: Gay Black Men in Harlem*. His work highlights the roles gay men have in Black families and communities and describes configurations of family formed in gay social networks and intimate relationships[9] (Hawkeswood 1997). Jafari Sinclaire Allen describes "the children" in a theoretically complex argument of the intersectionalities of race and gender that place Black queer bodies and pleasures outside of mainstream white-gay futurities of assimilation. Contesting understandings of "the Child" written about by Lee Edelman and constructed by white imaginations in child characters like orphan Annie and "the waif from Le Mis," Allen writes:

> I do not mean, here, the constructed white, middle-class child in whose name the symbolic orders itself and for whom legislatures craft law, which Lee Edelman strategically poses as opposite queer in his recent book, *No Future: Queer Studies and the Death Drive*. By ''the children,'' I mean of course, Dorothy's. Or, in more recent Black gay parlance, same-gender-loving—gay, bisexual, lesbian, trans, queer— people of color" (Allen 2009, 313).

Allen argues for the distinctness of Black LGBTQ experiences and critiques Edelman for failing to investigate "the differences between and among those queered by the co-constitutive dominative mode of racial, sexual, and gender hierarchies." He argues that he is "looking very differently at death and subjectivity" posed by the lives of Black LGBTQ individuals and communities. Allen argues that not all futurities are the same and that "normative assumptions of futurity are dangerous" (313) in that they obscure and "preclude" "the unruliness of excessive Blackness" (314). Seen from a framework of care, Allen argues that caring for "the children" requires recognizing the racialized

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[9] Hawkeswood died of complications related to AIDS in 1992, one year after graduating from Columbia University. His work was published posthumously.

hierarchies within LGBTQ identities that render some futures impossible or unimaginable. Black music, pleasure, and determined exuberance filling the HIV Outreach Center through the Black LGBTQ "children" there resisted absorption into mainstream white and white LGBTQ cultures and communities. Allen writes of futurities of LGBTQ assimilation, but more literal losses of futurity are all too present in the minds of those caring for "the children" at the HIV Outreach Center.

When in April of 2019, Nigel Shelby, a freshman student in nearby Huntsville, Alabama committed suicide after being bullied by his classmates for being gay, the grief felt personal to Black LGBTQ communities in Birmingham and to the individuals regularly caring for LGBTQ youth at the HIV Outreach Center. Nigel Shelby was fifteen years old when he took his own life. Though his parents were supportive of his gender and sexual identity, he was taunted at school (AL.com 2019). A vigil honoring his life and mourning his death was held at the HIV Outreach Center the Saturday following his funeral in Huntsville. I attended the vigil along with about thirty other people many of whom I knew through Bham Black Pride, the HIV Outreach Center, and HIV prevention events. The vigil began with a eulogy celebrating Nigel's life and recognizing the cruelty of his death. We lit candles, prayed, and wrote letters of condolence in rainbow colored markers to his mother. Caring for African American LGBTQ individuals and young people and preventing the deaths of young Black LGBTQ individuals was one of the HIV Outreach Center's primary goals. To have a young person slip away so near to help and support felt like a tragic failure. Though I knew through conversations taking place around me that it also hardly seemed like a surprise. Social theorist and media scholar, Robert Cover writes about a “resigned expectation” that surrounded the suicide of a gay classmate. He describes his thoughts in the following way:

> “Over the following weeks and months I thought about this ‘resigned expectation’; I worried that as a community and even as activist queer students we were either complacent, or that the problem of queer youth suicide was so overwhelming that we could not really imagine queer lives untouched by suicide, or that contemporary culture had forged such a strong link between non-heterosexuality and suicide it felt ‘natural’ to lose a young queer friend in that way? (Cover 2012, Preface)

Despite intentional care and concern for Black LGBTQ youth and LGBTQ youth more broadly through organizations like the It Gets Better Project (Project 2020), suicide continues to be as Cover describes it, a “resigned expectation” for the anticipated “unlivable lives” of LGBTQ individuals. Eric Pritchard attributes the failures of suicide prevention programs and LGBTQ safe spaces to prevent the suicides of young LGBTQ individuals of color to five causes. “1. Flattened theories of identity 2. The notion of youth exclusive of other identities 3. A one-size-fits-all approach to safe space 4. The idea that children bully but adults are safe 5. Thinking of safety as a normative property right.” In sum he states that “the lens being used to create the policies that purport to solve this epidemic is not appropriately focused on sexuality as a raced, classed, and gendered experience” (Pritchard 2013, Pp321). Rather than a failure of care by Black parents or communities, Pritchard concludes that misrecognizing the intersectional, particularly the racial, marginalizations faced by young LGBTQ individuals of color, results in continued bullying and deaths. Pritchard’s analysis contributes to studies of systemic racism in the context of public health and health related disparities, specifically when thinking about LGBTQ health and suicide rates.

Recognizing that while African American children and youth including LGBTQ identifying young people, are often expertly cared for, highly valued, and heavily invested in by families of origin and faith communities, family and kin configurations for Black LGBTQ young people do not always fall along biological lines. Family groups of individuals related by choice and need rather than by biological family often form networks of support for Black LGBTQ young people. Acknowledging the validity of these families and adapting services to meet their needs may require imaginative and non-conventional approaches to providing support. HIV outreach programs can be vibrant places of belonging for Birmingham's African American LGBTQ community. By providing places to, practice dance moves, sing karaoke, attend exercise classes, or engage in Black Pride events, these spaces can become places of care and belonging for Black LGBTQ individuals and communities, for "the children."

Black Pride, the Black Panther Movie, and Wakanda Heroes

The carpeted hall and sparkling lights welcome banquet attendees with finely set tables, and the wafting scents of meat and roasted vegetables. This evening was the inaugural banquet of Bham Black Pride's first annual Pride weekend celebration and the room felt joyfully festive. We ate and talked, sharing stories around the tables. Notable individuals received awards recognizing their service and contributions to art, music, and to Black LGBTQ visibility and health. Author Joi Miner had already shared her poem "Bout this Life" beginning with the words "We are not your rainbow", taking the colors of the Pride Movement's rainbow flag and remaking them through the lives and experiences of Black LGBTQ individuals. As the evening closed, she stood with a second poem in hand. This time, her words were about care, comic book heroes, parenting, community activism, and the recent Black Panther movie.

In 2018 Marvel studios released the feature length film Black Panther based on the Marvel Comic character with the same name. The movie brought to the big screen the story of Wakanda, an imaginary African country not impoverished or struggling despite its appearance, but wealthy in vibranium, a metal that absorbed energy and redistributed it, generating enormous power. A highly advanced cloaking technology hid Wakanda's wealth and technological prowess. An important aspect of the film for viewers in the United States was Wakanda's technological superiority and its location in Africa, disrupting development, modernist, and racialized narratives of Africa. The larger than life heroes were African with dark skin, rich accents, and bold actions. The film won multiple awards and captured the attention of movie goers world-wide as the first Marvel film to feature Black and African heroes and a predominantly Black cast (IMDbTV 2018). In the movie, the Black Panther's antagonist is his cousin, a family member stranded in a project community in Oakland California after the murder of his father. In a short sighted failure of community and care, Wakanda had kept its power and technology secret, leaving this young man and his African American community in poverty. The plot highlighted tensions within African American identity and drew symbolic parallels between upwardly mobile African Americans and those who remain disadvantaged in the United States and in diaspora communities around the world. In the movie's final scenes, the Black Panther returned to Oakland to demolish the deteriorating apartment building where his cousin grew up. His hovering spaceship like craft interrupting a small group of African American school kids shooting hoops on a concrete slab inside the worn fence surrounding the building. These children looked much like his cousin had at the beginning of the film. In this conclusion, the Black Panther comes to the United States, the place of his cousin's pain and suffering, as an African King, mature man, and caring father figure, bringing Wakanda's power to marginalized Black children in the form of learning and technology (Coogler 2018).

Though I, like many, had seen the highly successful film, Joi Miner began her poem by saying she must be one of twenty African Americans who had not seen the Black Panther movie. A fragment from my fieldnotes recalls Miner's comments.

> "She said she read it all in graphic novels, knows about the Black Panther (movement) and about the power of the movie, but her concern for heroes and justice are more local. Her attention for the care of African American children has to do with family, community, and everyday acts of care and saving."

The room grew still as she spoke her poem.

> "My heroes don't fly
> They mull through at a tortoise pace
> In life's hare speed race' Taking
> In the scenery that is the state of their communities
> My heroes
> Ain't invincible
> Ain't bulletproof
> Yet they venture into those unsightly places
> Facing backlash and pushback
> But still move forward
> My heroes
> Take the woes of our youth and morph them into wonderful
> Take the plight of our community and in the dead of night craft masterful resolution plots
> Take on the bureaucracy speaking for the she's and he's that are voiceless
> My hero
> Passes out voice boxes and life lessons like lunch programs
> My heroes don't wear
> Capes and spandex
> Don't have crafty contraptions
> Choosing to combat world's wrongs with pen and pad
> My heroes are moms, sisters, aunties, uncles, and dads

They don’t fill pages of graphic novels
With tales of worlds unreal
They operate best within the realness
Harnessing the power of thoughts and feelings
To fuel the machine that is our future.
They have no “handshake”
No cult following
No signal in the sky alerting them of the wrongs that transpire
For they reside in the belly of the beast
Do not possess secret identities because they want those in need to know that they are there
That of the tribulations of their people, they are well aware
My heroes
Don’t live lies because they embrace the invaluable commodity that be the truth
So…I must ask
While you’re looking for a hero
A role model
A savior
Wakanda parent are you?
Wakanda activist are you”
Wakanda artist are you”
Wakanda hero…are you?

My Heroes Don’t Fly

Written by Joi Miner
Presented by the author at the 2018 Bham Black Pride Inaugural Banquet.

Her words pointed to the daily activities of activists, community support services and families related biologically and by social connection, working to support and care for Black children and young people. She highlighted the work of those who are unseen and unsung, who do not wear “capes” or “spandex”. As a lesbian woman, mother, and writer, she used the auditory similarity between Black Panther’s imagined country of Wakanda and the phrase “what kind of” to ask “Wakanda (what kind of) parent are you? What kind of (Wakanda) hero are you?” She called attendees and members the Black Pride community to be the kinds of parents and leaders their communities need, and their children can look up to. Her words challenged grand notions of care focused on larger than life interventions and landmark victories worthy of media attention to focus instead on everyday care and routine practices of resistance against racial, economic, and educational marginalization. At the beginning of this chapter, I described Marvin, a gay Black father, activist, leader, and mentor, working in HIV prevention. I doubt he would object to being called a hero, but it is through everyday practices of care like those called for by Joi Miner, fostering formal and informal kin networks that he earns his figurative cape.

Conclusion

In this chapter, I discussed social and familial networks of support for African American children in Birmingham, Alabama. The hopes and aspirations of many parents and African American communities members there are conveyed through these networks of care as well as through religious services, after school activities, and daily conversations. I found that "gayness" is often a perceived obstacle to success and that practices of care intended to mitigate racial and gendered marginalization could also distance LGBTQ young people from support and resources. Practices of care for LGBTQ African American young people through HIV prevention spaces and fictive kin networks demonstrate that "modes of belonging produced, transferred, or confirmed through care refer both to the sphere of kinship as well as to other kinds of social belonging such as communities, nations, or states (Alber and Drotbohm 2015, Pp2). Chosen families and communities can became reliable kin networks enacted through care. I conclude with some of the concerns and aspirations of LGBTQ African Americans as parents and the need for local and everyday "heroes" for their children both gay and straight. My findings reiterate the words of the Saving Ourselves Symposium founder when he said, “we’re Black first”. Marginalizations of race faced by Black parents and children in Birmingham are perceived to be compounded by non-heteronormative gender and sexual identities for African American LGBTQ children. These findings suggest that decreasing racialized stresses and violence against Black people and communities could improve the experiences of African American LGBTQ children more broadly, increasing family and community support and access to resources. These findings also suggest the critical importance of LGBTQ support services by and for Black LGBTQ individuals.

The next chapter examines Black LGBTQ experiences of community in the context of LGBTQ space in Birmingham as well as Black LGBTQ places of care and belonging so good they seem “magical.”

Figure 4-1 Children's books on Black history at the Birmingham Civil Rights Institute

Figure 4-2 Children’s choir performing at church.

Chapter 5: ***Making Magic: Race, Space, and Black LGBTQ Belonging in Birmingham***

Introduction

I leaned forward in my seat on the couch across the sparsely furnished living room listening to the poised individual seated not quite opposite me. I was conducting an interview on LGBTQ space in Birmingham with Audré[10], a Black queer activist, and we met at their home. They sat upright but relaxed in an upholstered lounge style side chair, one leg tucked beneath the other. A cigarette rested between their fingers as they described their experiences of LGBTQ spaces and Black LGBTQ belonging. Having moved to Birmingham from a smaller city in Alabama several years earlier, Audré spoke of social isolation as a Black queer person, of the difficulty of finding community and belonging in Birmingham's LGBTQ spaces and of the "magic" of finding other Black LGBTQ people. They said:

> "You search Google, and you get the basic started kit; the bars and youth support organizations and I'll go on record for them and the work they're doing. But finding people is more difficult. There are a bunch of LGBT Black and brown folks that like, a lot of people get lost. People just start staying home. It took one Black Pride last year for people to realize, 'oh I'm not alone.' One Pride here for people to be like 'wow, you all had like five hundred people?' and we been all down the street from each other the whole time. That was a magical weekend!" (Interview fragment).

Their statement hinted at how racialized fault lines in Birmingham make it difficult for LGBTQ individuals of color to find each other in the city's LGBTQ spaces. While care is often an important matter of concern in LGBTQ communities (Fink 2021; Arnold and Bailey 2009; Weston 1997), the mutuality of care required for forms of care other than care for oneself mean that care is an inherently social process. It does not happen in isolation or without an other whether the other be a persons, animals, or the

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[10] Pseudonym

planet (Tronto 1993). Fisher and Tronto hint at this in their 1993 definition of care. In describing care, you will recall that they write,

> "On the most general level, we suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (Tronto 1993, 103).

Rather than describing care for a world that includes 'my' body, 'my' self, and 'my' environment, they write "our bodies, our selves, and our environment." The last sentence of their definition brings to mind the words of Martin Luther King Jr. in his "Letter from a Birmingham Jail" where he writes, "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly" (King 1963, 1). King was writing about the mutuality of justice and the effects of injustice. Justice is a thoughtfully theorized topic within literatures of care as well (Held 2006; Tronto 1993; Philosophy 2021; Engster 2009). Fisher and Tronto describe care through a lens of concern and action toward the wellbeing of others including ourselves which certainly includes justice. Both write about a mutuality that underlies their objectives. Justice and care occur in social context. The longing for sociality and mutuality of belonging and care were encapsulated in the words of the individual I interviewed. They expressed feeling isolated and alone. On discovering so many "Black and brown folks" at the first Bham Black Pride event, individuals that had been "down the street from each other the whole time" they smiled and exclaimed, "That was a magical weekend!" Being in some sense with others is essential for human experiences of belonging and community and for care.

In the first section of this chapter, I explore histories of LGBTQ space in Birmingham drawing from political scientist Robert W. Bailey's 1999 book chapter on

“The Political Organization of Sexual Identity in Birmingham, Alabama,” and from the recent work *Mapping the Gay Guides* by Amanda Regan and Eric Gonzaba, to show how LGBTQ spaces have intermittently thrived in the “Magic City.” I highlight how economic, racial, and intragroup positionality (Thomas-Houston 2005) inform perceptions of and hopes for LGBTQ spaces and places. Spaces meaning having to do with physical and geospatial sites, and places, having to do with belonging and community as defined by Tim Cresswell (Cresswell 2004). These works also reveal how racial segregation shaped and continues to shape landscapes of LGBTQ space and history in Birmingham.

I then draw from semi-structured interviews, participant observation in Pride and other LGBTQ events as well as informal conversations to examine how “magical” places of community and care are created and experienced by LGBTQ African Americans in Birmingham, a social and geospatial context, which I show is often marked by the exclusion of LGBTQ people of color. The interviews were conducted with community leaders, activists, policy makers, archivists, and organizers Black and non-Black, to examine various ways LGBTQ spaces are understood, structured, and supported in Birmingham and how racially separate spaces are consciously or unconsciously maintained in ways that can be understood as successes or exclusions of care. Through these interviews and observations, I examine the ways in which Birmingham’s history of racial segregation shapes contemporary practices of belonging and LGBTQ space for African American LGBTQ identifying individuals. The interviews elucidate how the needs for community and social belonging for Black LGBTQ individuals and communities in Birmingham are cared about, cared for, created, and sustained.

Finally, I examine how multiple forms of care and Black LGBTQ belonging are created and fostered through social events, conferences, and the establishment of Bham Black Pride. I examine tensions between racially diverse and integrated LGBTQ spaces on the one hand, and spaces that celebrate and recognize the distinctive histories and marginalizations within the diversity of LGBTQ communities on the other. I explore how LGBTQ space is variously conceptualized, and how despite the Civil Rights Movement slogan declaring that "separate is never equal", ongoing histories of violence and oppression experienced by Black individuals and communities often mean that Black people also "need spaces without white people"(Blackwell 2018). I conclude with the question of predominantly Black LGBTQ spaces and how the potential for belonging and a sense of place emerging through them could be experienced in ways described as "magical."

Google searches, Gay Guides and Racialized Histories of LGBTQ Space

An examination of LGBTQ space in Birmingham, its histories, and ongoing experiences of exclusion for Black LGBTQ individuals and communities requires ethnographic as well as historical data. To better understand variation in responses to questions of LGBTQ space found in the interviews, it is important to examine histories of LGBTQ space in Birmingham. This examination provides insights into how LGBTQ space has been configured as white public space and allows the exclusions of Black LGBTQ people from Birmingham's formal or publicized LGBTQ spaces to become visible.

The "basic starter kit" for locating LGBTQ communities and resources mentioned during the interview at the opening of this chapter referred to LGBTQ businesses, support organizations and social groups that could be found through a simple online search. I searched online for "LGBTQ spaces in Birmingham" in 2015 as I prepared to conduct preliminary research. Five or six LGBTQ bars were the first to appear. By 2018 my online searches included bars, AIDS Service Organizations, and organizations advertising LGBTQ safe spaces. Searches looking specifically for "LGBTQ affirming churches in Birmingham" produced mixed responses. Some congregations were proudly affirming. Most churches omitted any LGBTQ information on their sites. Many of the pictures visible on church websites were stock photos and did little to provide information about the real life communities organized around these religious organizations. My initial impression was that LGBTQ spaces in Birmingham were few and recently organized. My initial online searches failed to broadly demonstrate the diversity of LGBTQ spaces and communities in Birmingham, but they did show how difficult it can be to find Black LGBTQ places of community or belonging, a reality I later heard expressed in fieldwork interviews and conversations. As was stated in the interview fragment at the beginning of the chapter, it can be difficult for Black and brown LGBTQ people to find each other. Publicly advertised LGBTQ resources can be difficult to locate. In addition, LGBTQ spaces advertising welcome and inclusive spaces are generally referring to gender and sexuality inclusivity rather than racial inclusivity.

"The Invisible Histories Project" an organization founded in Birmingham for the preservation of Southern LGBTQ history, and work done by Amanda Regan and Eric Gonzaba published online in December of 2019 and titled "Mapping the Gay Guides" reveal a complex history of LGBTQ spaces in Birmingham. While information found in the "The Invisible Histories Project" and *Mapping the Gay Guides* is not ethnographic in origin, their data reveal complex histories of LGBTQ space in Birmingham and offer a historical context for racial marginalizations that continue to shape Black LGBTQ experiences of belonging and community. I draw from them together with data from informal conversations and interview data conducted during my fieldwork.

This interview fragment tells a bit of the history of LGBTQ spaces in Birmingham:

> K. You know, Birmingham is such an interesting microcosm. We had queer space very early. Um you know informal gay bars in the forties that were
>
> S. so what do you mean by informal?
>
> K. well, invitation only, like sort of a community well known secret that there were these parties. They were called the, it was like the Forrest Park One Hundred. And it was like this group of wealthy affluent queer people with their own spaces that had these kind of traveling gay parties. So, it was an invitation only situation. You had to know someone to get in. Who was included in those spaces depended on the theme, but it was kind of a template for what would be visible queer spaces in the seventies. So, Birmingham opens its first gay bars in the seventies and there's an explosion of them. In the mid 1970's at any point in time there were between ten to thirteen gay bars.
>
> S. Do you know of those because of the Invisible Queer Histories project? Or do you know of those because of the guidebooks?
>
> K. It's a little bit of both.
>
> S. How do you know about all of those spaces and how would anybody looking at the history know how to find? What did that look like?
>
> K. I mean, gay bar guides are really the only place that you can find this information. Gay publications, you know like The Charlotte Free Press, comes to mind. It's the oldest Southern LGBTQ newspaper. The Atlanta Bar, the Mississippi Voice. There are others, you can find them. But gay bar guides are the easiest place because they're kind of pulled together and they're listed, in some of the gay bar guides, thematically. So western bars, or dance bars, or whatever. But I'm obsessed with queer space.
>
> It's my particular obsession. And so, I have a fairly substantial collection of gay bar guides that sort of help guide the project. But the Alabama forum would be a great place to look into gay bars. It didn't start publishing itself until the 1980's. But in the seventies, there was a ton of gay space. Gay space in the seventies was

> interesting because they were gay bars. The community knew them as gay bars. And they catered to very particular interests within the queer community. Birmingham has always been a niche gay bar market. It still is really in some regards. Western gay bars, drag bars, bars for lesbians, bars for dikes, bars for hooking up or for twinks, dance bars.

This fragment of the interview conversations it important in several ways. First, it documents early LGBTQ spaces in Birmingham such as the Forrest Park One Hundred before describing the private nature of LGBTQ gatherings before the proliferation of LGBTQ bars in the 1960's and 70's. The bars created public spaces to socialize and express personal identities. Niche bars oriented toward diverse interests catered to gay or lesbian patrons, "western" or "leather" bars or other "themed bars" depending on prevailing interests. Many went out of business after a few years or were replaced as trends shifted. The presence of LGBTQ bars and spaces however, cannot be assumed to mean the presence of Black LGBTQ spaces or LGBTQ spaces that welcome Black individuals or communities.

The "Gay Guides" mentioned in the interview began to be published during the 1960's and served as a travel guide or resource for locating LGBTQ businesses including bars, restaurants, hotels, and bookshops. The Guides are a rich source for the history of LGBTQ spaces but were published on paper and are not readily searchable. In 2020, a research team led by Amanda Regan and Eric Gonzaba launched "Mapping the Gay Guides," a project that organizes information from the *Damron Address Books*, otherwise known as the *Gay Guides,* which were mentioned in the interview. Per their website, the "Mapping the Gay Guides" project

> "aims to understand often ignored queer geographies using the *Damron Address Books*, an early but longstanding travel guide aimed at gay men since the early 1960s. Similar in function to the green books used by African Americans during the Jim Crow era to help identify businesses that catered to black clients in

> the South, the Damron Guides aided a generation of queer people to identity sites of community, pleasure, and politics" (Regan and Gonzaba 2019-).

Regarding Black LGBTQ spaces in Birmingham, two important things arise from the *Gay Guides* and from the *Mapping the Gay Guides Site.* The first is that the Gay Guides are described as similar to the green books used by African Americans during the Jim Crow era. This statement is helpful as a descriptor and draws an analogy between marginalizations experienced by Black people and by LGBTQ identifying individuals, between identity politics of race and those of gender and sexuality. However, such an analogy renders invisible those embodying both Black and LGBTQ identities and creates a separation between race and gender/sexuality as marginalized identities. LGBTQ identity is thus assumed to be white and indeed, the Gay Guides generally functioned as guides for white LGBTQ individuals and communities.

The second important finding for Black LGBTQ space in Birmingham comes from within the *Gay Guides* and would have been difficult to recover and beyond the scope of my research project without the work of the "Mapping the Gay Guides" project. The "Mapping the Gay Guides" locates LGBTQ businesses geographically and by time period across the United States. As shown through the site, in 1965 the *Gay Guide* lists four LGBTQ bars, lounges, or restaurants in Birmingham. Though LGBTQ businesses in Birmingham proliferate with various businesses being established or closing, it was not until 1971 that any Birmingham LGBTQ establishment was listed in the *Gay Guides* as one "Blacks frequent," a query option for the *Mapping the Gay Guides* listings. In 1980, the most recently uploaded information for *Mapping the Gay Guides*, only the Redmont Hotel Lounge is listed as frequented by African Americans though the guide lists a total of thirteen LGBTQ bars, clubs, restaurants, and cruising areas in Birmingham (Regan and

Gonzaba 2019-). Demographics based on U.S. Census data report that Birmingham's population in 1980 was 55.6% Black (Library 2016), yet only one in thirteen businesses supporting LGBTQ social and community life were noted to be frequented by Black LGBTQ individuals. This disparity represents either a disproportionate lack of LGBTQ social and community spaces for Black LGBTQ individuals or the possibility that the *Damron Address Book* at that time was oriented nearly entirely toward white audiences. In either case, Black LGBTQ identifying individuals and Black LGBTQ social spaces in Birmingham are disproportionately missing.

While Black LGBTQ social life and culture had long thrived in places like Harlem (Culture 2019) or Atlanta (Interview data), Birmingham is a mid-sized city with an active but mid-sized LGBTQ population. Urban centers can support larger clubs and a more diverse offering of LGBTQ social spaces. "The Quest" in Birmingham first opened in the 1970's and is one of Birmingham's longest running gay and alternative dance clubs. At the time of my research, The Quest was the only venue open twenty-four hours every day of the week. Being open around the clock is vital for LGBTQ lives lived out of time or on the margins of regular time (Allen 2009; Vogel 2006). Staffed by a racially diverse group of employees, The Quest diversifies its majority white patronage through Vogue or Collide[11] nights featuring local as well as out-of-town performers. Together with Al's on 7th, The Quest is often one of the first LGBTQ businesses mentioned when inquiring about LGBTQ space in Birmingham, though several appear at the top of an online search and across Birmingham's nightlife landscape. During the time of my

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[11] "Vogue" and "Collide" are "highly stylized form(s) of dance created by black and Latino LGBTQ communities" in Harlem. Often a part of Ballroom culture, the competitive dance performances are judged based on performance categories, style, dress, and the "ability to throw the most shade" (Culture 2019).

research, there were no Black-owned gay or LGBTQ bars or clubs in Birmingham. When during informal conversations I pondered aloud why that was, the response I received began with a hesitant pause, followed by, “It’s complicated.” Social dynamics within and among LGBTQ communities in Birmingham together with difficulty in obtaining business loans and sites were then offered as being among the reasons for the lack of Black owned LGBTQ businesses or clubs in Birmingham. Further explanations were that social life in Birmingham is closely interwoven. Interpersonal or intergroup conflicts are not easily forgiven and are rarely forgotten. In a mid-sized city without a large LGBTQ population to draw from, popularity shifts, or bad experiences can significantly affect a business’s viability.

While Black LGBTQ individuals I spoke with said they had been in Birmingham’s LGBTQ bars and appreciated the efforts toward inclusivity being made, they also mentioned micro-aggressions often experienced in predominantly white LGBTQ spaces. In talking about Black LGBTQ space during an interview one individual reported the racialized discomfort of being “expected to be the person who knows all the dance moves” and being exoticized through requests to “touch your hair.” Citing tactics used by LGBTQ bars and clubs for maintaining their LGBTQ businesses as white public space, another individual wryly said, “when they get too many of us (Black people) on the dance floor, they change the music.” White LGBTQ bars and clubs attract African American patrons by hosting dance events. While these events do attract Black performers, the events are exceptional and contrast with the presumed whiteness of these spaces.

Robert Bailey, a political scientist writing about the political organization of sexual identity in Birmingham, suggested that commonalities of LGBTQ identity historically superseded racial differences in Birmingham (Bailey 1999) and no doubt they sometimes did. However, Black LGBTQ individuals during the time of my research reported that their otherness as Black individuals precluded experiences and relationships of belonging in diverse but white dominated LGBTQ spaces.

Though there is a long history of LGBTQ spaces in Birmingham, access to those spaces is mediated by race. Numerous scholars have written on racial marginalization within LGBTQ communities and documented the ways in which LGBTQ spaces become and are maintained as white public spaces. Allen Bérubé authored key works on the whiteness of gay space. He describes practices of maintaining gay spaces as white public spaces in San Francisco through the use of 'triple carding,' requiring non-white individuals to show three forms of identification before being allowed to enter. Bérubé described his observations: "For many white owners, managers, and patrons of gay bars, only a white gay bar can be just gay; a bar where men of color go is seen as racialized" (Bérubé 2001, 206). Charles Nero proposed white gay aesthetics and the ability of white gay men to become comfortably wealthy and assimilate into white suburbia as part of the history of gay space as white public space (Nero 2005). Rae Rosenberg specifically critiques the criminalization of young Black and brown bodies in LGBTQ spaces of care positing that:

> "community policing has infiltrated these organizations to further defend and maintain an exclusive gay urban space informed by whiteness, which marks and regulates young, Black masculinities and trans femininities as deviant, untrustworthy, and criminal" (Rosenberg 2017, 137)

These discussions converge with broader conversations on racial inequality in the United States. The distinctive aspect here is racial marginalization within a social and political LGBTQ identity that has also fought for inclusion and equal rights, a question that has also been approached through scholarly works (D'Emilio 2003; Kiesling 2017; Mumford 2016; Johnson and Henderson 2005; Carbado 1999). These works across multiple disciplines and in various ways discuss intersections of race and gender in LGBTQ spaces, African American contributions to LGBTQ culture, and the ways in which LGBTQ African Americans and Black LGBTQ histories have been marginalized and repressed not only within broader U.S. histories and social/political contexts, but within LGBTQ histories and contexts.

Racial marginalizations are compounded or coded by economic factors as well. Birmingham is home to two Krewe organizations[12], the Mystic Krewe of Apollo and the Mystic Krewe of Caritas. Mystic Krewe of Apollo was founded in 1976 and is "a social krewe open to men over the age of 21. Membership is limited to forty members." The Krewe's mission is "to put on an annual Bal Masque" (Birmingham 2019). Mystic Krewe of Caritas was founded in 2008 "as a service organization to raise money for AIDS Alabama" during a time when "Ryan White governmental matching funding from the state was pulled" (Caritas 2020). While both Krewes are predominantly white, in a 2018 response to "remarks that were racist", Mystic Krewe of Caritas issued a social media

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[12] "French colonists introduced Mardi Gras into America at Mobile, Alabama in 1766. The custom became popular and spread throughout the southern states. Mardi Gras in New Orleans attracts carnival celebrants from around the world. Street parades begin about two weeks before Mardi Gras Day. Societies, called Krewes, organize and pay for the parades and other festivities. The best known Krewes are Comus, the oldest, founded in 1857; and Rex, founded in 1872. During the carnival season, the Krewes host formal ball and private parties. Their members parade the streets in masks and fancy dress. A parade of beautiful floats and marching bands climax the carnival on Tuesday, Mardi Gras Day. Each year, the festivities carry out a specific theme. Rex, King of Carnival, reigns for the day" (Birmingham 2019).

policy stating that “Mystic Krewe of Caritas (MKC) is an organization who promotes inclusivity and equality for all humans regardless of race, gender, political affiliations, religion or sexual preference.” The individual involved was removed from membership and stripped of his 2017 title (Caritas 2018). Actions that gestured toward a commitment to greater inclusivity.

In 2013, a group of men organized a male choral ensemble they named the Steel City Men’s Chorus. Noted as “Birmingham’s Gay Men’s Chorus” on their website:

> “Membership in Steel City Men’s Chorus is open to anyone, 18 and older. Singing members must be male or identify as male and be able to sing a male vocal part (TTBB). Non-singing membership is open to both men and women who do not wish to sing but desire to support SCMC through active voting membership. All members must pay dues as required by the Board of Directors to remain in good standing” (Chorus 2019).

As of 2019, the choral group was and had been predominantly white. I chanced to have an informal conversation with a white heterosexual couple at the 2019 Bham Black Pride. They were active members of the Steel City Men’s Chorus. The husband proudly reported being the first heterosexual man admitted into the chorus. His wife was a non-singing member and they spoke glowingly of their experiences with the choral ensemble. Membership costs in 2019 were $150 in addition to the cost of attire (Chorus 2019). The financial costs of Krewe and Chorus and their predominantly white membership may serve to limit participation by Black LGBTQ individuals experiencing economic marginalization and who may see the chorus as gay yet white public space.

Film festivals, softball leagues, Pride organizations and AIDS service organizations also offer spaces for LGBTQ community and belonging. However, intersections of race and Birmingham’s history of legalized and social segregation continue to shape LGBTQ spaces and experiences of belonging. LGBTQ spaces are often conceptualized and maintained as white public space.

In 2019, Birmingham received a perfect score of 100 on the Municipal Equality Index, an index of "cities nationwide that are excelling by advancing LGBTQ equality without relying on state law" Best practice policies include "local non-discrimination laws, providing transgender-inclusive health benefits for city employees and offering LGBTQ-inclusive city services" (Coker 2019). The award rightly generated excitement and a sense of accomplishment, however an individual I knew through the HIV Outreach Center responding publicly to a "Bham Now" article on the score by saying "It depends on who you are. Black gay people still live with racism, and we need to be able to talk about that" (Swain 2019). The Municipal Equality Index measures local urban policies and is not designed to measure differences in experience of inclusivity related to race or ethnicity.

Overall, in response to the interview question, "How would you describe LGBTQ space in Birmingham over the years in terms of LGBTQ places, events, social spaces?", white LGBTQ participants described a rich history of gay bars, and social groups such as chorus and Krewe. African American participants described a dearth of LGBTQ spaces and reported difficulty finding LGBTQ places of belonging. This finding is consistent with histories of LGBTQ space in Birmingham and demonstrates ongoing racial marginalization within LGBTQ communities in Birmingham. However, as noted in the chapter on saving ourselves, "Black and gay" individuals and communities in Birmingham are active in discourses and practices of care oriented toward the survival and thriving Black LGBTQ people.

LGBTQ Space in Birmingham

During the summer of 2015 I conducted interviews with key HIV resource providers examining available resources, support, the challenges of and resource provisioning in Birmingham. In the spring of 2019 and during the course of my dissertation fieldwork, I conducted semi-structured interviews with prominent Black and non-Black community leaders and individuals who work in various ways to support LGBTQ safety and thriving in Birmingham. While each set of interviews asked separate sets of questions, together with the broader observations and interactions of my fieldwork, they provide a rich depth of data regarding LGBTQ experiences of belonging, exclusion, and LGBTQ space in Birmingham.

Through the interviews, I was able to speak with every LGBTQ support organization in Birmingham except for two. In the first case, the person I hoped to interview was a performer and public figure who requested an interview fee which I was unable to offer in part because my research protocol did not include payment for interviews and in part because the individual was able to command fees as a performer than I as a graduate student researcher was not able to pay. The second organization declined to interview. Apart from those two organizations, I was able to speak with individuals working to support LGBTQ adults and young people through PFLAG, Pride, and HIV prevention spaces as well as in LGBTQ historical preservation, archival, and museum spaces. I spoke with Birmingham's LGBTQ liaison, and with individuals working to support LGBTQ thriving through grants and local funding. Several individuals lived in Birmingham through the AIDS crisis and had lost loved ones. Some were active in the churches I attended. Others were known to me through fieldwork and participant observation activities. Some I met for the first time through the interviews. The goal of the interviews was to ask how LGBTQ space is structured and conceptualized by various stakeholders in Birmingham's LGBTQ and LGBTQ support communities and to gain an understanding of how these spaces are understood and used.

Most of the interviews were conducted in person but a Black transwoman working across several predominantly white LGBTQ organization in Birmingham replied by email. Her responses reflected much of what I found overall. Tamara's[13] reply to the interview questions were welcoming and generally informative. Regarding Birmingham's LGBTQ spaces overall she wrote:

> "Birmingham has made some great strides towards creating more public and private LGBTQ spaces for the community, over the years. While groups like Central Alabama Pride and The New South Softball League have seen consistent growth for the last four decades, local organizations like Collide, Bevy, Magic City Parents, Magic City Acceptance Project and many more have fostered an increase in LGBTQ space and support over the last ten years. Allyship has escalated as local entertainment entities and production companies like Our Night, Scorpion King and Preppy Owl produce event series for LGBTQ individuals. These private organizations have ushered in an era with persistent growth and popularity even outside of our LGBTQ population."

She spoke of greater visibility for LGBTQ politics and politicians in Birmingham and in Alabama but highlighted ongoing challenges as well. She reported:

> "While we a pleased to celebrate our second gay State Representative and first gay City Councilman, the LGBTQ community still finds many concerns in terms of the politics of the South. Each session finds new legislation that would further harm the LGBTQ folks in our state and their families, particularly the trans community and those interested in adopting children. Employment discrimination continues to be major issue as well as bullying in schools and the workforce."

Tamara's report of the positive things happening in Birmingham and in Alabama are tempered by ongoing legislative threats to the rights of LGBTQ individuals in the state.

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[13] Pseudonym

Her statement regarding bullying in schools places bullying in the familiar schoolyard setting. Her inclusion of “the workforce” as a site of bullying speaks to ongoing experiences of violence against LGBTQ adults. Similar responses were provided by other individuals I interviewed. Descriptions of the growing number of LGBTQ organizations and support services reported by Tamara were highlighted by white leaders in LGBTQ services during our interview conversations as well. Her responses provide important context for the growing number of LGBTQ services, activities, and communities available despite continued legal and policy opposition to LGBTQ rights in Alabama.

Tamara hinted at rather than described her experiences as a trans-person of color. Regarding intersections of race and LGBTQ identity in Birmingham she said:

> “In my opinion, the queer friendly spaces in Birmingham have seen a major change in terms of demographic. Now, with the growth of LGBTQ spaces and celebrations like Pride Month, segregation continues in the Deep South. Some spaces are designated as 'particularly for people of color' or 'only for transgender individuals.' There are some leaders of the LGBTQ community that feel this is essential and others who perceive the division as further isolating an already marginalized population. There are also groups working solely on the integration of LGBTQ spaces, championing the ideal that we are all better served when we work together.”

Tamara’s description of the negotiation between Black and white spaces, between integrating spaces and maintaining separate spaces articulated responses spoken or suggested by others as well. Individuals, Black and white voiced concerns that a color and gender blind or assimilation approach to combined spaces would result in the same marginalizations and erasures resulting from color-blind approaches to racial inequality and racism (Gotanda 1996). They were concerned that histories of oppression and struggle would be obscured or erased. Distinctive forms of community or celebration would be lost or marginalized. The challenge Tamara spoke to has to do with the preservation of diversity along with the eradication of racial and gendered exclusivity and inequity within and between LGBTQ identifying individuals across racial and other differences.

Tamara attached "The Living LGBTQ in Central Alabama Needs Assessment" which I was familiar with and referenced in the introduction chapter. "The Living LGBTQ in Central Alabama Needs Assessment" notes disparities in access to LGBTQ resources experienced by Black and racial minority LGBTQ individuals and communities in Birmingham in finding that, "The third theme expressed related to the African American LGBTQ experience was that it was challenging for these individuals to get appropriate services from LGBTQ organizations and other social service agencies" (Fund 2015).

The assessment also notes that African Americans were under-represented in their study and attributed the gap to a lack of access to the social networks of Black LGBTQ individuals and communities (Fund 2015). This lack of access to Black LGBTQ individuals and communities and the oblique way in which this Black transwoman positioned within Birmingham's LGBTQ support organizations addressed racial conflicts and social segregation in Birmingham's LGBTQ communities speak volumes to the realities of racial marginalization in Birmingham's LGBTQ spaces. Birmingham's predominantly white LGBTQ support organizations are socially and organizationally separate from Black LGBTQ communities and Black LGBTQ people working within predominantly white organizations are cautious in addressing issues of race.

Several white interview participants spoke openly about the difficulties of reaching "across the racial divide" restating what had been reported in "The Living LGBTQ in

Central Alabama" study in 2015 (Fund 2015) and by Robert Bailey in 1999 (Bailey 1999), namely, that though organizations and social spaces did not formally exclude African Americans or individuals of color, relatively few Black people participated in organizations and social spaces that were predominantly white. Challenges to access or providing HIV prevention resources and welcoming LGBTQ spaces were spoken of as economic and educational disparities, terms often coded to mean Black. In the past, as during the time of Bailey's 1999 study, poor health education, and anti-LGBTQ stigma might have been the presumed causes for failures of African American individuals and communities to access HIV prevention and LGBTQ support resources. By the time of my research, the longitudinal pervasiveness of this racialized reality begs the question of how whiteness is structured and maintained in these spaces, a question this research project, centered on the experiences of Black LGBTQ individuals, found to be markedly salient but was poised to examine only superficially.

The light was fading as Audré, the Black queer activist, and I talked. They described fond memories of LGBTQ spaces and of the contradictions presented by racialized LGBTQ spaces in Birmingham. They said:

> A. An LGBT space to me always smells like some sort of sage, um there's always music. There's always food. Normally, I mean, your basic hygiene products almost if you need it, you can figure out how to get them before you leave the meeting. Or wherever you're at really.
>
> S. hmm
>
> A. It's secluded, but like also in plain sight. Like how we have meet ups at the restaurant you now and people can clearly see like "oh that's a gaggle of queers". (laughing)
>
> S. (laughing)
>
> A. But no, that's to me probably when I think about LGBT spaces I've been in. That's what I remember now. Here, LGBT spaces are two different things. White

> LGBT spaces are very performative, very classist. Most of the time, I mean, you can find a few that aren't like that. But most of the time it's the former. Black LGBT spaces can be … sort of like that eight grade prom where everybody's like nervous and excited because you've never seen so many fine people in one place, like also at the same time like
>
> S. (laughing) right
>
> A. I've never seen so many fine people in one place (laughing)
>
> S. right!
>
> A. and also the internalized things that come with that. Cause I think that in Black LGBT spaces we sometimes can mirror the hurt we face on the outside to each other and don't realize it, you now, so that's Black LGBT spaces for me.
>
> A. But like I said you won't know those things unless you know someone. I like to say that LGBT spaces here are more like affinity groups because you know you got the queers that like the gay and you've got your queers that like to bike. You've got your queers that like to go out to eat. They do nothing else but that. You got your thirty five and older queers who like to brunch and stuff like that um. It's really interesting. It took me like, took us like three? No two years to finally find our Birmingham. Which is Black and brown LGBT folks. We're working on the brown, but Black LGBT folks but you know because of my wife's job at the time we were exposed to white LGBT spaces. Which were very unhelpful and almost caused me to lose my faith in this city.
>
> S. uhuhm
>
> A. It's a tale of two cities. It's like two different worlds.

Their words "It's like two different worlds" clearly mark the stark separation between Black and white spaces in Birmingham even in LGBTQ communities. Audré spoke of the effects of the performativity and class separations marking LGBTQ spaces as white in Birmingham have on Black and brown people. The difficulties of finding belonging and of experiencing racial marginalization in LGBTQ spaces and "almost caused me to lose my faith in this city." Whatever victories might be gained for LGBTQ communities in Birmingham, those victories do not translate into belonging, community, and safety for Black and brown LGBTQ people when LGBTQ spaces are understood or maintained as white public spaces. One Black gay man speaking in a longer interview described race and Birmingham's LGBTQ spaces this way:

> "Anyway, I think it's very still divided because there's a black space or there is a white space. There's not many places that there are combined and it's really, really strange that we, I guess, if we all are gay, then have common spaces because you would think what's going on but it's still so divided a lot. Because even in Atlanta it's still divided, I mean, you have like your Black gay clubs or your white gay clubs. There's very few that's all mixed. Here I'm not sure, I don't think there's, as I said, I don't think there are any all black gay clubs at all."

While Audré's response wove together a description of Black LGBTQ space as one filled with comforting food and smells, mobile, hidden in plain view, and defined by nervousness and desire, it also described the difficulty of finding one's way into those places. A Black gay man I spoke with in a separate interview said, "I actually had not been going out to many clubs lately to see because it was so depressing for me to not have a place where I felt comfortable." Too often LGBTQ spaces in Birmingham are places of exclusion and marginalization for Black and brown LGBTQ individuals.

Black and "Gay" in Birmingham

The previous sections were about the realities of racial sociospatial segregation in Birmingham's LGBTQ communities. This section examines the power of a black queer space and what possibilities it holds. The interview fragment in which a Black queer individual proclaimed, "One Pride here for people to be like 'wow, you all had like five hundred people?' and we been all down the street from each other the whole time. That was a magical weekend!" highlights the transcending importance of Black LGBTQ spaces and the visions of utopia that might accompany them. In interviews on LGBTQ space, "house parties" or private gatherings in individual homes were frequently mentioned as an alternative to frequenting public spaces that feel unwelcoming. Individuals interviewed said that in-home gathering felt more inclusive, but invitations generally traveled by word of mouth resulting in gaps and exclusions of individuals outside the communicative network. However, these spaces were valuable for social gatherings of friends or as ways to meet new people. Home parties, exercise classes, and the establishment of Pride events by and for Black LGBTQ people become places of community and belonging. Avoiding the performativity and microaggressions they found in white LGBTQ spaces, were ways to reduce stress, find community, and celebrate Black LGBTQ identity. In this way Black LGBTQ individuals contested LGBTQ space as white public space through their very existence as Black LGBTQ identifying people and through the establishment of African American LGBTQ spaces. As I proposed in the second chapter, the creation and emergences of Black LGBTQ social spaces is spoken of and enacted as a form of self-saving. In an article titled "Why People of Color Need Spaces Without White People" Kelsey Blackwell wrote:

> "People of color need their own spaces. Black people need their own spaces. We need places in which we can gather and be free from the mainstream stereotypes and marginalization that permeate every other societal space we occupy. We need spaces where we can be our authentic selves without white people's judgment and insecurity muzzling that expression. We need spaces where we can simply be—where we can get off the treadmill of making white people comfortable and finally realize just how tired we are…These spaces aren't acts of oppression, but rather responses to it. They are our opportunity to be with each other away from the abuses of racism and patterns of white dominance. Given that space to breathe, there's a possibility of healing. Being together can offer resiliency for bringing our fullness into integrated spaces where it will inevitably be challenged" (Blackwell 2018)

This assertion and explanation resonate with much of what I found in Birmingham. Blackness is marginalized in LGBTQ spaces presumed as white. Microaggressions and the stresses of "being Black in white spaces" means that places of belonging for Black LGBTQ people are most often found with other Black LGBTQ people. In an interview, one person noted that they were more comfortable in Black heteronormative spaces than in white LGBTQ spaces. Blackwell clarifies that voluntary Black only spaces “aren’t acts of oppression, but rather responses to it.” The stress of being Black in white spaces means that care and community are rarely found there. As long as racial oppression persists, it will be important for Black people to have spaces of community and care established by and for Black people. My findings showed that this reality is true for Black LGBTQ people as well.

A place of Black LGBTQ community and belonging was intentionally and unapologetically created by and for Black LGBTQ communities in August of 2018. The event was the inaugural Bham Black Pride weekend, the first of its kind in Birmingham for several years. Glossy fliers and the event website billed the evening as “an All Black Affair Honoring Special Advocates in the LGBTQ Communities of Color.” The event was hosted by Anthony Williams, Project Runway Season 6 All-Stars winner. Ticket price was $15 for a single ticket or $22 for couples and was open to the public but attendees primarily were adult members of the local Black LGBTQ communities. The title “an All Black Affair” referred primarily to the formal nature of the banquet, a phrase similar to a ‘black-tie’ event indicating formal attire, though it also celebrated the event as organized by and for Black LGBTQ people[14]. Many knew each other for the parts each played in local Black LGBTQ history and advocacy. It was a formal affair with beautifully set tables, a gourmet buffet, and outlined program. The event was remarkable in that it was happening at all. Previous efforts had been sidelined for a variety of reasons

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[14] Many of the individuals attending the event were familiar with me and my work through previous ethnographic encounters or through shared acquaintances. My presence as a white person was not openly mentioned and those who chatted with me were welcoming. It is possible that my presence at the event had already been discussed as one of my primary interlocutors is a founding member of Bham Black Pride, an organizer of the event, and had invited me to attend.

ranging from intergroup conflict to lack of resources, or interest. This night's theme focused on community and coming together. Speakers reiterated that Black LGBTQ people need community, need support and education, need time with each other.

The evening began with the Negro National Anthem: "Lift Every Voice and Sing". One presenter said she was glad to hear it because "if Francis Scott Key showed up", she was leaving. Prayer over the meal followed. The evening's master of ceremonies made jokes about being gay, about not knowing any lesbian jokes, and about erotic dancers for Christ costumed with pages from the Bible so they would be "covered in the Word". His Biblical and religious references were sacrilegious to be sure but also seemed intended as a tongue in cheek reflection of the realities many Black LGBTQ individuals face in straddling LGBTQ and Black church communities. Between comedic monologues, awards were presented for individuals who have been advocates in education, leadership, and entertainment. "Do any of you have a Black pastor you can talk to about gay issues?" the question was posed after one of the awardees was noted to be a pastor as well as an educator. "In all my years of HIV care, I've never had a black doctor" the speaker said. Yet the last honor awarded was for a Black female physician working at a nearby university clinic. Presenters spoke of challenges within the black community and challenges more broadly. One of the organizers noted the efforts of "gay white men" working on LGBTQ issues through politics. "That can be us, here" he said, calling for political organizing among Black LGBTQ individuals and communities. Several times during the evening he encouraged attendees to vote, "every time" and to vote "with their dollars." "Don't patronize people that don't patronize you" he said. In other words, do not financially support individuals, businesses and organizations that are not working in your best interest.” Author Joi Miner rose to recite her second poem. Her words remade the colors of the LGBTQ rainbow flag through the experiences of LGBTQ African Americans. “I wrote this piece this morning” she said. Then began:

We are not your…
Rainbow
We are varying shades of earth tones
The foundation from which all life grows
We are grounded
The Omega and the Alpha
The
Vanilla almond
Mocha dark chocolate
With caramel drizzled lattes
And an extra tri-UMPH-and shot of espresso to start each day
We be
The epitome of education
The arithmetic of dopeness
Taking the simplest equation
The one plus one of racism and hate
And turn them into an exponential ratio of love
Multiplications to your struggle
Double and triple minorities we
Take the grade school mathematics
Of your madness and raise the bar
Challenging you to calculate the calculus of us
And shatter your statistics
Founding mothers and fathers
Of every meaningful movement
What for you… is a flag to give activism meaning,
We
Ingest,
Process internally,
And manifest as greatness for the world to see…
Turning…
Red wrathful acts
Into passion for life and community
The…
Orange fire lit
Meant to tor-ture us
Into torches, guiding lights towards more…
Envious emulation validation that grass is

Green-ER underneath any plot WE stand
Blue mooded overcast of sadness,
We shed as tears
Washing ill-intent from eyes
Giving clear view of cloudless skies
Reminding us that better days are coming soon…
Indigo bruised egos and bodies,
We sport proudly as war wounds
The Violet violence fuel forward motioned
Furthering for our-selves
We are mystical
Black girl magic and brown boy sorcery
Mythological unicorns sippin' sweet tea on Southern porches
Enchanting witches and warlocks turning…
All we touch into majesty
Admiring the gardens of seeds planted in fertile soil
The promise of tomorrow
With dirt beneath our fingernails and in patches of overall's knees
That we brandish proudly from getting dirty in these trenches
Feeding our young from the roots of strength and truth
Taking your slanderous slurs
Of segmented scriptured judgmental Biblical verse
Seasoned and stirred in with a Lil bit of
Oppression
And exclusion
Pouring them into caldron
And stirring them into some abracadabra life spells
That allow us to travel through the pits of hell unscathed
Some call us deities
But we just say…
We were born this way
Taking your
ROYGBIV alphabet soup
Offering it back to you to sip from mystical goblets
As rite of passage to deserve mere
Ability to be in the presence of our awesomeness
Our prowess puts that voodoo on you
We are…
The colored boys and girls, women and men, who have considered suicide and decided our lives
Were more than enuf
Turn our transgressions into fashionable correctness
Our mere presence demanding genuflection and respect

We are phenomenal beings existing phenomenally
While you rockin the knock-off of us
We rockin the original
Patched pain
Stitches with threaded mahogany enchantment
Fashioned from fire
We were made, polished, prepared for the strife
Black Gay Activists truly be
Bout this life…
Nih, C'mere baby, lemme sprinkle a lil magic on ya…

"Bout This Life"
By Joi Miner recited at the Bham Black Pride Awards Banquet 2018

Through her poem, Joi Miner writes Black LGBTQ life through African American experiences of slavery and oppression. Through her words LGBTQ African Americans and Black Gay Activists emerge as magical and enchanted deities. Her alignment of the rainbow colors with experiences of exclusion and ongoing violence resonated with Elena Kiesling's critique of exclusions of Blackness and Black queer resistance by queer studies and "the colorblind state" which she described in her article title as "The Missing Colors of the Rainbow: Black Queer Resistance" (Kiesling 2017). The rainbow colors of the 1978 flag designed by Gilbert Baker and the Grove Street gay community in San Francisco was a response to the pink triangle used by Nazi Germany to identify gay individuals. In 1979, the six-colored flag became the official symbol for gay pride (Trombetta 2020), its bright colors symbolized life, healing, sunlight, nature, serenity, and spirit. Miner read the colors through Black experiences to take stains of African American pain and transform them into brightly "colored boys and girls, women and men… made, polished, and prepared for the strife", prepared to birth and nourish Black LGBTQ thriving. Anthropologist Shaka McGlotten writes:

> "I'm interested in utopia as a sort of genre of unrealized and unrealizable attachments oriented toward the possibility that life might somehow be lived

> differently and better… Utopia in my use here, then, is speculative (and more than a little spectacular)" (McGlotten 2012)

Joi Miner rewrites notions of utopia through the rainbow flag of Black LGBQ experiences. Shaka McGlotten's notion of utopia might well align with Joi Miner's vision of Black LGBTQ magic as spaces of belonging and community are formed as care by and for Black LGBTQ individuals.

Conclusion

This chapter on race, place, and Black LGBTQ belonging in Birmingham began by examining interview data to ask how LGBTQ space is structured and conceptualized by various stakeholders in Birmingham's LGBTQ and LGBTQ support communities. In the first section, I highlighted how economic and racial positionality inform perceptions of and hopes for LGBTQ spaces and places in the city. I then examined racialized histories of LGBTQ space that continue to shape LGBTQ community and belonging in Birmingham. Through an analysis of the Gay Guides and research on LGBTQ politics in Birmingham conducted by Robert Bailey, I showed how LGBTQ spaces have intermittently thrived in the "Magic City" and how racial segregation has and continues to shape LGBTQ spaces of belonging there. The third section of this chapter examined Black LGBTQ communities and places of belonging in Birmingham through prominent themes found in interview data, and with informal conversations with Black LGBTQ individuals and leaders in Birmingham's Black LGBTQ communities. Tensions between racially diverse and integrated LGBTQ spaces on the one hand, and spaces that celebrate and recognize distinctive histories and marginalizations within the diversity of LGBTQ communities on the other hand were considered in the context of arguments stating that people of color need "spaces without white people." This combined analysis contributes to ongoing efforts to better understand and foster reliable and durable networks of care and community for LGBTQ and Black LGBTQ individuals in Birmingham. I draw particular attention to the importance of recognizing specific needs and kinds of marginalization experienced by Black LGBTQ individuals in LGBTQ communities and spaces in Birmingham.

The next chapter brings together the dominant themes of this dissertation and discusses changing terrains in allyship, advocacy, and activism in Birmingham and within anthropology in the context of care. The discussion in the chapter follows the conversations highlighted in this chapter as it maintains the utopic hope that despite diversities of identities, positionalities and experiences groups and individuals can develop various kinds of formal and informal collaborative relationships that celebrate diverse identities and experiences and work together toward justice and equity.

Figure 5-1 2018 Bham Black Pride Logo

Figure 5-2 2019 Bham Black Pride Celebrations

Chapter 6: *Care Reframed: Intersections, Calls to Action, and Further Opportunities*

Introduction & Overview

Throughout this dissertation I have examined what it means to be "young, Black, and gay" in Birmingham through the lens of care. Each chapter situates themes of care found throughout my fieldwork within ethnographic context. While intersections of identity and positionality emerge through my findings, I want to include two final sections before concluding. The first section returns to my identities and positionalities as a white cis-gender researcher and academic to examine ethics and politics of care in anthropology as a discipline. The second section brings multiple themes of care together as an HIV prevention specialist creates a space of LGBTQ belonging in a Birmingham middle school. I include these sections to reimagine care through everyday processes of surviving and thriving that creatively draw others into belonging and serve as a call to action. I then conclude with the contributions this dissertation makes to anthropology and with research gaps and opportunities for further study.

In a 1961 interview James Baldwin said:

> "To be a Negro in this country and to be relatively conscious, is to be in a rage almost all the time. So that the first problem is how to control that rage so that it won't destroy you. Part of the rage is this: it isn't only what is happening to you, but it's what's happening all around you all of the time in the face of the most extraordinary and criminal indifference, the indifference and ignorance of most white people in this country" (Baldwin et al. 1961, 205).

While the first sentence of this quotation is one of Baldwin's best known statement, the connection of Black rage to white indifference and ignorance is less commonly cited. It points to the "indifference" and "ignorance" of white people in the United States as a primary cause of the rage experienced by Black people. Genuine caring in any of its forms requires that white people become better allies, advocates, and activists.

Ally, Advocate, Activist

I stood in the dimly lit club at two o'clock on a weekday afternoon making awkward but chatty conversation with the bartender. Eighties hits droned from the digital juke box while beer logos flashed LBGT letters in neon reds and blues, the four letter acronym alluding to gender and sexual identity while simultaneously advertising Light Beer that Tastes Great (LBTG). I had come in to post fliers for an art class and the awkwardness was all mine. Aside from the bartender, a hungover club patron, and someone sweeping in the back, the place was empty. Mid-sentence of my art class chatter, the sweeping stopped and a man in his forties or fifties carrying a broom stepped into my line of sight. As his short frame drew close, he broke immediately into poetry, telling in startling words and cadence of his experiences as an African American gay man. His spontaneous words and rhythm interrupted and over-rode the moment. Intimately close but not flirtatious or sexually suggestive he commanded my attention, required that I hear him. In his words and approach, he confronted my white heterosexual presence in an LGBTQ space inhabited in the wee afternoon hours by African American men. His swaying body and the intensely rising and falling tones of his voice contrasted with my casual yet institutionally regulated task of posting fliers. In interrupting my casual conversations with the bartender, this man, who I did not know, claimed and reframed my attempts to create an LGBTQ art and research space through the art classes. Utterly transfixed by him and by the ethnographic moment, I wished that I had my recorder on if only for my own memory, because he could not reproduce that improvisational moment even so that I could hear it again. And when after the course of several weeks and conversations, I asked for an interview, he quietly evaded me, saying I should "really talk with a guy who would be in later." That first day, he had overheard me telling the bartender about my research project and the words flowed from him, words about bars, life, and being Black and "gay". What began so personally, freely and improvisationally became guarded and slipped away. The encounter dramatically posed several questions, questions about my white cis-gender presence in Black LGBTQ space, questions about power and positionalities, questions about allyship, anthropology, and ethnographic research.

In May of 2019, I attended a workshop event in Birmingham celebrating the life and work of Dr. Angela Davis. Dr. Davis spoke during the workshop, focusing on liberatory and emancipatory work. Earlier in the day at an Activism 101 session a presenter had defined what it means to be an ally, an advocate, and an activist. The distinctions are vital ones and outlining them was important to articulating our own work as attendees as well as the goals of the conference. The presenter defined an ally as someone who comes alongside someone else to strengthen or sustain them, a friend. They defined an advocate as one who makes room for someone else, making available opportunities and possibilities. An activist is someone who joins the fight, working actively together with those seeking equity and justice. The definitions elucidated key aspects of political and engaged work highlighting differences in ideology and approach. While noting the benefit of each, the presenter was intentional in pointing out the importance of not confusing one with the other. Advocacy is a specific practice. Activism requires active engagement. The terms are not synonymous. Committing to activism means more than voicing solidarity. It meant putting oneself on the line, learning, acting, accepting risk, and working for tangible and measurable changes. The comments were spoken to everyone but addressed particularly to individuals like me in a room filled predominantly with Black activists, organizers, and community leaders. The words were for white men and women who espouse social justice issues, engage in research, or public dialogue through media like published writings or Facebook, but who, because of our whiteness, can keep a safe distance from the difficult, involved, and risky work of bringing about social change. The presenter referenced Birmingham's Civil Rights history while encouraging attendees toward reflexive and intentional forms of activism. The challenge to do more than proclaim oneself an ally was a direct critique of the white passivity that helps to perpetuate racial injustice. As the presenter's eyes scanned the audience, I knew that their words we also directed toward people like me: aspiring allies but late arrivals to a movement already in motion, needing to demonstrate our trustworthiness and commitment. The presentation raised questions of solidarity and of what kinds of commitments we intended to make. Had we dropped in for the excitement of the weekend or would we commit to the critical kinds of engagement that compel us to leave the safe havens of privilege and blissful ignorance to work toward equity and liberation; that accept the risks and threats that accompany liberatory work; that form connections across identities and positionalities; that become what anthropologists Savannah Shange and Roseann Liu term "thick solidarity" (Shange and Liu 2019; Liu and Shange 2018), a question that has marked anthropology as a discipline and anthropologists as theorists, pedagogists, and practitioners. What exactly do we intend? This questions glosses anthropology as a discipline occupied primarily by white bodies and maintained as predominantly white public space, which it arguably is (Brodkin, Morgen, and

Hutchinson 2011). As such, how should anthropology understand and orient itself? What changes need to be made? As an attendee at the workshop where the question of solidarity was so pointedly yet indirectly posed and as an anthropologist, instructor, living, and acting person, what is my commitment? What are my intentions?

Anthropology has a long history when it comes to inquiries of race. The study of human diversity visible in human bodies, crafted into the unequal power relations of more than or less than, and reproduced across social interactions, institutions, structures, and landscapes has been a staple of anthropological research (Baker 2010, 1998; M. Anderson 2019; Omi and Winant 1994; Wolf 1997; Mullings 2005a). Franz Boas, often referred to as the father of anthropology, famously showed that environmental more than hereditary factors shaped "the bodily form of descendants of immigrants" (Boas 1912). His work began to unsettle prevailing ideas of the biological stability of racial difference. However, anthropology as a discipline has also been complicit in reproducing understandings of race shaped by western sensibilities born out of histories of colonialism, American liberalism, and white privilege (Visweswaran 1998; M. Anderson 2019; Lewis 1973; Brodkin, Morgen, and Hutchinson 2011). In the prologue of his book *From Boas to Black Power: Racism, Liberalism, and American Anthropology*, Mark Anderson recounted a recorded conversation between African American author James Baldwin and anthropologist Margaret Mead. Their seven and a half hour conversation was transcribed into a book titled *A Rap on Race* (Baldwin and Mead 1971). Anderson described how differences in life experience and positionality shaped how Baldwin and Mead understood the United States and what it meant to be "American". Anderson wrote:

> For Baldwin, endemic racism and the violent exclusions of the color line were "the custom of the country," as much as part of American culture as compromised

> ideals of freedom and democracy they exposed. He could not share Mead's identification with America in the terms she posited them. The irreconcilable differences between Mead's and Baldwin's relationships to America were reflected in their understanding of their own subject positions" (M. Anderson 2019).

What was important in the exchange between Mead and Baldwin and highlighted by Anderson, was Margaret Mead's inability to perceive a view of "America" that resided beyond of her own vantage point as an educated white woman. As an educated white woman conducting research with Black and Black LGBTQ individuals in the United States, intending to write as an ally, advocate, activist, even accomplice, but potentially more than able to reproduce systems and ideologies of oppression, I asked myself the same question. Will I be able to see beyond myself, my own biases and life experiences? What do I know of allyship, advocacy, and activism?

I sat at a well set dining room table. Mrs. Sills, an older woman widowed and retired for several years had invited me home after church. This was not my first invitation. We had eaten together several times and she had joined me at my apartment as well. She had spent most of her adult life living in southern California. She had recently returned to her comfortable home in a historically Black middle class neighborhood in Birmingham and recognized me as a newcomer as well. We enjoyed each other's company, sitting not far from each other during the lesson time at church and checking on each other periodically by text. So, I was surprised when she began to talk about her experiences during the Civil Rights Movement of the 1960's. We had known each other for more than a year and she had never mentioned her proximity to the Civil Rights Movement. In 1963, she and her late husband attended nearby Miles College[15] where he led the student movement for a

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[15] Miles College is a private, liberal arts Historically Black College founded in 1898 located in metropolitan Birmingham within the corporate limits of the City of Fairfield. Per their website, "during the planning stages of the Southern Christian Leadership Conference (SCLC), when members were deciding what test

time. He had been involved in the protest marches. She said that if I knew which picture to look at, I would see him in a photo exhibit at the Birmingham Civil Rights Institute. Their son was an infant at the time, and she had stayed home to take care of him. She did not mention danger or the risk her husband faced, only her concern for his safety. But she said that as soon as he graduated, they moved to California. He had been accepted to medical school there and they were more than glad to leave Birmingham. Being here had been stressful. In California, her husband became a successful radiologist and they lived in a predominantly white upper middle-class neighborhood in the mountains overlooking San Bernardino. However, leaving Birmingham had not granted them a complete escape from the threat of racial violence. She recounted that late one evening, her son, returning home from school was pulled over by the police. The officer verbally assaulted him, demanding to know what he was doing there, somehow unable to believe that a young Black person would have any business in their neighborhood. Her son had remained calm and was eventually allowed to go on his way. Her face twisted with frustration and hot indignation as she spoke. Decades later, she was still angry that her son was seen as and treated like a criminal in his own neighborhood. She was not present as her husband participated in protest marches or when her son was accosted by the police. But her experiences of racial violence and protest were visceral. They took in the Civil Rights Movement of the 1960's and the ongoing over-policing of Black bodies in the years that followed.

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city to implement the Civil Rights Movement, it was proposed to go to Birmingham, Alabama because the students at Miles College were already engaging in civic protests and boycotts against segregated public facilities" (College 2012).

That she had waited so long to share the story with me spoke to the importance of the experience for her and of her unwillingness to share it casually. These experiences were important to her as a wife, as a mother, and an educated and respected Black woman. She did not see herself as a political activist like her husband or the prominent individuals whose stories were told honored at the Birmingham Civil Rights Institute. Her part in the movement was to survive and to escape its violence as best she could, resisting derogatory understandings of Blackness by becoming successful though her successes and those of her husband did not protect their son from a negative interaction with a police officer. Her words indicated her continued frustration with the marginalization and oppression faced by Black people in the United States and with the failures of the Civil Rights Movement and of white allies to bring about meaningful change. As a Black woman sharing a meal, sharing a faith tradition, and sharing her experiences as a wife whose husband faced the dangers of participating in the Civil Rights Movement in Birmingham, as a mother whose son, whatever their family successes, would be treated first as a Black man in the United States, her words and friendship with me invited a kind of solidarity in which I would, at the very least, hear her and know something of her fear, anger, and frustration. At best, perhaps I would document her experiences and her feelings about them. I would recognize processes of racialization and marginalization in the United States as shifting and changing but perpetually present and still very much in need of recognition and intervention. Empathy is at the heart "thick solidarity" as described by Roseann Liu when she writes:

> "We're interested instead in forging toward notions of what we conceptualize as *thick solidarity* - that is, a kind of solidarity that mobilizes empathy in ways that do not gloss over difference, but rather pushes into the specificity, irreducibility, and incommensurability of racialized experiences (Liu and Shange 2018, 190)."

Thick solidarity in this moment meant listening and feeling with my older friend: being present to her memories and pain.

Engaging in thick solidarity can mean powerful actions or words of support. It can mean silences and the quieting of white words and presence as well. On May 15th of 2019, Alabama Governor Kay Ivey signed into law The Human Life Protection Act, also know as House Bill 314. The controversial legislation posed a near total ban on abortion in the state. By May 19th, a coalition of grassroots organizers had put together the Rally for Reproductive Rights. The event was one of five sister marches held in the state (Writer 2019). Attendees carrying posters with slogans like "Let's talk about the elephant in the womb" representing the imposing of republican party politics on women's reproductive organs and "My body, My choice" a common slogan for women's reproductive rights. The crowd of several hundred women gathered in Kelly Ingram Park across from the Birmingham Civil Rights Institute before beginning the march through downtown. A racially diverse but predominantly white crowd gathered around the stage occupied primarily by African American women, the event organizers. The platform had been smudged with sage in recognition of the indigenous people who lived in Alabama before the arrival of white settler colonizers and speakers noted the historical significance of Kelly Ingram Park as a site of Black activism in Birmingham. One speaker addressed the importance of reproductive rights for LGBTQ individuals, and another recounted her experience of finding medical aid for a friend who had attempted a home abortion. During a break between speakers, the crowd parted behind me, and an older white man walked quickly toward the platform. Although Bernie Sanders had held an election year presidential rally at the park earlier in the day, attendees did not expect him at this event.

He stepped onto the platform, turned, lips pursed, and waved at the crowd. Circling the stage, he exited the same direction he had come in without saying a word. Cheers and applause followed his retreating form and the crowd again focused on the platform where organizers gave directions for the march. I knew a some of the event organizers from Black Pride events and activities they held at the HIV Outreach Center. After the march we talked as we cleared trash from around the platform in Kelly Ingram Park. They had been in communication with the Sanders campaign for several days prior to the rally working out the logistics of their events and possibilities for collaboration. The Rally for Reproductive Rights was organized on a limited budget, and they had been able to negotiate the use of the porta-potties brought in for the rally for Bernie Sanders. The Sanders campaign wanted him to make an appearance and speak at the Rally for Reproductive Rights and rally organizers initially agreed. As the time for rally to begin approached however, the organizers changed their minds concerned that the issue of reproductive rights would be overshadowed by the words of a prominent candidate in the 2020 presidential election. They agreed to have Bernie Sanders appear at the rally but asked him not to speak. He agreed and did not utter a single word either on the stage or while moving through the crowd. His silence was a critical form of solidarity. The willingness of Bernie Sanders to be present but silent, leaving the space to the leaders and voices it was intended for is an important illustration of an aspect of thick solidarity for non-Black allies, advocates, and activists. Sometimes the best way to amplify someone else’s voice is to quiet your own.

Part of “thick solidarity” means sharing aligned goals and it can be easy to misunderstand or make incorrect assumptions about each other’s’ hopes and concerns.

Being attentive to multiple contexts, intersecting and overlapping interests is vital to thoughtful forms of allyship. I arrived at the HIV outreach center prepared for any number of possibilities. The previous Thursday, a white off-duty police officer working security at the Riverchase Galleria Mall had killed Emantic Fitzgerald Bradford, a twenty two year old African American man, shooting him three times from behind. The popular upscale shopping mall was in nearby Hoover and protestors immediately organized to block area streets and demand the release of police body camera footage. The HIV Outreach Center was run by a predominantly Black staff, and I wondered if they would be joining the protestors. I hoped to tag along if they did. However, when I arrived the center was quiet except for pieces of intermittent conversation related to upcoming outreach events and the occasional arrival of a client seeking HIV testing. Staff members worked steadily in their offices. I remained attentive but attended to my regular tasks as well: checking to see that there were plenty of condom-packs made up, seeing that the clothes closet was neatly organized, and organizing event swag in the storage room, all routine tasks. I watched and waited.

As work began to finish up for the day and talk flowed more freely, I wandered into an office where several staff members were sitting and settled into a chair. The conversation turned to local events, and I asked about the shooting and the protests. The staff members looked non-committal. One said he would wait until more was known, until the body camera footage was released before deciding how to respond. Another voiced concern over how the marches were being organized. Representation was important to him, and the outspoken leader of the protests had interviewed with the local news station in an adult jumpsuit, an outfit that did not seem to fit the seriousness of the occasion. They wondered how effective blocking traffic would be and discussed boycotting the mall instead. Some of their caution seemed to stem from the possibility that the dead man had not been entirely innocent. They would wait and see. I knew that some of these staff members regularly engaged in lively political debates on their weekly podcasts and that they sometimes held differing or opposing views. They were also part of regular conversations about local and national events on Facebook, debating ideas, and proposing solutions. They were politically present and vocal through social media but were unwilling to commit to an activist project that may turn out to be misguided or poorly managed. While the protests were regularly featured by news outlets, no one I knew participated in the marches. They more often engaged in online discussions to debate the merits and failures of the case against the officer and responses to it by protestors. Thick solidarity in that context meant holding back, listening, learning, and refraining from diving in without knowing how what I was doing would be interpreted or understood. Thick solidarity means being attentive to the concerns of the people and communities I am connected to and working alongside.

Calls for greater shared commitments and interpersonal care are critical for me as someone desiring to live morally and ethically, perhaps even more so as someone conducting anthropological research. Calls for reflexive, public, participatory, community, and engaged anthropology as well as an ever more critical examination of race are not new (Low and Engle 2010; Lamphere 2004; Mullings 2005a; Visweswaran 1998). A depth and breadth of scholarship explores the approaches and sites of applicability for each. Anthropology as a discipline has shifted course, made ideological turns and changes in praxis. Decades ago, Faye Harrison and the Association of Black

Anthropologist called for a decolonized anthropology (Harrison and ABA 1997) and decolonization as a term and form of idealized best practice has entered scholarly and institutional discourse within and beyond the discipline with mixed results. Some organizations and anthropologists have turned decidedly toward anti-racist work while others adopt decolonization as the latest trend without committing to meaningful change in theoretical approach or in practice (Delisle 2019; Anthropology 2020; Sanchez 2018; Tuck and Yang 2012). The measure of anthropological engagement with decolonization, however, is not in academic intention alone, but in the everyday lived experiences of non-white colleagues, interlocutors, students, and research participants. What impact has anthropology's engagement or lack of engagement with decolonization had on Black and Brown anthropologists and collaborators in anthropological endeavors?

Following the police killings of Breonna Taylor in March of 2020 and George Floyd in May of the same year and the national and global protests that followed, the Association of Black Anthropologists released a statement denouncing police violence and anti-Black racism (Anthropologists 2020). However, responses from other groups within anthropology were uneven and slow in coming. I thought of the Facebook posts of interlocutors I knew in Birmingham, calling out the silences of white "allies" and knew from my fieldwork, that the silences of anthropologists regarding police violence and anti-black racism would be understood as complicity with, even an endorsement of, systems of racism in the United States. Responses from anthropologists, anthropology departments, and anthropology as a discipline condemning anti-Black racism in the United States as demonstrated by the deaths of Breonna Taylor and George Floyd would be vital first steps. Commitments to ongoing policies and practices of radically engaged solidarity would be essential too.

In June of 2020, Laura Cathcart Robbins wrote a piece for HuffPost titled “White Women, I’m Glad You’re Showing Up. But I’m Not Sure I Trust You Just Yet.” Her article applauded white women for “showing up” at protests, on social media, and in her texting inbox to support her and Black people in ways they had not after the beating of Rodney King in 1992. But she wrote that the fatigue and stress of anti-black violence experienced by Black people can be overwhelming and are not borne in the same way by white people, even those who consider themselves to be allies. She said “Some of us are dealing with unprecedented grief. We are broken with pain and unvalidated anger…We are heavy with unnameable grief. We are suffering.” Inequality and injustice persist and for every white person “taking responsibility for their own actions in a way that does not make Black people responsible for their guilt” there are those who continuing to unquestioningly support the police and anti-black racism. She was not ready to trust white women. So many white women have demonstrated their untrustworthiness and the pain is deep. If anthropology is too often white-public space (Brodkin, Morgen, and Hutchinson 2011), then we are also the white women Robbins is hesitant to trust. Anthropological practice and theory changed as the discipline reflected on its relationship with colonialism and again when it first called for decolonizing the academy. It will need to chart a clear path forward if it hopes to retain its relevance and to rebuild trust in the context of anti-Black racism.

Charles Hale and Angela Stuesse call for an activist anthropology. By which they meant an anthropology that overtly aligns itself with the political causes of the people it conducts research with, becoming collaborators, co-conspirators, and accomplices in seeking justice and equity for marginalized groups and individuals (Hale 2006; Stuesse 2016). They joined immigrant workers in poultry processing plants in Mississippi to actively work for immigration rights and worker protections through their Angela Stuesse' work and ethnographic fieldwork project. Their work was aligned with Eve Tuck and K. Wayne Yang's 2012 stark critique of "decolonization" as a form of jargon rather than radical practice.

Recognizing the potential for intentional empathy in social justice work, Roseann Liu, and Savannah Shange in a play perhaps on Clifford Geertz's phrase "thick description", called for what they termed "thick solidarity." They described thick solidarity as:

> "based a radical belief in the inherent value of each other's lives despite never being able to fully understand or fully share in the experience of those lives…Thick solidarity layers interpersonal empathy with historical analysis, political acumen, and a willingness to be led by those most directly impacted. It is a thickness that can withstand the tension of critique, the pulling back and forth between that which we owe and that which we share" (Liu and Shange 2018, 196).

They offered thick solidarity as way for anthropologists and activists to collaborate across differences of experience and concluded by saying "Activists on the front lines have already laid out the stakes of this work-it is up to us as scholars to take them up on it" (Liu and Shange 2018).

From my experiences at the workshop and celebration of Dr. Angela Davis along with so many fieldwork experiences including the bold then reticent improvisational poet I met at one of Birmingham's gay bars, I knew that thick solidarity and an activist stance would be required to rebuild trust with the communities anthropologists research, work for, and among anthropologists and students within the discipline itself. I knew from my time in Birmingham that as an anthropologist and as a thoughtful ethical human being, trust is everything. Whether at the HIV Outreach Center, greeting visitors at the Birmingham Civil Rights Institute, or worshiping together at church, I rarely had a valuable interaction with anyone I was not already in a working or social relationship with. As I learned in the Activism 101 workshop, behaving like a supportive friend is the work of an ally. Becoming an advocate or an activist requires specific ways of thinking and doing, in anthropological terms, theory and praxis. Until anti-racist allyship, advocacy, and activism become the dominant anthropological turn, those engaging them will practice in the menacing shadow of those who do not. In a time when silence in the face of racism is understood to equal complicity, trust runs thin, and the silence can be deafening. While our research participants, partners, co-conspirators, and colleagues "are glad we're showing up," their eyes are wide open, and they have already been burned. Decisive changes will be required to rebuild trust. The thick solidarity Savannah Shange and Rosann Liu wrote of has to do with solidarity between marginalized groups, between black and brown people whose experiences of oppression and racially motivate violence are different from each other's. Shange described the critical differences between public, applied and activist anthropologies quite concisely. She said,

> "The boundaries and delineations of engaged anthropology are contested, but included are the interconnected fields of public, applied, and activist anthropologies. Public anthropology often refers to high- minded but accessible engagement with current events largely through journalism and mass media, while applied anthropology is often, but not always, carried out for a client and proposes concrete solutions for concrete (and discrete) problems. In contrast, activist anthropologists study social movements and conduct ethnographic work that is accountable to the vision of those movements" (Shange 2019b).

Savannah Shange proposed an abolitionist form of activist anthropology. That rather than being a "synonym for resistance", "encompasses the ways in which:

> “Black people and our accomplices work within, against, and beyond the state in the service of collective liberation… Abolitionist anthropology, then, is an ethic and a scholarly mode that attends to the interface between the multi-sited anti- Black state and those who seek to survive it (Shange 2019b).

While Shange’s conceptualization of abolitionist anthropology grows out of her work with structural forms of anti-Black racism in the United States and her own positionality as a Black and queer, her proposed approach has applicability for post-colonial and African diaspora contexts globally. The kinds of commitments she asked of the discipline and of anthropologists resonated with what was asked of me and the other white attendees at the Activism 101 workshop. Shange is not alone in her call for a greater willingness, in truth an unapologetic and complete willingness of anthropologists to commit themselves to the concerns and liberation of those we conduct research among. Her academically inspiring proposal is a call out for white researchers who need to evaluate our own stances regarding allyship, advocacy, and activism as measured by the ways we teach, conduct research, and engage with diverse publics. Are we doing the work or like Tuck and Yang conclude, has decolonization become today’s pacifying buzzword (Tuck and Yang 2012)? Daniel Engster theorizes care in policy and politics, and it is needed there. Being an ally, advocate, and activist must happen in everyday spaces as well. As an anthropologist, ethics of care and of ethical anthropological practice require research and pedagogy informed by anti-racist thought and practice. While I do not think that anyone can claim the titles of ally, advocate, or activist, they are bestowed as earned, I am committed to engaging in the practices of an ally, advocate, and activist. Ethics of care require nothing less. In the introduction to Progressive Dystopia, Savannah Shange describes abolitionist anthropology in political, structural, and social terms but also as care:

> “Emerging from deep relationality with ancestors and contemporaries, its practice is a mode of reparative *caring* that seeks to be accountable to what is unaccounted for in social reform schemes. This book is not a manual for how to be a better, more radical anthropologist. I offer it only as a provocation to *care* more than we can know, to extend our analyses past the ruins of the world (and the discipline) as we know it (Shange 2019b, xiv).

To truly care about the lives and experiences of LGBTQ African Americans in Birmingham in the ways described by Shange and by Tronto and Fisher requires an activist, even an abolitionist stance.

HIV Prevention and LGBTQ Space in a Birmingham Middle School

Allyship, advocacy, and activism sometimes come together all at the same time. In a classroom for eight grade students which I visited during participant observation with the HIV Outreach Center, the HIV educator employed the phrase “don’t yuck my yum” not only as an introductory game, ice breaker, and approach to reducing stigma but also as a way to create a space of belonging for Black LGBTQ young people, an intervention of care. In the game, students were asked to describe foods they enjoy together but that other people might think strange. Amid giggles and proud exclamations, the students took turns talking about differences of taste and desire. In doing so, the educator created an informal place of acceptance large enough to encompass a diversity of genders, sexualities, and sexual practices. This encounter can be seen to extend notions of LGBTQ safe space beyond formal centers and organizations to include everyday places of belonging for LGBTQ children and youth emerging in the context of a health education class.

The sex education curriculum for middle school students in Alabama typically focuses on reproductive anatomy and physiology with conservative guidelines for how STI prevention can be discussed. However, a separate class on STI prevention education may be presented by a health educator or AIDS service organization if requested and arranged for by the local school (Love 2016). In the case of this health education class, a Birmingham middle had school requested and arranged for a class on STI prevention through the HIV Outreach Center. An information form was sent home with students allowing parents to opt their child out of the class. Any students without a signed opt out form were able to attend. This arrangement retained parental authority over the information their children received and resulted in the attendance of most students.

Accompanying the HIV prevention specialist, I joined the students gathering in the school dining room. Cafeteria workers moved pans and wiped counters in the kitchen behind us as a group of about thirty eighth grade girls came in and found seats along the rows of tables. Boys gathered with another health educator in the gymnasium. The students talked and laughed among themselves. The educator waited patiently for them to get settled before calling them to order. “We’re going to start with something called “don’t yuck my yum” he said. “We’ll go around, and each person tell about food you like together but that some other person might not like. What are the strangest things you've eaten together?” The students giggled and looked around, thinking of some unexpected combination. The first person began “chicken and pickles”. The next student declared “peanut butter and mayonnaise on a sandwich”. The activity continued around the tables. The resulting confessions, howls of disapproval or nods of assent, together with the calm “hmm, I can see that” of the HIV prevention specialist highlighted individual differences in taste together with a full range of possible peer responses. At each exclamation of “yuck!”, the educator calmly stopped the class saying, “don’t yuck my yum. They maybe like those things together. You like what you like. They like what they like”. The students quieted and considered each food combination before moving on. The “yucks” and “yums” continued as students responded to the various foods. They needed more than one reminder to quiet down and be respectful of each other. However, students also practiced pausing and adopting one of the educator’s responses such as, “Hmm, I’ve never tried that” or “I can see that”, practices designed to encourage reflection and respect for differences in preference. When each student had had the chance to participate, the educator introduced himself and guided the conversation toward sexually transmitted infections. “What does STI stand for? How can you get an STI?” The importance of the “don’t yuck my yum” exercise became apparent as responses regarding how one might contract a sexually transmitted infection echoed the responses of disgust or feigned surprise expressed in the warmup exercise about food combinations. Nods of affirmation followed one student’s statement that STI’s could be transmitted through “having sex with a boy”, a heterosexual act. When the instructor clarified the response to mean vaginal intercourse and added that oral sex could also result in a sexually transmitted infection some students responded “ohh!”, while others giggled and exchanged knowing glances. At this the instructor cautioned “Don’t yuck my yum. It’s a way infection can be transmitted. You don’t know what someone’s done unless you did it with them”. His purpose was to reduce stigma around sexually transmitted infections and around gender and sexual diversity by making conversations about sex and sex acts less scandalous and by curtailing negative judgement statements between students. The educator worked to separate the social dynamics of dating and intimate encounters of which students demonstrated familiarity and experience, from basic information about sexual health and how STI’s can be transmitted, withdrawing judgement from various sexual practices or gender expressions and emphasizing the less complicated lesson that body fluid contact is how individuals contract or transmit infections. In doing so, the STI prevention educator affirmed diverse sexual preferences and practices creating an informal place of safety and belonging large enough to encompass a diversity of genders and sexualities.

Education on the prevention of STI's including HIV necessarily requires information not only on safe sex practices but on safe sex practices given a diversity of sex practices and intimate relationships. Sexually transmitted infections and diseases can be transmitted by sex acts that do not specify the genders or sexualities of participants. By sharing stories of diverse tastes and affirming individual preferences, the HIV prevention specialist together with the students allowed a space of LGBTQ acknowledgment and belonging to emerge.

While there are multiple themes could be drawn from this encounter, I knew the HIV prevention specialist. I heard him speak of his concern about HIV and LGBTQ space in the context of being Black and gay. I had seen him organize events, engage diverse communities, and advocate publicly for Black LGBTQ surviving and thriving. I had seen him care for "the children," frying chicken when the young ones were hungry or calling them up short when needed. I had met his mother and knew a bit of their story together. I watched him care for others on days when he was not well himself. Each form of care Berenice Fisher, Joan Tronto, and others theorize intersect in embodied form in this one person and were visible in that middle school classroom. His daily work and interactions are explicit forms of advocacy and activism. While he is exceptional, his approach to collective and individual care, to "saving ourselves," as shaped by African

American experiences of oppression and self-determination were demonstrated in many of the lives of Black LGBTQ individuals in Birmingham during the course of my fieldwork. Care reimagined through Black LGBTQ lives was the most dominant theme and compelling finding.

Understanding and Applying Frameworks of Care

Since I completed fieldwork two significant events have taken place, both involving various forms of care, and both related to this dissertation in important ways. First were the killings of Breonna Taylor on March 13th, 2020 and George Floyd on May 25 of the same year, removing any threads of reason or validity to the disproportionate killings of Black people by law enforcement officers. People around the world took up the slogan “Black lives matter” and marched in protest. Second was the emergence of the Covid-19 pandemic that made obvious stark health disparities within the United States as disproportionate numbers of African Americans and Native Americans died after contracting the virus. The Trump administration responded to the combined events with misinformation, denials, and the stoking of white nationalism leading to further civil unrest and increased Covid-19 deaths.

When considering gaps and failures in HIV prevention and LGBTQ support services, I scoured care literatures for theories of bad care or the withholding of care. While Sumeena Mulla writes about the violence of care experienced by sexual assault victims during the course of medical and forensics examinations (Mulla 2014) and Miriam Ticktin examines casualties of care for individuals immigrating to France in which demonstrating and maintaining the status of an ill person provides legal humanitarian protections (Ticktin 2011), I was unable to find a robust literature around bad care. I was surprised at first, thinking surely organizations and institutions purporting to provide care then failing to do so had been explored and indeed they have but under different analytic frames and using different terms. The more I thought about it, the more this became appropriate and right. When a government hires and trains police officers to maintain the law, peace, and order and those officers disproportionately kill Black and brown people, it is not failure of care. It is state violence. When health officials deny scientific findings and best practices for managing infectious diseases, it is not a failure of care. It is state violence. When structures of healthcare provisioning and healthcare institutions fail populations minoritized by race and gender, it is not poor healthcare. These are processes of violence that form racial distinctions and gendered differences like those discussed by Michael Omi and Howard Winant (Omi and Winant 2015; Companion Websites 2014) I am grateful to Berenice Fisher, Joan Tronto and all who theorize care as a positive response oriented toward the preservation of life and dignity. Anything else is not care.

This framework is helpful as well for thinking about AIDS service organizations who are knowledgeable about disparities in HIV prevalence yet continue to engage in forms of programming and outreach that fail to reach individuals and communities most at risk or worse, that marginalize and criminalize people of color. Their actions may be neglect, or structural violence entangled with notions whiteness and middle-class sensibilities, but they are not care. When LGBTQ support services and safe spaces are only safe for segments of the population, what they provide is not care. Political and organization leaders concerned with HIV prevention and with LGBTQ rights including the provisioning of safe spaces in Birmingham and in the United States more broadly must be attentive to and correct violences inflicted through policies and practices that work, however unintentionally, to create and foster racialized inequities. When disciplines such as anthropology write and teach about race and gender diversity then engage in institutional practices that marginalize LGBTQ or students and colleagues of color, it is not academic failure. It is an everyday form of institutional violence. Whether engaging in anthropological theory or pedagogy, evaluating intersections of race and gender in the context of gayness and Blackness or other intersections of identity and positionality, knowing what is and what is not care is helpful. It allows the truth of what is happening to be spoken. Caring about, caring for, caregiving, care-receiving, and caring with as defined by Joan Tronto and Berenice Fisher together with care as a radically active form of anthropological engagement as described by Savannah Shange and Roseann Liu are analytic frameworks that not only describe notions and practices of thriving and surviving among LGBTQ African Americans in Birmingham, but they also provide a path forward for anthropologists and for anthropology as a discipline.

Study Gaps and Recommendations for Future Research

This dissertation and its findings present at least three important areas for further research; the first having to do with whiteness and HIV prevention and LGBTQ support spaces, the second examining Black parenthood and LGBTQ children and young people, and third, a theorization of self-determination among Black people in the United States more broadly.

I argue in this dissertation that racial inequality and support services maintained as white public spaces hinder access to HIV prevention and LGBTQ support services for Black LGBTQ individuals and communities and for their families. The time I spent in

Birmingham was with Black LGBTQ people working in HIV prevention and LGBTQ support spaces funded to provide support for Black LGBTQ people. While Birmingham does offer an expanding range of HIV prevention and LGBTQ support services, many of these, by their own admissions fail to adequately reach Black communities (Fund 2015). Based on my research findings, this failure indicates that these organizations or spaces are understand and maintained as white public spaces. However, my fieldwork was not centered on whiteness, nor did I conduct research with these organizations. Savannah Shange's research on the marginalization and criminalization of young people of color (Shange 2019b) in progressive spaces points to the importance of research on the logics and practices that perpetuate marginalization against racial marginalization in spaces purported to be diverse and inclusive. In a 2018 essay Kelsey Blackwell provided insights on Black experiences in predominantly white spaces writing:

> "For anyone who has tried to "invite in" more diversity, you may wonder: Why is it so difficult to get Black and brown people to show up? The reason is that merely inviting more people of color into a space does not in and of itself make that space inclusive. Patterns of white dominance suffuse the space just like other spaces we occupy, only this time, we're calling it "inclusive." That's more painful and frustrating than being in spaces that are blind. Staying in that "inclusive" room actually involves PoC putting aside our own needs and taking care of white people as we've been conditioned to do. Then we go home and tell our brown friends how uncomfortable it was and all the things that were said or done that we can't believe. We do not go back" (Blackwell 2018).

Blackwell's piece speaks to Black experiences of micro-aggressions and marginalization occurring in what are thought to be inclusive spaces. Further research on how whiteness is maintained in LGBTQ support spaces and organizations is needed to improve equity in LGBTQ support services. Blackwell's words were evidenced in much of what I saw in Birmingham. HIV prevention and LGBTQ safe spaces organized comfortably around whiteness offering an invitation to people of color but not doing the work of equality, equity, and inclusivity mean that people of color, some of whom are most in need of these spaces, are excluded. This problem is not limited to HIV prevention or LGBTQ support services in Alabama. It occurs in anthropology and in academia as well. Universities and departments recruit students and professors of color, advertise the new hires, and taut diversity while low retention rates of these individuals speak to deeper issues of racial marginalization and the maintenance of academia as white public space. Honest and committed work are needed to make any improvements in equity for Black LGBTQ individuals and for people of color.

Second, my ethnographic research and interview data reveal much about Black childhoods and the hopes and aspirations Black parents and communities in Birmingham have for their children and youth. The focus of my research was on the experiences of Black LGBTQ individuals and communities rather than on parenting or the parental experiences of families raising children in the intersections of Blackness and "gayness." Research with Black parents of LGBTQ young people would provide important contributions to interdisciplinary as well as anthropological literatures across themes of family, childhoods, gender and sexuality, care, and health, among others.

Third, further study developing a theoretically supported analysis of self-determination and care among Black communities in the United States would provide helpful insights into African American lives in the United States. The theme of self-determination as an agentive orientation toward surviving and thriving for Black people in the United States was prevalent in my findings but was not specific to intersections of race and gender. Self-determination as it orients discourses and practices of self-saving and care among Black LGBTQ individuals and communities in Birmingham seemed to draw from broader struggles for human and civil rights for Black people in the United States. While my research introduces discourses and practices of self-saving among Black LGBTQ individuals and communities through the lens of care, it was beyond the scope of my project to theorize self-determination and self-saving as understood and engaged through Black history, thought, and practice. Work to trace and theorize this foundational and salient theme would make significant contributions across literatures of African American studies, studies of race, agency and diaspora studies among others.

Throughout my dissertation research I found that care is an ideological framework that structures social life across contexts of health, family, political engagement, and LGBTQ identity among Black LGBTQ individuals and communities in Birmingham, Alabama. This finding points to the strengths of Black social and religious communities more broadly but also elucidates sites of white dominance and oppression impacting Black LGBTQ people. While Black and Black LGBTQ communities have robust histories of self-determination and self-saving, stronger practices of allyship, advocacy, and activism among non-Black people could aid in what Joan Tronto terms ‘caring with’. In other words, it would help to provide dependable networks and structures of ongoing care. Imagined in these ways, care could strengthen the “network of mutuality,” the “single garment of destiny” (King 1963) that embraces us all.

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EDUCATION

2018 MA in Anthropology, University of Kentucky Department of Anthropology, Lexington, Kentucky

2014 Graduate Certificate in Gender and Women's Studies, Gender and Women's Studies, University of Kentucky, Lexington Kentucky

2009 Bachelor of Arts in Anthropology, Fort Lewis College Anthropology Department, Durango, Colorado

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PROFESSIONAL POSITIONS HELD

2021 - current Assistant Professor of Anthropology. School of Social and Behavioral Sciences. Andrews University. Berrien Springs, Michigan

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2014 Teaching Assistant, Introduction to Anthropology, Spring Semester. University of Kentucky, Lexington, Kentucky.

2008-2009 Cultural Studies, Columbine Christian School, 7th-8th grade, Durango, Colorado.

PUBLICATIONS AND PAPERS PRESENTED

2020 "Cultural Citizenship and Intersections of Race and Gender for LGBTQ African American Children and Youth". in *2020 Conference Research Briefs*. Adventist Human Subjects Research Association. Berrien Springs, MI. p. 15-19

2021 "Care, Community, and HIV Prevention among LGBTQ African Americans in Birmingham, Alabama. Adventist Human-Subject Researchers. Andrews University. Online Presentations

2021 "'You're Already Black…': Parental Hopes and Intersections of Race and Gender for LGBTQ African American Young People. Michigan Academy of Arts, Science & Letters. Michigan Academy. Alma, Michigan. Online presentations.

2020 "Cultural Citizenship and Intersections of Race and Gender for LGBTQ African American Children and Youth". Adventist Human Services Research Association

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2019 “Don’t Yuck My Yum”: Stigma, STI Education, and LGBTQ Space in a Birmingham Middle School”. American Anthropological Association – Anthropology of Children and Youth Interest Group Biennial Meeting. Camden, New Jersey.

2018 “Locating African American LGBTQ Youth: Citizenship and Belonging in Birmingham Alabama”. American Anthropological Association Annual Meetings. San Jose, California.

2018 “Social Belonging and Cultural Citizenship for African American LGBTQ youth in Birmingham Alabama: A Dialectical Approach to Methodology”. Andrew’s Research Conference. Berrien Springs, Michigan.

2017 “Morality, the Free Market, and Affordable Care”. Society of Adventist Philosophers Annual Meeting. Boston, Massachusetts.

2017 “Ethnocentrisms of the State, Youth Sexuality, and HIV Prevention”. Southern Anthropological Society Annual Meeting. Carrollton, Georgia.

2016 “Youth Culture and HIV Prevention: Developing a qualitative study of youth and HIV prevention in the Southeastern United States” Andrews Research Conference. Berrien Springs, Michigan.

2015 “Marriage: Spiritual Insights from an Anthropological Perspective” Adventist Theological Society Professional Meetings. Atlanta, Georgia.

2014 “The Origins of Human Culture: Anthropology as a Bible Based Curriculum” International Conference on the Bible and Science. Curriculum Roundtable. Faith & Science Council. St. George, Utah.

2009 “Determinants of Cultural Sensitivity in Middle School Students” Senior Seminar Research Project. Fort Lewis College Symposium of Natural and Behavioral Sciences. Durango, Colorado.

GRANTS AND AWARDS

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