
Belief in AIDS as a Form of Genocide: Implications for HIV Prevention Programs For African Americans

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Abstract

The purpose of this article is to examine factors associated with belief that AIDS is a form of genocide and trust in federal government reports on AIDS in a cross-sectional sample of 1,054 black church members. Reports in both the professional literature and mass media have documented fears that AIDS is a form of genocide unleashed on black Americans, and distrust of reports on AIDS. Results from this study demonstrate that a substantial number of participants believe AIDS is a form of genocide and confirm that belief in genocide is not accounted for by levels of AIDS knowledge. Belief in genocide may be a modern urban legend that need not be a barrier for AIDS education. Implications for development of AIDS education sensitive to the cultural context of African Americans are described.

The overrepresentation of black Americans among AIDS cases has been well documented. Blacks constitute 12 percent of the U.S. population, yet they represent 34 percent of reported AIDS cases. Among AIDS cases in women, 57 percent are black and among pediatric cases, 58 percent are African American children (Centers for Disease Control and Prevention, 1997). In 1991, AIDS became the leading cause of death for African American men aged 25-44, and in 1994, the leading cause of death (22 percent of deaths) among black women aged 25-44 (Centers for Disease Control and Prevention, 1996). Of AIDS cases reported in 1995, 40

percent were African American. Among those cases of HIV infection reported from states with confidential testing requirements, African American men total 46 percent (27,098) of cases among men, and African American women represent 66 percent (12,753) of cases among women (Centers for Disease Control and Prevention, 1997).

Distrust of government reports on AIDS, suspicions about the origins of HIV, and belief in AIDS as a form of genocide unleashed on black Americans have emerged in both the professional literature and mass media (Thomas & Quinn, 1991; Thomas & Quinn, 1994; Jones, 1993; Guinan, 1993; Herek & Capitano, 1994; Stevenson & White, 1994). While some professionals wish to dismiss these beliefs as inconsequential, these attitudes have been documented in empirical research, mainstream media such as the *New York Times*, and even in September, 1994, at the U.S. Public Health Service-sponsored conference, Breaking Barriers, Building Bridges: National Congress on the State of HIV/AIDS in Racial and Ethnic Communities. At that conference, a session entitled, "Is AIDS Medical Genocide?" dealt with the question of the origin of HIV and the concern that it is a manmade epidemic designed to eradicate black people in the U.S. and around the world. As the speaker, Abdul Alim Mohammad, M.D., Minister of Health for the Nation of Islam and Director of the Abundant Life Clinic in Washington, DC, directly stated, "Genocide is the policy of the U.S. government."

Clearly, it is crucial to understand how a conspiracy theory like AIDS as genocide has shaped the response of African Americans to HIV prevention programs. The purpose of this article is to describe the beliefs in genocide and distrust, and to examine factors that may be associated with those attitudes in a convenience sample of 1,054 black church members. Exploring genocide as a contem-

porary legend and examining it as one part of the black community's response to AIDS will suggest implications for AIDS prevention.

Genocide: From Family Planning To AIDS

In order to fully appreciate the social construction of AIDS in the black community, we must recognize that fear of genocide represents a recurrent theme throughout the history of black people in America. Its first empirical link to public health was made in the 1970s when Turner and Darity (1973) conducted research with 1,890 black Americans in three cities to assess their attitudes toward family planning. Over 20 years ago, these authors reported that fear of genocide was the common reaction toward birth control programs. Gamble (1994) recorded the bitter history of sterilization abuse and coercive birth control programs that was perceived by many blacks as genocidal.

As Thomas and Quinn (1991) describe, reports on AIDS as a form of genocide began circulating in the late 1980s. In 1987, at the first CDC conference focused on prevention of HIV disease in ethnic and racial minority populations, a Black Coalition Caucus formed, and in 1988, issued a report to CDC that stated:

"...Blacks in particular demand the truth because some health educators, when asked about the origin of the AIDS virus, answer that blacks in Africa who were bitten by infected green monkeys running around the villages started the AIDS epidemic and pandemic . . . As HIV infection continues to increase among black men, women, and children, bringing death to an alarming high number of young people, blacks have come to fear that research scientists have exposed the race to a deadly 'Andromeda Strain' " (Department of Health and Human Services, 1988, p.5).

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That fear was immediately linked with the Tuskegee Syphilis Study when the Caucus resolved "to look to our black clergy and church for absolute assurance that CDC AIDS testing and counseling initiatives are not just another Tuskegee tragedy being perpetrated on the black race" (Department of Health and Human Services, 1988, p.6).

As HIV has continued to spread, many blacks believe it is a manmade virus allowed to propagate in their communities through unabated drug abuse. In combination, AIDS and illegal drugs are seen as the white man's conspiracy to commit genocide against black people (Thomas & Quinn, 1994). These beliefs become hardened into facts when confirmed by mainstream news. For example, in 1990, CBS' *60 Minutes* and the *New York Times* reported that the Central Intelligence Agency's (CIA) anti-drug program in Venezuela used taxpayer money to ship a ton of nearly pure cocaine to the United States and allowed it to be sold on the streets in America. No criminal charges were brought in the case. Government officials declared the matter a "most regrettable incident" (Weiner, 1990). In the fall of 1996, new reports from the *San Jose Mercury News* again linked the CIA to importing of cocaine to the U.S. (Webb, 1996). Such news reports provide grist for the mill of some in the black community, who point to such "incidents" as evidence for genocidal conspiracy theories (Thomas & Quinn, 1994; Raspberry, 1996; White, 1996).

Media Reports

Over the past decade, the Nation of Islam, *Tony Brown's Journal*, *Essence Magazine*, multiple local black newspapers, and radio talk shows echoed the link between AIDS and genocide (Thomas & Quinn, 1991). Coverage was epitomized by titles such as this one from a Washington, DC newspaper, *The Capital Spotlight's*, "AIDS: A Plot to Destroy Blacks" (Nov. 21, 1991). Also, in 1991, these reports began to move into mainstream media. For example, in a 1991 *New York Times* article, Clarence Page, a Pulitzer Prize winning columnist, responded to views that conspiracy theories are fringe thinking when he said, "You could call conspiracy theories about AIDS and drugs fringe ideas, but they seem to have a large following among the black intelligentsia..." (DeParle, 1991). In a 1992 *New York Times* editorial, "The AIDS Plot Against Blacks," the editors

described results from polls which demonstrate that many blacks believe HIV was deliberately created in a laboratory in order to infect black people, that AZT is a plot to poison them, that condom distribution campaigns are a scheme to reduce the number of black babies, and that needle distribution programs are a plot to encourage drug abuse (Editors, 1992). While the editors characterized such attitudes as "bizarre," subsequent letters to the editor clearly placed the origin of such attitudes within the historical context of the Tuskegee Syphilis Study (Thomas & Quinn, 1994).

Reports of AIDS as genocide continue to emerge in the press despite the continued disbelief by many whites. On the April 19, 1996 segment of ABC News *20/20*, such attitudes were described by numerous interviewees, with one man describing his mistrust by stating, "If I'm sitting there in the chair and it's a white doctor and he tells me he is taking blood, I don't know if he's taking, or what he's putting in the needle to give me" (ABC News, 1996). Tuskegee was echoed by numerous participants as justification for the suspicion. In 1997, at the Public Policy Forum on the Tuskegee Study in Atlanta, audience members often were vehement in their connection between Tuskegee, suspicion about the origins of HIV, and distrust of both government and health professionals (McKenna, 1997).

Empirical Studies

Several studies have explored belief in genocide, distrust, and related factors. In their study of attitudes toward AIDS among 1,043 blacks and whites, Herek and Capitanio (1994) found that 27.5 percent of blacks versus 14.1 percent of whites expressed distrust of scientists and physicians who say HIV is not spread by casual contact. While 20 percent of blacks believed the item, "the government is using AIDS to kill off minority groups," only four percent of whites held this view. Further, Herek and Capitanio found that 43 percent of black and 37. percent of whites believed that information on AIDS was being withheld from the public. Herek and Capitanio found that blacks who agreed with AIDS as genocide were more likely to have lower levels of education and lower levels of income.

The Kaiser Family Foundation (1996) released results of a general population survey that addressed distrust and suspicions

about the origins of HIV. The Kaiser Survey on Americans and AIDS/HIV (n=1,511) found that while 62 percent agreed that the government was telling the truth about AIDS, 34 percent did not believe the government is truthful. In response to the item, "there is some truth in the reports that the AIDS virus was produced in a germ-warfare laboratory," 18 percent agreed with the statement, and 11 percent did not know.

Belief in genocide is the foundation for opposition to many strategies that will directly reduce the transmission of HIV. Stevenson and White (1994), in a survey of 29 key informants working in minority AIDS organizations, found that condom promotion was still viewed as genocide, a modern legacy of the negative history of family planning. Thomas and Quinn (1994) describe how opposition to AIDS risk reduction recommendations, advocated by public health professionals, was spearheaded by black church leaders who used moral and genocide arguments to battle public health initiatives. Efforts to assess the prevalence of HIV also have been stymied by the social and cultural context in which HIV is embedded. For example, Hurley and Pinder (1992) provide a case study example of how failure to understand the social forces and racial politics in the black community created a maelstrom of distrust that delayed CDC's national household survey to determine the prevalence of HIV and seriously compromised the scientific validity of the final study.

Distrust, a key factor associated with the fear of genocide, also can manifest itself in lack of willingness either to be tested for HIV or participate in available treatments for HIV disease. Moore, Stanton, Gopalan, and Chaisson (1994), in their study of 838 black patients in an urban HIV clinic, found that variables such as age, gender, insurance coverage, socioeconomic status, mode of transmission, income, and education did not account for significant differences in black patients' receipt of antiretroviral therapy or PCP prophylaxis. They suggested that misconceptions about HIV and distrust of health professionals present major barriers to enrollment in treatment. In September, 1994, at a Health Resources and Services Administration's (HRSA) conference, ZDV Therapy for Reduction of Perinatal HIV Transmission: Implications for Care, several black HIV-positive women described distrust as a major factor in their reactions to recommendations for AZT use.

Reducing AIDS Through Community Education (RACE)

Reducing AIDS Through Community Education (RACE™), a Southern Christian Leadership Conference project, was funded in 1988 by CDC to provide AIDS education in black churches in Atlanta, GA; Charlotte, NC; Kansas City, MS; Detroit, MI; and Tuscaloosa, AL. Participating church denominations included Baptists, United Methodists, Christian Methodist Episcopal, African Methodist Episcopal, African Methodist Episcopal Zion, United Church of Christ, Presbyterian, Catholic, Seventh Day Adventist, Nation of Islam, Church of God in Christ, and Episcopalian. Adolescents and adults of both genders were included as the primary target audience of the project. This article reports further analysis of data gathered through a baseline AIDS knowledge, attitude, and belief survey administered to a convenience sample of church members in 1990.

Instrument

The RACE instrument included 29 knowledge items ($\alpha=.87$), 32 attitude items ($\alpha=.69$), and sociodemographic variables. Face validity of RACE baseline survey was determined through review by SCLC project staff and the author. Content validity was assessed by examining the professional literature for research on instruments measuring AIDS knowledge and attitudes.

Sample

Church members attending Sunday services, church committee meetings, and other

activities were asked by RACE site coordinators to participate in the self-administered survey. Site coordinators assured respondents that participation was voluntary and their responses would be anonymous. A total of 1,054 completed surveys were analyzed. Survey respondents consisted of 371 males (38 percent) and 606 females (62 percent) with eighty respondents not reporting gender. The mean age was 30.9 years ($SD=11.6$) and the mode was 19. While 492 (49.6 percent) respondents reported that they were single, 290 (29 percent) were married, and 114 (11.5 percent) were divorced. One hundred sixty-three respondents (16.3 percent) reported they had completed high school. 440 (44.1 percent) had some college education, and 226 (22.7 percent) reported other. A total of 742 participants completed all 29 items in the knowledge component of the survey. Each knowledge item was recoded to reflect the correct answer with the correct response given one point and the incorrect response a score of zero. Summary knowledge scale scores were then computed with the range for the knowledge summary score from 1 to 29. The mean knowledge score was 21.1 ($SD=5.6$), which is approximately 73 percent correct. The attitude component of the RACE baseline survey included 32 items on a 5-point Likert scale from "I strongly agree" (1) to "I strongly disagree" (5). The entire response scale was utilized to compute summary scale scores.

For the attitude items, measures of central tendency and variability for all items were first computed before attitude items were grouped to reflect conceptual domains. Each item was then recoded to reflect the appropriate response, and summary scale scores were computed. Three attitude subscales were

utilized in this analysis: genocide with three items ($\alpha=.71$), testing with three items on willingness to be tested ($\alpha=.75$), and perceived susceptibility ($\alpha=.80$). Green and Lewis (1986) reviewed standards of internal consistency reliability and found that what constituted acceptable Cronbach's alpha coefficients differed according to the phase of research. For example, they reported that .50 to .60 would be considered modest reliability acceptable in early stages of research. According to Gortmaker and Izazola (1992), .60 is considered moderate reliability.

Table 1 presents the three items in the genocide subscale. A summary score was computed and the higher the score, the greater the belief in AIDS as genocide. Scores ranged from 3 to 15 with a mean score of 9.59 ($SD=2.9$).

The response of church members to questions in the genocide subscale were instructive. Fully 333 (33.9 percent) respondents believed that AIDS was a manmade virus, while an additional 436 (44.4 percent) indicated they were unsure. Additionally, 556 (56 percent) believed that those persons who placed the origin of HIV in Africa had negative attitudes toward black people. Finally, 343 (35 percent) respondents agreed that AIDS is a form of genocide, 292 (30 percent) were unsure, and 344 (35.1 percent) disagreed with the statement.

AIDS knowledge was examined to determine to what extent it accounted for belief in AIDS as a form of genocide. Using the median of 22, the sample was divided into high ($N=355$) and low ($N=356$) AIDS knowledge categories. The analysis of variance results demonstrated no statistically significant differences in mean genocide scores

Table 1. Response to Questions on the Genocide Subscale

| Genocide Subscale | Valid Cases | Strongly Agree | Agree | Unsure | Disagree | Strongly Disagree |
|---|-------------|----------------|-------|--------|----------|-------------------|
| I believe there is some truth in reports that the AIDS virus was produced in a germ warfare laboratory. | 983 | 15.0% | 18.9% | 44.4% | 10.5% | 11.3% |
| I believe that people who say AIDS came from Africa think black people are bad. | 989 | 18.6% | 37.6% | 18.2% | 13.7% | 11.9% |
| I believe that AIDS is a form of genocide against black people. | 979 | 17.1% | 18.0% | 29.8% | 20.3% | 14.8% |

between respondents with high vs. low AIDS knowledge ($F(1, 710)=.679$; NS). Further, an analysis of variance conducted to determine whether level of formal education accounted for belief in genocide was not significant ($F(4, 929)=1.39$; NS).

The extent to which trust in government reports on AIDS accounted for variance in the genocide scale score was significant. A total of 930 individuals answered the question, "I trust federal government reports on AIDS" and all three items on the genocide subscale. Table 2 presents analysis of variance results.

Statistically significant differences in mean genocide scores were accounted for by levels of trust in government reports on AIDS ($F(4, 929)=21.23$; $p=.000$). A Student-Newman-Keuls procedure was conducted to determine the direction of the difference. Respondents who strongly disagreed with the statement, "I trust federal government reports on AIDS," had significantly higher mean scores on the genocide scale compared to the other four response groups: disagree, unsure, agree, or strongly agree. Those who disagreed were also significantly different from those who were unsure, agreed, or strongly agreed. Additionally, respondents who were unsure about trust in government reports on AIDS had significantly higher mean genocide scores than those who agreed or strongly agreed with the question.

The extent to which trust in government reports on AIDS accounted for variance in the testing scale ($\alpha=.75$) score was significant. On this scale, a higher mean score indicates a greater willingness to be tested. A total of 935 individuals answered the question, "I trust federal government reports on AIDS," and all three items on the testing subscale. Table 3 presents analysis of variance results. Respondents who strongly agreed with the statement, "I trust federal government reports on AIDS," had significantly higher mean scores on the testing scale compared to the other four response groups: disagree, unsure, agree, or strongly agree.

An analysis of variance was conducted to examine the association between perceived susceptibility ($\alpha=.80$) and trust in government reports (see Table 4). A higher score on this subscale indicates higher perceived susceptibility for HIV infection. Respondents who agreed with the statement, "I trust federal government reports on AIDS," had significantly higher mean scores on this scale compared to those who disagreed or strongly

disagreed.

In response to the item, "What race would you like the AIDS educator in the community to be," 455 (45.5 percent) reported that they preferred an African American, while race did not matter for 515 respondents (51.4 percent). An analysis of variance revealed that there was a statistically significant difference on the genocide scale between those who preferred an African American as their AIDS educator and those who indicated that race did not matter ($F(1, 902)=12.96$; $p=.000$). Those respondents who preferred an African American as AIDS educator scored higher on the genocide scale.

Within the limitations of this cross sectional data set collected from a sample of convenience, some meaningful insights can be gained.

Implications for AIDS Prevention

Writing in the *Annals of Epidemiology*, Mary Guinan, M.D. (1993), an official with the CDC, stated that genocidal fears and beliefs must be addressed and black community leaders must be involved in planning and implementation of AIDS prevention programs. Belief in genocide, accompanied by distrust of government reports on AIDS, may be contributing to continuing transmission of HIV by maintaining a social environment steeped in denial and contributing to lack of social support for use of condoms, needle exchange programs, and participation in clinical trials.

To address belief in AIDS as genocide and distrust requires that health educators conduct systematic formative research, including both qualitative and quantitative methods, to assess attitudinal barriers. Monitoring local media, including black newspapers and radio stations as well as broader national media sources like *Tony Brown's Journal*, represents an important means to keep abreast of pertinent social issues which reflect and influence local attitudes and perceptions about AIDS.

Using African Americans as program leaders and teachers often is considered a necessity in order to be culturally sensitive. Results from this study found that the majority of participants responded that race of the AIDS educator did not matter. However, the 45.5 percent of respondents who preferred an African American had a higher mean score on the genocide scale. The practical implications of these results for program planning must be viewed with caution. Whenever it is

possible to utilize black professionals from local health departments and community based organizations to present HIV education, it may foster the trust of participants. However, Thomas and Quinn (1993) reported, in a study of black public housing residents, that the majority of participants did not have a preference for race of the AIDS educator and that the race and social class of the AIDS educator did not have a statistically significant effect on acquisition of AIDS knowledge. Working with a credible community organization can provide the foundation of community trust that allows for effective use of resource persons who may be of a different race from the target population. When that is the case, health educators must demonstrate both openness and sensitivity to questions about genocide and understand the historical roots and social context from which such questions arise.

We must be mindful that belief in genocide was not accounted for by levels of AIDS knowledge nor levels of formal education. While increasing knowledge will remain essential, it may not reduce fears of genocide. However, programs aimed at increasing knowledge are key as the foundation for community activism on AIDS policies, and contribute to individual ability to reduce risk behaviors. Utilizing trusted sources to present accurate information about HIV that echoes CDC reports may increase trust, influence knowledge, and facilitate an accurate risk assessment of personal susceptibility for HIV infection.

In order to understand any epidemic's propagation and society's response, it must be seen in the particular social context in which it penetrates the population and takes control (Kiefer, Gudyish, Haynes, Lemp, & Hulley, 1990). Turner (1993) describes contemporary legends as unsubstantiated narratives with traditional themes and modern motifs that circulate orally and occasionally in writing. These legends have multiple versions that are reported as if they are true or at the minimum, completely plausible. She suggests that legends, of which AIDS as a form of genocide and a manmade virus are only two, provide an outlet for the expression of frustration and anger, and in their recognition of the discrimination and mistreatment of African Americans, can serve as a protective mechanism. If, as Turner suggests, rumors and legends provide an outlet for the expression of frustration and anger, that frustration is what must be heard by public health professionals. If, as she suggests, the legends

provide a means of fostering solidarity among African Americans, that too must be explored further. Within the black community, there is tension between gay and straight, drug user and those who struggle against the impact of drugs in their neighborhoods, between the poor and the black middle class. This tension contributes to denial and reluctance to take on HIV as a priority issue.

Belief in AIDS as genocide may be a unifying factor that enables the African American community to own the issue; as such, it can become a call for action. Yet, in the broader society, it is misunderstood as it disintegrates into blaming the government and race baiting.

If health educators continue to make the assumption that belief in AIDS as a form of genocide and distrust are negative phenom-

ena, we run the risk of negating community attitudes and perpetuating distrust. Rather, our role as health educators is to inquire to what extent this belief influences behaviors relevant to prevention of HIV disease. To what extent does it impact on support for legislative and policy interventions? In the hands of demagogues, genocide can be polarizing. For example, Dr. Abdul Alim

Table 2. Analysis of Variance on Mean Genocide Scale Scores by Item.
"I Trust Federal Government Reports on AIDS"

| Genocide Subscale | | | | | | |
|--|-----|-------|------|--------------------------|-------|-------------------|
| I trust federal government reports on AIDS | N | Mean | SD | 95% Confidence Intervals | F | Significance of F |
| Strongly agree | 45 | 8.04 | 3.36 | 7.03 to 9.05 | 21.28 | .000 |
| Agree | 147 | 8.58 | 2.56 | 8.16 to 9.00 | | |
| Unsure | 330 | 9.20 | 2.53 | 8.93 to 9.48 | | |
| Disagree | 170 | 9.88 | 2.40 | 9.52 to 10.25 | | |
| Strongly disagree | 238 | 10.83 | 3.51 | 10.38 to 11.28 | | |

Table 3. Differences on Mean Score on Testing Subscale by Item.
"I Trust Federal Government Reports on AIDS"

| Testing Subscale | | | | | | |
|--|-----|-------|------|--------------------------|------|-------------------|
| I trust federal government reports on AIDS | N | Mean | SD | 95% Confidence Intervals | F | Significance of F |
| Strongly agree | 44 | 13.22 | 2.41 | 12.49 to 13.96 | 3.43 | .008 |
| Agree | 149 | 11.77 | 2.42 | 11.38 to 12.17 | | |
| Unsure | 331 | 11.90 | 2.28 | 11.65 to 12.15 | | |
| Disagree | 174 | 11.62 | 2.64 | 11.22 to 12.02 | | |
| Strongly disagree | 238 | 11.89 | 3.06 | 11.49 to 12.28 | | |

Table 4. Differences on Mean Score on Perceived Susceptibility Subscale by Item.
"I Trust Federal Government Reports on AIDS"

| Perceived Susceptibility Subscale | | | | | | |
|--|-----|-------|------|--------------------------|------|-------------------|
| I trust federal government reports on AIDS | N | Mean | SD | 95% Confidence Intervals | F | Significance of F |
| Strongly agree | 49 | 13.83 | 4.35 | 12.58 to 15.08 | 3.18 | .013 |
| Agree | 141 | 13.83 | 4.29 | 13.12 to 14.55 | | |
| Unsure | 325 | 13.09 | 4.53 | 12.60 to 13.59 | | |
| Disagree | 165 | 12.36 | 4.67 | 11.64 to 13.08 | | |
| Strongly disagree | 234 | 12.29 | 6.05 | 11.51 to 13.07 | | |

Mohammed, Minister of Health for the Nation of Islam, thunders that African Americans with AIDS avoid AZT and other antiviral drugs which he calls the "white man's poison" and advocates the use of Kemron, a drug whose initial positive results in Kenya have never been replicated in any other study. The urban legend of AIDS as genocide retains its negative impact if it feeds denial of individual responsibility for reducing risk behaviors, or if health professionals refuse to see how such expressions of frustration resonate as truth for many black Americans.

The legend of genocide that can immobilize also may, in the context of supportive AIDS education and appropriate treatment for drug abuse, become a unifying force. Acknowledging the fear and committing to protect one's race by reducing risk behavior is a possible outcome of culturally competent AIDS education. While there is evidence to suggest that the belief in genocide poses a barrier to accessing care, resistance to behavior change, and opposition to selected public health policies to control the epidemic, such beliefs may have a protective function in groups historically marginalized by broader society. The questioning and skepticism that ensues may well prevent abuses that have occurred in the past. For example, simply accepting needle exchange programs, believed to be a form of genocide, without demanding increased access to drug treatment, might well have contributed to further marginalization of low income African Americans.

Belief in AIDS as a form of genocide need not always intimidate health educators and public health professionals. If we can recognize the power of this belief to stimulate a coherent community response drawn from the survival instincts deeply embedded in the African American experience, we can join in the struggle to prevent the devastating advance of HIV disease. Rather than stifling the discussion of genocide, health educators can join with the black community in the discovery of creative responses that have been the hallmark of survival for African Americans throughout their history in America.

ABC News. (Apr 19, 1996). 20/20 (Transcript #1616).

The Capital Spotlight. (Nov 21, 1991). AIDS: A plot to destroy blacks, p. 1.

Centers for Disease Control and Prevention. (1997). *HIV/AIDS surveillance, mid-year edition: U.S. AIDS cases reported*

through June, 1996. Atlanta, GA: Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention. (Dec. 1996). *Facts about HIV/AIDS among African Americans and Hispanics in the United States*. Atlanta, GA: Centers for Disease Control and Prevention.

DeParle, J. (Aug 11, 1991). For some blacks, social ills seem to follow white plans. *New York Times*, p. 5.

Department of Health and Human Services. (1989). *Prevention and beyond: A framework for collective action. Program supplement for the national conference on HIV infection and AIDS among racial and ethnic populations*. Washington, DC: Department of Health and Human Services.

Editors. (May 12, 1992). The AIDS 'plot' against blacks. *The New York Times*.

Gamble, V. (1994). Race, class, and the pill: A history. In Samuels, S., and Smith, M. *The pill: From prescription to over the counter*. Menlo Park: A Kaiser Forum, Henry J. Kaiser Family Foundation, 21-39.

Guinan, M. (1993). Black communities' beliefs in "AIDS as genocide," a barrier to overcome for HIV prevention. *Annals of Epidemiology*, 3(2), 193-195.

Herek, G., & Capitanio, J. (1994). Conspiracies, contagion, and compassion: Trust and public reactions to AIDS. *AIDS Education and Prevention*, 6(4), 365-375.

Hurley, P., Pinder, G. (1992). Ethics, Social Forces, and Politics in AIDS-related research: Experience in planning and implementing a household HIV seroprevalence survey. *The Milbank Quarterly*, 70(4), 605-628.

Jones, J. (1993). *Bad blood: The Tuskegee syphilis experiment* (2nd ed.). New York: Free Press.

The Henry J. Kaiser Family Foundation. (1996). *The Kaiser survey on Americans and AIDS/HIV*. Menlo Park, CA: The Henry J. Kaiser Family Foundation.

Kiefer, R., Guydish, J., Haynes, K., Lemp, G., & Hulley, S. (1990). Patterns of the epidemic and public health implications. In Petrow, S., Franks, P., & Wolfred, T. (eds.), *Ending the HIV epidemic: Community strategies in disease prevention and health promotion*. Santa Cruz: Network Publications.

Letters to the Editor. (May 29, 1992). Black experience fuels suspicion about AIDS. *New York Times*.

McKenna, C. (Feb. 21, 1997). Study in shame: Notorious Tuskegee study is over, but its legacy lives on in medical research. *Atlanta Journal Constitution*, D1.

Moore, R., Stanton, D., Gopalan, R., & Chaisson, R. (1994). Racial differences in the use of drug therapy for HIV disease in an urban community. *New England Journal of Medicine*, 330, 763-768.

Raspberry, W. (Sept 25, 1996). Crack, the CIA, and the black community. *The News and Observer*, 19A.

Stevenson, H., & White, J. (1994). AIDS prevention struggles in ethnocultural neighborhoods: Why research partnerships with community-based organizations can't wait. *AIDS Education and Prevention*, 6(2), 126-139.

Thomas, S., & Quinn, S. (Jan, 1994). Community response to needle exchange and bleach distribution programs. Needle Exchange and Bleach Distribution Panel, National Research Council, Institute of Medicine, Irvine, CA.

Thomas, S., & Quinn, S. (1993). The burdens of race and history on black Americans' attitudes toward needle exchange policy to prevent HIV disease. *Journal of Public Health Policy*, 14(3), 320-347.

Thomas, S., & Quinn, S. (1993). An evaluation of HIV education messengers in a black public housing complex. *Journal of Health Education*, 24(3), 135-140.

Thomas, S., & Quinn, S. (1991). The Tuskegee syphilis study, 1932 to 1972: Implications for HIV education and AIDS risk education programs in the black community. *American Journal of Public Health*, 81, 1498-1505.

Turner, C., & Darity, W. (1973). Fears of genocide among black Americans as related to age, sex, and region. *American Journal of Public Health*, 63(12), 1029-1034.

Turner, P. (1993). *I heard it through the grapevine: Rumor in African American culture*. Berkeley, CA: University of California Press.

Webb, G. (Aug 18, 1996). Colombia-San Francisco Bay area drug pipeline helps finance CIA-backed Contras. *San Jose Mercury News*.

White, J. (Sept 30, 1996). Crack, Contras, and cyberspace. *Time*, p. 59.

Wiener, T. (Nov. 20, 1993). Anti-drug unit of CIA sent ton of cocaine to U.S. in 1990. *New York Times*, A1.