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Performance as Invention

Ballroom Culture and the Politics of HIV/AIDS in Detroit

Marlon M. Bailey

After twenty-six years of the HIV/AIDS pandemic, the disease's impact on people of African descent throughout the world has been devastating. This essay draws from performance ethnographic research on Ballroom culture and HIV/AIDS in Detroit, Michigan. Ballroom culture is a Black and Latina/o queer community in North America. In this examination, I delineate how Black queer members of the Ballroom community create and engage in HIV/AIDS prevention strategies through performance. I argue that Ballroom community members deploy forms of invention, strategies for HIV/AIDS prevention that are created by and emerge from within the Ballroom community, a so-called "high risk community."

Keywords: At-risk communities, ballroom culture, Black MSM, communities of support, HIV/AIDS, invention, performance, prevention balls, stigmatization

I see Ballroom as an artistic community that can connect with youth on issues of HIV/AIDS prevention, and the relationship between drugs and unsafe sex.

—Wolfgang Busch, Filmmaker, *How Do I Look*¹

Despite the feelings of some in black communities that we have been shamed by the immoral behavior of a small subset of community members, those some would label the underclass, scholars must take up the charge to highlight and detail the agency of those on the outside, those who through their acts of nonconformity choose outside status, at least temporarily.

—Cathy J. Cohen, "Deviance as Resistance"²

The house structure is geared specifically toward the ball scene (particularly in Detroit). As far as its purpose, houses provide a source of family nurturing that often times a lot of kids don't get at home.

—Prada Escada from the House of Escada in Detroit

“What’s going on in the USA? George Bush got us in a disarray. We got soldiers in Baghdad; we should be fighting AIDS instead,” chanted Chicago Ballroom commentator Neiman Marcus Escada.³ Usually spoken in front of a captive crowd of Black queer members of the Ballroom community during a ball, Escada’s words serve as both an astute critique of U.S. imperialism in the name of “national security” and its unwillingness to take appropriately aggressive measures to curtail the spread of HIV/AIDS infection among Black gender and sexual marginals locally and abroad. Consisting of Black and Latina/o LGBTQ people, Ballroom culture is a minoritarian social sphere where performance, queer genders and sexualities, and kinship coalesce to create an alternative world. Thus, within and through performance at balls, Neiman Marcus Escada contributes to the creation of a counterdiscourse of HIV/AIDS. This is but one example of the important role that performance plays within Ballroom culture and how it is a part of a critical practice of survival in which many of the members of this community are engaged.

Ballroom culture, sometimes called “house ball culture,” is a relatively clandestine community consisting of African American and (in locations such as New York, Miami, and Los Angeles) Latino/a GLBTQ people. Although Jenny Livingston’s popular documentary film *Paris Is Burning* (1991) provides only a glimpse into the world of Ballroom culture, it was the first exposé to bring mainstream exposure to Ballroom practices in the late 1980s in New York City. Since its beginnings in Harlem more than fifty years ago, Ballroom culture has expanded rapidly to every major city in the United States, including Chicago, Atlanta, Baltimore, Charlotte, Cleveland, and Philadelphia. Notwithstanding the popular media coverage of Ballroom culture in recent years from its members appearing in Madonna’s music video “Vogue” (1990) to the deaths of two of the community’s most prominent icons, Pepper LaBejia (2003) and Willie Ninja (2006), to date this unique and generative culture has received scant scholarly attention.

Perhaps more importantly, out of the limited scholarship on Ballroom culture, the disproportionate impact of the HIV/AIDS epidemic on its members has barely been mentioned let alone examined. An increasing number of community-based organizations (CBOs) have received federal and/or state/local funding for their prevention programs that target Ballroom communities.⁴ Yet the funding support for these prevention programs has yet to garner comprehensive

studies that can help determine their overall effectiveness in reducing HIV/AIDS infection among Ballroom communities. As a result, little is known about the sociocultural challenges that members of this community face, and how social practices that are organic to Ballroom culture assist its members in withstanding the scourge of the disease and challenging the stigmatization associated with it.

In this performance ethnography⁵ of Ballroom culture and HIV/AIDS in Detroit, Michigan, I delineate three aspects of Ballroom culture that are potential strategies for HIV/AIDS prevention that already exist within the community. First, I highlight three core dimensions of the Ballroom community: the gender and sexual identity system, the kinship structure, and the performances at the ball. Second, I argue that, generally, HIV/AIDS prevention programs that target Black communities have relied on research and intervention models that are based on individual sexual behavior and are devoid of cultural analyses. As a result, the organic practices and strategies of prevention that emerge from within so-called at-risk communities have been woefully neglected. For instance, even though HIV/AIDS infection is disproportionately high among Black men who have sex with men (MSM), a substantial portion of Black MSM remains HIV-negative. More research needs to be conducted to identify and support strategies deployed by Black MSM that protect them from infection. I argue that these strategies are forms of *intravention*. *Intravention* describes HIV/AIDS *prevention* activities that are conducted and sustained through practices and processes within at-risk communities themselves.⁶

Finally, I delineate three forms of *intravention* that are rooted in Black performance traditions and are integral to Ballroom culture: the creation of a social epistemology, social support, and prevention balls. These three aspects demonstrate that the Black queer members of the Ballroom scene are communities of support rather than simply communities of risk.⁷ Looking to performance and other cultural work, in theory and in practice, will not only yield more socioculturally nuanced theories, methods, and models for HIV/AIDS prevention, but it can also help guide CBOs to forge more effective and sustained programs aimed at reducing HIV infection in Black communities in general and Black queer communities in particular.

Black Queer Performance and HIV/AIDS

I approach this examination of Ballroom culture using the methodology of performance, emphasizing research and community activism in HIV/AIDS prevention. My nine years of performance

ethnographic research on Ballroom culture and HIV/AIDS consist of my participation in the very performances and cultural practices that I analyze.⁸ Hence, as I describe later in this essay, I competed in balls as a member of both the Detroit and Los Angeles Chapters of the House of Prestige. Accordingly, my performance approach involved me being a member of the Ballroom community and working for two CBOs that collaborated with the Ballroom community.⁹ I have also been engaged in extensive HIV/AIDS prevention research and activism among Black gay men and transgender women. Given my particular vantage point, this essay seeks to build a conceptual framework and a language between public health and (Black) cultural studies that can illuminate the central role that performance plays in the lives of Ballroom members as it relates to the epidemic.

By and large, the research on HIV/AIDS and culture has been produced in disparate domains of scholarship. Research on the disproportionate impact of HIV/AIDS on Black communities has been beset by a failure to employ truly interdisciplinary approaches to HIV/AIDS prevention studies to explicate the multifaceted nature of this epidemic, and to identify innovative strategies to combat it. More or less, HIV/AIDS research has been dominated by biomedicine, epidemiology, and social science.¹⁰ Calls for radical interdisciplinarity and cultural criticism have been only marginally addressed at best and outright rejected at worst.¹¹ As a result, the topic of HIV/AIDS among Black queer communities falls through the cracks, so to speak, of several disparate intellectual conversations that fail to account for the multifarious social context in which Black queer people live.

As a site of cultural inquiry, African American studies has been markedly absent from discourses and sites of inquiry and advocacy in HIV/AIDS prevention studies. With the exception of Cathy J. Cohen's groundbreaking work, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*,¹² African American studies has failed to theorize sufficiently or even address the social and cultural dimensions and implications of AIDS among Black communities, particularly since its epidemiological profile has become primarily Black and queer. Founded on the principle of creating theoretical and practical knowledges that can effect social change in the lives of everyday people, remarkably, African American studies has not translated its fundamental intellectual and political principles into a praxis to confront the AIDS crisis on the ground. Of note, in "Deviance as Resistance: a New Research Agenda for the Study of Black Politics," Cathy J. Cohen calls for a "paradigmatic shift" in African American studies that builds on Black queer studies and that attempts to reduce, if not eliminate, the superficial distance between researchers in the academy and the communities from which many of

us hail and purport to study.¹³ Indeed, any sociocultural site of inquiry or “studies” should both emerge from and be applicable to the experiences of everyday people.¹⁴

Recent trends in performance studies, however, have opened a space to examine not only the theatrical and quotidian dimensions of performance, but also the relationship between performance and social change as well. According to D. Soyini Madison and Judith Hamera, performance studies has been concerned with analyzing how, through performance and performativity, human beings fundamentally make culture, affect power, and reinvent their ways of being in the world, especially those who have limited or no access to state power.¹⁵ Perhaps most germane to this study of the Ballroom community and HIV/AIDS is Dwight Conquergood’s argument that performance is at once a radically multidisciplinary and embodied approach to examining an object of inquiry, and an active participation in performance as “tactics of *intervention*” in spaces of alterity and struggle.¹⁶

Theorizing HIV/AIDS through performance, or what Robin D. G. Kelley refers to as cultural labor,¹⁷ necessarily shifts the emphasis in HIV/AIDS research away from individual sexual behavior that supposedly leads to infection to a focus on culture, as an arsenal of resiliency strategies upon which marginalized communities rely to survive the social crisis. For instance, in his analysis of the forms of cultural expression among Black urban youth on the street, Kelley suggests that Black urban youth undertake cultural labor within an increasingly politically powerless and economically deprived urban sphere.¹⁸ Likewise, in my larger project on Ballroom culture, I frame its members’ reconstitution of gender and sexual subjectivities, family/kinship, and community as a form of cultural labor as one way to withstand and creatively respond to the sociocultural and economic forms of exclusion that they experience. And, as I will elaborate, in the Ballroom community, these forms of cultural labor are inextricably linked to performance.

Performance-studies scholars such as José Muñoz, David Román, and Barbara Browning have made invaluable contributions to the study of HIV/AIDS, queer communities of color, and performance.¹⁹ Since there is scant research on the Ballroom community and the epidemic, in general, and almost no literature on this topic within public health, this ethnographic study of Ballroom culture in Detroit is an appropriate basis from which to forge cross-disciplinary dialogues and research. For instance, one of the core concepts in HIV/AIDS prevention theory and practice is *intervention*. Within public health, intervention models are designed programmatically to facilitate behavioral change in order to reduce incidents and prevalence of HIV infection among targeted communities that have been identified

as “high risk” or as “risk communities.” In “AIDS: Keywords,” Jan Zita Grover defines “risk groups” as an epidemiological concept that serves to isolate identifiable characteristics among certain communities that are predictive of where infection is most likely to occur so as to contain and prevent it.²⁰ In other words, within public health, the aim is to identify, isolate, and contain infection within a particular risk community so that the general population remains safe from infection.²¹

There are two useful critiques that a cultural studies analysis of HIV/AIDS prevention research and practice offers. First, it is important to problematize how public-health discourses construct risk and attach disease to particular bodies and communities based on a range of biased assumptions. Hence, the category of “communities of risk” is almost always used to stereotype and stigmatize people who are already viewed as “outside the moral and economic parameters of ‘the general population.’”²² “Communities of risk” becomes a common sense notion that is, in part, produced by public health and is often reinscribed by researchers working with dispossessed communities. Second, the public-health concept of interventions that is designed to facilitate individual behavioral change among groups of risk relies upon assumptions about the population with whom they work. Public-health officials and CBO workers assume that only they know how best to reduce HIV prevalence within these communities and that the members of so-called risk groups do not possess sufficient knowledge about prevention. Consequently, in most cases, prevention practices are imposed on communities that are often socially and culturally inappropriate and ineffective.

To address the aforementioned concerns, performance theory undergirds my ethnographic engagement with Ballroom culture and HIV/AIDS. As Dwight Conquergood argues, performance is transdisciplinary and boundary-breaking, and it has the potential to help produce an understanding of social problems in more nuanced ways.²³ Unfortunately, performance has yet to be taken seriously within public health. And although performance may be recognized by some CBOs, research on HIV/AIDS prevention and treatment using performance as both a method and an object of study has not occurred. Instead, studies in HIV prevention overemphasize the sexual behaviors of gender and sexual marginals, and most do not adequately investigate the interplay between the discourses of AIDS and the social conditions that drive the epidemic, especially among communities that are marginalized in a variety of ways. Consequently, there is a gap in the majority of the research on HIV/AIDS and its impact on and prevalence within so-called high-risk communities; this gap prevents researchers from attending to the social/sexual behavior

and the sociocultural and political/economic context in which such behavior occurs.

Conceptually, I call for a move from *intervention* to *intravention* in HIV/AIDS prevention studies to capture what so-called communities of risk do, based on their own knowledge and ingenuity, to contest, to reduce, and to withstand HIV in their communities. In my critique of the concept of intervention that is so prevalent in public-health and prevention studies, I draw from the work of performance theorist David Román, who suggests that cultural performance is, indeed, an act of intervention into the cultural politics of race, sexuality, and AIDS.²⁴ Such cultural politics pathologize Black sexuality and represent Black queer men as vectors of HIV infection. Thus, I join performance (as it is an arena in which minoritarian communities engage in social struggle) with Friedman and colleagues' notion of "communities of *intravention*."²⁵ In their study of HIV/AIDS prevalence among communities of injection drug users (IDU), they further argue, "Cognitive-behavioral theories that focus on the individual may not provide sufficient understanding for such efforts because they lack the concepts and methodologies needed to identify, understand or intervene in structures and processes that are at the cultural system, community network levels."²⁶

My analysis here attends to the ways in which such communities of risk deploy strategies to address the correlative social factors that make people more vulnerable to the epidemic such as, but not limited to, social isolation, low self-worth, violence, and poverty. Thus, the concept of *intravention* is a key point of entry for performance into the analysis and development of targeted HIV/AIDS prevention programs within a Black queer cultural context.

In what follows I delineate the aspects of performance that are central to the Ballroom community that intravene in the HIV/AIDS epidemic. Instead of referring to the Ballroom community as a community of risk, I suggest that Ballroom is a community of support. In the Ballroom community, performance is the means through which members create a counterdiscourse (through a social epistemology), provide social support (kin labor) for its members, and produce prevention balls in order to reduce Black queer people's vulnerability to HIV/AIDS infection through competitive performance. Thus, Ballroom cultural practices are a form of *intravention*, deploying protective and prevention efforts that emerge from within the culture itself, efforts that the larger Black community and society as a whole fail to do. This community constitutes a site of refuge where its members have the opportunity to be nurtured, to experience pleasure, and to access a better quality of life in the face of the AIDS epidemic, particularly for those that are located at the very bottom of society.

Clearly, enhancing the quality of life is a precondition to reducing the spread of HIV in the community.

Ballroom Culture: A Community of Social Support

Although Ballroom culture had existed for decades prior to Jennie Livingston's documentary *Paris Is Burning*, the film has become the primary prism through which this rich and longstanding cultural practice is recognized and understood. Even in some of the more recent glances of Ballroom to which the American public has been exposed, very little has been revealed about the day-to-day lives of the people involved and the multiple purposes that the social structures within the community serve.²⁷

Two inextricable features sustain the community: flamboyant competitive ball rituals and houses, and the anchoring family-like structures that produce these rituals of performance. Ballroom subjectivities and familial roles are based on an egalitarian gender/sexual identity system that offers more gender and sexual identities from which to choose than available to members in the "outside" world (see Table 1).²⁸

Table 1
Gender/Sexual Identity System

Ballroom Culture: Three Sexes

1. Woman (one born with female sex characteristics)
2. Man (one born with male sex characteristics)
3. Intersex (one born with both male and female sex characteristics or with sex characteristics that are indeterminate)

Six-Part Gender/Sexual Identity System

1. Butch queens (biologically born male who identify as gay or bisexual and are and can be masculine, hypermasculine, or effeminate)
2. Femme queens (male to female transgender people or at various stages of gender reassignment—that is, hormonal and/or surgical processes)
3. Butch queens up in drags (gay males that perform drag but do not take hormones and who do not live as women)
4. Butches (female to male transgender people or at various stages of gender reassignment or masculine lesbian or a female appearing as male regardless of sexual orientation)
5. Women (biologically born females who are gay or straight identified or queer)
6. Men (biologically born males who live as men and are straight identified)

House Parents

1. Mothers: Butch queens, femme queens, and women
 2. Fathers: Butch queens, butches, and men
-

Because gender performance is central to self-identification and can imply a whole range of sexual identities in Ballroom culture, the system reflects how the members define themselves largely based on the categories that they walk/perform. All members of the Ballroom community identify as either one of the six categories in the gender/sexual identity system. If/when one “walks a ball,” that participant competes in the competitive categories that coincide with their gender/sexual identity within the Ballroom community. For instance, a femme queen can only “walk/perform” in categories that are listed under that heading on the ball flyer. The intensely competitive performances at the ball events create a space of celebration, affirmation, critique, and reconstitution as well as in the everyday lives of its Black queer members.

It is worth noting that there are no balls without houses and there are no houses without balls. And in the kinship system of Ballroom culture, houses are led by “mothers” (butch queens, femme queens, and women) and “fathers” (butch queens and butches), who, regardless of age, sexual orientation, and social status, provide a labor of care and love with/for numerous Black queer people who have been rejected by their blood families, religious institutions, and society at large. Houses, for instance, are one of the core features of the Ballroom community, and houses serve as social, and sometimes literal, homes for its members.²⁹ Thus the ball, combined with the social relations within the houses outside of it are mutually constitutive and, taken together, make up the world of Ballroom culture.

No doubt, technology has played an integral role in the expansion of Ballroom culture, allowing the members of this national network to stay connected through the Web. For instance, the national Ballroom scene uses various websites, such as www.walk4mewednesdays.com, www.thehouseofballs.com, and www.getyourtens.com, as well as listservs and blogs that are set up and maintained by houses and individual members in order to connect with the community at large and to communicate with their chapters throughout the country. In addition, there are magazines devoted to Ballroom culture, such as *CLIK Magazine*. The National Confederation of Black Gay Prides is an umbrella organization that works with citywide Black gay-pride festivities, bringing together Black and Latino LGBTQ members of the community to participate in national balls. Albeit transient, the Ballroom scene is large and growing, providing a world for Black and Latina/o LGBTQ people to reconstitute, affirm, and celebrate their queer gender and sexual identities.

I believe that it is important to bring Ballroom culture into scholarly focus within the context of the AIDS epidemic, and to examine the complex conditions in which many of the Black LGBTQ members

of the Ballroom community live on a daily basis, such as sociocultural exclusion and isolation, poverty, and violence and abuse. By and large, the multiple forms of marginalization that Black queer people experience make this community more vulnerable to HIV/AIDS infection.³⁰

Ballroom Culture and HIV/AIDS

I begin this portion of my examination by situating Ballroom culture and HIV/AIDS within the context of Detroit, Michigan.³¹ Given the disproportionate impact of HIV/AIDS on Black communities across the country, and its particular devastation of Black people in Detroit, and given that the Ballroom community is embedded in Black communities in the city, HIV/AIDS and its impact on Ballroom is an instructive case study. Invariably, the interlocking oppressions of race, class, gender, and sexuality shape Black queer people's experiences as they exacerbate the suffering of marginalized groups at the hands of the virus.³²

In Michigan, although African Americans comprise of only 14 percent of the total population, according to HIV epidemiological data for 2008, new infection rates for African Americans were 59 percent; this was compared to a 35 percent infection rate for whites. By race and gender, HIV infection rates were 41 percent compared to 29 percent for white men. And it is worth noting that African American women make up 73 percent of all HIV cases among women in Michigan.³³ HIV infection rates among MSM were 45 percent compared to 13 percent for heterosexual transmission.³⁴ Based on this epidemiological data in Michigan, we can infer that Black MSM have increasing disproportionate rates of new HIV infections (that is, there are higher HIV infection rates among Blacks, among Black men, and among Black MSM, and among men, the primary route of HIV transmission is male-to-male sexual intercourse).³⁵

Detroit carries the majority of HIV prevalence in Michigan.³⁶ Known as both the "chocolate city" and the "motor city," Detroit has the most distinct racial and class demographics of any large U.S. city. According to the 2000 U.S. Census, Detroit is the largest city with a Black majority population in the United States. Out of approximately 951,270 residents, 83 percent identified themselves as Black or African American. In socioeconomic terms, Detroit has one of the poorest populations in the country; between 26.8 and 33.4 percent of the city's residents live in poverty.³⁷ Like many other cities with large Black populations, Detroit is one of the places hardest hit by the disease.³⁸

HIV/AIDS workers in Detroit, some of whom are HIV-positive, have a unique vantage point when considering the intersections of gender, sexuality, and HIV/AIDS. The prevention workers that I interviewed suggested that the dominant discourse on HIV/AIDS, one that pathologizes and sutures the disease to homosexuality and that disallows a candid dialogue about sexuality and HIV risk reduction, hampers their ability to reduce infections rates in the city. Compounded by the disturbing socioeconomic conditions, most HIV/AIDS cases among men in Detroit are Black MSM. Black people infected with HIV/AIDS in large cities like Detroit do not have access to AIDS prevention and treatment resources that are equal to their white counterparts.³⁹ Thus, Black MSM who are infected with or at high risk for HIV/AIDS infection experience a simultaneity of oppression, structured not only by and through race, class, gender, and sexuality, but also through HIV/AIDS.

For example, when I asked Tino Prestige, a butch queen and caseworker at the Horizons Project, an HIV/AIDS prevention and services agency in Detroit, why he thinks the HIV/AIDS epidemic is so severe among African American men in Detroit, he said, “There’s a lack of information in the school system, *no* discussion of sexuality, and no discussion of how to be sexually responsible even if you are heterosexual. People have a whole lot of ignorance about LGBTQ issues, and people still think that it’s wrong because of their religious views.”

Similarly, Noir Prestige, also a butch queen, described how once, while he worked for the Men of Color Motivational Group (MOC), a now-defunct HIV/AIDS prevention agency in Detroit, he delivered a presentation on HIV/AIDS, a school administrator insisted that he not encourage homosexuality, as if HIV/AIDS were “naturally” linked to homosexuality and as if talking about homosexuality would lead to young people adopting it. That is why Noir reiterated the need to “de-gay” or “de-homosexualize” HIV/AIDS so that all people will take the problem seriously. A public discussion of HIV/AIDS, especially among young people, requires this delinking of HIV/AIDS from homosexuality in order to ease homophobic fears held in society. At the same time, prevention workers are faced with a conundrum of sorts because when homosexuality is not discussed Black MSM and/or gay men are rendered invisible, while still viewed as the primary vectors of HIV/AIDS infection.

Both Tino and Noir attest to the fact that explicit and implicit homophobia resulting from familial and cultural expectations to adhere to hegemonic gender and sexual norms directly influence the information that Black queer people receive about HIV/AIDS. As Lester K. Spence argues, in general, the larger Black community’s

knowledge about HIV/AIDS; Black people's perception of their own risk of contracting the virus; and their preferences concerning HIV/AIDS policy are all intrinsically linked to their views on homosexuality.⁴⁰ Ultimately, the treatment and policing of sexuality that Black queer people endure from the outside create deep-seated internal struggles that influence the way they self-identify and interact with others, both gays and heterosexual.

As Spence suggests, Black queer people constitute an "out-group" and are therefore shunned more than any other group in the United States.⁴¹ And in effect, for Black people in Detroit, what should be a consensus issue, HIV/AIDS is instead what Cathy J. Cohen calls a crosscutting issue.⁴²

According to Cohen, crosscutting issues disrupt the imagined consensus that disguises hierarchies and inequities as a collective community consciousness. Many of my interlocutors suggested that "the Black community" tends to imagine itself as "straight" and that AIDS has impacted a few sexual deviants within the community who have lost their way. Noir Prestige stated that the family and community that he grew up in believed that, "if you weren't gay, you wouldn't get it [AIDS]." Therefore, crosscutting issues pose challenges for marginal groups disproportionately, and they directly affect a particular segment *within* the marginalized population.⁴³ It is no surprise, then, that Black communities' response to HIV/AIDS by linking it to homosexuality is an instance of what Cohen terms secondary marginalization, where select, privileged members of Black communities determine the priorities and regulate and police the margins in order to shape a public image that disavows and disciplines the less privileged members or those who do not conform.⁴⁴

Therefore, Ballroom culture is compelled to be proactive and multifaceted in its struggle against the disease and the Othering discourses that accompany it. As David Román aptly points out, AIDS cannot be separated from the discourses that construct and in fact "sustain it."⁴⁵ Discourse regarding AIDS informs the specific priorities (defining those whose lives are worth saving) that public-health institutions devise regarding prevention. Recalcitrant racism, sexism, homophobia/heterosexism, poverty, and other forms of disenfranchisement are inextricably linked to scurrilous representations of AIDS as a Black gay disease.

In Michigan, the scant HIV/AIDS reduction strategies consist of the distribution of brochures, condoms, and other safe-sex materials, discussion groups, and safe-sex training,⁴⁶ but they ignore the crucial role that cultural values play in shaping the stigmatization associated with race, class, gender, sexuality, and AIDS. Directly related to this issue, few CBOs create programs that move beyond simply reducing

individual “risk behaviors,” by addressing the social conditions that contribute to them.

For instance, as Noir emphasized firmly, “HIV kills. Why? Stigma. The people living *with it* have to make others comfortable living around it; that’s a lot of work. And folks die trying to accomplish that because you end up living in secret. Support is key and very essential in living with the illness or around it.” Noir demonstrates how a vicious cycle of stigmatization undermines any prevention program. Unwittingly or not, CBOs extract their prevention techniques from these hegemonic discourses that overdetermine Black MSM as a risk population.

While I was conducting fieldwork, the two organizations that focused on the Black queer community in Detroit enacted prevention programs buttressed by convergent racialized, classed, gendered, and sexualized discourses of risk. But it is the isolating of certain Black groups within the Black community on one level, and the characterization of Black people as a high-risk population on the other, that keeps Ballroom members from utilizing the prevention and treatment resources offered by these organizations. For example, Tino Prestige underscores this when he says, “The Community Health Awareness Group has a mobile testing unit. But when the unit shows up to a ball, people won’t be willing to go to it cause people will think something is wrong with them, so they don’t want to be seen that way.” Simply put, Ballroom members are already stigmatized, the prevention efforts themselves are stigmatized, so our utilization of the services stigmatizes us even more.⁴⁷

Ballroom Community Practices as HIV/AIDS Invention

What do Black queer members *do* about such conditions? How does the cultural work of creating an alternative minoritarian sphere help to refract feelings of worthlessness caused by stigmatization and oppression? How does Ballroom provide a space to forge alternative realities for its members? Part of what is at stake in the Ballroom community here is a struggle for alternative community representation and community preservation in midst of a health and social crisis.⁴⁸ In what follows, I delineate three forms of invention that are organic aspects of Ballroom culture or what Friedman and colleagues refer to as collective risk-reduction reinforcement.⁴⁹ Members of the Ballroom community create a counterdiscourse of HIV/AIDS that recasts its members as people with lives worth saving, not merely risk groups; the structure of the community provides social support; and the community produces prevention balls that are based on Ballroom

community values and practices in an attempt to destigmatize HIV/AIDS so that its members can be more receptive to messages of risk reduction.

Social Epistemology of Ballroom Culture

First, I highlight the ways in which Ballroom members construct a social epistemology as a critical aspect of the overall work of creating an alternative social sphere. This alternative social sphere is a crucial source of value for Ballroom members. I emphasize key characteristics of Ballroom culture/spaces that are strategies for addressing HIV/AIDS that reflect its members' desire for recuperative forms of self and collective representations.⁵⁰ I contend that Ballroom practices and their potentialities unveil the difference between *prevention* approaches and the on-the-ground practices of cultural *intravention*.

In his study of the *milieu*, a homosocial underground scene in Abidjan, Ivory Coast, Vinh-Kim Nguyen suggests that social knowledge informs the “social relations and the tactics used to navigate them for individual and collective benefit.”⁵¹ This social knowledge is usually contained within dispossessed communities and subaltern spaces and allows its members to comment on their conditions as well as to develop strategies to alter them. For example, social knowledge in the Ballroom community views gender and sexuality as fluid and mutable, kinship/family as not necessarily biological, and performance as integral to community affirmation and preservation. Hence, the creation of a social knowledge is how Ballroom members reconstitute themselves in the midst of the HIV/AIDS crisis in an attempt to change the social consequences of it.

All of my informants agree that doing HIV/AIDS prevention work within the Ballroom scene is difficult; however, some believe that it is a cultural space of hope. One such possibility is the notion of self-renewal, a way of reconstituting the self within Ballroom to contend with the negative representations in the outside world. For instance, Ballroom is what Diva D from the House of Bvlgari calls a “fictitious existence.” When I asked him whether “low self-worth” was a motivating factor for Black queer people to join the Ballroom scene, he responded, “Yes, it gives them a brand-new identity; it gives them a brand-new slate. If your family don’t care about you because you are gay and what not or if you can’t get a job, the Ballroom scene helps you start anew. It creates a brand-new identity that you can feel comfortable with.”

The social knowledge of Ballroom links the balls to the community-fashioned kinship system that both sustains the community and facilitates HIV/AIDS prevention.

Therefore, Ballroom social knowledge enables effective HIV/AIDS prevention that is based on the values and norms established by its community members as opposed to those imposed on it from the outside.

Kinship and Social Support

As the house mother of the Detroit chapter of the House of Prestige and former HIV/AIDS prevention worker at the time of the interview, Duchess suggests that Ballroom is built on social relations that redefine prevention work. He stated further, “The structure of the [Ballroom] community already allows for familial prevention work, you know, just in the fact that someone can say to you, ‘Now you know you need to wear a condom’ and it be from someone that you have built that trust factor with. People in the community do prevention work all of the time.”

Within these houses, members consult with their house parents and their siblings on issues that, either by choice or necessity, they do not discuss with their biological kin. House mothers and fathers, in particular, provide daily parental guidance for Ballroom kids on issues such as intimate/romantic relationships, sex, gender and sexual identities, health, hormonal therapy, and body presentation, just to name a few matters.

Siblings in houses provide support for HIV prevention among those not infected, but they also play an integral role by supporting those already infected with HIV as well. For instance, a very thin and increasingly frail-looking Noir Prestige began one of our many interviews by excusing himself to go to the bathroom, apparently to throw up. “Excuse me,” said Noir in the living room of his small, tidy apartment that he shares with his boyfriend of eight years. “I just started new meds; this shit is horrible, but I shall survive.” Noir went on to describe how his very close relationship with Tino Prestige has helped him cope with his condition.⁵²

Noir remarked that he and Tino Prestige have very similar life experiences. They were both infected with the virus in their teens. They are both in long-term relationships (eight years) with partners who are not infected, partners who struggle with the difficulties of loving someone who is HIV-positive and/or living with AIDS. They are both treatment advocates at the Horizons Project. At the balls, they walk in butch realness categories: thug realness and schoolboy realness.⁵³ Most importantly, they provide treatment for each other. It is worth mentioning here that in Ballroom life, one’s age is not based on necessarily one’s years on earth; rather, it is based on how long one has been in the Ballroom scene and/or been out in the gay

world. Hence, the “big” brother reminded his “little” brother to take his meds, and he often drove him to his appointments with his doctor. They cared for one another especially in moments when each of their partners did not rise to the occasion. In a separate interview I conducted with Tino Prestige, he said, “We are truly brothers.” Clearly, these siblings help each other endure the psychic trauma that comes along with HIV/AIDS in ways that their partners could not.

In many cases, house members express love for one another; they serve each other when needed, and undoubtedly they add overall value to each other’s lives, especially when facing desperate situations. In general, houses provide what Cornel West describes as non-market values: love, care, and service.⁵⁴ Not only do these values constitute a labor of care that becomes intensified when the community decides to deal with HIV/AIDS collectively, but they also exist in the quotidian aspect of Ballroom life.

Black Queer Performance and HIV/AIDS Prevention Balls

Despite the inability of some public-health departments to devise and sustain effective HIV/AIDS prevention strategies for so-called high-risk communities, some Ballroom houses have joined forces with a few CBOs to create “prevention houses” and “prevention balls.” As I have noted, Ballroom houses, in general, are spaces of social support that often reinforce messages of HIV/AIDS prevention either directly or indirectly. But, prevention houses usually have formal funding from and/or programmatic ties with CBOs, and they engage in HIV/AIDS prevention activities and coordinate balls based on HIV/AIDS prevention themes.

Again, since there are no houses without balls and there are no balls without houses, part of the important discursive work of prevention houses occurs at prevention balls. On one hand, the importance placed on image and status in Ballroom makes HIV/AIDS prevention work difficult because members distance themselves from the topic of HIV/AIDS for fear that it will tarnish them. But on the other hand, competitive performance, image, and status are used to disseminate and promote messages about HIV risk reduction among Ballroom members. Out of the numerous balls that I attended and/or participated in, most of them were packed with hundreds of Black queer people from all over the country. As Francisco Roque from Gay Men’s Health Crisis said, “The Ballroom community is a captive ‘at-risk’ population, and modeling behavior is built in the community.” Albeit imperfect, it is a necessary strategy to use competition and image within a Ballroom cultural context to disseminate information and simultaneously reduce stigma.

As a hallmark of Ballroom culture, competition is another means through which image and status are formed and repaired. Since individual members and houses can gain recognition and status only by “snatching trophies,”⁵⁵ competition is an integral aspect of the social world of Ballroom that offers possibilities for effective HIV/AIDS prevention. Former Father of the House of Infiniti and the Executive Director of Empowerment Detroit, an HIV prevention agency targeting Black gay youth, Jonathon Davis confirmed this when he said, “In terms of the Ballroom community in Detroit, if it ain’t got nothing to do with a trophy, these girls don’t care.” And when I asked Pootaman, a twenty-year-old member of the House of Ninja and an HIV/AIDS prevention worker at MOC at the time of the interview, why he became interested in walking balls, he said, “I enjoy the competition, the feeling of sitting someone down to prove a point, that I could take home a trophy.” Father Infiniti and Pootaman speak to the centrality of the trophy, the accoutrements that come along with it and how both represent the attainment of value and affirmation that Ballroom members are usually otherwise denied in the outside world.

Last, in order to illustrate more vividly how prevention balls work, I describe my experience as a performance participant and witness. In March 2005, I competed in the annual Love is the Message Ball in Los Angeles.⁵⁶ As a member of the Los Angeles chapter of the House of Prestige at the time, I walked, along with Pokka, the father, in the “schoolboy realness versus executive realness” category for the mini grand prize. The description of the category on the flyer read:

School Boy Realness—Let’s see if U were paying attention in Sex Ed. Bring us School Boy realness w/a safe sex production. Props a must and you will be graded on your project and knowledge.

VS.

Executive—U have been promoted to CEO of a condom company of your choice. U must have a prop and be prepared to sell your product to the board.

Pokka planned our performance and was determined to win the trophy and the \$100.00 cash prize. Since Pokka and I walk executive realness, I dressed the part and played the role of a CEO, and Pokka was the president of the board of directors of the Lifetime Condoms Corporation. He had spent time and money to prepare everything we needed to mount this miniproducton.

When Kodak Kandinsky, the commentator for the evening, announced our category, members from various houses came out as schoolboy realness wearing clothes with several condoms attached to them. Because I was in the waiting area of the hall, I could not see them perform their miniproducton. When it was our turn, Pokka

walked out ahead of me, dressed in an all-black suit and carrying his laptop computer case. As he approached the judges' table, he read a statement about the crisis of HIV/AIDS in the Black community, stressing that condom use is an effective strategy in the fight against the spread of the disease. "Now, I bring to you Professah Prestige, our new CEO, to make a brief statement," said Pokka. I came strutting down the runway in a navy blue suit carrying my laptop computer in a black leather computer bag in one hand and a large black portfolio case full of billboards in the other. When I got to the judges table, I took the microphone and said, "My name is Professah Prestige, the new CEO of Lifetime Condoms. We have new durable condoms that do not reduce sensation. I hope that you all will give them a try. Be safe and use condoms." After my statement, the commentator asked the judges to score me. "Are they real? Do you see it? Judges score him (all of the judges flashed their cards with "10" written on them). Ok, tens across the board. Prestiges step to the side. Next contestants please," said Kodak. "Thank God, I did not get chopped," I thought.

After other competitors were eliminated, "chopped," there were only five competitors left, Pokka and I from the House of Prestige and three members from another house who walked schoolboy realness. Then, someone from the Minority AIDS Project posed the following question to all of us: "What is a dental dam?" Each of us was told to whisper the answer in Kodak's ear. When he came to me, I explained that a dental dam is used for oral sex, and it provides a barrier of protection between the mouth and the anus or the vagina. Then, Kodak announced that only two of us said the correct answer, a schoolboy realness kid from the other house and me. Apparently, Pokka gave him the wrong answer. I felt kind of bad because Pokka had done most of the preparation for our production.

Finally, the judges had to choose who looked more real between the realness kid and me. "Who is realer?" said Kodak. When Kodak got to the final two out of the seven judges, one of them pointed at me and said, "He look like a real executive." At the end, I won the category. I was shocked and thrilled at the same time. They gave me a trophy and the \$100.00 prize. I kept the trophy and gave the money to the house mother to put in our house fund. I had won the category for the House of Prestige. Most importantly, within the competitive spirit at the balls, members of the Ballroom community were exposed to knowledge about safe sex without individuals being singled out and stigmatized. Clearly, performance, kinship, and social knowledge function as cultural practices that allow Ballroom community members to intravene radically in the AIDS crisis, since the practices are derived from within the community itself.

Conclusion

Ballroom members perform the labor of caring for and the valuing of lives that are integral to building and sustaining a community in the midst of crisis. Ballroom practices are important alternatives that attend to the multifarious challenges that HIV/AIDS poses, especially the attendant public and scientific discourses that render Black queer people dysfunctional and dangerous, and further stigmatized them as vectors of disease. These values sustain the community and constitute a critical component to any form of intervention not just aimed at reducing the spread of HIV/AIDS, but also attempting to cultivate the necessary systems and structures (within Ballroom) that redress the violence done to Black queers. This is violence not only at the hands of the HIV/AIDS epidemic, but also the Othering discourses that coproduce it.

The focus here is the Ballroom community's creation of "communities" and of new and counter modes of self-representation and self-identification that offer possibilities for members of the minoritarian communities to alter the conditions for themselves. And those of us who are ensconced in notions of "at-risk" communities know that HIV/AIDS—the disease itself—does not discriminate. It has no boundaries. On the contrary, it is the public-health and sociopolitical responses to it, on a local, national, and global scale, that do. This fact marks the difference between *prevention* (from the outside) from *invention* and the dialectic between the two that are necessary to ameliorate the epidemic.

I do not romanticize performance by suggesting that it can totally overhaul or transform the social and material conditions in which Ballroom members live. Some members fall through the cracks, and many die. But some survive, and they do so with the assistance of fellow Ballroom members. Ballroom culture demonstrates how performance can add value and meaning to the lives of those rendered valueless and meaningless. But, as cultural critic and homo-hip hop artist Tim'm West aptly argues, since there are few safe spaces for Black queers, especially those suffering from HIV, many of us must claim all spaces as salvageable in whichever ways they support our breathing.⁵⁷

Notes

1. I interviewed Wolfgang Busch on November 30, 2003 in New York City. His film, *How Do I Look* (2006), is the most recent documentary on Ballroom culture in NYC. During the interview, Wolfgang said that he wants the proceeds from the film to be dedicated to HIV/AIDS prevention. For more information and updates on his work go to <http://www.howdoilooknyc.org>

2. Cathy Cohen, "Deviance as Resistance: a New Research Agenda for the Study of Black Politics," *Du Bois Review* 1, no. (2004): 27–45, 27.

3. This chant by Neiman Marcus Escada is taken from a CD of house music mixes called *Bamabounce*.

4. Currently, the Gay Men's Health Crisis (GMHC) has the longest standing HIV/AIDS prevention program that focuses on the Ballroom community. The House of Latex of the GMHC has held its annual Latex Ball (an HIV/AIDS prevention ball) for eighteen years. The Latex Ball is by far the most popular ball in the country, usually drawing between 2,500 and 3,000 audience members/participants. Ironically, the CDC does not recognize this program as an intervention, and it is not federally funded.

5. Performance or performative ethnography is a method of data collection that requires the researcher to actively participate in the very performances and cultural practices that he or she is analyzing. Simply put, for the performance ethnographer, performance is the object and the method of study, as well as the theoretical framework through which the data are analyzed. More discussion on performance ethnography can be found in D. Soyini Madison, *Critical Ethnography: Method, Ethics, and Performance* (Thousand Oaks, Calif.: Sage Publications, 2005), Norman K. Denzin, *Performance Ethnography: Critical Pedagogy and the Politics of Culture* (Thousand Oaks, Calif.: Sage Publications, 2003), and E. Patrick Johnson, *Appropriating Blackness: Performance and the Politics of Authenticity* (Durham, N.C.: Duke University Press, 2003).

6. Samuel Friedman, Melissa Bolyard, Carey Maslow, Pedro Mateu-Gelabert, Alan Neaigus, and Milagros Sandoval, "Urging Others to Be Healthy: 'Intravention' by Injection Drug Users as a Community Prevention Goal," *AIDS Education and Prevention* 16, no. 3 (2004): 250–263, at 251.

7. Ibid.

8. E. Patrick Johnson, *Sweet Tea: Black Gay Men of the South* (Chapel Hill: University of North Carolina Press, 2008), 8.

9. In 2003, I worked for Men of Color Motivational Group Inc. (MOC) in Detroit, Michigan. MOC had a CDC-funded program that emphasized HIV/AIDS prevention among the Ballroom community. The program lost its funding, and the organization eventually closed in the midst of controversy. For more information, see Brent Dorian Carpenter, "Sexual Harassment Allegations Rock Men of Color: Funding Could Be at Risk," *Between the Line* (June 2003), 12–18.

10. It is worth noting that most qualitative studies that are conducted on HIV/AIDS within public health are not ethnographic. In my experience working with and among other HIV/AIDS researchers, I am usually the only ethnographer involved in any given research project.

11. Carlos Ulises Decena, "Surviving AIDS in an Uneven World: Latina/o Studies for a Brown Epidemic," in *A Companion to Latina/o Studies*, ed. Juan Flores and Renato Rosaldo, 276–296 (Malden, Mass.: Blackwell, 2007), 278.

12. Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999).

13. Cathy J. Cohen, "Deviance as Resistance: A New Research Agenda for the Study of Black Politics," *Du Bois Review* 1, no. 1 (2004): 27–45, 28.

14. Ki Namaste, "The Everyday Bisexual as Problematic: Research Methods Beyond Monosexism," in *Inside the Academy and Out: Lesbian/Gay/Queer Studies and Social Action*, ed. Janice L. Ristock and Catherine G. Taylor, 110–135 (Toronto: University of Toronto Press, 1998), 113.

15. D. Soyini Madison and Judith Hamera, "Performance Studies at the Intersections," in *The Sage Handbook of Performance Studies*, ed. D. Soyini Madison and Judith Hamera (Thousand Oaks, Calif.: Sage Publications, 2006), xii. For more elaboration on theories of performance and cultural formations and/or deployments of performance as resistance, see José Muñoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis: University of Minnesota Press, 1999).

16. Dwight Conquergood, "Performance Studies: Interventions and Radical Research," *The Drama Review* 46, no. 2 (Summer 2002): 145–156, at 145.

17. Robin D. G. Kelley, *Yo' Mama's Disfunktional! Fighting the Culture Wars in Urban America* (Boston: Beacon Press, 1997), 45.

18. Ibid.

19. David Román, *Acts of Intervention: Performance, Gay Culture, and AIDS* (Bloomington: Indiana University Press, 1998); Barbara Browning, *Infectious Rhythm: Metaphors of Contagion and the Spread of African Culture* (New York: Routledge, 1998).

20. Jan Zita Grover, "AIDS: Keywords," in *AIDS: Cultural Analysis, Cultural Activism*, ed. Douglas Crimp, 17–30 (Cambridge, Mass.: MIT Press, 1998), 27.

21. Cindy Patton, *Fatal Advice: How Safe-Sex Education Went Wrong* (Durham, N.C.: Duke University Press, 1996), 23.

22. Grover, "AIDS: Keywords," 27.

23. Dwight Conquergood, "Of Caravans and Carnivals: Performance Studies in Motion," *The Drama Review* 39, no. 4 (Winter 1995): 137–141, at 138.

24. Román, *Acts of Intervention*, 155.
25. Friedman et al., “Urging Others to Be Healthy,” 250.
26. *Ibid.*, 260.
27. Karen McCarthy Brown, “Mimesis in the Face of Fear: Femme Queens, Butch Queens, and Gender Play in the Houses of Greater Newark,” in *Passing: Identity and Interpretation in Sexuality, Race, and Religion*, ed. María Carla Sánchez and Linda Schlossberg (New York: New York University Press, 2001), 208–227, at 208.
28. What I call the “gender/sexual identity system” is typically called the “gender system” within Ballroom culture. My outline of the six subjectivities within the system is drawn from my ethnographic data that include my attendance/participation in balls, my analysis of numerous ball flyers, and interviews that I conducted with members from all over the country over a nine-year period. Despite a few discrepancies among different sectors of the community, the general components of the system are standard throughout the Ballroom scene. The gender/sexual identity system is separate but inextricably linked to the competitive categories that appear on ball flyers. At balls, competitive performance categories abound, but the gender and sexual identity system serves as the basis upon which the competitive categories are created. For an example and an analysis of a ball flyer/program, see David Valentine’s *Imagining Transgender: An Ethnography of a Category* (Durham, N.C.: Duke University Press, 2007), 78–84.
29. Emily Arnold and Marlon M. Bailey, “Constructing Home and Family: How the Ballroom Community Supports African American GLBTQ Youth in the Face of HIV/AIDS,” *Journal of Gay and Lesbian Social Services: Issues in Practice, Policy, & Research* (Summer 2009): 1–34, at 6.
30. Sel Julian Hwahng and Nuttbrock, “Sex Workers, Fem Queens, and Cross-Dressers: Differential Marginalizations and HIV Vulnerabilities Among Three Ethnocultural Male-to-Female Transgender Communities in New York City,” *Sexuality Research & Social Policy: Journal of NSRC* 4, no. 4 (2007): 36–59, at 44.
31. While I acknowledge the participation of Latina/o queer people in Ballroom culture in some locations, most Ballroom members are Black queer people. Since my primary site of examination is Detroit, where the Ballroom scene is almost exclusively Black, all of my interlocutors and the communities to whom I refer are Black queer people.
32. Brett C. Stockdill, *Activism Against AIDS: At the Intersections of Sexuality, Race, Gender, and Class* (Boulder, Colo.: Lynne Rienner, 2003), 4.
33. All statistics cited here are from the Michigan Department of Community Health (2008), www.michigan.gov/mdch.
34. In a five-city study of HIV infection among Black MSM conducted by the CDC in 2005, it was estimated that 46 percent of Black MSM are infected with HIV/AIDS, and 64 percent of those who tested positive were unaware of their status. “HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men—Five U.S. cities, June 2004—April 2005,” *Morbidity and Mortality Weekly Report* 54: 597–601.
35. One of the critical problems with the reporting of HIV epidemiological data by local health departments is that the data is not often disaggregated by race, gender, and “sexual risk categories.” As a result, most of the data collected on the local level do not provide specific numbers on Black MSM.
36. Michigan Department of Community Health (2008).
37. U.S. Census (2000), www.census.gov/main/www/cen2000.html.
38. Cathy J. Cohen, “Contested Membership: Black Gay Identities and the Politics of AIDS,” in *Queer Theory/Sociology*, ed. Steven Seidman (Cambridge, Mass.: Blackwell, 1996), 372.
39. Roy Cain, “Gay Identity Politics in Community-Based AIDS Organizations,” in Ristock and Taylor, *Inside the Academy and Out*, 200. More elaboration on this can be found in Cohen, *The Boundaries of Blackness*; Seidman, *Queer Theory/Sociology*; and Brett C. Stockdill, *Activism Against AIDS: At the Intersections of Sexuality, Race, Gender, and Class* (Boulder, Colo.: Lynne Rienner, 2003).
40. Lester K. Spence, “Uncovering Black Attitudes About Homosexuality and HIV/AIDS,” paper presented at the 2005 National Conference of Black Political Scientists, Alexandria, Va., 1.
41. *Ibid.*, 6.
42. Cohen, *The Boundaries of Blackness*, 70.
43. *Ibid.*
44. *Ibid.*
45. Román, *Acts of Intervention*, xxiii.
46. Nancy E. Stoller, *Lessons from the Damned: Queers, Whores, and Junkies Respond to AIDS* (New York: Routledge, 1998), 2.
47. Cain, “Gay Identity Politics,” 200.
48. Stuart Hall, “What Is This ‘Black’ in Black Popular Culture?” in *Black Popular Culture*, ed. Gina Dent, 1–21 (Seattle: Bay Press, 1992), at 24.
49. Friedman et al., “Urging Others to Be Healthy,” 251.

50. Kim D. Butler, "Defining Diaspora, Refining a Discourse," *Diaspora* 10, no. 2 (2001): 189–218, at 192.

51. Vinh-Kim Nguyen, "Uses and Pleasures: Sexual Modernity, HIV/AIDS and Confessional Technologies in a West African Metropolis," in *Sex in Development: Science, Sexuality, and Morality in Global Perspective*, ed. Vincanne Adams and Stacy Leigh Pigg, 245–268 (Durham, N.C.: Duke University Press, 2005), 246.

52. Noir Prestige died from complications of HIV/AIDS on May 4, 2005, in Detroit.

53. In Ballroom culture, "realness" refers to a fundamental set of criteria for performance. These criteria have been a part of Ballroom culture throughout its more than five decades of existence. Realness requires strict adherence to certain performances, self-presentations, and embodiments that are believed to capture the authenticity of particular gender and sexual identities. I argue elsewhere that these criteria are established and function based on a schema of race and class that gives realness its discursive power in both the Ballroom scene as well as in society at large. Thus, the performance criteria for schoolboy realness and executive realness include not only "looking like" a schoolboy or an executive, but also performing gender as a man with normative masculinity that signifies "straight" sexuality.

54. Cornel West, "Nihilism in Black America," in Dent, *Black Popular Culture*, 37–47, at 42.

55. In Ballroom lingo, "snatching a trophy" means winning the category and being awarded a trophy and/or a cash prize. This is also called "slay and snatch: slaying the competitors and snatching the trophy."

56. This annual ball is cosponsored by the House of Rodeo and the Minority AIDS Project in Los Angeles.

57. Tim'm West, "Keepin' It Real: Disidentification and Its Discontents," in *Black Cultural Traffic: Crossroads in Global Performance and Popular Culture*, ed. Harry J. Elam Jr. and Kennell Jackson, 162–184 (Ann Arbor: University of Michigan Press, 2005), 163.