

## Sweet-Tea Ethics: Black Luv, Healthcare, and Cultural Mistrust

There once was a Persian cat who had a tail worthy of marvel. In arrogant displays, she would strut and fret many hours upon the stage. Suitors employed adoration, only to be rebuffed time and time again. A flawed beauty, she often pranced around the railroad tracks behind old man Johnson's corner store. That was until karma came calling. In a tragic twist of fate, her tail was cut off in a freak accident. An overzealous streetcar conductor ran over the Persian princess's tail as she attracted suitors one late southern evening. Ego crushed, and knocked from the pedestal she had carefully constructed, the former head-turner lamented her misstep. She lost her head over a little piece of tail.

"Never lose your head over a little piece of tail," snapped my southern-bred grandmother as she offered up her classic extended metaphor for sexual relations. From Samson to Kobe Bryant, many men have weathered the consequences of letting a little tail go to their heads. This fictitious "tail" narrative advanced by my late Grandma not only became classic family lore, but it also became the foundation of her "straight, no chaser" classes in sex education.

Before I hit puberty, and years before my incidences of puppy love morphed into incessant lust, my grandma had already schooled me on condom use and the prevalence of HIV/AIDS. And while many a relative chided her for being a little too frank with young folk, she was relentless with her unsanctioned safe sex lectures. You see, decades earlier, she had been the victim of misinformation. On one such occasion, after prodding my great granddad on the

whereabouts of a missing playmate, she was informed that her best friend had broken her leg. In reality, the girl had become pregnant. So she made a vow to be as open and honest about “relations” to anyone in earshot. And boy, did she burn some ears.

As is the case for many black folks, my health education rarely came from PhDs or credentialed health professionals with carefully constructed marketing campaigns or brochures highlighting empty statistics. My education happened during Friday fish fries, Sunday dinners, and other random gatherings starring Grandma Lowe and a host of uncles, aunts, “play cousins,” and family friends. Wrapped in love and peppered with stern warnings—often emphasizing the consequences of unprotected sex—these informal classes would form the core of my knowledge of reproductive health.

HIV/AIDS was given a personal face when a dear co-worker of my mother’s, a deeply loving art enthusiast and cultural warrior who reminded me of literary giant James Baldwin, passed away. His death rocked my spirit, and his loss resounded louder to me than any PSA or clever catchphrase ever did. Most importantly, I watched how my mother and her collection of supporters rallied around their ailing friend, filling his last days with more food, laughter, and good times than he could stand.

My story is not an isolated one, but rather a reflection of the humanistic ethos of African Americans anchored in reciprocity and strong ties to family and social support systems (church, community groups, hair salons, barbershops, etc.). Effective strategies for combating the spread of HIV must take into consideration how the African-American way of being is directly influenced by the permanence of racism, and how cultural mistrust informs the help-seeking behaviors of our people. The innate creativity of black folks can be directly linked to the dire necessity of developing coping mechanisms and adaptive strategies to eke out survival in an American society preoccupied with forecasting our demise.

Since its emergence, HIV/AIDS has always been viewed as an “other-people” affliction, as it was often associated with homosexuality, an orientation perceived by some to be a morally reprehensible lifestyle. As HIV/AIDS began to disproportionately

affect the African-American community, theorists dusted off age-old notions of white supremacy couched in cultural pathology frameworks. Quite conveniently, these theories that associate immorality, free will, and inherent inferiority with African-American culture frequently become scapegoats for larger forces like poverty, persistent racism, and unchecked discrimination that inhibit life chances and deeply affect quality of life. .

Health care is often an impersonal affair regularly divorced from an African-centered worldview, but delivery of health-care services absent social context misses the mark. Therefore, it is imperative that health professionals understand black construction of social reality. In their groundbreaking work *The Psychology of Blacks: An African- American Perspective*, Dr. Joseph White and Dr. Thomas Parham clearly delineate the five major characteristics that define African-American psychology: improvisation, resilience, connectedness to others, the value of direct experience, and spirituality.

### **Improvisation**

Black life is often full of more remixes than a song by Sean “Diddy” Combs. Outside traditional methods of Western medicine, black folks are skilled at creating alternative remedies. Making a way out of no way is a fundamental part of our existence. While HIV/AIDS is often viewed as a death sentence, we must summon our historic impulse to maintain enthusiasm despite the bad hands we may be dealt.

### **Resilience**

As many grapple with historical inequalities, the black experience is a constant re-humanization process. Contemporary rhetorical devices (like “hustlin’” and “grindin’,” often employed by hip-hop heads) are merely updated manifestations of the vitality and fortitude exhibited by the African diaspora since the times of slavery. Magic Johnson’s unprecedented fight against HIV is a stellar example of the unique capacity of blacks to transcend tragedy into

personal growth. Johnson's will to live, and not medicine alone, sustains his earthly existence.

## Connectedness to Others

Social institutions, including extended family, the black church, historically black colleges, community groups, and beauty/barber shops, help serve as support systems and safe spaces that ward off the negative messages of the status quo. Black folks are culturally obligated to “keep it real”—no masks or pretense—because authenticity is highly valued. Communication is marked by brutal honesty, and critiques are wrapped in love. Close-knit inner circles and family members, not doctors or health professionals, are normally the first source of information disseminated on health attitudes and practices.

## The Value of Direct Experience

The truth will set you free, and trust in the black community is won only through working in the trenches on issues involving freedom and civil rights. Elders are deeply respected for their infinite wisdom, and they often pass on coping strategies and rays of hope to future generations. Slavery and the adversarial relationship between blacks and whites—that inhumane treatment created—has informed a healthy skepticism of Western institutions, practices, and values.

## Spirituality

While Western medicine puts its faith in the pill, black folks employ the spirit to heal. The spiritual essence of black folk is deeply rooted in a soul force greater than ourselves. Spirituality is the unifying theme of African-American psychology, and it permeates black culture.

A little white supremacy can go a long way. Multi-million-dollar facilities and their wonder drugs are moot points if the facilities' health professionals do not have genuine love and respect for

the humanity of black folk. Service-delivery models without cultural context make for nice theories without practical application. If health-care providers do not understand how the Tuskegee Experiment directly affects the help-seeking behaviors of blacks, their prized degrees are not even worth the paper they are printed on. The Experiment, a 40-year U.S. Public Health Service (PHS)-sanctioned study, used poor black men afflicted with syphilis as laboratory animals; doctors withheld the nature of their ailments from the patients and failed to administer proper treatment under the guise of research. If we are not serious about healing the wounded psyches of black folk, alleviating the angst of social trauma, challenging institutional racism, or trading stories of empowerment over sweet tea, then HIV and AIDS are the least of our worries.

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