

The Boundaries of Blackness: AIDS and the Breakdown of Black Politics. By Cathy J. Cohen. Chicago: University of Chicago Press, 1999. 394 pp.

Cathy Cohen's *Boundaries of Blackness: AIDS and the Breakdown of Black Politics* examines the tension between African Americans' historical willingness to mobilize racially around "consensus issues" and the onset of the AIDS epidemic as an issue affecting the "black community." Cohen's research demonstrates the ways in which public perception of AIDS as a disease of gay White men, gay Black men, and intravenous drug users stratified an ostensibly homogeneous Black community, despite the community's history of mobilizing around racial injustice. Cohen delineates a complex process of hierarchical formation called "marginalization theory." She suggests that marginalized groups internalize and replicate forms of marginalization exhibited in dominant society. One such form, known as "secondary marginalization," employs a "rhetoric of blame and punishment—directing it at the most vulnerable and stigmatized in [a community]" (27). According to Cohen, tensions arise when subpopulations of African Americans are confronted with "crosscutting issues" affecting multiple identities, such as those suggested by differences in class, gender, or sexuality. When this occurs, a racial hierarchy develops in which those in the subpopulation are expected to defer their differing interests to the interests of those sharing their presumed *primary* racial identification. Racial elites, replicating their own marginalized status in larger society, blame or ignore the stigmatized group in order to maintain the cultural capital they have gained from prior mobilization and activism.

Having established a theoretical frame for her research of the AIDS epidemic in New York, Cohen examines the ways in which institutions (the Centers for Disease Control, NAACP, and Urban League), local and national politicians, and media outlets addressed issues associated with AIDS from 1981 to 1993. Her field research includes interviews with policymakers, activists, and community leaders as well as case studies and participant observation. Much of Cohen's statistical data derives from comparative analysis of print media from mainstream newspapers, "indigenous" (Black) newspapers and magazines, and the alternative (leftist) press. Cohen's analysis also investigates differences in the public presentation of AIDS and responses to the AIDS crisis, as well as means by which reactions to AIDS affect previous concepts of community and activism in Black politics.

As expected, throughout her period of inquiry Cohen's research revealed a pattern of indifference and disdain for affected populations of AIDS victims based on homophobia and classist attitudes concerning intravenous drug use. What is surprising, however, is the haphazard way that these attitudes become institutionalized, thereby affecting other policies, and more importantly the lived experiences of AIDS victims. Cohen cites, for example, the CDC's lazy, indifferent approach to investigating early reports of the disease. Latching on to the convenience of the gay community as a previous site for the study of sexually transmitted diseases, the CDC failed to make connections between AIDS and intravenous drug use. Their initial investigation of the AIDS phenomenon as one exclusive to gay White men also influenced news coverage, which consequently also framed its coverage of the disease in terms of its association with homosexuals. Meanwhile, instances of AIDS in the intravenous drug-using population went unreported. Cohen also cites Stephen Joseph, a former New York City health commissioner, who claimed that unreported AIDS deaths from intravenous drug users actually surpassed the

reported number of sexually transmitted cases. In other words, the CDC's singular focus on HIV in the gay community placed an inordinate focus on one site of development rather than multiple sites. Cohen also cites CDC researchers' perceptions of gays as sexual deviants as a significant factor limiting objectivity and research options. Through the CDC's unofficial policies and practices, AIDS became a disease of "unworthy victims."

Cohen later takes up the marginal status of AIDS victims as "unworthy" to demonstrate how local and national politicians and leaders manipulated the AIDS crisis for their own political capital, seeming to address AIDS issues but not acting on them. She also compares mainstream and indigenous news sources, demonstrating a pervasive pattern of neglect and denial. Cohen points to the process of secondary marginalization among Black elites as a key factor in making AIDS victims, particularly gay Black men, invisible. She credits Black elites' biased public policy and the Black press' inconsistent and inaccurate coverage of AIDS as particularly significant to gay invisibility. Cohen indicts Black leaders and the Black press as pandering to middle-class interests while distancing themselves from the poor, drug users, and gays affected by AIDS. Both Black leaders and the Black press, says Cohen, have failed to identify with marginalized populations because doing so hampers notions of elite respectability. Her indictment is particularly scathing because, as she points out, Black leaders and the Black press have traditionally been called upon to respond to and correct their dominant marginalizing counterparts.

Through her examination of the AIDS crisis, Cohen illustrates the mutability of racial bonds in the face of intersecting identities. Her research marks AIDS as a litmus test for the strength of racial identification as a means of imagining community when multiple identifications exist. However, Cohen concludes on a hopeful note: that Black, post-civil rights elected officials may divest themselves from respectability politics in order to counter the AIDS epidemic effectively.

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