DÁZON DIXON DIALLO

interviewed by

LORETTA ROSS

April 4, 2009
Atlanta, Georgia

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Dázon Dixon was born March 25, 1965. She grew up in the small town of Fort Valley, Georgia, the eldest of three children of Clinton H. and Virginia J. Dixon. Her parents, who both had doctorate degrees, set strong examples of hard work and concern for others. The Episcopal church the family attended was the first integrated congregation in town, and Dázon was in the first integrated class in the school district. She graduated from high school in 1982.

As a student at Spelman College, Dázon took a leading role in anti-apartheid work. After attending the First National Conference on Black Women’s Health Issues, which was held at Spelman in June, 1983, she sought out community women’s health work. From 1984 to 1989, she was a lay health worker at the Feminist Women’s Health Center in Atlanta, where she was the only woman of color on staff. Struck by the need to address HIV and AIDS among women, she and others founded SisterLove in 1989. At a time when AIDS was considered a risk primarily for gay white men, SisterLove provided safe space for women, especially women of African descent, to confront the realities of living with the disease.

SisterLove began with education and outreach programs and has moved well beyond a prevention model. By adopting the Self Help process of the black women’s health movement, SisterLove encourages women to break through the strong stigma in southern culture against speaking up about sex and race. Using a human rights framework, the group combines women’s empowerment with action on the multiple challenges and risk factors that women confront, including housing, drug use, poverty and violence, as well as reproductive health and sexual rights. In 1997, SisterLove became one of the sixteen founding members of the SisterSong Women of Color Reproductive Health Collective.

Dixon has participated in major international women’s health gatherings, including International Women and Health Meetings in Manila 1990 and Uganda 1993, the 1994 International Conference on Population and Development in Cairo, the 1995 UN Women’s Conference in Beijing, and the 2004 Cairo Plus Ten Conference in London. She has continuously encouraged HIV-positive women to take leadership in advocating the integration of HIV/AIDS and sexual rights into women’s health and reproductive rights agendas.

Seeking to learn from and work with other women in the African diaspora, Dixon initiated collaboration between SisterLove and a women’s AIDS group in Johannesburg. In 1999, with funding from the Centers for Disease Control, she established the Thembuhlelo HIV/AIDS Capacity Building Project in Mpumalanga, South Africa. The Project combines women’s empowerment with HIV/AIDS services and land reform efforts. SisterLove also provides training and assistance to other AIDS organizations around the world.

In the 1990s, Dixon earned a Masters Degree in Public Health at the University of Alabama at Birmingham. She has taught at area colleges and has hosted a progressive women’s radio program for many years. From 1999 to 2007, she was married to Elimane Amadou Diallo. Dixon remains a leader of the reproductive justice movement.
Interviewer
Loretta Ross (b. 1953) became involved in black nationalist politics while attending Howard University, 1970–73. A leader in the anti-rape and anti-racism movements in the 1970s and 1980s, she co-founded the International Council of African Women and served as director of women of color programs for the National Organization for Women and program director for the National Black Women’s Health Project. After managing the research and program departments for the Center for Democratic Renewal, an anti-Klan organization, Ross established the National Center for Human Rights Education in 1996, which she directed through 2004. Also in 2004, she was the co-director of the March for Women’s Lives. In 2005 she became national coordinator of the SisterSong Women of Color Reproductive Health Collective. The Loretta Ross papers are at the Sophia Smith Collection, and the Voices of Feminism Project also includes an oral history with Ross.

Abstract
In this oral history, Diallo discusses the family and spiritual sources of her commitment to activism and describes her early involvement in feminist health work. She underscores the cultural obstacles to tackling HIV/AIDS in the rural South and traces the stages in SisterLove’s expanding mission. Diallo emphasizes the essential role of Self Help in her own effectiveness as a leader and offers examples of the human rights approach to HIV/AIDS which puts women’s empowerment at the center of a movement for social justice.

Restrictions: none

Format
Interview recorded on miniDV using Sony Digital Camcorder DSR-PDX10. Three 63-minute tapes.

Transcript

Bibliography and Footnote Citation Forms

Video Recording


Transcript

Voices of Feminism Oral History Project
Sophia Smith Collection
Smith College
Northampton, MA

Transcript of interview conducted April 4, 2009, with:

DÁZON DIXON DIALLO
Atlanta, Georgia

by: LORETTA ROSS

[Preliminary conversation during set-up.]

ROSS: My name is Loretta Ross. I’m videotaping Dázon Dixon Diallo. It’s an oral history. It is April 4, 2009, the anniversary of the assassination of Dr. Martin Luther King. And this is taking place in Atlanta, Georgia, at my home. Thank you, Dázon, for agreeing to be interviewed for the Voices of Feminism Project of the Sophia Smith Collection at Smith College. How do you feel?

DIXON DIALLO: I’m feeling good, thank you.

ROSS: All right. Now, this is going to go into the [Sophia Smith] Collection, at Smith College, of feminists who have made a difference, particularly in the reproductive justice, health and rights movement. Smith is the largest holder of the records of Planned Parenthood, for example, and recognized years ago that they wanted to diversify their holdings in terms of making a complete history of the struggle for reproductive justice in our society. And so we have collected over 50 women so far, and with a large proportion of those being women of color or lesbians, so that we can make sure that those sets of marginalized voices are in there. And now we are turning our attention to a documentary that’s basically in a three-part format that’s going to tell the history of the activism of women of color for reproductive justice. We don’t know its title yet; that’s coming.

So this tape will go into the Collection unedited. But its public use will be edited, like, to fit into the documentary, or if we make a promo about the collection, or stuff like that. You do have the power — and I had you sign a release form — to restrict any or all of this, even though you are releasing it to the archives. It’s hard to predict what its future use will be, but we expect that future writers of books or people doing research will possibly look at your tape in its entirety. A transcript will also be made of this, so it will be available both to you and to future users in written form.

DIXON DIALLO: Of the final edited project or the uncut –
ROSS: No, the uncut version.

DIXON DIALLO: Okay.

ROSS: And you may decide to turn your papers over to Smith College for archiving, which, of course, I highly recommend. (laughs)

DIXON DIALLO: Yeah. I don’t know where those papers are, but yeah. Okay.

ROSS: Yeah. And you may then reexamine if you want to restrict any or all of your interview based on what you say –

DIXON DIALLO: Um-hm. Okay.

ROSS: – because you may not know what you’re going to say in advance, and then looking back on it — You will also have a chance to make changes into the transcript.

DIXON DIALLO: Okay.

ROSS: Because transcripts are done verbatim, and –

DIXON DIALLO: Right.

ROSS: – a lot of times the “uhhs” and the “duhs” and the “ahs” –

DIXON DIALLO: Um-hm.

ROSS: – and the “you knows” aren’t what you want on your permanent record. Now we will not edit them out of the actual film, because the film is –

DIXON DIALLO: What it is.

ROSS: It is what it is. That’s a good way to put it. But we will offer you a chance to correct the transcript, and all that we ask is that you do it in a timely fashion (laughs), so that it doesn’t hold up the whole process.

DIXON DIALLO: Sure.

ROSS: Okay. You feel okay?

DIXON DIALLO: Um-hm. I hope so.

ROSS: Well, Dázon, I’m going to start by asking you how you became an activist. What spark made you decide not to just melt into society?
Dixon Diallo: Hmm. Well, I'm not sure exactly when I can pinpoint a particular spark. But I do know that I have been raised, and continue to live with, a very deep sense of justice — of what's right and what's wrong — and the sense of quality of life, and just doing the right thing. And people having equal access is — I was raised in a church that had a social-justice framework to it. It was Episcopal; it was small; it was the first integrated church in a very, very small southern town where I'm from — Fort Valley, Georgia. And so that wasn't necessarily a spark, but it certainly is a current that has always run through my life, growing up in a house with parents who were activists and community service advocates and providers for issues for people who had less than we did or who were less advantaged.

I think my — I have a funny story and a serious story (laughs) in terms of my initiation into activism. The first activist moment I can recall was at the age of 13, in the eighth grade. I was in a biology class that my mother taught. And my mother required all of us, for her lab, to bring in our own frogs for dissection. And I just could not get with that. I really could not. It just broke my heart — first, that I had to go out and pick a frog that I knew would have to die at my own expense for this class. I mean, really, I can't — I'm articulating it fine now. Back then I was just mad about it and couldn't figure out why, but managed to think of the clever notion that if I wasn't going to do it, it wouldn't make any sense — I wouldn't have any leverage with my mother in her class if I was the only one who refused, and then it would look different because I would be looking for favoritism, which wasn't going to win her anyway. So I convinced my entire class to not bring their frogs in. So my mother was the only one with her frog, and she had to dissect one frog for all of us. (laughs) Which I think, you know, from an environmental standpoint (laughs) was probably the right thing to do; that at least that spring, in Peach County, Georgia, 29 froglets probably went on to a short, happy frog life.

So that was really a defiant move, but it wasn't just my individual defiance, which is just being an unruly teenager. It was organizing for something I thought was right. The real point of activism for me, though, was when I arrived as a student at Spelman College, having had a little bit of exposure to the situation of apartheid in South Africa and the antiapartheid work that had been going on. I got involved with the Students Against Apartheid movement on my campus in my freshman year. And we fought with many different strategies, putting, you know, shantytowns on the campus and sleeping in the shantytowns for a week during demonstrations. When certain dignitaries or celebrity issues came to Atlanta, we were an engaged, mobilized group, vocal about that. But our main target was our own board of trustees. Our main target was to get Spelman College itself to divest a very hefty endowment that was invested in South African companies — to divest. And that movement had been on campus before I got there, but it was in my senior year when we finally won. Those wins were very important. But I also learned that advocacy is ongoing.
And that you may have one win for social change in this movement, but there will always be a next thing.

For me, the reproductive justice part of it almost happened simultaneous to my antiapartheid activism. Between my first and second years at Spelman College, the National Black Women’s Health Project, or what became the National Black Women’s Health Project, held their first — that seminal conference, where, you know, there’s this old story that we know about the history of that conference, and how Byllye Avery and some of the sisters that she was working with at that time had conceived of this notion of just bringing some black women together to talk about how we talk about our issues. And expecting about 200 women, when a few days before the conference they realized they had ten times what they thought were coming. And there I was, just doing my little lowly student work-study job on the campus, and seeing all of these incredible black women that I knew from my studies, that I knew from my readings, that I knew from, you know, exposure through my mother’s work. Here they are, right here in my presence, and I just had to join and see what was happening. I played hooky from work for a whole week to hang out with this incredible movement of women through the National Black Women’s Health Project. Which inspired me to — when I went through some problems on my own campus with regard to my scholarship, and — it was actually problematic — well. This part of the story was a little bit of activism as well, but — I had to find work. And what I had made clear in my head was that the work I wanted to do was to be connected with what I was doing with the National Black Women’s Health Project.

ROSS:

So when you went to the conference of the National Black Women’s Health Project, what did that cause you to do?

DIXON DIALLO:

My participation in the National Black Women's Health Project’s conference was inspiring in that it caused me to think differently about how I even related to my fellow students on campus at that time. It made me think about what we talked about, what we thought was important. You know, we’re all young teenagers, and very self-absorbed, and more interested in the entertainment and the guys across the street at Morehouse. And what the Project led me to do was become more engaged in what was going on in the community around the campus. What was happening with the situation of violence in my own neighborhood, right off the campus of Spelman College. What was happening — you know, if I had to walk from Spelman to the West End and came across women, you know, young women who were pregnant, pushing buggies, what would I be able to do about that? Those were the things that I became more interested in as a woman at a black women’s college than what most of my classmates were involved in. So it inspired me, when I needed a job (laughs), to look more specifically into where I might be able to make a difference with other women of
ROSS:

Tell me about your experience there. And what time did this take place? What years?

DIXON DIALLO:

Tell me about your experience there. And what time did this take place? What years?

DIXON DIALLO:

My work with the Feminist Women's Health Center took place from 1984 — early 1984 to the mid-part of 1989. Almost six years. And it was a wonderful experience where I came in as a lay health worker working at an abortion clinic that also happened to be the only nonprofit clinic, so we were also an activist and advocacy organization. We provided contraceptive care, family-planning assistance, well-woman gynecological services. Eventually we even added services of artificial insemination for women, particularly lesbians who wanted to become pregnant. So it was my entrée into the practical application of feminist theory in lived — in the real day, or everyday lived experiences of women. And because I was the youngest and I was the only woman of color among the health workers on staff, I was able to connect with other women of color — especially young women seeking abortion services — I think, in ways that other folks who were working at the clinic were not able to.

Then, also, because I was working there while I was a student, it also exposed me to opportunities of how to organize people. I had already been engaged in organizing on campus, but how to organize people on campus to do activities off campus. So, for example, it was through my work at the Feminist Women's Health Center that I was involved in the first NOW — National Organization for Women — national march on Washington, where I literally worked — wasn’t very successful — but literally worked to organize young women on Spelman’s campus to go to that march with me. Didn’t get a whole lot of folks to go, but used that as an experience to expose a lot of women on campus to the work I was doing at the clinic, but also to what some of those higher, more political issues around abortion and pregnancy and access to choices were that we weren’t paying attention to on our campus.

ROSS:

Okay. So you did your six-year stint at Feminist. What did you learn at Feminist that took you into your next commitment?

DIXON DIALLO:

Well, I learned, first of all — because I graduated and ended up working there full-time. So that gave me an opportunity to expose beyond the part-time experience of directly working in abortion care and being more engaged in community relations. What I learned most — and I don’t think I was able to articulate it at that time, but it obviously was something clear to me and what drove me into other areas of work that I’m now still doing — and that was the integration of so many pieces in our lives that affect our reproductive health and our sexual health and our outcomes. So, for example, I was there working
in abortion and family-planning care when the opportunity to learn more about HIV and AIDS came along. It was real clear to me, maybe because I was already in reproductive health, but it was already very clear to me the immediate connection between access to choice around reproductive health options and access to information and options for preventing HIV and STDs. And those things weren’t readily available in the same place. And I found that to be problematic when it was time — at least in the mid-’80s — when it was time for women to be more engaged on behalf of women who were being affected by the AIDS epidemic. It made more sense to me, because I was at the Feminist Women's Health Center, that we should be the ones addressing this issue, and not letting the so-called AIDS community at that time address women’s issues within that.

ROSS: Well, why do you think the women’s health community was slow off the mark on HIV and AIDS in the ’80s?

DIXON DIALLO: I think the women’s health community was slow off the mark in HIV and AIDS because they had already been behind on so many other intersecting issues that had a lot to do with HIV and AIDS, such as poverty, such as some of the other oppressions affecting women of color that weren’t necessarily immediately evident to the leadership of what we call that second wave of the feminist and of the feminist health movement. And so I think that for a lot of reasons, because HIV and AIDS at that time was more indicative of poor women and women who were active drug users, that those issues did not necessarily connect for folks who were leading the movement for equality for women or for equal pay or for access to abortion or for equality among women who were identified as lesbian. So I just think that AIDS ended up falling into that same area of those silos of issues. That’s something for someone else to take care of, because that’s not really a reproductive rights issue. And I just think that that had to do with that very, very narrow focus on abortion as a reproductive rights issue versus the larger framework of all of the potential factors that impact women’s reproductive outcomes.

ROSS: So with this consciousness that you wanted to deal with the whole woman’s life and not just her womb, what did you make a decision to do? I know you went on in 1989 and did something rather special.

DIXON DIALLO: Well, it comes from that very example and that question you just asked me, of how difficult it was, quite frankly, within the organization where I was, to really, truly integrate the work that needed to be done in our community here in Atlanta around HIV and AIDS for women into the work that we were doing around abortion and reproductive health care and service delivery, as well as advocacy. And there are some real concrete and practical reasons for that. One was, the same period of time, right — 1988, 1989 — the other very significant thing that
happened was the Democratic National Convention came to Atlanta. And along with it, just like all the conventions, right, come the opposition and the activism. And Operation Rescue — Randall Terry, and all of those folks — had organized to bring thousands of folks to Atlanta to basically put every abortion clinic in Atlanta under siege. Not only during the week of the Democratic National Convention, but even after the convention left, these people stayed on. And they had organized locally so that local people continued their anti-choice campaign. That was very taxing on all of our clinics but particularly a provider like the Feminist Health Center, which was a nonprofit provider and really depended on donations, depended on funding, as well as the income from our services.

Well, HIV and AIDS is not an income-generating service. And all of the attention of the clinic really was focused on clinic defense. And when the funding issues became critical decision-making points, the HIV/AIDS piece of our program that we had started to — just begun trying to integrate into our community-relations work, was the first thing to go.

Now, that’s the practical side of it. And that’s real, and that’s completely justifiable. But at the same time, some of the debate was real clear that the issue was not prioritized, not only because it was not an income generator, but that it was not prioritized because it was not an issue for the women who ran this organization. It was not an issue for the women that, for the majority, we were able to see — white middle-class women in our clinic. It wasn’t their issue. And that’s what it felt like. That was the perception for those of us women of color in the community: that AIDS is not their issue, but it is ours, and we’d better do something about it.

And so in 1989, when the Feminist Women's Health Center sunsetted our HIV program that we had just begun working on in the clinic, there was a group of us, a women-of-color advisory group that I had formed while I was doing that work, to say, We still need this to happen in our communities. And Dázon, if you want to do that, we got your back. And so that’s when I left the Center, and a few months later we started SisterLove, which is the organization that I’ve been working with and running for the last twenty years.

ROSS: Tell me what impact SisterSong has had, not only on the Atlanta community, but on the whole project of movement building.

DIXON DIALLO: SisterLove?

ROSS: SisterLove.

DIXON DIALLO: Yeah.

ROSS: I’m sorry. (laughs)
Dixon Diallo, interviewed by Loretta Ross

DIXON DIALLO: That’s okay. I love that confusion, actually. It’s not a bad problem. So — but ask the second half of that question again, just because I got up on, is she really asking me about SisterSong or SisterLove?

ROSS: In a twenty-year retrospective look, what impact has SisterLove had on both the Atlanta community — particularly in terms of women being helped — and then the second part of the question is, what impact do you think SisterLove has had on the whole project of movement building among women of color?

DIXON DIALLO: Well, there are some — because there’s a lot you can count on and look back on in twenty years. But I think some of the most significant impacts, first of all, have been to raise the level of awareness, period. That if it weren’t for us raising our voices in the late ’80s, early ’90s about the issues of women and HIV and AIDS, we may — who knows how long it would have been before someone else started to address it? Who knows how many women would have died without receiving the support and care that SisterLove was able to provide in that time when so many women were being lost at such great speed?

But other impacts are things like, we started the first women’s support group for women living with HIV and AIDS that still runs to this day at the clinic where most of the women who are diagnosed with AIDS go for their HIV treatment and care. We started the very first HIV/AIDS housing program for women and their children affected by HIV and AIDS in the entire Southeast. We — because the Centers for Disease Control is in our backyard, in the early ’90s, there was a situation where a lot of women were dying very rapidly once diagnosed with AIDS, but were dying from opportunistic infections that were not necessarily associated with AIDS through the Centers for Disease Control’s definition of what an AIDS diagnosis was. And it was clear that these issues were gendered. There were issues, for example, with cervical cancer, that were obviously more prevalent in women diagnosed with AIDS. And that’s what they were dying from. Or a particular type of pneumonia that was more deadly in women than it was in the men who were living with AIDS at that time. And other issues.

So we fought — SisterLove, at a very local level, as a part of ACT UP Atlanta — we fought very hard alongside other national activists to get the CDC to change its definition, to make sure that women’s issues, women’s critical conditions as a result of having HIV, were also included in that definition. That was a major mark, to make sure that from that point on, the HIV surveillance, the treatment modalities, how fast women were being diagnosed, how quickly they could get on certain treatments — all of that has been impacted by the change in that definition.

And I would say that probably another huge impact that we’ve made in Atlanta in particular is that we have demonstrated that at the community level, women of color can create their questions, organize
themselves to create the responses to those questions, and empower women affected by those very issues to be a part of the solution making. We have probably worked with well over fifty HIV-positive women who have become leaders in their own right in their communities, have started organizations, have become members on boards of directors and national spokespersons and international members of UN-level coalitions and organizations. And we’re very proud of that piece of our work, because that really is the kernel of where social change happens, and we’re happy that we’re a part of that.

The larger movement, I think, in terms of SisterLove’s impact, probably from the most practical or pragmatic standpoint, was we’ve been a significant voice in making sure that the larger reproductive health movement is inclusive, integrated, and incorporating of HIV and AIDS as a women’s reproductive health and rights issue. That’s been a clear tack for us, probably because of where I came from into this work, from working from a reproductive rights end into HIV — as opposed to some people who come into it because AIDS becomes present in their lives. So I think that that’s been a major part of the impact.

I think another area that we’ve been able to move the ground on is to look at HIV in the overall human rights framework. And our work with other organizations — like the National Center for Human Rights Education or the People’s Decade of Human Rights Education, Amnesty, and even now Human Rights Watch — you know, is much more engaged in looking at HIV and AIDS domestically in the US. By connecting our issues with some of these larger human rights organizations and frameworks, we’ve been able to target their unique and creative ways to intervene in HIV and AIDS activism, because we use that broader framework. And vice versa. Because of that framework now being reproductive justice, I think our most significant impact in the movement is that we were clearly part of the beginning of the women-of-color reproductive justice movement by being a cofounder of SisterSong Women of Color Reproductive Health Collective that we are still a member of — we participate on the board, we provide as much support and direct engagement with the activities of SisterSong as possible. But more importantly is, as Sister Song continues to articulate, educate, and advocate around reproductive justice for women of color, we now are not the lone voice among many voices who are making sure that HIV and AIDS are always a part of that deliberation and that discourse. And I think that that’s probably one of our most significant impacts in the larger reproductive justice movement.

ROSS: In terms of work around HIV and AIDS, what are some of the struggles around HIV and AIDS in communities of color?

DIXON DIALLO: Well, some of the struggles around HIV and AIDS are really, really clear for us. I mean, some of them — I don’t want to oversimplify them, but they are the deepest-running problems, and that would be, first of all, the overall stigma and fear and denial around HIV and AIDS...
as a crisis for black people and for Latino people in general. But then there’s that sublayer that is really problematic for us, which is how our communities deal with sexuality and sexual expression and sexual identity and sexual communication. And that the barriers are so thick at that layer that it’s even more difficult to get to the practical conversation around HIV prevention and advocating for treatment and care and overcoming your fear of people living with HIV so that you can be more supportive. And so I think that those challenges –

ROSS: Excuse me.

DIXON DIALLO: Yes.

ROSS: You said, “Overcoming your fear of people living with HIV.”

DIXON DIALLO: Um-hm.

ROSS: Didn’t the original fear — overcoming the fear of people dying with HIV? That’s a switch for me.

DIXON DIALLO: Well, that’s really interesting. Yeah. I think the fear of dying with HIV is not so much a part of the stigma anymore as to the information we think we know about how people get HIV. So — I mean, because people die of a lot of different things, and so the fear of dying is naturally there, right? And the fear of dying of AIDS is not because of the disease, as much, but because of what people will know about how you died, is the problem. And so that comes back to the stigma and discrimination around it. So yeah, at this point the fear of people living with HIV and AIDS — in other words, getting to know people, touching people, whether you can get it from people, all of those kinds of things are the barriers that we have been addressing in terms of HIV prevention and reducing stigma. The fear of dying of AIDS is a whole other thing that, unless you think you have HIV, you don’t have. Unless you think you’re at great risk of HIV, you don’t have that fear.

ROSS: But you have it for loved ones.

DIXON DIALLO: You have it for loved ones, but that’s not the barrier to dealing with HIV and AIDS.

ROSS: Oh.

DIXON DIALLO: That’s what — Your question was about the barrier to dealing with HIV and AIDS. The fear of loved ones dying is not the barrier. The barrier is the disease itself, and what invoking that disease makes you have to address. And what that makes you have to address is your own behavior. It makes you have to address your own sexuality, your own
relationships, or how you even think about other people’s sexuality and other people’s relationships.

So I guess I could break that down to, within the black community, we know we have to deal with homophobia. Deeply have to deal with homophobia and heterosexism, simultaneously. We have to deal with the fact that we are deeply rooted in faith communities that for a very long time have chosen who is acceptable and who is not acceptable based on — mostly around sexual behavior. You know, out-of-wedlock children, women being pregnant out of wedlock, teenagers having sex before marriage, same-sex couples, bisexuality, women being sexually expressive. You know, all of those mores that come into play within the faith community have presented themselves as major barriers to us. And the fact that because of all of those things, women in particular — just like gay people, or gay men especially — are at greater risk, because in many ways, the sexual minoritization, or the sexual marginalization, of these populations adds to the challenges of addressing HIV and AIDS.

ROSS: So what about the tensions between women of color affected by the HIV/AIDS crisis and the gay community? Tell me if you experienced or witnessed those in both the '80s and now.

DIXON DIALLO: Absolutely. And it has evolved in many different ways for many different reasons. There’s a lot of tension. There’s a lot of acknowledgment of the tension in terms of relations in the work between women of color who are living with HIV and working every day to survive and get equal access to health care and treatment and inclusion in research, in clinical trials, to make sure that prevention messages and interventions are relevant to them. There is a tension between those of us women of color in the HIV/AIDS and reproductive justice work and movement that exists. It has evolved over time between women of color and gay men and bisexual men who have been doing this work for so long. And it has its own different levels and strata of tension. There are some places where we are completely aware of those tensions and doing work at the intersection so that we’re overcoming them and working more in collaboration and coordination, and in solidarity, really, with each other. Those layers of tension look like this over time, right?

In the earlier part of the epidemic, the general messages around AIDS were that it was a gay white male disease. So that very first part of the tension is that for women of color — particularly for black women, who are most disproportionately impacted among women in the United States by HIV and AIDS — for black women, the first part of that tension was, It ain’t about us, okay? So for a long time it made it much more difficult for us to even get the message across to black women about the level of risk and what was going on in our lives and what wasn’t happening for us like it was happening for other people, particularly gay men.
There is the other level of tension between straight women, right, not just women of color in general in this work. Because many, many lesbians, bisexual, and transwomen have been involved in HIV and AIDS from the beginning, even if it wasn’t their key risk issue, right? But for straight women in this work, dealing with their own homophobia, and then for black gay men in this work, dealing with some of their own misogyny has also been a critical tension factor in doing a lot of this work. Now layer some of those interpersonal relationships, or some of those schisms, in terms of race and gender, and lay money on top of it. And look at where the movement itself — the service-delivery part of the movement work, the prevention end of it — how that has been funded, how that has been resourced, who the leadership is that gets representation at the tables, who’s sitting in these negotiation spaces with the pharmaceutical companies and with the federal government and with corporations for donor dollars. The level of spreading the resources to more effectively represent the epidemic has also been highly contentious in the sense that as the epidemic has become more brown, more black, and even more female, we have had to fight within our communities as well as those external communities to make sure that the resources are as equitable as the epidemic is. And so a lot of those tensions have come about just because of where policy and funding have come from.

Now the beauty of the impact of doing our work within a justice framework, whether it be the human rights framework overall or the reproductive justice framework or a gender justice framework or a prevention justice framework, or any of the other areas of justice around poverty and around gay, lesbian, bisexual, and trans equality and all of these issues. The — how do I want to use this word? The solidarity factor, or the solidarity-building power of using the human rights framework, has helped us be more intentional about diminishing those tensions because we are able to work in all of those common areas.

ROSS: Thank you.

DIXON DIALLO: I’ve got a nose twitch. Okay. (laughs)

ROSS: Dázon, could you tell me some of the key leaders, key moments, key events in the history that you’ve experienced?

DIXON DIALLO: Wow. Yeah. Um — wow. Let’s — I’m going to probably name — yeah. Let’s — I’m going to try to go back and come forward. I think, in terms of key dates, the — For me, the entry into the work is first, I think, important. And it actually was — I was already volunteering in 1985, ’86, in trying to help figure out some HIV messages for women, when a young man who was a leader in our community, a bisexual man of color — an African American man who actually had worked on my campus — I had run into him, and he was looking really sick. And there
was no question in my mind, when I instantly saw him, I knew that he was living with AIDS. Marquis Walker is his name. He was a cofounder of Black and White Men Together, which is a black and white gay men’s organization. And my very first award ever, which I received in 1987 or ’88 — ’88, I believe it was — my very first award ever for the volunteer work I had been doing in HIV and AIDS was in his name. And he was somebody who helped me actually finish school. And so that was –

ROSS: He’s since passed?

DIXON DIALLO: He has. He died, actually, in 1987, ’88. So, yes, he passed very early on. And it was extremely significant that my first award was in his name when I would not have graduated from college if his financial assistance — he was the financial aid deputy director and had helped me finish.

Other, I think, significant points in terms of women in leadership are folks like — when — oh my goodness, what’s her name?

ROSS: Denise Rouse?

DIXON DIALLO: No, the Haitian sister. Suki Ports and –

ROSS: Marie?

DIXON DIALLO: Marie St. Cyr. Thank you. Thank you. A couple of women from New York that I met in the late ’80s, one of whom had just begun her own women’s AIDS organization in New York, was a huge inspiration for me. Marie St. Cyr. She’s Haitian American. And what was significant about her involvement, at least for me at that time, was not only was she working on women and AIDS issues, but also looking at poverty and housing at the intersection of that. But also that very critical piece around Haitians being discriminated against as a class of people in this country because of the HIV/AIDS prevalence in their own country. She was fighting that at the same time, and so it was a real clear picture of someone who was fighting a civil rights issue alongside fighting for access to care and responding to the desperate needs of women living with HIV and AIDS at the same time.

And, of course, right alongside her was my dear friend Suki Ports, who came into HIV and AIDS, at least from what I know, from a civil rights experience as well. And it is probably a growing theme here for me, is that most of the women — folks like Byllye Avery, who, when I first thought about doing SisterLove, along with Ama Saran, who was also a stalwart sister from National Black Women’s Health Project — sat me down. And we had a conversation about what this would look like when you start doing organization work and organizing and building, that you’re really doing movement work. And you have to understand that this isn’t just about you trying to do a thing. It isn’t
about just starting a nonprofit, or even it’s not just about putting a program into the community. But it is about using what you can do to help women change their own lives. And that was significant.

Moving into the mid-nineties, most of the women I would name actually are women living with HIV and AIDS who would be invisible in our work even. They would not be known by name because they were not activists, they were not organizers, they’re not writers, they didn’t start organizations. They simply made a decision in their lives that they knew they weren’t the only ones living with AIDS, and wanted to be examples, but also support for other women. So I would name folks like Alverna Denise Khan, who became — who was an evangelical housewife who was diagnosed with AIDS and became a radical sexual-health educator and activist, still keeping her faith, and became our very first manager of our housing program for other women living with HIV and AIDS. Juanita Williams, who was the very first woman with HIV and AIDS to seek us out for services and support, and who is still part of our organization to this very day. We almost celebrate our anniversaries together, in terms of her diagnosis and SisterLove’s founding.

So many other women living with AIDS who have been inspirational. Janice Jireau, who was one of the first women nationally to — she was covered by Ebony or Essence magazine in the early ’90s — around ’94 or ’95 — before she passed. She made a film about coming out to her family, and about what women’s lives — what the intersection of women’s lives with their families and their children and their loved ones and their extended family members, and the role that they played in their lives, and how important it was to have a family that understands the support of women — to be able to support the women in their lives better. These were significant points where we were able to help black families understand what the impact of AIDS was.

You know, I could name the list of super-sheroes that all of us in this movement at my age have looked up to, including yourself, Loretta Ross. And including people like — and, yeah. And I’m going to mention Loretta Ross, because the significant piece for me and for the work that we do at SisterLove around HIV and AIDS is that unlike anyone else had been able to, when she started the National Center for Human Rights Education, Loretta Ross was able to help us crystallize how the work we were doing fit into this larger human rights framework, which then set us on our path for understanding how we help define reproductive justice to be inclusive of HIV and AIDS. That’s a benchmark and a milestone that has been critical in our organizing work around HIV and AIDS.

Janet Cleveland, who many may know now because of the major leadership work she does with the Centers for Disease Control, actually was my copartner in starting the first women’s support group for women living and diagnosed with AIDS here in Atlanta. And that is that same group that is still going now, almost 20 years later. It’s 19
years old now. There is a long story in there. There is a long story in there, in terms of the fact that I have been with SisterLove all that time, and Janet has moved into different roles in different places, but continued to make sure that the voice of black women in AIDS — regardless of whether it was at a research organization where she has worked or whether it was at a high-level position in the federal government’s public health organization, like CDC — that the politics of where she was never got in the way of making sure that black women and HIV were still made an integral part of the work she was doing there.

I don’t want to — I want to back up and make sure that we don’t leave out women in those more traditional institutional structures that don’t typically get included when we talk about folks in movement building. Folks like Mary Bowers, whom we’ve known since we got Sister Song started in — well, I’ve known her since — SisterLove was started in HIV and AIDS, and through our work through ACT UP. But also, because there are some women in government like Mary Bowers and like Jo Valentine at the Centers for Disease Control now — Mary Bowers is at the Office on Women’s Health — who have always been our allies, understanding what we were doing within the reproductive justice movement and giving us as much support as they could from the places that they held within government. And I don’t want to leave that out.

I don’t want to leave out some of the women, I think, who’ve been important in that larger — that much larger — I don’t want to call it corporate, but almost corporate-like NGO world. Folks like Natalia Kanem, who was originally a pediatrician doc who focused on caring for babies diagnosed with AIDS, while working alongside folks like Janet Mitchell, who was the doctor who took care of the mothers living with HIV and AIDS. And Janet, who did her work at Harlem Hospital up until she had to retire. Natalia, who then takes her work from being a doc and doing direct care to understanding that role or that dynamic of mother-to-child intervention and leading the way in the foundation world, when she ended up at a very high-level position at the Ford Foundation, and is now actually probably one of the highest-ranking black women in philanthropy in the world.

We’ve had so many different partners. It’s so hard to start naming all of these names because this list — I really need, like, days and days, because this list needs to be much, much, much, much, much longer than it is right now, and I’m trying to think locally. I don’t want to — Going back to positive women, there are folks like Denise Stokes, who was diagnosed with AIDS at like the age of sixteen, and became an activist by the time she was seventeen. And is still an activist up to now, leading the way for other young, newly diagnosed HIV-positive women to branch into other areas of the reproductive justice world. Folks like Patricia Nalls at — who has inspired me of late, because when I say “of late,” it’s because — The epidemic itself is 27, almost 28 years old. However, the leadership roles that HIV-positive women
and women diagnosed with AIDS have taken on have come much later in the epidemic. So now you do have folks like Patricia Nalls who continue to inspire me, in the sense that — just like women who were survivors of rape are the women who started the first rape crisis centers in this country. Or women who are survivors of cancer are the women who have started the major cancer movements in this country, and so forth. And that we now have a movement of women living with AIDS who are in leadership in the movement — are some of the most inspiring voices that keep me in this work. I look toward the young women’s voices, folks like Naina Khanna and Marvelyn Brown, and people like Vanessa Johnson and Maria Davis and Precious Jackson, and all of these amazing women who — Precious, for example, is an HIV-positive woman — and I’m naming folks who are out. I want to be very clear that in our community around HIV and stigma and discrimination, as this film gets made, I am giving name to folks who have given the voice to being HIV-positive and in leadership and been recommended as such in leadership spaces. And so I am not naming people who have not named themselves in public before.

ROSS: You’re not outing anyone.

DIXON DIALLO: I’m not outing anyone who has not already outed themselves. Marvelyn has written a book, in her early twenties, to tell the story. And not the story of becoming HIV, but what it means in your adolescent years to understand your presence and your image in terms of how you are seen, and your sexual decision making, and how you get your information. And what she would change if she knew what she knew now as a younger woman. Or someone like Precious Jackson, who has been in this work for a while and learned that she was HIV-positive after being in HIV work for a while, and now does work with women in prison, and does, you know, prison justice work right alongside HIV justice work, as a woman living with HIV and a survivor of incredible amounts of abuse and violence. And so, you know, there’s this world of women who, you know, have not been listed in the who’s-who of the reproductive rights movement who are most of my inspiration, layered on top of those super-soul-sonic women whose names we might traditionally know.

ROSS: Can I ask, when —

DIXON DIALLO: Yes.

ROSS: — about when do you think the leadership of women living with AIDS really emerged to have a national impact?

DIXON DIALLO: I think the leadership of women living with AIDS having a real national impact probably could be dated in the very late ’90s, or probably, actually, more in the early 2000s. We have had many attempts at
national organizing. We’ve had folks like A. Toni Young, who is not a woman living with AIDS, but working with a lot of us in the work as well as women with AIDS, in the mid-nineties, you know, making an attempt at a national effort. And I think it is because we did not necessarily have as many women with AIDS in the leadership that we struggled to get that off the ground. So now you have, as late as 2005 — 2004, 2005, or even just in the last few years — the organizing of a National Women and AIDS Collective, which is supported strongly by the Ms. Foundation, which has a majority of women living with AIDS in its leadership at the steering committee level, as well as in the activism work they’re doing. Just as recently as 2008 you have the national Positive Women’s Network that has been convened by WORLD — Women Organized to Respond to Life-threatening Diseases — out of California. Which is an organization that was started by a white woman living with AIDS in the early nineties. Rebecca Denison is that woman in that movement. But it is now predominantly run and operated by women of color who are diagnosed with HIV or AIDS. Then I would say, because I think The Women’s Collective is less than ten years old –

ROSS: Where is that?  

DIXON DIALLO: — and that is Patricia Nalls’s organization in Washington, D.C. That is the largest, I think, women’s AIDS organization run by, for, and about women living with AIDS. You have organizations — and they’re also very isolated. I want to be real clear that the timeline — You will see older organizations or older movements of women living with AIDS in leadership — let’s say in places like New York, along the Atlantic seaboard, and on the West Coast. In the South, we still have a long way to go in terms of supporting and protecting women, particularly, who become public about their HIV/AIDS status and then take on leadership roles. I would say that from a southern standpoint, people like Juanita Williams — I’ve mentioned Juanita — and a few other women across the South who have been public about their status for a long time, have been in leadership for about 20 years. I’m thinking that Juanita first, you know, started speaking publicly in the early ’90s, alongside some of the other women. But it’s been a very long gap in that timeframe between the early ’90s and now that we’ve had a critical mass, I would say, of women who are living with AIDS and are slowly coming out. And I’ll mention this because what we know about women diagnosed with HIV is that it’s an average of five years before — especially for black women — it’s an average of about five years before a woman even discloses to her closest persons that she’s HIV-positive. Bringing women out into the public and then elevating them into leadership, or elevating themselves into leadership, is actually a very long and thoughtful and arduous process.

60:00
ROSS: Talk to me a little bit more, in the few minutes that we have left of this tape, about what that coming-out process is like that you’ve witnessed and experienced among women.

DIXON DIALLO: It’s very interesting. I’ve witnessed the coming-out process — particularly for black women living with HIV or diagnosed with AIDS — over time to be very different. And I’ll start with the now, and backwards. Now a young woman may be diagnosed with HIV today, and because of where she is and the type of system of care she may have, if she immediately is able to engage in resources and care, she’s pretty much active within — if she’s not having other issues such as substance abuse, mental health, homelessness, problems like that — once those issues are addressed and met, a younger woman diagnosed with HIV is more likely to be active almost within a year of exposure to organizations like ours. That’s the now.

What I have witnessed in terms of the really stressful coming-out process is, first, once a woman is diagnosed, she has to first decide who she’s going to tell within her immediate realm. Because if she’s on medication, she’s not going to be able to keep that secret for very long. So coming out to a loved one — especially a family member — coming out to a partner, we’ve seen have very different responses depending upon the healthiness of that relationship. In some instances, coming out to a partner has actually increased or introduced violence into a woman’s life where it wasn’t there before. Or if there was violence, she may not come out ever, which means she may not disclose, and she continues to put herself at risk as well as others. I’ve seen the process of coming out — once someone comes out to family, or if they’re not able to come out to family and find a network of support with other HIV-positive women where they can be open, I have seen — Actually, we have instances of women gradually becoming active within the HIV/AIDS movement so that they strengthen themselves to disclose to family and loved ones. They build this sense of support around them to empower themselves to now go and disclose to the people that they’re closest to.

I think the biggest issue that I’ve witnessed for coming out is for women who have held on to it for a long time, have told no one, but have made an acute decision in a moment, in what they thought or considered a safe space of other women, to come out for the first time. And to do that in a way where, here’s a room full of women or a group or a body full of women who could just encircle that sister in love and light and support and let her know that she’s a part of a much larger circle of women who feel like she feels and need what she needs. And that’s, then, the most powerful coming out that I’ve experienced.

END TAPE 1
ROSS: Okay. This is tape two of the Voices of Feminism Project, and I am not hearing anything from my mouth. (pause) Let’s try this. Testing. I think it’s catching — (inaudible) this paper.

DIXON DIALLO: Okay.

ROSS: Okay, Dázon. On this tape we’re going to back up a bit and start with some of the biographical information that we’d like you to share with the Sophia Smith Collection and the Voices of Feminism Project. Why don’t you start by telling me your full name at birth – (laughs)

DIXON DIALLO: (laughs)

ROSS: And then your name as it is now.

DIXON DIALLO: Okay.

ROSS: Your date of birth, where you were born, and your parents’ names.

DIXON DIALLO: Okay. I’m Dázon Angelique Dixon — that’s my birth name. Born in Fort Valley, Georgia, also known as Peach County. And my parents are Clinton and Virginia Dixon. Doctors Clinton and Virginia Dixon.

ROSS: You have siblings?

DIXON DIALLO: I do. I have a sister who is five years younger than me and a brother who is seven years younger than me.

ROSS: Do you happen to know the birthdates of your parents?

DIXON DIALLO: I do. My father is November 6, 1939; my mother is March 29, 1941.

ROSS: And where did your parents come from in terms of geography?

DIXON DIALLO: Both of my parents are originally from Georgia. My mother, however, grew up from a young age into adulthood in West Palm Beach, Florida. Originally she and her family are from Waycross, Georgia, which is down in the southeast region of Georgia, near the coast. And my father is originally from a small place in central east Georgia — Sandersville, Milledgeville, Georgia, and spent his adolescent years in Atlanta, where I live now.

Yeah. And I think that’s also very interesting, because he actually graduated from high school and went to college around the age of 15. So (laughs) not a lot of adolescent years spent living in Atlanta before going away from home to college.
ROSS: Okay. And you were telling me about your brothers and sisters — did you tell me?

DIXON DIALLO: In terms of some of their backgrounds? Yeah. My sister was born in 1970. She was born in Stillwater, Oklahoma, where we were living at the time because my father was working on his doctorate at Oklahoma State University, which is also where my mother was working on her master’s at the same time. And my brother was born in Fort Valley when we moved back, after they both had finished their degrees.

ROSS: So who were some of the other important adults in your childhood, and how did your parents’ background influence you as well?

DIXON DIALLO: I think I’ll start it the other way around. My parents’ background is extremely influential, I think — in the most of it. Because as I was trying to answer the question about the other influential adults, everything kept either stemming from or coming back to my parents, so that they really are at the root of all of this. My father grew up on a farm, grew up as a farmer, and grew up in a family where education was key. Even though his brother and sister had done some college as well, his generation was the first in our family to go to college. And he was a brilliant — is a brilliant, brilliant man, and was a very smart young man. But grew up poor, on a farm. Grew up in a very strict household with very stern parents who understood the changing role that civil rights was playing and the future role of people coming behind them.

My mother had a different story, where she grew up in Waycross, Georgia, until she was about seven, at which time — and she was the oldest of six. My father is the youngest of three; my mother’s the oldest of six. My mother’s family was dispersed because my grandfather left the home and my grandmother with six kids. And ended up moving to the big city, so to speak, in West Palm Beach, with a lot of sisters. And so my mother grew up as the second mom in a household of a lot of girls in a very rough time, in a very rough area, in southern Florida.

And the two of them met at Fort Valley State [College], when my father was a teacher and my mother was a student, even though they’re only about a year and a half apart. And I think the commonality between them in terms of their sense of justice, what drew them together, the work that — they were both into biology and life science, and therefore really understanding and unfolding things to get to the root — they both are real intense researchers as well as educators. Both of those things have come together in the work that I’ve done. One is in constantly asking questions and exploring where the answers may come from and what those solutions are, regardless of what it is. That’s one that I get from them. Another one I get from them is that you never, ever, ever, ever stop learning, because you can also never stop knowing enough to help share more information with other folks,
because that’s what they kept doing. I mean, my mother kept going to school until — I mean, she just finished her last degree in her doctorate in her late fifties, early sixties. So there’s that.

And then there’s the basic, you know, coming from the country, so to speak. Right now, I can get up early and work long days because of my father. My father was one of those that, as long as the sun is up, so are you, and you should be working hard that whole time to make something different happen by the end of that day. And that’s really what it is. And that every day — you’re going to have another day. Even if you didn’t finish today, you’re going to have a — if you have another day, then you know you have more work to do. So setting goals, you know, reaching high, pushing myself hard, and not relenting on my own pushing has come from some very hard-working but very clear and focused parents. I think that was the real drive.

Now, how that extends to some of the other people that are highly influential are, for example, my aunt — my father’s only sister. Who is — she’s a retired nurse, public health nurse. And her influence came in the fact that I grew up in a household full of, like, you know, biology teachers. And when it came down to the information around sex and sexuality and reproductive health, my mother was spot-on. We were having conversations when I was still eight and nine. And by the time I turned ten — I have an aunt who, without any, you know, inhibitions or barriers between us, brings all of these resources and fun stuff to learn about my body, to learn about pregnancy and prevention and sex and boys and all of this kind of stuff in a really up-front way. And I just loved having that relationship with another woman who was a relative who wasn’t my mother. Because my mother was clear and we were good, and she shared information, but there was just some stuff, even as my mother, I knew she wasn’t going to be able to handle, even though she was wide open on so many things. But with my aunt — we just had a special relationship. And she ran five family-planning clinics for over 20 years. And following in some of the leadership she had in a public-health context was, you know, I wanted to be like that. So really

ROSS: And this aunt’s name again?

DIXON DIALLO: Her name is Mary Bernice Smith. I grew up knowing her as Aunt Bernice.

ROSS: And her clinics were here in Georgia?

DIXON DIALLO: In Fulton County. She worked for Fulton County. She was — she also, in terms of — I actually come from, at least on my father’s side of the family, I come from a long line of people who have marked places in history even if they’re not written and told in public spaces or in well-known ways. But my aunt is a part of a graduating class from the Grady Nursing School, which is now rolled into Emory University and does
not exist as its own school, but there was a time when Grady Hospital had its own teaching school for teaching and training nurses. And there was a –

ROSS: When did black nurses get in there?

DIXON DIALLO: – and there was a cadre of black nurses that came in. And I would have to double-check the dates, but this would have to be coming through in the ’50s and ’60s. I got an itchy – (pause in tape)

ROSS: So Dázon, tell me about your own educational background. How did you go to school? How was school, for one?

DIXON DIALLO: I loved school growing up. (laughs) I know that sounds crazy. I was a nut for school. I — and there’s an interesting piece to that that I can tell in a moment also, that I found very hard to believe later in life. But I enjoyed school. I was in school year-round, almost, from the time I was in middle school till graduating from high school. I went to a small high school — we had one high school for the whole county, so it was integrated. The school — and that’s important, because I came from a part of Georgia that was really slow on integration. I graduated from high school in 1982, which was one year earlier than I normally would have. I graduated in eleven years. But the year that I graduated from high school was the first class to graduate fully integrated from first grade through twelfth grade. So just to let you know how behind — but also how different a time that was to come through public school, where I was in school with some folks who had actually spent some of their earlier years in separate schools, and now integrated. And that’s a different part of an experience that a lot of folks my age — or in my generation — don’t have that connection to, because integration happened much faster in other places.

I was a great student all the way throughout. I think because I talked a lot and was pretty mouthy and pretty opinionated and had a need to be right –

ROSS: I’m surprised.

DIXON DIALLO: – (laughs) that, conduct-wise, my report cards didn’t always look great. But in terms of my studies, everything I studied, I loved. I went to two schools. I went to public school in the day, and I went to Dixon School in the afternoon and evening. My parents were both educators, and so learning never, never stopped. Even in the summertime, we had reading lists and book reports and essays to write, or work for my dad in the lab, and do research and write about that. Or go to school, or go into special programs. And so education was really important for me. And we actually learned that you’re really not finished until you get, you know,
that highest of all the degrees. So all of us are still figuring that plan out in our lives.

I graduated with honors and with a scholarship to attend Spelman College, which was a choice — deliberate. I knew—

ROSS: Why Spelman?

DIXON DIALLO: I knew Spelman was where I wanted to go for a couple of reasons. One, it wasn’t too far away from home — even though I thought going to the University of Hawaii was really where I wanted to go, because I was a teenager and wanted to get as far away from parents as possible. But realized I loved being in a city where my father was from, where I had lots of relatives, but also that was vibrant at that time. We had our first black mayor in a southern city like Atlanta. Spelman had some amazing things going on, even at that time. I had met a lot of amazing black women and knew folks who had been to Spelman who I just wanted to be like. There’s folks like, you know — she’s on television sometimes. Rolanda Watts. I wanted to be in the media. I wanted to do communications. I was going to be a journalist. And so people like Rolanda Watts, who was at that time doing news in New York and was getting her own daytime talk show, that kind of thing, took me to Spelman. And to be in that place with all these black women and have that identity; I knew that I wanted to be in a place like that. I loved Girl Scouts, right, when I was growing up. And that was that same kind of environment, where you grow together, and you have that space of your own and time of your own away from all that other stuff like boys, and all the things that — You have a chance to explore who you want to be as a girl or as a woman when you get to college. As opposed to all those prescriptions that are out there about who girls are supposed to be. And that was almost like that next level of experience of having this sisterhood space, similar to Girl Scouts.

I will say, oddly enough, sorority life was not that attractive to me. Differently. And I think that maybe — I don’t know why, but at that time, I had a hard time commingling the idea of spending weeks and weeks being stressed and being brutalized in some instances. Being humiliated, being dehumanized, so that at the end of this all, someone could tell me that I now belonged with them and that they loved me all of a sudden? I just really, really, really, really, really, really could not coincide those things and reconcile those things in myself for real.

ROSS: Pledging has always been a contradiction.

DIXON DIALLO: Yeah, exactly. That’s exactly the way it felt. And I just couldn’t take myself through that. And by that time, I was already working with the Feminist Women’s Health Center and had a whole other — and was a member of the National Black Women’s Health Project, and had a whole other realm of sisterhood that felt safer and felt more meaningful
to me. And so sororityhood — sisterhood through sorority was not attractive to me during school.

I graduated from Spelman not with the greatest of honors, and that’s mostly because I really put more of my college years’ energy into the work and the organizing that I was doing through the feminist health movement, because I was already involved from my sophomore year in school. Nonetheless, I had done other kinds of recognizable things as a student at Spelman. And so while my grades might not have been the highest of where I could have been — like I was in high school or what my potential would have been — my experience and my contribution and what I was doing and what I was achieving were still noteworthy. And so I felt strong about that.

I didn’t go to graduate school for ten years, I think, out of college. And that’s because I really did go deeply into the women’s health movement out of college, and then founded SisterLove three years after school. And had been working in that for a long time, until understanding more and more about how the work we were doing was really public health work. It wasn’t just community organizing; it was actually work within the public health realm. And I started recognizing that there were a lot of things that we were doing that actually had some gold-standard meaning to it out there in the world. And so I had this motto where I said, I need to go back to school so I can put some theory into my practice, which is usually the opposite of what people do. Normally folks are looking for the practice to go along with the theory; that’s how science works. But in my case, which is really the grassroots, the lived — The power and the credibility of the lived experience within the grassroots is that theory really comes from what’s already happening out there; you simply put some translational knowledge to it and some, you know, long-term questions that you can look at and come back to and say, You know, here’s how you can intervene in a given situation. Right? Because we’ve looked at theories; this is how it works. And on the ground, this is how it should play out. When, actually, things are already being played out and driving the questions. And that’s what I thought. We’re already playing it out. Now let’s go find out how we’re driving these questions.

So I went back to school and got my master’s in public health at the University of Alabama at Birmingham. But I wasn’t going to stop doing what I was doing, because AIDS waits for no one. So I commuted 150 miles every weekend for two years to finish my master’s. And actually ended up working on a study looking at a HIV-positive women’s prevention intervention that allowed me to continue commuting to Birmingham for another three years. So there was an immediate correlation — I mean, like, immediate — between being able to understand some of this public health theory, what we had been doing on the ground in terms of our own interventions within SisterLove, and how that played out when a university takes a look at a hypothetical or at a theoretical point in this evolution of answering HIV and AIDS problems and drawing from something that had been created
in the community and then measuring it for its impact. That was the real connection between what is formal — which I didn’t understand in college. Because I was just a little bit — I thought I was more clear in what I was learning in the experience of working in the movement versus what I was learning in the classroom. When I got through grad school, it was clear how choosing public health, for me, was the right way to bridge those two. In the realm of doing public health work, it truly is where the issues of justice and community bridge when we’re talking about health and wellness.

What I also experienced, though, is that especially within public health, we are still way behind in terms of integrating reproductive and sexual health into an overall curriculum that looks at women’s health. At most grad schools, even the one that I went to, I ended up choosing maternal and child health as my area of concentration because there was no women’s health. There was no reproductive health component. The only place to look at reproductive health was through pregnancy and motherhood. And if that meant that that was the way that I could look at women through the life span — because that’s what I think women’s health should be about, if I could use maternal and child health as a way to look at women’s reproductive health through the life span, then that was the way I had to go.

ROSS: Except studies have shown that a woman spends five times more of her life trying not to be pregnant, or not being pregnant, than she is trying to have a pregnancy.

DIXON DIALLO: Exactly. The whole point about not having public health programs that look at the life span, I think, stems from that same place that we continue to problematize, which is creating those spaces to deal with women’s sexual health and reproductive health and rights.

ROSS: Or the right to sex.

DIXON DIALLO: And that really is it. It really is about creating learning spaces that can address women’s sexuality and women’s sexual health and rights without creating more sexual objects out of women. Because unless we’re objectifying women in that conversation, people don’t know how to have that conversation comfortably. People don’t know which questions to look at and to answer. Where does the research go and how would you defend that? I mean, look at where we are along the continuum of trying to deal with HIV and AIDS, and having to come up on questions of whether you teach comprehensive sex education or whether you teach abstinence. Why is that? Because abstinence — you can actually have a conversation about abstinence and sex without ever talking about sex. (laughs) I mean, it’s just that stark. It’s difficult, except when you go to medical school, and then you literally do have to learn about all the functions of all the parts of the body and really make it medicalized. No pun there, but literally turn a body into a mass of
cells and muscles and tissue and bones and vessels. When that mass exists within a continuum of experience that includes communicating with people, that includes feelings, that includes beliefs and ideas that go along with that physicality. And unless we can put all those things in one place, it’s very, very difficult to teach how to have those conversations.

And so I think we have a long, long, long way to go, just in helping — even the place where these things should be happening naturally, like in the public health arena, or on college campuses, where people are coming through the most dramatic physical, emotional, spiritual, and mental transitions that we go through in our human life span, and we don’t have spaces that help us help ourselves through that period, or any of those periods in life. And to do it in a way that upholds dignity at the same time. It’s just mind blowing, when I sit in some places with professors and other researchers, how you really can measure the impact of social change if you know what tools to use to measure them by.

ROSS: Thank you. That will be a theme that we will certainly return to. So tell me about organizing SisterLove, and what were some of its achievements — which you’ve touched on — but what were some of its challenges? Because any record of your life would have to include how you overcame challenges.

DIXON DIALLO: Oh yeah. I’ve sort of given a bit of the history of how we got to starting SisterLove. What was the key impetus behind it at that time was we had a program — we had a project that we knew was an intervention; we weren’t even using that word at the time. It was a workshop that was intended to create safe spaces for women, particularly women of color, but for women to come and have a learning conversation around AIDS, HIV, sex, sexuality, prevention, empowerment, safer-sex negotiation — all of these new things that were needing to be introduced into communities of women who, for all of our lives and our mothers’ and grandmothers’ lives, had been socialized not to talk about those things. Not to know more about our bodies than our doctors know. And to not tell our stuff, so to speak. Not talk about our sexual lives or our behaviors or even things that happened to us.

And so that’s what we thought we would do. Create these spaces, talk about AIDS, help women learn how to use condoms, go out and protect themselves, and that was going to change the world. And that we weren’t going to have to worry about women and AIDS too much longer. That was why we got started with SisterLove. And quickly learned that it was so much more than that, and it was so much deeper, and that we had to actually draw back and go back into why — or I and some of the women we were working with had to go back into why this was even a threat to us in the first place. What were the conditions in our own lives, and what were we addressing? And it was the same stuff that we had been through and learned in self-help
through the National Black Women’s Health Project. It was the walking wounded stuff, you know? It was the experiences, the traumas, the things that we’ve gone through in our lives that drive us to the decisions, or the non-decisions, that we make in our current time, right, in our current or present-day decision making.

And so we ended up creating support spaces for women living with AIDS. We ended up thinking about how to respond directly to the stories we were hearing. If we were holding a support or a self-help session and it seemed like everybody in the room was having a problem with being treated badly in the homes where they were living, or near homeless, then we would have to come back — when we came back together to debrief ourselves from those self-help sessions and have our own self-help, we would come to our own solutions about how to help. And that’s how we ended up creating a housing program. And it’s how we decided we needed to work more internationally, to learn what women of African descent were doing in other places to respond to some of these critical issues, and how they were helping women prevent AIDS or live or manage what they could with what they had, which was similar to our situation. So that’s where we got our impetus to go.

Now a lot of the challenges that presented themselves along the way were — I would start out first with just the issue of the environment and the time of doing that AIDS work. The stigma around HIV and AIDS is so thick because it was layered with homophobia, it’s layered with discrimination against people who have substance abuse and mental health problems, it’s layered with disdain for the poor, it’s layered with the denial that we exist [with] around having adult conversations around sex and sexuality. And all of those things rolled up into one. And so that has constantly been a challenge to how we hold informative conversations to effect change in community and in individual behaviors when there’s no safe way to have these conversations in society and overall. So that was one challenge.

Another challenge has always been the politics. I mean, from the time of coming into this work, post-Reagan, right, just with George Herbert Walker Bush, 41 [41st U.S. president], at a time when the conservative and the far right movement was really in its swing, because Reagan had set that in motion. So it was really in this far right extremist swing, at a time when we really needed to be moving into more progressive conversations around how to tackle HIV and AIDS as a nation, and not based on specific populations. And so to try and introduce to women, and work with donors and policy makers around why this is a critical issue for women, at a time when people didn’t even want to talk about AIDS or talk about gay folk or talk about sex or talk about women and babies being born with AIDS — that was a huge challenge for us, was to help identify the critical space that women needed to claim in all of that conversation, not just as vessels, not just as mothers of babies who were born with AIDS, not just as the victims
of other people, but as people who needed to be agents of change for themselves. And that was a huge challenge.

Organizationally we’ve had lots of challenges along the way. (laughs) A lot of them have been centered around the ebbs and flows of funding, primarily, and, you know, which issue was the hottest-button issue for a given donor community’s support from year to year. And we’ve come through those challenges every time. You can hit bottom, but remember when you were doing this work with nothing. Then you do what you can with nothing, but you keep trying until you have something again. And that constantly happens. There’s never been a point where, even if we were on the brink of closure — which we have been at least twice in our 20-year history — when we were on the brink of closing, all it would take would be a phone call from a woman who needed something, and that all we needed to do was get to her and listen to her, or get her to where she needed to be. And that didn’t cost very much. Or it cost nothing at all. And so we moved through those.

There have been other challenges. For example, not organizing ourselves as an organization in a way that we can survive transitions and successions. We at one point — because I am still convinced, and I am still working it out, that as a founder, I don’t want to be caught up in that whole notion of founder’s disease, where you stay around too long, the organization doesn’t have the opportunity to grow and represent a collective vision versus that initial vision of that one person. I want a separate identity for the organization: there’s Dázon over there, and there’s SisterLove over there, and they’re not the same identity. Which is still, you know — And we’ve been really working deliberately on that and winning, actually.

But there was a time when I attempted to step out of my role as executive director. And we did so without what we know now in terms of all of the infrastructure needs, the critical planning, the strategic design that it takes to transition leadership in a strong organization that has very, very strong ties to a strong founder and leader. And that almost killed our entire organization, and the opportunity. Because on top of making a bad hire — which any organization that has a strong infrastructure should survive — on top of making a bad hire, we did not have the capacity within the organization to survive my non-leadership at that time. And we have come through that in a way where we were very intentional of creating an organization and an organizational culture where everyone works a bit more responsibly and in leadership of what they are responsible for. We decentralized a lot of the roles and responsibilities that were rolled up in what we call an executive director, and we have been in preparation mode, no matter how long it is, to always be prepared. Sort of like SisterSong’s story of the geese, where someone can fly point where the leadership is missing or not available or gone. And we’ve done that, I think, extremely well.

A good example of that is we have a program in South Africa that we currently do not have U.S. funding for, so we do not have staff. So I’m responsible for that program, and I travel there quite a bit.
Sometimes I’m there three and four months at a time. I’m away from the office. I am out of the country. And SisterLove not only runs itself and survives, but it thrives because of the strong leadership that we have now. And we have built that intentionally so that we can survive any type of leadership transition that happens along the way.

I would think of another challenge that the development of the science and other mechanisms in the HIV response have helped — But the challenge of working with women — particularly when we began working directly with positive women in the early and mid-90s — the challenge of working and growing, building support and leadership development for women who, at that time, once they were diagnosed with AIDS, were dying very quickly. We didn’t get — we started out in this work to do prevention work. Weren’t prepared, obviously, in the beginning of it, to factor in the strength, the resolve, the sheer grit that it takes to continue doing this work when you’re constantly burying your fellow soldiers. And literally there was a time when it felt like we truly were on a battlefield, and that at any given moment on that front line, someone was being taken down. And that challenged us deeply.

Especially — there was a period in the mid-90s, around ’94 to ’96, when maybe every month or every other month, we were burying someone who was not only in the community, but somebody who was close or part of our organization. And there were a couple of things we had to do to move past that, because we knew in order to stay in this work, we were going to have to figure that out. Some of it was very simplified and practical. For example, SisterLove operates on a fifty-week work year. Two weeks out of the year are just a given that you get that time on your own, and we all take it together, at the same time. So it’s on top of vacation time. It’s a total separate mental — we call it our mental health holidays. And we’ve had that in practice for well over — well, it’s been since ’94, ’95. And it’s an institutional part of how SisterLove does its work. Understanding that we still — we work really hard and we work each other really hard, so we have to remember to care for the caregivers.

Another thing that I think we’ve done to move past that is to build a really strong network of positive women to support each other as well, so that the weight of carrying women through those harder times — Because now it’s more likely that we’re going to need to be present for women who are really sick for a long period of time, but they’re not dying. And that even has its own taxing weight. So working with positive women to be more peer-supportive of each other, so that the SisterLove folks who are in this work every day of our lives, that we’re not further or overly burdened by that, because we have the support of women who, on a moment’s notice — even though they don’t deal with HIV the rest of the time in their lives — they can step in and support each other. They’re there already to support each other. And so those have been really important strategies for us to stay in this.

The other part that has helped us overcome that, of course, is that we work hard to make sure that women are informed and are aware
of the treatments that are now available so that they can get on these
drugs that may keep them healthy and living for a very, very long time.
Because we need them in this work. Their families need them in their
lives. And because it actually has made doing this work more doable
over a long period of time. And I don’t think we’ve actually explored
the value from that side. I mean, there’s the value of the life-saving
measures of all of the new antiretroviral drugs and treatments that are
available for people living with HIV and AIDS. That’s one thing;
longevity is important. But I don’t think we have actually been
significant and intentional enough in recognizing that by advocating for
treatment, not only does it increase prevention — right? — and increase
prevention opportunities, but it also makes sure that we are creating a
larger, more sustainable cadre of people with HIV who can help stem
the tide of this epidemic.

ROSS: Thank you. So, Dázon, could you tell me a little bit about other
organizations that you’ve been involved with that have informed your
thinking about activism and reproductive justice?

DIXON DIALLO: Oh, sure. Well, I’ve already talked about — in terms of some of the
other organizations that I’ve been involved with over time that sort of
informed or involved my role in reproductive justice, my entrée into all
of this, of course, is the National Black Women's Health Project. And
even though there have been some transitions and changes in that,
moving from being the [Black Women’s Health] Project in Atlanta to
being the [Black Women’s Health] Imperative in [Washington,] D.C.
— still been a member, (laughs) part of a national black women’s
organizing effort. Also, I have worked — or was a member of and
worked for several years with the National Center for Human Rights
Education, almost from its inception, until it actually blew up and
became this huger and much larger infrastructure after a few years of
working with the Center.

I have also been an adjunct faculty member as a community
organization professional. I have served on adjunct faculty and taught in
graduate school and undergraduate school at both Morehouse School of
Medicine in their public health program and at Spelman College in the
Women’s Studies program. And I continue to teach on college
campuses.

One of the — I’ve almost had — you know, I’ve had this
SisterLove job for 20 years now, and so other roles have been
subsequent to that. I spent some time working with women’s programs
that were not necessarily women’s organizations. I think I mentioned
the research study that went on for five years with Emory University
and a public health study that was going on with women and HIV and
AIDS, and I did that work for five years, alongside working with
SisterLove. I’ve had a volunteer role as an air shifter and a host of a
women’s radio program — 16 years now I’ve been on the air with
WRFG 89.3 FM in Atlanta. And that has been another way to organize
and mobilize community around the understanding and engaging in the intersections of reproductive justice and all the other issues that are covered through a progressive radio station like ours.

Those are primarily, I think, some of the other organizations that I’ve been directly involved in, in addition to, of course, cofounding and being a part of SisterSong since its beginning.

ROSS: Well, how did SisterLove get engaged with SisterSong, or how did SisterSong even come about, as influenced by SisterLove?

DIXON DIALLO: SisterSong came about — well, prior to it being SisterSong, there was a growing voice of women of color who were saying that our issues are critical in this larger reproductive health movement, but they’re not being heard, and nobody is taking a look at them. We don’t even know what all those issues are amongst us and for us. And with the support of a woman of color who was hired into the philanthropy world at the right time, so to speak — Reena Marcelo became a program officer at the Ford Foundation, and in conversation with some women in New York, like Luz Rodriguez, had offered up an opportunity to just bring some of the unusual suspects to the table to talk about, what are some of the real on-the-ground, critical issues impacting women of color in terms of reproductive health and reproductive health outcomes? Because the notion is, or was, that, first of all, a lot of the women of color in this country are going to be immigrants. That’s one thing. Second thing is, a lot of women of color are coming from other different oppressions, so that their health and their reproductive health oppressions are also a part of that, and that they have to be a little bit different from what’s going on in the larger mainstream movement. What are those? And we thought, how do we look at reproductive tract infections? Which was the idea of any and everything that can impact a woman’s reproductive health — not just abortion or not just STDs, so to speak. And in addition to that, wanting to know, is there a way that we do it differently to address our issues? Is there a way that, as women of color, we even come to the table to address our issues in a different way? Can we explore that as well?

And so just by asking those questions, it became important for this small group of women to look at all of those issues. What’s going on with HIV and AIDS? What’s going on with violence? What’s going on with infertility? What’s going on with birthing and motherhood and where we choose to have our children and how we’re choosing to have our children? And what’s going on with our teen sexuality and teen parenting and teen motherhood? And what’s going on — I mean, just broadening the questions constantly around all of the different frames of reproductive health and what that meant. And we were invited to that table because we had been working at that intersection of looking at — of doing reproductive health and HIV and AIDS in the same frame. Of looking at it from more of an international perspective, to understand what the common areas were among all of us, including women of
color or black women in the U.S., looking at HIV from a broader perspective. And so that was one of the reasons that it was important for us to be at the table at SisterSong.

What evolved out of those conversations was the fact that this actually was exactly what was on the agenda, or in the mind of Reena, the program officer at Ford. It wasn’t that she drove it; it’s just that she created a space for us to have our conversation, and it just turned out that the conversation we’re having is, for lack of a better way of saying this, is the conversation she was having with herself in her head. And bridged her authority and her ability to resource our work with funding from Ford with all of the energy of these different women-of-color organizations in the same space, to figure out how to come together, work together, and respond to some of these issues together. And that’s literally how SisterLove was involved in the initial organizing of SisterSong, in the framing of SisterSong, and to this day, the continued influence on making sure that HIV, AIDS, and sexual health and rights are an integral part of the larger reproductive justice framework that is articulated by SisterSong as a national group.

ROSS: I am sorry to interject, but I swear it is not until this moment that I realized that SisterSong and SisterLove together had led that intersectional work and discussions in communities of color between reproductive health and HIV/AIDS. I mean, this is — that’s something for us to talk about.

DIXON DIALLO: Say that again.

ROSS: Your engagement and involvement in the foundation of SisterSong –

DIXON DIALLO: Um-hm.

ROSS: – means that SisterSong, from its beginning, has been that intersectional site for reproductive health and HIV/AIDS work.

DIXON DIALLO: Absolutely. And let me give you another example of how SisterLove and SisterSong’s coinciding at the ground zero, if you will, of integrated HIV and reproductive justice, is that at that very first table, and up until now, with the exception of her passing — at that very first table, we had sisters like Pandora Singleton, who was another founder of another women’s organization in the rural South, you know, working outside Savannah, Georgia, and in prisons for women in the state of Georgia, who also brought that perspective in, that wasn’t necessarily being recognized in terms of the RJ [reproductive justice] issue, is, what happens to women in prison or women coming out of prison? What happens to rural women who don’t — You know, everybody at that table represented, with the exception of our indigenous and Native American sisters on reservations, everybody else at that table represented cities. Big cities. And so looking at how different the access
questions, the cultural ideologies, the southernness of it, the ruralness — bringing that to the table around HIV and sexual health and sexual rights in RJ was also critical. So you had Pandora and Juanita Williams, who was at that time already out and living as a leader in her own community around HIV and AIDS — was also at that table. And at that time, in the late ’90s, there were very, very few spaces of women’s movement and leadership that were actually creating spaces at the table for women living with AIDS. And so that, too, has to be marked as that critical point of — yes, being that initiation and exampling, or representing what it looked like — modeling is the word — of how that integration takes place at a leadership level, when talking about building solidarity, and also when articulating the RJ framework.

ROSS: What would you say is the intersection between HIV/AIDS, reproductive justice, and human rights? How would you describe what that intersection looks like in the lives of women?

DIXON DIALLO: The way I do describe the way that the intersection between HIV, reproductive justice, and human rights looks like is just this. I really start with the human rights lens. Right? Because, first of all, everybody doesn’t know where you want them to go when you say "human rights," right? People have their own notions of what that means, and most often, they're stuck on civil rights and poverty. They don't know what to do with that, they don't know how it’s protected (laughs), but that’s where people are.

The first thing I do, or that I can do, is break down the categories of the human rights framework: civil rights, political rights, economic, social, cultural, and even development, environmental, and sexual rights. And I could give you just one of millions of cases of violations for people living with HIV or for people at risk for HIV — for either one of those. As a matter of fact, even Harvard's FXB — the François-Xavier Bagnoud —

ROSS: Center.

DIXON DIALLO: Center for Health and Human Rights has shown us that the more a people's human rights are being violated, the more likely they are to have high incidence and prevalence of HIV. So I literally can walk through each one of those categories and connect an HIV discrimination or violation of someone's rights — whether it's around HIV and access to housing, access to work, being treated equally under the law, having the same political spaces, being able to get the information in the way they need to get it based on culture or based on identity or based on gender. I mean, all of these issues around either getting education or having access to health care and service delivery and basic human needs are all within the framework.

Now, when I zero that in and start to take a gender lens to it — so now we're looking at that framework and all of those categories, but
now I'm taking it and looking at what that means for women and what that means for girls and what that means for gays, lesbians, bisexual, and transgendered people. What does that mean for straight black men? You know, when you start to take a gendered approach to it, like SisterLove does, that then opens up — It's almost like what happens on the computer now with Windows or with Mac, you know? You've got one window, and you can click on something and open up another window, and click on — So if human rights is the operating system (laughs), right, and then you click on the RJ window and it opens up, and you can look at, for women with HIV, issues around equal access to abortion as a choice. And when I mean equal access to abortion as a choice, I don't only mean having equal access because I want to control the number of children I'm having and I want access to abortion, but I also don't want to be discriminated against by people who want to force abortion on me as a choice because they don't believe in HIV-positive women's sexuality and ability to parent. So I mean, there's just a — I could go through parenting, opportunities for contraception, access to health care. You would look at the level of insurance coverage or housing opportunities or job opportunities. All of these situations that present themselves that we know are required to have in place for folks to have equal opportunity with their reproductive health outcomes. I could easily fit an HIV-positive woman's story, or a sex worker who's at high risk for HIV, or a young girl who doesn't have any access to comprehensive sex education. All of these stories are reproductive justice stories. What about women who are incarcerated or institutionalized and don't have access to appropriate prevention information? Because sex does happen in those situations. I mean, all of these critical spaces and places.

One of the most recent ways that I've been able to help folks bridge HIV, reproductive justice, and human rights is around the intersection of these three things: violence against women; the incidence of HIV and AIDS in terms of how we surveil it, meaning we don't really know what a high-risk behavior for a heterosexual woman is because the measure of her risk is currently all related to her partner's risk. So we're really only measuring what we know about a man's sexual behavior to determine her risk. We don't have her risks in line, and we don't even know exactly what those are. How do we know that choosing to not use condoms is actually less of a risk for her than living in a violent situation in a low-developed community with little access to services and care? Do you get what I'm saying? So there you have a reproductive justice issue that goes beyond, How many condoms do you need? Which would be the HIV-prevention approach to it. And then combine that — So you've got the violence against women, you've got the HIV situation, and then you combine that with this third leg around an untouched area of mental health needs that we have. I would include substance abuse in that, but the mental health status, meaning how healthy we already are in our belief system. How we feel. How stable are we? How much trauma are we already surviving as women
based on some of the other social injustices that happen to us? Rape, incest, child molestation, just neglect, being treated differently because of skin color in the family. I mean, all of these are critical issues for women of color that play into not only the decisions we make in terms of HIV but what might happen or us or what might not be available to us because of all of those other conditions. Those are the intersections where HIV and reproductive justice and human rights really come alive in the work that we do at SisterLove.

ROSS: Dázon, could you tell me a little bit about some of the particular challenges present here in the South when you're trying to do the work that you're doing?

DIXON DIALLO: The Deep South — the southern region of the U.S. narrowed down to the Deep South, which, you know, for me, the Deep South is way beyond a geographical distinction. It's a social, cultural, economic, geopolitical distinction. There are, I think, some clear and — I would call them unique. They may not be as unique, but I'm a southerner, so I'm going to claim it — unique challenges that are either easily overcome in other areas or just not as prevalent as challenges. And I think the first one out the door that might just be obvious is that we are — and I consider the Deep South the buckle of the Bible Belt. So by being literally square, the buckle — where it's the heaviest, it's the thickest, it's the hardest — it's a challenge. Simply because addressing issues that are completely rooted in understanding and overcoming sexual health challenges is very difficult in this environment. That's the first thing. And I guess because, by extension of us being in the Bible Belt, then our political opportunities are also stilted by the fact that we have a lot thicker representation of the far right and of the conservative extreme part — the extreme conservative part of our political parties on both sides. We've got extremist conservative Democrats; probably more of the conservative Democrats come from this region than the rest of the country. And so we've got some challenges with regard to that. A lot of them.

I think another challenge is, in the South we are still the poorest-resourced region in the country, just by — I don't want to use the words by design, but by our current framework of where industry is, of where foundations look at their resources and where they house themselves, at how communities organize. We're not the most populous region; we don't have the largest number of major cities in this country. And so there are a lot of mixed reasons. Transportation is more difficult on this end of the country. So there are a lot of different reasons why the fewer resources we have makes our challenges greater. The southern region, especially the Deep South, has the highest level of illiteracy. We have the highest level of infant mortality and morbidity. We currently carry almost 50 percent of all the HIV/AIDS cases in the country. I mean, it could go — excuse me — it goes on and on in terms of combining
layers and layers of lack and of need that increase the challenges to address certain issues.

Another thing about being in the South is what is stereotypically understood as that southern gentility. And I know — I work with a lot of solidarity sisters who live in the North and in the Midwest and on the West Coast that challenge the status quo in ways that southerners just don't do. And it was interesting, because I had this conversation at a black women's HIV/AIDS-in-the-South meeting just a week ago where the question of silence came up. And talking about how we have to no longer be silent, and that silence kills, and that, you know, all these messages around how we need to speak up. When the truth of the fact is that as southerners, especially as southern women and black southern women, we learned for generations that silence will save your life, because if you talk back, they might kill you. The more angry you get, the worse your punishment will be, not the better. You don't make change happen by making them angry. And so having to switch that ideology and all of a sudden acculturate ourselves to be aggressive and to be loud and vocal and to make things happen by making the other side feel uncomfortable is just something we are still struggling to overcome.

So when you combine all of those things together, our challenges end up being political. They end up being external — right. They end up being external, because they are racial, they are class based, they are sexual based, but they also end up being internal simply because we have internalized so much of that. We've accepted so much of that because we are here and we're from that, that we have to be acknowledging that we have to get past that just in order to get to the table to say our piece.

ROSS: Thank you.

END TAPE 2
Ross: Okay, Dázon. On this part of the interview, on tape three, I'd like to explore more about your personal life. First of all, tell me what your spiritual views are.

Dixon Diallo: Hm. Well, I think I mentioned earlier, if not on the bio, that I was actually raised and confirmed in an Episcopal church — a very small, very small church in Fort Valley. That was one of the first integrated churches in the area. And coming through that experience — at least in that diocese, in my church — it had a very social-justice slant to all the teachings and messages and preachings. And because it was also a very small church, we were very close knit and very tight and did a lot of the same work together (inaudible) community. So I think that shaped a lot. But my own belief system itself — you know, still raised in an Episcopal setting, which means you believe in Jesus Christ as the Son of God and the Trinity, and those types of things. That’s a root that I have and that exists in my family and my parents. My parents were both raised Baptists, who became Episcopal — Episcopalian. So there is a deep-rooted sense and knowledge of Christianity.

But there's a much heavier influence of the worldliness of us all, and that in my own take on this whole — my own existential exploration, if you will, into this whole take is that we are all connected by some kind of energy that has power to make things happen. And however that happens, whether it's through us, for us, through, you know, the energy that is either organic or is life or is just movement, it's all connected. The air, the water, the stars, the planets, the people, the animals, the trees. And that our responsibility is to be the best stewards of all of that as possible, including each other and ourselves. And so I don’t find comfort in that protection and in that same view of, you know, eternal, infinite connectivity into existence in any text, whether it's the Bible, the Qur'an — anywhere. And so as — I don't know if it's a spiritualist — I don't know what it is. (laughs) I believe in the good of all that is, and that where it isn't, it's our job to fix it and make it good. And that’s whatever that is. And if that is an energy that comes from a God, so be it; that's what people can call it. If it's a spiritual energy — whatever that is. I think that life is intertwined, it has its purpose, it has its purpose for good. And that where it isn't, we’re supposed to be working to make it better.

Ross: That sounds suspiciously like humanism.

Dixon Diallo: That's possible. And interestingly enough, I have never read humanism either as a theology or as a spiritual belief, but as — I don't know if the word practical belief makes sense, but yeah. I've seen that. And I would say that, you know, if you zeroed in on why you apply all this to doing women's work — well, because womanism follows behind that.
ROSS: So tell me about your significant partnerships and marriages in your life.

DIXON DIALLO: Oh. (overlapping dialogue; inaudible)

DIXON DIALLO: (laughs) Well. Significant partnerships and marriages. I have had one significant partnership in that realm, in that I was married to a West African, an amazing young man from Senegal, who was about a year and a half younger than me. I met him in South Africa on our work, in my travels and on our work, and became very good, fast friends, married — and that was difficult. It was wonderful and difficult at the same time. And I had to make a decision that marriage, as a framework for a relationship, is not the path I need or want.

ROSS: And his name?

DIXON DIALLO: And his — oh. His name was Elimane Amadou Diallo. He comes from a long line of Diallos. He's Fulani. He has an interesting background himself — in a lot of ways, having grown up as a young Muslim man, the first male in a family of a father who was basically like a chief and was a polygamous person. And grew up — and typically, towards polygamy. Departed, or actually left home after refusing an arranged marriage. Taking on a lot of different individual practices and beliefs that were not traditionally taken on by young men in his own culture and society, which made him absolutely attractive and intriguing (laughs) when we met. And having a lot of the same general politics, even if we didn't have a lot of the same gender politics (laughs), if you will. That, I think, would be the most significant. But I want to say here that one of the things that I recognize in my partnerships and relationships is actually more — especially when we're talking about with the opposite sex — is more of the deep level of friendship that I have been able to be privileged with, or at least help nurture, in a different way that didn't always or necessarily involve a sexual relationship. I mean, I was a student at Spelman College, which was an all-black women's school across the street from Morehouse College, which is an all-black men's school. And we even had this urban myth going, you know, that actually a lot of women and men tried to play out in reality, which is that Spelman women married Morehouse men. Sort of like, you know, the Harvard-Radcliffe stories of old. So (laughs) very similar to that. And I actually, one, took offense to that first off (laughs) because then I felt like a lot of the women on my campus were prey for the men across the street. But I found that the relationships were much more interesting and much more loving and much more sustainable if I wasn't a girlfriend. If I wasn't on dates. If I wasn't trying to be something so that I could have a sexual attraction but that I was trying to make friends so we could get things done. And it has been those type of friendships that I still have now, with, you know, men who are my best friends over 20-something-plus years, that many marriages — including my own — could not survive (laughs) in terms
of all of those types of things. And that's why, even now, my ex-
husband is wonderful as a really good best friend. (laughs)

ROSS: What were the years that you were married?

DIXON DIALLO: Nineteen ninety-nine to 2007. I was married that time.

ROSS: You spoke of meeting him on an international trip doing work. So tell 
me about your engagement in international activities, and how did 
working on women's issues in general or HIV/AIDS in particular 
springboard you into international activism?

DIXON DIALLO: Now I think maybe my original springboard into international activism 
came from the fact that I didn't get to go, and I was just hell-bent on 
making sure that wherever there was space and opportunity to travel and 
be with black women in a global setting, that I wasn't going to let 
somebody else make that decision for me or not. And where that story 
comes from is, when I was working at the Feminist Women's Health 
Center in 1985, Byllye Avery from the National Black Women's Health 
Project made a personal visit to invite me to represent the health center 
on a delegation of black women who were traveling to the UN 
Conference on Women, which was being held for the first time on the 
continent of Africa in Nairobi. And with the exception of, you know, 
taking a spring-break vacation with my roommate — who was from the 
Bahamas — to the Bahamas, I had not been, you know, in spaces to talk 
about the work I was doing with women from other places. And I was 
devastated because my organization declined to allow me the time off, 
to support me through funding, or agree to participate in the delegation.

And so when we formed SisterLove, the first focus for us when 
we sat down to figure out how we were going to put together our own 
models that would fit our own communities, and what that might look 
like, and how that might work, we didn't have models to learn from in 
the United States because all the HIV/AIDS response at that point had 
been primarily targeted towards gay men, right, and white communities 
at that, gay white male communities. Or injection-drug-using 
communities in the bigger cities up North, and whatnot. And so I 
understood clearly that HIV and AIDS was happening in Africa, that it 
was happening in the Caribbean. And I wanted to meet with and learn 
from, as much as possible, women in those international spaces. So we 
made the attempt that whenever there was an international meeting, that 
we were there to learn.

And after, I think, one of my first meetings like that, which was 
the International Women and Health Meeting in 1990 in Manila, 
Philippines — when I got to this meeting, there were two things. One 
was that I was one of maybe five — five total — women of color from 
the United States, in a conference of over 600 women. And there were 
probably at least 30-plus white women from the United States who were 
representing reproductive rights and reproductive health issues at this
The second thing was that there was very little, if any, inclusion of HIV/AIDS in the agenda or in any overall platforms around reproductive health and rights. And those were two key issues that needed to be addressed immediately — not just holding the conference accountable for that but also, when we get home, holding ourselves accountable for making sure that when we go into these spaces, that we're not alone. That we're not the only voice, and that the issues that we need to be represented, that we're going to have to bring them. That we can't expect them to automatically be in the agenda if we haven't been a part of putting them there. And so we just started making a way of forming delegations to get to all of these meetings and meet with women who were dealing with HIV and AIDS and other reproductive rights issues, and learn from what they were doing, how they were challenged by some of the issues on the ground, and how they were responding and what that was like and what we could learn and what we might be able to share.

I would back up and tell a story about my first experience, which was even before SisterLove — the one time that my organization, when I was working at the Feminist Women's Health Center, I guess rethought the error of 1985. In 1988, again Byllye Avery came to the organization to invite me specifically for the purpose of traveling with her and a team of women to Belize. And the idea was to do a week around reproductive health and self-help. And because self-help itself, from the National Black Women's Health Project standpoint, is a very — it's a process. And it's a method, or it's a means, or a communication tool really, to help create spaces where women can talk about their own issues. And to get support around those issues, but to not create a place where women are advising each other and sounding off on each other, but literally using it as a way for women to find their own strength to deal with their own issues. To find their own voice and know that that voice will be accepted and appreciated in that space. So that's highly — that's more mental and it's more emotional and it's more spiritual.

Well, there's a whole other notion of self-help [cervical self-exam] that is much more connected to what you learn and what you learn about your own body, so that from another empowerment plane, you are more in control of what happens to your body and more likely to be in power to protect it.

So self-help, from what I was at the Feminist Women's Health Center, took on a bit of a different approach from the National Black Women's Health Project. But Byllye was wise enough to see the importance of bridging those two when we're going into spaces and talking about what self-help really is. And at this opportunity, we were going to Belize to do a week of self-help. And I got one day to focus on reproductive health. To talk about contraception. To talk about abortion and abortion care. To talk about menstrual extraction, and all of the ways that — and to create a space where women can talk about the different natural ways they practice birth control, or the different ways that they have engaged in abortion practices in a country where it was
actually illegal at the time. And also had the opportunity to do
gynecological self-help or vaginal self-exam, which was something that
I was doing as a part of the Federation of Feminist Women's Health
Centers.

So we went to Belize with bags full of speculums and the Chux
mats and the mirrors and the flashlights and the K-Y Jelly. And we set
up rooms where women had different options of how they wanted to
take the opportunity to take a peek at their own cervixes and their own
vaginas. And it was the most empowering experience to share that —
that motherhood is motherhood, and birthing is birthing. And just like
our noses, right (laughs), the cervixes that we deliver our children
through are ours. They're individual and they're different. And just this
sense of power that came from knowing this most intimate part of
yourself that's connected to, you know, what you think of as your prize
thing, which is delivering and having children and raising them, was just
amazing. And that it does end up giving you a much bigger sense of
control, right? So we learned from that international exchange that there
were a lot of things that we saw had to come to find the common — or
we call that most common denominator amongst us, so that we could
address those differences in those other issues.

So that was my exposure that led me to know that when we
started SisterLove, we had to bring that level of engagement in the
international arena. Over time, we've done that. We went to — In 1993,
we returned to the International Women and Health Meeting, which was
held in Uganda. And I want to say that when we went — when I first
attended the International Women and Health Meeting in 1990 in
Manila, I mentioned there were four, maybe five women of color. When
we went to the conference in Uganda three years later, we took with us a
delegation of at least 12 people, plus joined in coalition with other
women-of-color groups who had come along as well in their own way.
So we had another way of addressing it. And we had made sure that we
had a tent, we had a presence, we did workshops, we were fully
engaged, letting folks know what our issues were in the United States.
Because actually, in the global context, women of color are more
invisible. Our issues in the United States are more invisible, in the
global sense of reproductive rights, than African women in many
villages and communities, than South American and Caribbean women's
issues are. And so this was eye opening for us as why we had to keep
doing it.

We then organized another delegation for 1994 to the
International Conference on Population and Development. Again, a
setting where a lot of firsts happened around giving global definition to
reproductive rights, and including some issues that had not been
included before. And even though we brought HIV along as a part of the
agenda, it never made it into the platform for the ICPD. As a matter of
fact, it was in 2004, ten years later, when the organizers of the ICPD
actually made a formal apology to those of us in the HIV/AIDS
movement for not hearing us ten years before when we were screaming
about women and AIDS at the Conference on Population and Development and its need to be included and incorporated into the platform. So –

ROSS: That was in Cairo, Egypt?

DIXON DIALLO: That Conference on Population and Development in '94 was in Cairo. The follow-up conference — Cairo plus 10 meeting, where the formal apology to the AIDS community was offered — was in London in 2004. After the International Conference on Population and Development and the outcomes of not seeing HIV make it into the platform, we were even more intent on making sure that we, one, got HIV-positive women engaged in these international arenas; that we, two, made sure that we had plenty of time to influence the documents that go into some of these meetings and come out; and, three, to be fully engaged on the ground, whether it's through workshops, through activism, through protests, whatever we had to do to make sure that the International Women and Health Meeting that took place in Beijing in 1995 was inclusive of HIV and AIDS. SisterLove, as a matter of fact, did take a delegation of about nine, ten women representing different issues, and presented at least — if not more. We presented almost half of all the HIV/AIDS workshops that took place.

So at the conference where we brought at least ten workshops — and I think I misspoke. It's the Fourth World Conference on Women which took place in Beijing and in Huairou. We were a part of the Nongovernmental Organization Forum that was in Huairou, China, in 1995. Seminal for us because we did present a lot of the workshops that were focused on HIV and AIDS, and we brought in the many different intersections. So we had even a section on HIV and lesbians. We had a section on HIV and violence. We had safer sex and how women can negotiate in difficult spaces. We brought together — along with Denise Rouse, who at that time was at the United States Agency for International Development and in her own community was also building a women's AIDS program in the Washington, D.C., area long before a lot of the AIDS organizations that do exist now in D.C. were even conceived. Denise Rouse, through USAID, and SisterLove, working in concert with another organization, Positive Women's Network, from Johannesburg in South Africa; Prudence Mabele, amazing young black South African woman who was one of the first to disclose her HIV status nationally in her country. We had one of the first global panels of women living with AIDS. Our very own Juanita Williams was also a part of that panel. And that experience at that conference solidified the relationships between women's organizations that were doing AIDS work with the empowerment of women with AIDS at the forefront of that — it solidified our relationship.

And it was not four years later when SisterLove, along with Positive Women's Network, formed a pilot project that actually ended up being funded by the Centers for Disease Control to look at twinning.
What happens when you take a sister organization in two different countries that are similar to each other, and partner them together to share resources and learning experiences and planning and just shared experience? What happens with their ability to do the work that they do in their individual communities? That was our entrée into working in South Africa in 1999.

ROSS: What was that program called?

DIXON DIALLO: That program was called the Women's HIV/AIDS Resources Project. We called it WHARP for short. And we integrated into that program, alongside the capacity building and the resource sharing, components that we all agreed were intersectional and important, such as recognizing women's rights as human rights and looking at HIV and women's rights within the human rights framework. That was a first for us, because I believe it was more challenging to do that on this side than it was in South Africa, because South Africa was, you know, five years into a new constitution in which women's rights and gay, lesbian, bisexual rights were codified in the constitution, and disability rights codified into the constitution. And so by — by bringing this perspective into that partnership allowed us to explore a lot of other things.

And where that led us to is we are now ten years down the road from that initial project, and we are still in South Africa, where we are doing more work around the intersection of using the work we do with building capacity for HIV/AIDS service organizations on the ground, and integrating it into a community-development concept, so that you are creating jobs and you are creating sustainable income for the organizations that have no income to do the services they do. That you're reducing the risk for HIV transmission or for violence when you increase women's ability to generate their own incomes. And so it's all clear for us on that side of how doing sustainable development work — really looking to help my local community where I am, which is a small town called Witbank; it's also called Emalahleni, because the names are changing from Afrikaans to the other African languages — Zulu and Tswana, Sotho, and Xhosa, and whatnot. That in this small town, we are actually helping our own municipality achieve its own millennium development goals, while at the same time, we're helping on the ground — local grassroots organizations, individuals who volunteer with them, individuals that they serve — work collectively through a cooperative that we have formed called Thembuhlelo — Trust Cooperative — that now runs, or owns, a 700-acre dairy farm that we help manage. And that happened because we bridged the notion of women's empowerment, right, with HIV- and AIDS-service delivery with the land-reform policies that are going on to help restore the land that originally belonged to local people from the hands of the white farmers and the white government regime under apartheid — to reclaim that land and put it back in the hands of the people it should belong to. We have been a part of a much larger human rights movement with regard to that, and
at the same time are doing our HIV work. That has been one of the most significant teaching points for us on this side.

From what we've learned of doing this work in South Africa is that in the South — to bring it back around — in the South, where we are, we have a lot of the same issues, even if it's a different set of economies, right? We have a lot of poverty and violence and lack of access and opportunity that increase women's risks for HIV and AIDS. It increases — or decreases their opportunities for appropriate family planning, for child spacing, for healthy relationships, for everything else that women who are vulnerable to these issues where they are because of their relationships with men and families and culture, we have some of those same issues here. And we need to learn how to do that community-development bridge building between service delivery, advocacy, and growing and developing communities so that individuals, families, and whole neighborhoods are able to do what they need to do to solve their own problems.

ROSS: You mentioned violence. To what extent does violence against women affect women with HIV/AIDS, or increase their susceptibility to it?

DIXON DIALLO: The incidence of violence coinciding with the incidence of HIV, and the prevalence of them both over time, from an anecdotal standpoint, are real clear. But we still don't have — at least from a U.S. standpoint. Internationally we have a lot more data to actually quantify, you know, the impacts of HIV and violence on each other, the bicausal effect, the bidirectional effects. We have less data inside the United States. But what we do know is that for women who are in violent situations or even abusive relationships — so there may not even be physical or sexual violence happening yet, but even if there's emotional and mental abuse going on, is that the diminishing of their own sense of power and capacity to effect change in their own relationships will also diminish their opportunity to negotiate safer sex, to get tested, to know their status, or to disclose their status once they're aware. If they are HIV-positive around disclosing their status, that means that they are less likely to engage in accessing health care. They're less likely to ask for help or be seen asking for help. And so the presence of violence actually disempowers a woman to do anything about HIV that she thinks might be her right or the right thing to do to protect herself.

And from the other standpoint, because of the stigma and the discrimination associated with HIV and AIDS, for a woman who is positive, she has an increased risk of violence in a lot of ways, and the notion of — if we talk about structural violence, that the criminalization of HIV has actually been increasing. So knowingly having HIV, or not knowing her status and putting other people at risk — that's a constant burden that a woman or people with HIV walk with. And that increases violence if someone finds out and has not been informed about that HIV status. The fact that in relationships where most times — most times — women are monogamous. And partners, male partners, are more than
likely not, especially those who are violent, may — are more than likely are not monogamous, right? So you have women in monogamous situations who think they're in monogamous relationships and are not, with men who are in denial about the risks that they're bringing home to their family. So a woman who ends up HIV — and this has happened over and over — who confronts a partner about their HIV status ends up being battered, brutalized, or even killed because their partner is in such denial that they blame the wife or their female partner for that. So we've seen that increase greatly.

And if a woman is positive, in terms of having other risk factors — such as if she's a sex worker, if she's an active drug user — and her status is known in those really high-risk communities, she's much more likely to be beaten, abandoned, neglected, or abused just by virtue of being in those communities and being in those vulnerable situations. So those vulnerabilities are bidirectional. And while we have not yet really quantified them, you know, through all the empirical stuff that we can collect on that, we do know anecdotally that these increases on both sides have happened over time.

And, interestingly enough, it is actually not getting better; it's getting worse. More because, one, I think, because we have more women who get tested than men. We have a plethora of services out here where we have not yet integrated the response. So, for example, if a woman shows up at a battered women's shelter for service delivery, how likely is she to be screened for her risk factors to HIV? How likely is she to be tested for HIV and referred into further services and management? And on the same side, when we're doing HIV prevention interventions, counseling, when we're doing referrals, when we're meeting people in their primary health care settings to take care of their HIV, how likely are we to screen them for the risks that they're posing in their relationships and in their families and in their lives around violence? Until we better integrate those services, we are, one, not going to have an idea of the measurable level of infection — what's the actual incidence and prevalence of these issues? But we're also not going to have the appropriate responses to those needs when people present or when women present, in which every setting, they have their needs presented. I don't know if that makes sense. But we really have to get a better handle on integrating these pieces so that wherever a woman shows up, she's able to get support and assistance around HIV as well as her risk or her living or her survival with violence.

ROSS:

One of the things that women of color have always had to fight is the concept of population control. We've had to do it as indigenous women fighting smallpox blankets being deliberately passed out into communities to reduce the Native American population, to the enslavement of African women, to immigration policies that restrict Latinos and Asians. I mean, we always have to deal with that. So to what extent has population-control thinking and policies, whether or not they're named as such, affected women with HIV/AIDS?
DIXON DIALLO: Wow. That's a very good question in terms of — and I'm not sure how deeply I've –

ROSS: And repeat it.

DIXON DIALLO: I'm getting there. I'm not sure how deeply I've thought about the role or the thinking or the ideology among women living with HIV, about the possibility, or the probability, or whatever, of population control, which I know we have a history of in terms of women of color, of many different experiences in this country having to respond to — of how much population control has played into the debate about, you know, where this is coming from and why it's happening and how it's being allowed to happen. And I think that's because within HIV and AIDS, there are so many places of — and I don't mean this other than what it is, not that it's not true or that it's not bad — but HIV and AIDS has opened up, especially in our community, a world of questions and conspiracy theories, right? The virus itself — where it's come from, how it's been allowed to propagate, where it's been put, who put it there, why they put it there, how it got there — all of these questions have constantly plagued us in that sense.

Eugenics has always been a part of that same overarching conspiracy theory, because the one thing that people do easily connect is — even women in our communities, especially southern women — do easily connect is the public health response around HIV and AIDS and the public health response around syphilis, that we all know as the Tuskegee incidents, right, of what happened with the Tuskegee syphilis study, and what happened to the women partners of those men who were included in those studies, and that there's a direct correlation there. So immediately, the connection with HIV/AIDS, especially around HIV/AIDS research, always brings up some of that question around what is being kept from us.

In terms of population control, I think folks in the HIV/AIDS community, especially in the black community, take it to that further extreme, actually, and look at it as an arm of genocide. That it's not about literally controlling women's bodies to prevent and eliminate current — I mean, ongoing or a faster rate of reproduction, but that it really is to wipe us out. That's the level of thinking that we go to. I've been in fewer conversations with folks who think it's about, you know, stopping us from having healthy children as much as it is from getting rid of us altogether. Getting rid of all the undesirables, you know? And some of that, I think, probably is internalized oppression, but some of it can be real. Because, you know, it has happened before. (laughs) And no one expects that it will never happen again. Because it's always possible.

I also think that — really because we are — we are not yet fully wrapped around the conversation of what we really protect and uphold when we're talking about HIV-positive women and their right to
reproduce, their right to have children, their right to parent the children that they want to have, the right to have the healthiest children that they can have, just like any other woman. That the mechanics of that are more complicated for HIV-positive women who want to prevent their children from having HIV, and that the one place where we have had successful structural intervention in almost — almost, but not quite — eradicating the transmission of HIV has been in mother-to-child transmission. So you don't have as much of a sense of paranoia or fear among women, especially women of color, who have access to all of these really heavy antiretrovirals during pregnancy to prevent having a baby born with AIDS. You also have open — more access for women with HIV, interestingly enough, to contraception and abortion care as well. So —

ROSS: Why do you think that is?

DIXON DIALLO: Well, a part of that is — and it could be eugenics, based on the stigma. A part of that is that HIV/AIDS, or women who are positive for HIV, really — although it's never really spoken — it's almost this understood discrimination that they just shouldn't be sexual at all. They shouldn't be having sex; they shouldn't be having babies, period. And if they do have babies, they shouldn't be having babies with AIDS. So that's really where I think, just being frank, that's where that mentality comes from. But for the positive woman living with HIV who gets pregnant and knows that she has options, she is not as untrusting. Right? She is not as untrusting of the system as she might be if there weren't opportunities for her to protect her baby. I really think that that's a conundrum in there. That if you didn't have all these really great treatments, I think you really would have a much-heightened sense that, They want our babies to die. They don't want us to propagate. They don't want us to continue to reproduce.

ROSS: We see the prosecution of women who report to the hospital, or to the doctor, for prenatal care who are substance addicted or substance abusing. And it makes me wonder whether there's a reluctance of women who are HIV-positive or who have AIDS to seek medical care if they become pregnant because of the imposition of behavior modifications that the medical community is more routinely imposing and policing women's pregnancies. Do you see any evidence of that?

DIXON DIALLO: I see very little evidence right now of women who are persecuted, penalized, and/or prosecuted, even, for being pregnant and being HIV-positive. On a general scale. What I do think happens is that for poor women — I think that is really the key factor. For poor women who are HIV-positive and have pregnancies, especially if they have more than one and if they have a succession of them, then they are perceived as a burden on the system. They are perceived as less deserving to have these children. They are probably treated a little differently in the clinic.
setting. I can remember a time where we talked about the different treatment of — And try to imagine this: let's say there are two women who present for high-risk pregnancy, or present for routine obstetrical care or GYN care. And you have a woman who is pregnant, right — presents pregnant and finds out she's HIV-positive. Right? So she didn't know her status prior to — she was just a regular, everyday, I'm-just-a-woman-who's-pregnant, who comes in and then finds out her HIV status. And what level of comfort, support, treatment, whatever, she gets — juxtapose that with the woman who is HIV-positive and finds out she's pregnant. And the different level of judgment, treatment, and support that she may or may not get. That that was real for a time. But we've worked with folks, you know? We've worked with high-risk clinics; we've — there has now been integration between HIV and infectious-disease providers who have crossed over into OB and GYN care, and vice versa, so that there is, in some levels, greater knowledge of that.

At the same time, though — hmm. I think that if you adjust it for the HIV, poverty is more of the stigma for a lot of these women than is the presence of the HIV itself. And because of that, again, that brings it back around to being an issue for reproductive justice. Because the intersection of poverty with HIV and access to appropriate and accessible reproductive choices that are high quality are all pertinent in that given situation. Did that make sense?

ROSS: Yes, it did.

DIXON DIALLO: Okay.

ROSS: To bring the conversation towards reproductive justice, and looking towards the future — what would the lives of women with HIV/AIDS look like if those of us who are advocates for reproductive justice won?

DIXON DIALLO: If those of us who are advocates for reproductive justice won — first of all, that means all women, right — all women should have equal access and opportunity to make the necessary choices they have in their own lives for themselves and their families with regard to when they're having their children, how many they're having, how they have them, how they parent them, and the liberty and the individuality and the privacy to do that. Now, that is if we achieve reproductive justice overall. And in my head, that means we're including women living with HIV. But the struggle for that inclusion means that HIV-positive women, in a reproductive-just world, right, that like all other women living with diabetes, living with heart disease, living with cancer, living with bipolarism, living with any other chronic or life-threatening disease — no matter how they acquired it, no matter how it came to be — are given the exact same opportunities that every other woman is allowed and allotted within our legal as well as social as well as politically equitable system. I mean, that's what it would look like. That HIV is
Dázon Dixon Diallo, interviewed by Loretta Ross

It's unusual to ask this of someone as young as you, but follow me for a moment. What would you like the legacy of Dázon Dixon Diallo to be, if you were speaking about it and self-assessing your impact on, not only the movement, but the world and what you've contributed?

DIXON DIALLO: (exhales)

Ross: This won't be the last time you're asked this question.

DIXON DIALLO: I know. If I were asked the question — well, I am being asked the question at this age (laughs) — of what I want my legacy, or a legacy that extends from my being, my existing, to be — well. One is pretty low level; it wouldn't be like a legacy that everybody knows, but everybody would feel. And I would hope that one of them is, that what people could learn is how to lead through a very, very, very difficult, sad, and hard struggle with humor and light in mind. That would be the first thing. Because I know it's fairly hard for people to take me seriously a lot of times because I approach things using a lot of humor, even though they're very serious things that I'm approaching. And I think that has allowed me to ease into conversations around very, very, very difficult things that people need to move on, that if I had very serious, somber, all-the-time-straightforward, angry conversations about, I wouldn't move as far. And I think people can make a lot more movement with humor and with a sense of a lightness of being.

The other — so the more concrete parts of it, I think, is the proof positive. One is that young people can engage in sustainable movement and leave a mark, period. That plenty of people who do this work began this work in their teens and in their early twenties, but don't get the respect or the credibility for that work until they're in their forties and in their fifties. And I don't mean award-wise, but I mean being able to recognize and replicate the change — the power and the change work that they do. I'm hoping that by my example, in my life and whatever work I've been able to accomplish, and whatever milestones and wins, because there have been some and there will be more — wins that we are able to mark — that no matter what age I am at the time that those wins happen, that it's built on a lifetime of engagement from what I thought was a really smart and brave move to make at a very early age. And that I hope it encourages young people, you know, into infinity, to be smart and brave and make those kinds of big leaps early on and stay in it for the long haul.

And I guess — I would hope that at some point in this lifetime, before I am taken off this planet, before I'm taken home, or wherever — as my nana would say, before I'm called home — I would hope that the role that SisterLove has played in achieving a measure of reproductive justice has been documented and recorded in such a way that we've left

Voices of Feminism Oral History Project
Sophia Smith Collection, Smith College
more to build on, even if we haven't made that happen before I go. And so that in perpetuity, there's always a process — because advocacy is forever, right? So there's always a process to remember where this win happened and where the next win is coming from. Because the one thing — there are a lot of quirks or pieces about our organizational culture, I think, that come from my own thinking or my own ideology. But one of them is that while we might be focused on an achievement or win for today, that achievement itself must also be a part of what we're building on for the next win. It's not, we win and then we go to a different place to do something different or to win something new. This win helps us for a bigger next win. And I think that SisterLove's existence, SisterLove's accomplishments, and, over time, SisterLove's contributions will be the evidence of that.

ROSS: Are there things you would like to add or say to your oral history — since we're nearing the end of this tape — that we haven't covered? Are there topics that you would like to bring up or introduce?

DIXON DIALLO: (pause while thinking) Any additional thoughts that I would add to this oral history — which is rich, and I'm so thankful for the opportunity to dig into some of these questions and think of these things and express them off the top of my head, really — is that I'm not exactly sure how much of it is individual, how much of it is astrological (laughs). I'm not sure how much of it is just because a person is who a person is, or I am who I am. But I would like to think that there are certain key parts in this path that I'm on that actually shape the larger body of work. And that is, first of all, having a background in self-help for more than half of my life, so that I have had the privilege of being — or at least having a process to keep myself clear about my own issues, about where I'm — what I'm good at, you know, what I have to offer, as well as where I fall short and what I have to work on, and being able to be honest and up-front about that. To be able to clearly have some of my own principles that I can articulate and practice by. You see, simple ones that have come by learning or lived experience, like if you just tell me the truth, I have choices. Or, I'm responsible for all of my feelings. (laughs) You know, there are certain basic things that, through the self-help process, I have been able to learn to make myself clear so that the work that I do is not impeded or inhibited by my inability to see my own stuff. And I think that some of that comes from feminist theory, but I think most of that comes from really having a clear understanding of how you use your own voice in your own head, in your own heart, right, to be a more authentic you. And another piece that I — and so that's one.

Another part of it is literally believing that I choose to practice asking for forgiveness versus permission, because if I believe that who I am — if I waited for permission, I would never get anything done, because I'd be afraid somebody would tell me no, and then I'd have to buck. (laughs) So I just do it, and then apologize for it or ask for
forgiveness or say, You're welcome, because it was the right thing to do in the first place. (laughs)

And I think, on the uptake of this, is the last part about — for me, I think, or the final word in this part of what I'm thinking in my own history is that I have to do as much of the best I can in any given day, because I've been in movements where the leadership has been taken out or taken down before their time, or before what we thought was their time, or before they were done, or before we even knew. And you have to be ready for that every day, and to know that what you've done today will do a little bit more to solidify security and sustainability for your work, even if you're not here tomorrow. And I think that a lot of us live expecting to be in this movement and do this work until we die, but then we think about that being 40, 50 years out, and that we've got time to make things happen. And just pay attention to history, and recognize that you may not have that time. And so what you want to get done, get on it.

ROSS:

DIXON DIALLO: (pause while thinking) I believe that it would be very difficult to effect change and justice of any kind, especially reproductive justice, without some process like self-help that helps individuals and communities, again, find safe space and comfortable ways to find their own strength — to bring it out, to solve their own issues, but to connect them to those around them so that they can move through those pieces that have no business holding us back. Right? Have no business holding us back. We've got to move through those things that are unnecessarily in the way so that we can get to the business at hand of achieving our outcome of justice. And I mean that whether that's simple attitudes about women can't work with other women, or, you know, the race issue that comes in, or the homophobia, or the heterosexism, or the distrust of another group because of what they represent or what they believe in. If you find a place where we all have a common ground where we want to go, right, then you better find a process to move through the different grounds so you can get to that common ground and achieve something for everybody and not just a few.

And so, yes. I believe that reproductive justice cannot be achieved without self-help or something like it that is literally the ground upon which that train rolls. It is the track that you put all of those cars on to move into the same direction. And you may have to stop off at a station every now and then and pick up some new thoughts, some new feelings, some new energies; you've got to drop some stuff off, right? You've got to drop off some of those negatives, those contentions, those conflicts that have no place to make anything happen. And everything that is on that train heading down that track of that process will get you to the end win that we're all trying to achieve.
Either that, or at some point those tracks are going to split off, or those cars will fly off those tracks and derail the whole train.

ROSS: That's a beautiful metaphor. My last question is related to that one, and we do only have three or four minutes left. What do you think we risk if we don't include a process like self-help? And have you seen examples of that?

DIXON DIALLO: I think by not including some sort of process that bridges difference and keeps us common, but also continues to strengthen us and empower us to continue to make individual change as well as collective change — I think what we risk without that kind of process is a devolution in the movement building that we have been able to make. If we don't have a continued way to stay at the table when things get hard, eventually we will all get up from that table, and the meals that we were trying to serve will not get — they will not get served. The achievements we are trying to make — the wins, the policies, the social changes that we are trying to achieve — will never get done, because we will all retreat back into our different communities, our different spaces, our different issues, our different agendas, our different arenas. We'll go back and nurse our wounds without looking for help. We will keep those wounds and not try to heal. We will go into all those places, like I said, that are the unnecessary things that keep us from moving past those differences. And so what we risk is losing the movement. What we risk is ending up with maybe some justice for some and a little justice for most. What we end up with is maybe — what we end up with is maybe less than we started out with.

ROSS: My last question, truly, is would you like a copy of this tape on DVD or VHS?

DIXON DIALLO: I would like a copy on DVD.

ROSS: And would you consider, at some future time, donating your papers to the Sophia Smith Collection at Smith College?

DIXON DIALLO: We could absolutely donate our papers and whatever other archival things we may have.

ROSS: Thank you very much for doing this interview for the Voices of Feminism Project. Thanks a lot, girlfriend.

END OF TAPE 3

END OF INTERVIEW

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