

DAN ROYLES: Okay, so I'm Dan Royles, here interviewing Rashidah Abdul-Khabeer at the Family Planning Council, at the Circle of Care of the Family Planning Council in Philadelphia on April 11, 2012, and so, can you say your name, and your date of birth, and where you were born?

RASHIDAH ABDUL-KHABEER: My name is Rashidah Abdul-Khabeer, I was born December 23, 1950, and right here in the city of Philadelphia.

DAN ROYLES: And so, you grew up in Philadelphia.

RASHIDAH ABDUL-KHABEER: Yes, all of my life, I've lived here in Philly. A short time in Los Angeles, but all my life here in Philadelphia.

DAN ROYLES: In the city of Philadelphia?

RASHIDAH ABDUL-KHABEER: Yes.

DAN ROYLES: Okay.

RASHIDAH ABDUL-KHABEER: Yes.

DAN ROYLES: And was your family from the area?

RASHIDAH ABDUL-KHABEER: My family, well my grandparents migrated to Philadelphia during the diaspora in the 1920s and bought homes in West Philadelphia, and my parents grew up in the Philadelphia area. They also were from Virginia but migrated with their parents here, and so, I'm a third generation Philadelphian.

DAN ROYLES: So, your family was not Muslim.

RASHIDAH ABDUL-KHABEER: No, no, I am the first Muslim in my family. My children are and my soon to be grandchildren will be Muslim, but I'm the first in my family. First and only in my family at this point.

DAN ROYLES: As a young person, as a child, as a young adult, were you active in the church, the African American church?

RASHIDAH ABDUL-KHABEER: Absolutely, yes. I, like most African Americans, I grew up in the church. There was a family church, which was located in West Philadelphia, my grandparents went there, my grandfather was a part of the deacon board, and my grandmother worked in the women's services. My mother grew up in that church, and then when we moved "across the river," as my grandmother referred to leaving West Philadelphia to come to the Nicetown area of the city, we also joined a church there. And so I've always been part of the Baptist church, and that's pretty much where my history began. Like most young people, you start to question faith practices, and my questions were very specific, and I was sort of sent on a mission to answer my questions. I don't think my pastor quite recovered from the extent to which I took his answer, but—but yeah, I started off in the Baptist church.

DAN ROYLES: What were those questions that—

RASHIDAH ABDUL-KHABEER: Well, I mean, you know, theology was really important, and I'm a fairly concrete thinker, and I like to process information, so the idea of saying that we were a monotheistic faith, but then there was father, son, and holy spirit, or ghost, depending on which pastor preached, was very confusing to me, because that's three, that's

not one. And so of course, that made it a challenge to try to understand, and I began to ask questions about that. And then, the critical questions of, well, if there is only one god, then who is Jesus? And is Jesus god to us, or the son of God? And, if he was God, then why was he praying to himself? And so, things began to sort of unravel, in terms of really being able to understand clearly what my faith practices were supposed to be. It did not alter my understanding or relationship personally with God. I am clear about the creator and always have been. But I didn't understand what my family was trying to help me just accept, sort of just, we—this has always been that way, and I'm not good at that. "Always been that way" does not make sense to me, it just says that nobody tried to change anything, nobody asked questions. This is probably part of the prompting of all of the things that I've done in my life, is, there's that one little nagging question that goes, But why are we doing it like that? And so, in going to church and being sent to the pastor's office (laughs) because I was disrupting Sunday School by asking these very complex questions that the teachers didn't know how to answer. I mean, no one that I know had spent any time trying to figure out what exactly they believed, to be able to explain it to someone else, and so they didn't know how to answer me and they sent me to the pastor's office, who said, I think, the most critical words to me, which was, "To study, to show thyself approved." It's one of those phrases that African American ministers say to you, you know, it's like, "Just study." Well what he meant was, read the Bible, which I did. And as I did, I read the words in a very concrete way, so if the very first page on the bottom says, "King James' Version," that meant something to me. So then I wanted to know, well, what are the other versions? And so, that sort of sent me on a pathway of finding the versions, and so I probably have an incredibly extensive collection of various versions, some of which contradict each other, some of

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which have taken, I think, great liberty at their explanation, and others that are very rigid. And so, that led me to, well where did this come from? And studying the history of Christianity, then going back through Judaism, and over the course of my early young adult life, right into going into nursing school, and witnessing sort of life unfold through people's illnesses and that sort of thing gave me a sense of, there's faith, and then there's religion. And you have to be able to understand the difference, and know which one you hold fast to. So I can say now I hold fast to my faith, religion is something else. And so you know, in doing that I spent a lot of time in Judaism, and nearly converted to Judaism, I studied with the Hadassah at one of the large synagogues that was associated with the hospital that I worked in. And a wonderful rabbi who is now deceased, Rabbi Jacob Goldstein helped me with many questions around faith and religion, and he was very important to my understanding of where I was going. Hadn't got there yet, but knew where I was going. And then I went to college. And college always, again, if you do it right, it broadens your horizons, opens up new vistas, and it did. And I studied one religious course at a Jesuit college, where I was taught by a Hindu professor who gave us texts of various world religions, and some of them were just beautiful texts. The ideas were streamed together, which really helped me understand the idea of one god, and one message, and given to different people, and understanding their history and how they manipulated their sacred texts for political or social gains, and that became the way. And masses of people basically subjugated to their interpretation as opposed to being able to access the information directly for themselves helped me to understand how this religion had been sort of altered, so that people really aren't clear about what they believe, but they know they have faith.

And so, I, you know, moving, moving, moving, moving, and then one document that she African American AIDS Activism Oral History Project by Dan Royles is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#).

gave had no citation, which you know, for a student understanding APA, you have to have citations when you quote things. She gave us a photocopy of what I thought was the most beautiful poetry I had ever read, and as it turned out it was the Qu'ran, which is the sacred book of the Muslims, and it was in English, and the words were just powerful to me. She gave us the opening chapter, which basically summarizes the religion and the belief system pretty succinctly, but no citation. And so I had to ask one of my classmates, "What is this?" and so as it unfolds, they tell me, you know, this is the Qu'ran. They say Koran and where I could get it was like at the local bookstore, and so I went to the bookstore looking for the Koran, K-O-R-A-N, by Mohammad Pickthall, and it was a little paperback book. When you open the book, it looks like it's written in haiku, and so I'm reading it going, this poetry is really fantastic, and then we had to write a paper on it. And I asked one of my classmates because I was ill, I had the flu very badly that year—one of my classmates to come and let's talk about it, you know, what were the class lectures about? And as it unfolded, he says to me, this is not the real book, the real book is in Arabic, and it should have English translation and commentary, and so he brought me the Qu'ran, and in the course of my illness, which was about a month long, I read the whole Qu'ran in about seven days, and took *shahada*, is what they call it, the witness, and converted to Islam. Because all of my questions in terms of faith and religion and practice and expectations as human beings was identified in that text. And what stood out the most was, we are placed here solely to worship god, and there's a whole listing of ways that worship can be manifested, and one of them is service to humanity, which tied back to my nursing, which was service to humanity, and in ways of care and treatment, and understanding human conditions, which after a bit

expands itself into social care and public health. And so there I landed, exactly where I was supposed to be, and so and in the midst of all of that up came the HIV epidemic.

DAN ROYLES: So what year was it that you converted to Islam?

RASHIDAH ABDUL-KHABEER: Nineteen seventy-nine.

DAN ROYLES: Where were you in school?

RASHIDAH ABDUL-KHABEER: I was actually finishing my bachelor's in nursing, but I had been practicing nursing for a number of years. I graduated in 1971 from an old school. I had a diploma; I graduated from the Women's Medical College, which was the oldest college to admit women to study medicine and now no longer exists, it's been absorbed twice, but now by Drexel University. So I learned just this week that I'm an alumni of Drexel now. Who knew? But it was again, very historical, because again, the atmosphere of women in medicine, focused on humanity, the nurturing idea of medicine, as opposed to, we're just practicing sort of alchemy, and you know, mix up a few potions and give it to them and they'll be fine. But really looking at holistically, the human condition, and knowing that illness is an outcome of a bad experience, whether it's nutrition, or you know, psychological, or financial, they all link together. And so that was much more the sort of presentation in school, and again, it's the roots of "and serve humanity." And so this all sort of unfolded for me in a real plan over the course of all of those years of my life, the message also being reiterated and reinforced, serve humanity, this is the way you will serve humanity, so here I am again.

DAN ROYLES: So you grew up during the 1960s, then?

RASHIDAH ABDUL-KHABEER: Yes I did.

DAN ROYLES: Was your family politically active?

RASHIDAH ABDUL-KHABEER: Not my family, so much. My mom ended up a single parent, she was divorced, with my sister and I, and so, most of her life she spent working more than one job, in fact two jobs, in factories for a long time, until I finished nursing school, and I said to her, "You could be a nurse," and helped her go back to nursing school. And she got a practical nursing license and worked another twenty-five years as a nurse. But no, they weren't politically active, particularly. I was, because I'm in high school, I'm in college, I'm surrounded by people who are talking about black power, and black empowerment, we're talking, we're learning that there's segregation still, because I didn't know. I learned what it meant to be poor. No one told us we were poor. I mean, I sensed that we didn't have a lot of money, but I didn't really know that there was something so much better, because we lived in segregated neighborhoods. My neighborhood was great. You know, the sort of transition: the whites that were still in the neighborhood were grandmothers, and their adult children and their grandchildren would come to visit until Mrs. So-and-so died, and then you didn't see them any more, the house was sold to someone African American. So then as the neighborhood completely changed, and as my mother's income improved, we moved to a different section of the city, always with the idea of moving up and improving your lot, and that it was done by hard work. So activism for me meant, you know, much more of improving your lot, doing better, and helping others wherever you could. So that's sort of the way it unfolded for me, but they weren't particularly politically active. I became more active really by happenstance more than anything, trying to understand about voting, and

there was so much obviously going on in the sixties about voter registration, voter rights, and civil rights, and you know, where can you sit at counters, and that sort of thing. I really became much more involved in that. I did participate in voter registration drives here. I did slip away to the South when you weren't supposed to be out of school, and got involved a little but with Freedom Riders and scared my poor mom to death with the, you know, the people that were being beaten in Selma and that sort of thing. I didn't spend a lot of time there because I was underage and not allowed, but I did witness over a weekend what it meant to do voter registration in the South, and travel on dark roads, and learning the culture of having to be in by dark because it wasn't safe as a black anybody, female or male, to be out. But certainly, you put yourself in danger and that sort of thing, so I got involved that way, but when I came back to you know the city after that weekend, it was clear to me that we had to do the very best we could. My family—grandmother, mother—all said education was critical. I was in high school, my high school principal was Dr. Marcus Foster, who instilled in us this idea of how critical education was for the African American community, that we needed to strive to get as much education because that was the only way that we, not only as individuals, but as a community, were going to prosper. And again, took that very much to heart, studied as hard as I could, got scholarships to go to school and worked, you know I had a job while I was in nursing school, but always with the idea, we're going to do better. The whole family will do better. Inspire my sister to go to school, and she became a medical technologist, and again, the same way with her children, my children graduated from college. They're in engineering, I have one who has a pilot's license, and all the things that are sort of odd are only odd because he's African American. If

I said, Well yes, he has a pilot's license, and he has an engineering degree—chemical



engineering—and he dances hip hop with the Koresh Dance School, and he's in library science right now because he was interested in the passing of history and the library seemed like a good place to do that. But what I tried to do was expand their horizons beyond just this small neighborhood that they grew up in, in Philadelphia. The fact that it was middle class was irrelevant, that you have to give back, you've had opportunity and you must give back, and so, I've been involved in that way. I was a Black Panther.

DAN ROYLES: Really?

RASHIDAH ABDUL-KHABEER: Yeah. And involved myself in all that sort of political analysis, and trying again to understand about how important things like school lunches were, and talking to young people, younger than you, and keeping the oral history going, so that people knew where they came from and had a sense of where they were going, because this is what my experience has been. And so, I was very active in that, in that way, and I still do that. Now I do it in a much more academic way, because I have students that I mentor. Initially it was just something that I personally enjoyed, but now I've set up a program here at the council within the Circle of Care, and Temple students from the baccalaureate and the master's programs for public health come here. They're primarily African American, and so far they've been women, and so the passing on of all kinds of history, oral history goes on with the students. They get excited at the interview before they decide that they're going to join us here, but it really is all about you having a responsibility to give back to the community, and I will show you how to do that. I have a mentoring style for my staff that has encouraged all of them to go back to school, so every one of the Circle of Care staff is in school, some type of higher education, and they are

people that run a wide range of backgrounds. I have some people who are recovering from substance abuse, addiction, who've gotten clean, and barely had a high school diploma, and helped them, you know, get their GED so they could go to community college. I have another student who, you know, wanted to get an associate's degree, but because he had been in the prison, didn't think that he qualified. So all of those kinds of things to show that everyone has some part of the human puzzle that they have to put in place, and the only way to do that is to get involved. And so, all my staff is in school.

DAN ROYLES: That's wonderful.

RASHIDAH ABDUL-KHABEER: I know.

DAN ROYLES: So, when the epidemic hit in the early eighties, where were you working?

RASHIDAH ABDUL-KHABEER: I was working at one of Philadelphia's larger medical centers. My job was infection control. I also was involved in risk management, and quality assurance, and my primary responsibility was to assure that anyone who came into the institution with a potential infectious disease would be placed with the proper precautions, and staff that was associated with their care would know what precautions they needed to take. And then to assure that all of the systems within the hospital would be protected from any exposure to that individual, and so quite naturally, in the early part of the epidemic when we weren't sure what people had, we used what we now think of easily as universal precautions, but in those days it was just blood precautions. And so it was really knowing that HIV is transmitted by blood—we were sure of that—and that it was sexually transmitted, and since no one would be having sex with the patients, that we had less to

concern ourselves with that—pretty much—but really making sure that those precautions were in place, and that there were gloves and goggles. I wrote the policies for the care of people with HIV, then called HTLV-III, but we made sure there were policies available for that. There was a huge discussion in the institution about whether people—staff—could refuse to take care of a patient who had HIV. We all agreed in the medical committee at the time that that was not acceptable, of course that they would take them because there are just an incredible number of infectious diseases that our staff was constantly exposed to, we knew what precautions, based on the method of transmission, that we needed to take, and so there shouldn't be any right or reason to refuse to care for a patient. But you know, there's always got to be a test case, and we had a small test case where a client did come in, was diagnosed with pneumocystis pneumonia, ultimately died, and there was a post mortem required and the pathologist refused to do it. And so the institution agreed that if the person refused to do the post mortem, understanding the precautions that needed to be taken, that they would be suspended with the potential for termination. And so, with that—just the rumor—that that was possible for a physician to be suspended, and/or terminated for refusing to do a post mortem on someone because they were suspected of having HIV set the tone for the institution, and once that was done people were very clear: use your precautions. They knew that I would be around to do all the in-service education for all departments, which I did, and write the policies, again, for something even as small as how do you change the air filter in the air conditioning system in a room where there was someone with HIV, even though we knew it's not airborne. So all of those things again, but it helped me understand human condition, because people are afraid of what they don't

understand, what they can't see, feel, or touch. So for me it was just again, part of a

continuum of activities that I needed to do. It was a very challenging time, and because it was a new disease, for me it was kind of the Sherlock Holmes thing. When the client first came in, we weren't sure what was wrong. It was myself and a medical student, who came up with the idea that maybe it was HTLV-III, because the client didn't fit the profile. He wasn't gay in the way that people would be like, You know, oh yes, he's clearly gay. It wasn't like that. He was married, had been married for a long time. What we didn't know is that he hadn't actually been intimate with his wife for more than fifteen years. We didn't know that he treated himself periodically to come to the gay community to meet men. No one knew that. We just knew that he had pneumocystic pneumonia, and that he did not have any other immune compromising diseases, such as cancer, because we worked him up for all that. But his condition rapidly deteriorated, to the point where he was placed on a ventilator. And then the family had to become really more actively involved in deciding whether to sustain him on life support or not. And it was at that point that we learned from one of his family members that, "Oh he's been gay, and he's always been gay." And so we had to talk through sort of that. But again, it highlighted an issue that has ultimately become a significant factor in the epidemic, is that people, their lifestyle may not be obvious, and so you have to know how to talk to people to get the information, to give them the information they need to protect themselves. It started for me a whole thought process of, Well how do we combat this? I mean, it's a disease that may take a long time to manifest itself. People are getting infected along the way, how do we deal with it? And so that was sort of the first start, helped moved the institution along, but it also, because I wrote these policies, brought my work to the attention of the health department, which is where I went next, with really trying to find out from the health department what I could do. They asked

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me to participate in a task force they had organized with what was called the PCHA, the Philadelphia AIDS Task Force. And I did that as a volunteer. And my life made a complete turn. I was real happy with infectious diseases and risk management, but my life narrowed down to just the one, and I volunteered with them to do lectures. We started off with lecturing in some medical facilities, social workers, that sort of thing, and then college, universities. But the more that we learned about the epidemic, and the impact it was having on the gay community, I learned a great deal about the civil rights and social rights issues that were impacting the gay community, Stonewall and all of the social movement that occurred with that. How the epidemic was moving, and who was being impacted by it, and knowing at first it was really financially well-off gay men, who could afford the health care, who traveled, whose exposure wasn't just, well it's in my neighborhood, it's like, well I can fly all over the world, you know really, and I have freedoms to do pretty much what I want, even though I may be sort of incognito in my own immediate areas. And then, there's those that are out, and then I learned what coming out was, and the pains that sort of went with that, and it really highlighted for me, here's another segment of the population that's isolated, and needed to have more information. People whose friends were dying, whose lovers were dying that they couldn't spend time with because of some ridiculous social barrier like, but you're not really related to him, you're not married to him, but this is his family. And so those things, again, they touched me back to my primary goal, human service. And so I began to work with the Task Force in different ways. What became obvious to me as well was that here I thought, gay sort of encompassed sort of everybody who was gay, not thinking that there would be also substructures of discrimination and prejudice, that there's something called black and gay, and Hispanic and gay, and it's not

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just gay. And that for me was stunning, because I could see the stigma that was applied to just being gay regardless of your racial background, but then the white gay community was discriminating against black gays, but they were all having sex with one another, and that was very complicated to understand. But I had a good friend who allowed me to sort of talk through my questions and answers. And I do truly love him. He was a physician. And I remember, when I joined the Task Force, one of the outstanding moments of my life was going to volunteer orientation and being in a room with probably, maybe twenty people, being the only woman among the twenty, being only one of two African Americans among the twenty. The other was a male who actually worked in the health department, and having him do this whole lecture with the map on the wall, I will never forget, of where the AIDS epidemic was in the United States. And there was practically every state had clients identified except for Iowa. And I in my stupidity said, "I don't understand how it's possible to have AIDS everywhere but Iowa?" And without cracking a smile, he said, "Well,"—there was one other state, maybe Wyoming, or something in that same general area—and he said, "Well I can't speak for that other state, but I can say for Iowa, I moved to Philadelphia." And everyone in the room laughed but me. And I went, What the—did he just say he was gay? And—and he has HIV? I was mortified, because he was a doctor, and professional people didn't come out as far as I understood. Like, you don't do that—that puts your career in jeopardy, and I was so worried that after the lecture was over I went up to him and I said, "Are you going to be all right? You said you were gay. Like, in public." And that's where I learned about the importance of coming out and sort of the psychological pressures that are put internally when you can't be out and open about who you are. And then I learned about something called gay lifestyle, and the issues around substance abuse

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and alcoholism, and how it's tied in so much to being able to come out and being accepting of yourself, and understanding self-esteem, and I loved him. Because he was so willing, whenever anything came up that you could not otherwise ask anybody about because they either would be too embarrassed or just couldn't believe you, like, why are you asking these questions?, he would help me understand it, which allowed me then to frame the kinds of educational presentations we ultimately did for community people, where we had to talk about not who you are, but what you do. And here are the wide ranges of human proclivities, and this is how you protect yourself in the midst of all those. So I'm not telling you what you cannot do, I'm going to tell you that what you do—this is how you do it more safely. So he was really wonderful, you know, being able to do that. And pretty much working on the Task Force is where BEBASHI sort of was born, primarily because there was a delay. Now I probably wouldn't characterize it as a total unwillingness, but I think there was a significant delay in establishing education programs that targeted black gay men, and after a bit I was enraged by that. I really was. I just couldn't understand why a group already experiencing discrimination themselves would then perpetuate discrimination on what I saw as like, your own, and I didn't understand that. And so I wrote a proposal saying, we want to do outreach prevention, there's a small group of gay men who are the sexual partners of white gay men who want to help their brothers understand HIV prevention. And you have the money, and the resources needed to do this education, and you keep putting it on the agenda, but it's always at the bottom. We never get to it. And so there was that moment, which I'm sure someone else will tell you about, in LOVE Park, where a different kind of activism on my part was born. I gave a speech, frequently referred to as my Malcolm X speech. (laughs) I do have a videotape of it. It's pretty intense, but it

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was one of the first candlelight vigils that were held in Philadelphia commemorating the passing of people with AIDS and wanting to again bring public attention to the disease, to push the mayor to talk about it, to get the health department to give more funds for the care of people with AIDS because the system was ignoring entirely the communities impacted by HIV, and so the community was developing its own programs. So we had buddy systems. Buddy is the kind of old days, but it meant that we came in and volunteered to take care of that person who was ill, give relief. There was respite care issues, we did all of those things to try to create some sort of comfort zone. Legal services developed. So you know, all the programs we think of as staples in the community for HIV care and prevention were born during those times. The 1980s was a big time for it because people were dying, and relatively quickly, and science was trying to figure out the dosages of the different drugs that we did have available, which were designed for cancer, not for HIV. You know AZT is still amongst the drugs that are used routinely for AIDS treatment, but we were probably overdosing people on it because they were taking like fifteen hundred milligrams every four hours, and the side effects were horrible, and probably contributed to the demise of many people, although they did live longer because probably then we were looking at two years after diagnosis. But in the African American community people were dying within about nine months of it because one, they didn't know, they didn't have health care, or the access to treatment was very limited because there were so few doctors that were willing to take care of you, and certainly not in the African American community. So you had to come, basically to Center City. Well, Philadelphia is a city of neighborhoods, and you pretty much stay in your neighborhood. And you might be gay downtown, but you're something else in the neighborhoods, and so all of those things, I think, impacted negatively



in the beginning of the epidemic. And so there was no buddies for black people, and so we had to figure out, well how are we going to take care of it, and that meant educating parents. Issues of coming out were totally different. You know, it's like, coming out to who? We've always known you were gay. Nobody talked about it though, because talking about any kind of problem was not done at all. We didn't talk about domestic violence, we didn't talk about serious illness, they just were, and you dealt with whatever came up with it. And so, you know, this idea that first you had to be out, I have to acknowledge that you're out, and you have to acknowledge that I acknowledged you, and all—it just created a difficult dynamic. And then trying to explain that to the white gay community in these numerous meetings we were having about resource allocation became a problem. You know, it's like, your mom might not have talked about it, our mom knew. And she said, Well oh yeah he's gay, I've always known that. It doesn't matter because he still has to put the trash out. (laughs) You know, it's like that kind of thing. On the day of my Malcolm X speech, um, there was a mom who was brought to talk about the impact that her son's death had had on their family, and how devastating it was to learn that he was gay as he was dying, and my having been assigned to, as the vice president of the board of the Task Force, to speak about HIV and the impact on the black community. And it was a very difficult day for me because it couldn't be one of those nice speeches where once again, for myself personally, being put up as the sort of colored poster child, because that's pretty much what I had become. It was like, We need a black female, oh and great you're a Muslim so you're a religious minority of those hardliners too, who don't like gay people. We'll put you out front to talk about it. And it was coming down to that. And my having to talk to this mother on the podium before I made my speech. So as they were doing the black gospel choir from African American AIDS Activism Oral History Project by Dan Royles is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#).

some university singing behind us, you know, whatever those songs were and the little mini-speeches that people were giving, I went up and sat next to her and told her that I had a very painful task that I was assigned, and that nothing that I was going to say should reflect negatively on her son, or her grief, and that I understood what she was going through, but that there was a socio-political statement that I needed to make in order to save the lives of others. And I remember her just hugging me and saying, "We all have to do what we have to do." And so I was like, Well (sighs) good, I've apologized in advance. And then everybody else was carrying these small white candles, lit. But earlier that day I had gone to one of the major department stores, found the biggest black candle that I could locate, and when everybody else was sad and hugging and crying about the loss of these 398 people to AIDS in Philadelphia, I said statements related to black people, and that while they were all crying, no one was willing to come into the community and talk to black gay men. To some point where it was a little graphic about bending black butts over and feeling free to bang them without giving them the information or the protection they needed. So then press began, (laughs) but at the time there were so many black gay men standing alone where their friends had died, and nobody was one hugging them, and there was no candle lit for them, that came up to me after that meeting and said, If you'll help us, we'll figure out how we can do this. And so from that, BEBASHI was really born. Wesley Anderson, who was the cofounder, or is the cofounder of BEBASHI with me worked also for the health department in the STD division, and we sat and tried to figure out, given the momentum of all of that, how could we move to doing education in the community? And in remembrance of the people we had each encountered who had been impacted by HIV, but didn't have the benefit of information. There was a patient in the hospital, just before I left

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to do the larger piece of the work who was admitted with renal failure, and he was twenty-one years old. He had had a history of drug use, he had been involved in the sex trade, prostitution, and he had dropped out of high school. His veins were blocked in his kidneys because he had used substances or injected substances that could not be dissolved in the blood—cornstarch doesn't dissolve—and so it had blocked his kidneys and pretty much ended him. What was important about my contact with him is that as they were working up his diagnosis they found that he was HTLV-III positive, and so this entourage of renal physicians came into his room, stood around his bed. So you've got the attendings, you've got the medical students and the residents, and they're all talking about his blood work, and here's this young boy, basically, laying in bed, looking at all of these people, looking at him as a specimen, and myself because I'm on rounds with the doctors, because they weren't sure whether he had an infectious disease or not. He was on blood precautions for hepatitis, so I got involved in his case, and they literally said to him, Your kidneys are shot. We're going to put you on dialysis, you have AIDS, and she's going to tell you what you need to do next. And they all left. And I'm standing in the room with this boy, trying to figure out how I'm going to explain all that they just said to him. And so I said to him, "Do you understand anything they said to you?" And he said, "My kidneys don't work. I'm not sure about what dialysis is, and I don't know whatever else it was they said." So he never really grasped that they told him he had AIDS, essentially a terminal diagnosis. And so, no education, and he's basically functionally illiterate, and so now I'm going to explain all these complicated activities he's going to be engaged in. And it was really at that moment I knew that this would be more likely the kind of people that would develop AIDS and HIV, and they would die not understanding anything that happened to them. And so when we came

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to, you know, really getting to this sort of Malcolm X thing, and you know, looking at how can we improve education, get resources to help the people in our community who are dying, Wesley and I sort of spent time processing, we can't let that happen to anybody else that we know. And so again it helped us with our program development, and so I felt like the years before 1985 were all in preparation for what was going to come after, really understanding better and better how people think, where their feelings are, that actually the human being is the same everywhere, we all have the same hopes and dreams. Some people have access to the resources and benefits of the planet, and some people don't. And as human beings we have a responsibility to share, and the better you share the better your life becomes. And so it was like, then whatever I have I'll just give back, and so BEBASHI became a way to give back.

DAN ROYLES: What was the response like from the existing AIDS community in Philadelphia?

RASHIDAH ABDUL-KHABEER: (inhales deeply, then laughs) Oh, it was very hostile, it was very hostile. The wars pretty much broke out immediately after that. I mean, I had to publicly resign—no, I did publicly resign during my Malcolm X speech from the board of PCHA for their failure to address the epidemic to their very own people, and called on the mayor to reevaluate expenses of how this money was being distributed, and the people that were not receiving the benefits, and so, it was the skirmish of the war, and so yeah, it was horrible. There were people who privately would say, Somebody had to do this and we're really glad and whatever we can help you with you will. And then there were those with, You just are creating division within the community, and so now I'm the bad guy. But I was

fine with it, I really was. I was like, Yes, I am creating division because I tried to do it the other way, and you kept putting it further and further down on the agenda, and it was always the same kinds of excuses. Well, you know, first we have to get our systems in place and once we get organized we can do that—we didn't do that. Most everything that BEBASHI began with we did on literally our own. Understanding things like literacy, for example. My sons were little boys, they were probably—well, when I first started they were like four and a half and seven, and they became the gauge for literacy (laughs) because if they could understand it, then we could publish it to the community, and so they would critique the brochures and pictures that we used, and that sort of thing. And so then we went around talking about the impact of AIDS on the black community. Nineteen eighty-seven, the Centers for Disease Control sent out a call to the state HIV coordinators to come to Atlanta to talk about the impact of AIDS in the black community. Now what was really important about that was first of all it was published in the MMWR, which is a public document, but it's not in the public sphere, it goes to institutions and physicians' offices, state offices, that sort of thing. And so the community wouldn't know anything about it, but those of us who were involved in public health across the country made connections, and it was my first time hearing from people I didn't know but who had heard about BEBASHI being created in Philadelphia and, Can you come and talk?, and I was flying all over the country, talking in black communities about the need for activism, that this is an epidemic and epidemics—communicable diseases—don't stay in one community. It fans out because we're all connected, and I had this whole great cluster thing that I would demonstrate to show how things get linked together from New York gays, to San Francisco, and now—and Miami, and Houston, and how that worked, and the linkage between drugs because, you

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know, certainly there were all kinds of drugs, especially heroin, and poppers, sodium amytal, all of those things, those are your crossovers, and sex for drugs, and drugs eliminating your restraint, and so now you're having sex with anybody in all kinds of ways, and how that linked back, and then babies being born. And so I demonstrated all that, and I went to probably at least forty-eight of the fifty states, in some portion of the black community or another, talking about HIV, being invited to come and talk about why people needed to be involved. Talking to clergy, talking to funeral directors about burying bodies. Don't tell us we have to cremate. People in the black community do not traditionally cremate people, but they were saying they had AIDS and they had to be burned, and just horrible things. And working with the funeral directors' association, the black funeral directors' association here initially and you know talking through issues around HIV prevention. It was all a part of what was going on, but that call from the CDC to come and talk about AIDS in the black community without black people being invited did not make sense to many of us. And so there was a call that went out and, telephone chains of who heard from someone, I know about this person in Atlanta, this one in Philly, about a thousand of us descended on Atlanta and disrupted the meeting. Dr. Curran was responsible for management of the AIDS epidemic in the U.S. and was talking to the territorial STD people at the conference and we broke it up and they ended up having to move it to a larger facility. They were forced to allow us to come and sit in. (laughs) It was quite a raucous meeting. How can you talk about black people and not tell them about this? And oh, it was probably the epitome of social activism going on at that moment. It resulted in what went on for many years of a community collaboration. It provided opportunities for direct funding of community based organizations to do HIV prevention, it allowed the African American AIDS Activism Oral History Project by Dan Royles is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#).

development of minority organizations across the country with direct funding to address HIV in their own communities, and it birthed the National Minority AIDS Council, which has been doing work now for more than twenty five years around both the advocacy and the development of community organizations and trying to help them sustain and develop systems and that sort of thing, which we knew were really going to be critical. So it sort of all unfolded there. So the eighties was really big and here in the city there were lots of fights and table-bangings and so you're going to talk with David Fair, but David and I connected soon after my Malcolm X speech and I was granted office space without charge by District Council 1199C. Henry Nicholas would come in and say, (disdainfully) "This is some of David's stuff," but he was supportive. But when it came to the development of BEBASHI, I was working for the health department for a short period of time, basically nine months. I always say they gave birth to me because they allowed me one, to do infection control and nurse epidemiology with the department, so that brought me in connection to the unions, District Council 33 and 1199C, which are largely minority unions doing what I would think of as kind of grunt work in all kinds of fields. And being able to establish the Philadelphia Nursing Homes AIDS Unit—was one of the first in the state, so that poor people could be cared for in a nursing home facility if they were no longer able to be kept at home, meant that I had to deal with the unions. And so there I am, I do understand the unions, and this is what you have to do, and no we're not giving combat pay to people for caring for—but the city must provide the union with the funds to do these services in the safest way, so like masks and gowns and gloves. So I got to work both sides as a consultant to help them develop policies and procedures, and to identify resources that were required to take care of the people that were moved in, and so I was doing that and the city also

allowed me as their nurse epidemiologist to create a community response in the African American community to HIV, which essentially said I could do BEBASHI as well, during my time period. BEBASHI followed through me with not only developing itself as a program, but I also developed Congreso de Latinos Unidos' HIV program, called Proyecto Mujer, I helped with the development of the ASIAC—the Asian community response, I helped the clergy—the black clergy association develop its response to HIV. But going to all those places, I mean literally going to people that we knew, sitting down, talking them through whatever their issues or concerns were, essentially charging them to deal with the AIDS epidemic in whatever their sphere was. Talking to the Quaker City Funeral Directors' Association, black funeral directors, and helping them look at it, going in and saying, "Show me how you do embalming—this is where HIV is going to be a problem, this is what you can do to protect yourself," all those kind of things. So my life became a whirlwind of HIV information education, community education, talking to prisoners, saying, "You've got to get tested," even though the test was something that you'd go in and you have to wait a week before you get the results and that sort of thing. Combating the concerns around, Is this just another Tuskegee experiment and wasn't it a black nurse who brought the men into Tuskegee? And like I'm not a vector of the government, but all of those things were part of what I had to confront. And it was equally a challenge being Muslim. You know, the idea of being a Muslim woman, I should say. The idea of a Muslim woman speaking publicly about sex, and being, as I was told once, "surrounded by homosexuals" (laughs) it was just really, it was like yeah. Having also, you know, equally the sort of suspicions of the gay community, black or white, with, And so why are you *really* involved with us? We know your faith says this is an abomination, and having to think through, how am I going to

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explain this to everyone? Because they're not necessarily going to believe faith in action and service to God is what I do. But that's what I said. This is my assignment, this is what God placed me here for and gave me the ability to engage humans in conversation so that they will tell me what they do, so that I can say, "This is the way you should do it if that's what you do," or, "You might not want to do that—a little danger involved in that," or hearing the sadness and the trauma that has gone into so many lives, whether it was being gay and being ostracized from your family or your community to the idea that sex and drugs was all there was ever going to be, and that's what I'm going to do, and it didn't have anything to do with being gay, it just had to do with being poor, or feeling outside of the societal norms, and how we manage that. I did a lot of introspection about trying to figure out, how do I keep this going? And having sons who are growing up in this era of the reverse of my youth, which was free sex, and have it with anybody, with everybody, anybody you want, anytime you want, satisfied. And me having to come back and say, actually we have to exercise some self-restraint, that every desire can't have instant gratification, and here's how you delay gratification without making yourself crazy. You know, that kind of thing. And so it was my whole life, it became my whole life. The Circle of Care and its founding was like being able to find a quiet shady spot in the middle of the war, because the wars were going on and people were arguing and sometimes physically fighting. Demonstrations and ugly sayings and all that, documented in newspapers and articles and magazines and books. Not just here in Philly, but we probably had the most vicious wars, but it was happening everywhere.

DAN ROYLES: You mean within the AIDS community, not—?

RASHIDAH ABDUL-KHABEER: Within the AIDS community. On the outside, for example, on November 18, 1985 or 6, I don't recall precisely, BEBASHI had the first AIDS meeting in the mayor's office. Wilson Goode was the mayor and on that day he didn't know why we reserved his conference room, because it was done by one of his internal staff who was working with me and we reserved the conference room, and we wanted him to give the welcome. But we didn't tell him that it was a community meeting on AIDS until about two hours before (laughs) the meeting actually happened. There was the councilperson who was responsible for the health and human services that came. We had a whole agenda, on the impact on the African American community the room was clearly divided. On one side, it was people from the African American leadership, who was like, We've got to, if AIDS is impacting the community, we've got to do something about it. And the other side: Don't we have enough trouble? Now you're going to bring this gay disease down on the community as well? in the same room, and having to give talks and speeches and discussions about it. And David for me was like, he was the opposite. He was provocative in getting people involved in talking, and thinking about the epidemic. He could go in a room and he would just tear people up, he would say the most outrageous, just outrageous things, and bang on tables or flip phones over, I mean his behavior was horrible! And then I would be, Well perhaps I could shed a different perspective on it. The voice of reason. But we had orchestrated all of it, because you have to have the voice of reason, and so then I could come and say, right after him, "David, I appreciate your enthusiasm, however—" and then give the whole, Listen—this is what we can do, these are the steps that we need to take, and we're not actually asking you to embrace any lifestyle that you're not comfortable with.

What we're saying is that we're all human beings and we need to put systems in place. And

so I would come off as like this brilliant woman of calm and I mean, I really was but it was really, we structured it. But the war in the AIDS community was very bad, and it wasn't just like blacks and whites. It became philosophical. Who had the right to provide information and education? How should services be done? So that the Philadelphia AIDS Task Force birthed BEBASHI, but also from it broke away what is now known as ActionAIDS. It was strictly their case management service system, and you know, so we had this development then, of systems that were intended to provide services to quote, special populations, people who were disenfranchised and marginalized, but knowing that ultimately, as BEBASHI's first annual report said, it would settle into the poorest, most disenfranchised members of our society. And it has. And now we're struggling with fifty thousand new cases nationally every year, it being concentrated in places where they are so dependent on the generosity of the government, and the government saying, Well, you people got it, we don't, we can't afford that. I'm out here on my luxury yacht. I don't know what the heck you're going to do about AIDS in Mississippi. You know, where the education was held back for so long or you know, in the Carolinas where you had Jesse Helms who, I guess God will rest his soul but who single-handedly blocked every bit of AIDS education possible. Or those officials in the Health and Human Services Department that said that producing sexually explicit comics for the gay communities of New York was somehow going to drag people into homosexuality. I mean, just ludicrous presentations of information when we're talking about human life. And so, those things broke out everywhere, and it was awful. I was appointed to sit on committees, the Centers for Disease Control, I did a lot of policy work there, and have to say exactly the same thing: you are bureaucratic people sitting here in your Wednesday uniforms, professing concern about public health, but you want to hold

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back funds because I think that a comic book in full color that demonstrates anal intercourse between human beings—doesn't matter if it's male and female or male and male—doesn't matter. It's somehow a violation of some sanctity, but you want to stop the AIDS epidemic. But I can't tell them, I can't show them in pictures, if you do this *this* way, you're going to get infected. I can't talk about condom use because some faction of religious people think no sex if you're not married, or sex isn't pleasurable because we only do it for procreation? Get out of my face with that foolishness, you know? And so, those were emotionally and physically wearing periods for me, I mean, just horrible. It was just horrible. But systems got developed, and public awareness was raised, and there'd be articles and vigils, and people pontificating in public forums, and then politicians became involved, and we had some really great—we do have really great people. Maxine Waters still remains for me the pinnacle of the best kind of politician, to be able to talk about it with compassion and understanding and saying, we don't actually need to make judgments, we just need to figure out—even if we're just going to figure out the best way to manage funds so we don't have to suffer from all these people getting sick. If that's what you need to think about, okay great, you don't have to see their faces, just put the money up. So all of those things became really important: the fundraisers, the Hollywood stars, the Broadway stars that got involved in, you know, fundraising and willingness to participate, and all of those things sort of unfolded in different ways, and were really important. So the eighties and—and the early nineties were—(inhales deeply) they were challenging. (sighs) They were really challenging for me. And then you get into the matters of, did you manage all the money exactly the way you were supposed to. And even having to talk about that and

where you make decisions. And so people often ask me, Well you know you almost brought African American AIDS Activism Oral History Project by Dan Royles is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#).

BEBASHI to bankruptcy. You could characterize it in that respect, or you could look at, what did I exactly do? And I have never had any qualms about saying, "I made a decision, with the understanding of my board, that if I have a staff of poor people who have jobs and families, and have been able to buy homes, am I going to make a choice between making sure their payroll is in, or paying the IRS?" And that's what it came down to. I didn't have a luxury home, I didn't have a big fabulous car, I rode the subway with everybody else. So I didn't run off with any dollars, but I made a decision. And it was, we can always work with the government; these people will be poor forever. And so, yes, there was some concerns about it, but it's like, here, this is our accounting system, and this is bag of receipts for everything. And they [auditors] came in and they walked through everything and went, Yeah, it's all here. And there wasn't enough money to pay for all of this, and there was a decision made, and we can account for all of it. And so with that funding sustained, BEBASHI's still around, they're doing fine. I needed a change. So many deaths over the years, so much struggle. I made a decision that the fight that I needed to fight needed to be at a different level, and so I came to the Circle of Care. I came to the Family Planning Council, and looked at women's issues around HIV more specifically, and they had just gotten funded for a perinatal prevention project right around the time 076 was in the midst of figuring out whether AZT would be beneficial for pregnant women or not, and when they found—just before the proposal was approved they stopped the study, because they realized early on in their data analysis, that women who received AZT in the last trimester of their pregnancy did not have positive children. And they wanted women to get tested, they wanted them to know what their status was during pregnancy, and that AZT was available if they took it, and that their babies wouldn't become infected. And so I took on

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the responsibility for that project, and another calling of a slight variation, but working with the institutions here in the city about doing HIV testing during pregnancy. People were hesitant to do it because pregnancy is, you know, it's practically god-like, divine, and now here you come talking about HIV in the midst of all of this. But saying, but it's African American children that are being born in Philadelphia with HIV because women don't get the prenatal care, and so it reflected on all of the issues we still have around prenatal care, and access, and understanding of where you can get care, and providers who themselves had attitudes, well if she's a drug user, and she's pregnant, and she has children in foster care, we should tie her tubes, don't offer her birth control, and the baby will have AIDS, they'll die, it'll be fine. You know, that—to—it was just—I was mortified. But again, same kind of effort. You got to, you know, get in talk to people, identify your allies, understand what the speak is, what do people really need to know about this, and then formulating plans, and the proposal here allowed me to do that. And so I established the Perinatal HIV Prevention Project, and developed all kinds of protocols, and got hospitals involved, so that now we have HIV testing in prenatal clinics as routine care, before it was routine care. We do HIV counseling and testing in labor and delivery. That was probably the hardest work I've ever done, because I had to literally do it one hospital at a time, figure out how to get expedited testing, because we didn't have oral testing, we didn't have anything rapid. And understanding hospital systems because I had been in it for so long that places like the transplant lab have twenty four hour laboratory coverage. And so that's where HIV testing could be done in the middle of the night, any day of the week. And getting hospitals to agree that the cost benefit was worth it. Now they don't think anything of it. Everybody does testing in labor delivery, if you come in with an unknown status, because we can give you

AZT during labor and delivery, and then it was, how do we put systems in place that will allow the baby to get AZT? When you have to do something different from hospital systems, the problem was that if you got discharged on Friday, late afternoon, the doctors would write you a prescription for the baby for AZT, which could not be filled because liquid AZT has a short shelf life, and community pharmacies didn't keep it in stock. And so the baby might miss seventy-two hours, which is the critical period for preventing the transmission, or the multiplication of virus in the baby's system. And so, you know, figuring out how we could change that. Pharmacies are open, but outpatient is different than inpatient. It's the same pharmacist, one time he's on this side of the room, next time he's on that side of the room, and that can't be the reason why this mom can't have the medication for her baby. Take it out of the baby's drawer, you already gave the first forty-eight hours, because that's all they were keeping women in the hospital. And so all of those things, changing all of that, protocols, and then watching the hospitals, those that we worked with for a long time, some closed up, or eliminated their OB services, and so now we're down to six, but in those six hospitals women get the care, pretty much, that they need. The Circle's project was able to get down to zero transmission. The city still has about 1.5 to 2 percent transmission, but it's largely because women are outside of systems. They may have mental health and substance abuse, and HIV as a sort of a triple threat to the care of that child, and figuring out how you get all of those women in. What is the availability of prenatal care in many neighborhoods? I can tell you now it's limited, because we only have six hospitals. Little mini-clinics everywhere may not necessarily feel they have the resources to do HIV testing, and if you test positive, may not know, have the expertise to manage the care. And so, we still have a lot of challenges in that area, and so there is not zero transmission outside of

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our program, but certainly, we feel like we've impacted enough that the city has taken on more responsibility for it, and redistributed funds a little bit to try to bring that down now. And the Circle of Care is much more involved in prevention education across other disenfranchised populations. Like right now, we're dealing with heterosexual men, which nobody's talking about. They talk about, well in gay men, the incidence is going up, and it's true. African American gay men, you know, are hugely impacted by the spread of the epidemic. And African American women, well we're clear, these people are not having sex with each other, so there's somebody in between, and the in between person is the man nobody's talking about. And when they do, it's always in the negative. He's on the down low, and that kind of thing. Again, when you have that kind of stigma, even if I am having sex with men and women, and you refer to it as down low, that's negative. That's practically like being called a faggot, and that is not acceptable. And I don't hear what you have to say that I might use to protect myself. And if you don't also understand the social context of poor African American communities right now, where marriage is not high—it's happening among young people—but those who are downtrodden, pretty much if there is a man in the house you can't get certain social benefits because he's supposed to work, but he isn't, and he can't work because the factories are closed and his education is poor, and he's subject to violence, and he's got a criminal record. All of those things spun around, that's where the epidemic has settled, and so we're working now to try harder to try to get that population educated, get them connected to care, trying to help people understand the Affordable Care Act if they can't afford to go to the doctor, right now before the Supreme Court does whatever craziness it's going to do, and trying to keep people informed while we're testing them. And so we have community test sites, where literally in neighborhoods we pass out

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flyers, we come out on the corner and we talk to you, well we're at Vernon House in the park in Germantown, and you come there Monday, two to five, we'll do testing, it's free, we'll give you a McDonald's gift card. You know, I mean we give away food to get people to come to be tested. You know, we're trying to work in collaboration with the school district for special days—the National Women and Girls AIDS Awareness Day, and the National Men's Day, and all of those "special days" we try to get out in the community, do some outreach education, get people to hear the message, try to get them tested, get them connected to care. It's getting harder. It's really getting harder, because we're back to the, well it's African American gay men. There's no single place to go, it's not like saying, Oh we'll go to the gayborhood. There's no black gayborhood, so I've got to do the whole community, to be sure the most at risk hear the message, and if I can't make you understand that as a politician, you don't allocate the money with that in mind. You think, oh, well it's not those people. We're not really concerned about those people. Or, you want to do something more punitive: if they have sex and they know they're HIV positive, they need to go to prison. Or if a positive woman has a child, that's essentially premeditated murder, we need to prosecute her in some fashion. I mean, we've got all kind of crazy stuff going once again nationally, while the epidemic just keeps rolling along. So when I hear things now like, well we can cure AIDS, we might be able to do something with the virus, but the social conditions under which that virus is flourishing is not being addressed in any way that's going to make a difference. And so it's going to settle even deeper, and we'll be talking about those people like lepers, who have to live outside of our space, and someone will go in and take care of them like missionaries went to take care of lepers in colonies. To me, there's a certain level sometimes of frustration, and it's like, and this is where I came in

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with it. And then not having enough people knowledgeable and aware and willing to engage across all of these strata—that also was frustrating. And so I had to find a sort of a refocus of my mission. And right now it's academics, and it's trying to engage people in various professions—students, young people—to think about their social consciousness. And if you're involved in any kind of human service, you didn't plan to get rich anyway, so you might as well be comfortable and committed to something really important. And so I talk a lot to public health students wherever I can. Like I said I do the internship and mentor programs. Finish my doctorate so I can be the voice of expertise, because the more paper you have, the more believable it appears you are. So I'm finishing that but again, all with the focus of, now I have to leave behind the knowledge that I have gained, and keep the focus on service to humanity. And so I feel like for every student who goes, I understand and I've gone into this field, or, I understand—I didn't do HIV but I'm working in education, or, I'm trying to deal with domestic violence, or anything in which there is a sense of compassion and activism, that's what I try to teach, that's what I demonstrate, and I try to show for everyone that even if you don't think that's what you want to do, that some part of your life touches someone else's, and your words make a difference. And sometimes you have to say the right thing, even if you don't necessarily do it yourself. Say it, because that's an echo in human existence, and we've got to push it.

DAN ROYLES: When you first started doing education work, in the Philadelphia black community, or when you were going around the country to other African American communities, what kind of response did you get? Was it largely positive? Did you get any kind of negative response?

RASHIDAH ABDUL-KHABEER: It was, I would say, largely positive, because I've been gifted with the ability to engage people, and to recognize where their hearts are, and to speak to that. There's always negativity, you know. There's always those who feel like, and rightly so, the African American community is so negated by everything in society. You know, the idea that you could have an articulate black person. People still say that to me, you know, Oh we love to hear you speak because you're articulate, as though it were a surprise. So there's always that sort of negativity that's always right along the side. It's on the surface, it's above the surface, but it's over there, that it gets spoken from time to time. Still there are people that say well, You're Muslim, and this is what you're dealing with? You couldn't find something else to do? That kind of thing. I don't dwell on that. I don't have to answer for that. I do have to answer for what I do with what I know, what I have done. I believe that I answer for that on the Day of Judgment when I stand and I'm questioned about what I did with the life I was given, I want to be able to say, Well, I served humanity and demonstrate, and I did this, and I did do that, and it was really hard, and, you know, and hope that I'm going to be positively rewarded, as well as, I didn't hurt anyone. They said mean things. They vilified me in the press. They made suggestions of negative things, and still I stood. And that's for me is what's important, that no matter what, I can still stand. And I say that to people when I talk to them, and they ask me to come and talk about my experiences in the HIV epidemic. It's hard. It can be challenging being identified as that AIDS lady. You know, there are people that mean it well, and then there's people who are suggesting, and she probably has it. Well, I mean, okay, if that's what you want to think, will that help you do better? You know, let's just take a look at your life. You think that this is an experiment done by the American government to get rid of minority people? Well what are

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you doing to prevent that? Because if you're having unprotected sex with everybody in the neighborhood, you're part of the government's conspiracy. How about that? And being able to turn some of that around, just to get people to think. It's always there. It was there, you know, when I traveled across the country, because it was always a small group of people who saw, this was an important thing, like being able to vote was important. If you're going to make a difference in government and if you think your one little vote could make a difference, being able to show that it did, same kind of thing with HIV. And then there are those on the outside going, What do you want to vote for? The government never cared for you anyway. You know, they segregated you, they keep you pushed down, they don't allow you to make advances. So there's always the negative side of it, it just depends on yourself, which one you want to pay the most attention to. My feeling was, well you'll be there, you go ahead naysayer, I'm going over here and do this, because I think I can make a difference, I really do.

DAN ROYLES: Was it a challenge going in to work with clergy or in black churches? Did you encounter any—I mean because of the—

RASHIDAH ABDUL-KHABEER: Well, sure!

DAN ROYLES: —nature of what you're talking about?

RASHIDAH ABDUL-KHABEER: Well not only that, and you're Muslim!

DAN ROYLES: Right. (laughs)

RASHIDAH ABDUL-KHABEER: (laughs) What are you doing, you know? I mean, there were some that recognized, because I've been in Philadelphia all my life. People who are in African American AIDS Activism Oral History Project by Dan Royles is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

positions who are just a little bit older than me were just a little bit older than me then, still knew who I was, and they're like, And you became Muslim. How does that work? You know, that we start with that, and then so now I said, "I believe in God. The same one you believe in, I believe in, we have some theological variations. We can dwell on that if you like for a little while, but then I want to talk about what I really came for." So yes, it was very hard, and there were some pastors who were like, I'm not talking about that. I'm not telling you that you should stop, but I'm not talking about it. And then I can say, Well that's fine, would you allow me the forum to talk about it? You don't have to do anything except not protest when the board of trustees asks me to come and speak. Or if we put a flyer in your church on the bulletin board that says that the second Sunday is Religious People against HIV Weekend, or something. If you don't stop me, you know, would that work for you? And for many of them, that was all that was required. Even in the Muslim community for me, it's still 1982, where the epidemic has just been discovered and discussed. But we're making headway. It took me more than twenty years to get a policy put through ultimately in the what's called *Majlis-ash-Shurah*, which is a group of council, a council of imams, to say that they one, would not marry people in less than seventy-two hours, and that they would require an HIV test. But we got it done. A lot of debate, a lot of discussion about it, but we got it done. It wasn't until last year that the first what they call Jumu'ah in the Park was put together by Quba Institute, which is out at Forthly-Seventh and Lancaster, who announced during the *khutbah*, the sermon, that there was a mobile unit over there doing HIV and STD testing as part of the day's events, do the best for your community health, wealth, and knowledge, and the health part is over there, and go and get HIV tested. Or being able to give an HIV/STD workshop at United Muslim Masjid with the imam sitting there, and

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where I was able to demonstrate, not only do I know HIV, I know my religion. I can teach the religion. I teach the religion, and be able to incorporate that information in ways that Muslim women can hear, not only about their rights as Muslim women, but why they have to protect their health, and this is how you protect your health, knowing your HIV status, knowing your STD screen, some other health information as well tied in and, Muslim men, you're over here behind the pillar, this is what I need to say to you. I do a radio program for the Muslim community where again, I talk about it periodically. We don't talk about it all the time because it's called Islam Today, but if there's an opportunity where, if I can put in, You need to get HIV tested, we talk about it. We've had conversations. Some of my staff have appeared on the stations, and talked about HIV and the importance of knowing your HIV status. We're constantly, still, working at it, and people have whatever opinions they have of it. It doesn't stop me anymore, I don't pay any mind to it.

DAN ROYLES: You also did outreach in black gay bars back in—

RASHIDAH ABDUL-KHABEER: Yes I did, in the eighties, the late eighties, yeah. (laughs)  
Yeah, that was a special experience. Again I, learning about community dynamics and that sort of thing, so yeah. Smart Place was my big spot.

DAN ROYLES: Smart Place?

RASHIDAH ABDUL-KHABEER: Smart Place. It used to be under the bridge in the Reading Terminal on the outside. It was there, and I remember the first time I went in. I was with the Task Force and it was an assignment they had asked for. They had sent in and said they wanted to have someone do a presentation like on a Saturday afternoon, and I went there. I

have always been garbed. And so I went there in my garb, and little gingham tablecloths, I remember, and the bar was over there, and the guy's behind the bar, and so then I come in and I sat down, because I was early. And so the person that I was supposed to do the presentation with, or on behalf of, wasn't there yet, so I sat down at the table. It was like, everybody was like, Are you lost? And the bartender came over and said, "Can we—can we help you?" And I said, "Oh no, I have a presentation that I'm doing at two o'clock, and so I'm a little early." And they said, A presentation on what? And I said, "Oh I'm to do the HIV education at two o'clock here, I understand upstairs, which normally is the dance floor." And he said, "You?" And I was like, "Yeah, me, I'm from the Philadelphia AIDS Task Force, and I was wondering, could I get a Coke?" (laughs) You know, just like, Oh yeah, and just kind of wandered away. And so they take me upstairs and I get to do the presentation. I sat on like a three-and-a-half or four-foot speaker from the night before, that was my podium, and people came upstairs and they were like, Oh—girl, are you getting ready to talk? And one came in from shopping and then he was like very flamboyant, and he was like, I know you think you're going to talk to us about this, and I was like, Oh my goodness! I said, "Well yes, actually I am, and what did you buy at Bed, Bath, and Bodyworks?" I said, "Now when you do that, seduction is critical. You need to have colored condoms for use. And do you know how to cheek?" And it was like, Cheek? What are you talking about? And so then I would demonstrate how you would put a condom on with your mouth so your partner doesn't necessarily have to know. They were like, Oh my god, you're a Muslim freak! You know, and so, I mean there's always a way to engage—but again, you just have to know what your purpose is, and you don't let people distract you from the purpose with their nonsense. So it was fine. But I went to the gay bars, and largely African American. The Black African American AIDS Activism Oral History Project by Dan Royles is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/).

Banana, went there. I developed projects. One of the things that I did in the development of BEBASHI to address those different communities was to develop projects that targeted specific communities, which also became other organizations. So for example, our outreach to black gay men became COLOURS. Michael Hinson was one of my first volunteers, and then he became the project manager, and then he organized and created COLOURS, when he launched from BEBASHI. So again it was the idea of empowerment, because that's really important to me. Empower people to take hold of their own destiny, give them the information that they need so they're well armed, and send them forth. The people who worked for me at BEBASHI became part of what is now AACO. And they were among the first people who were the staff of AACO, that have now evolved into something totally different than what we intended. But nonetheless, David and I can take responsibility for that.

DAN ROYLES: What do you mean?

RASHIDAH ABDUL-KHABEER: Well we crafted the proposal that ultimately became, from the AIDS unit where I worked in the health department to the AIDS Activities Coordinating Office, with all of its different leadership and David for a time was the director of the AIDS Care Coordinating Office, and when we envisioned it, it was really looking at a way to have a coordinated effort against the epidemic, that looked at it from a strategic process. I would not describe it as that at this moment, and I don't because it's much more reactionary to some numbers, not the people that are impacted. Because if it was in that way, you'd have to come out of the office. And it isn't coming out of their office to mine, it's coming out of their office to the community, it's talking to people, it's trying to understand systems, it's



trying to see them. When we go back, how should we really be crafting and constructing this thing? Because the feds have an idea, but they're even further removed than you are. So you should be able to say to them, You did a great job. It's a wonderful thought. But in Philadelphia it works like this, and we want to be able to do this. And I used to say, "All I have is a chicken and they want a rabbit, so I've got to figure out how to put fur on it." Because if I can make them think that this chicken is a rabbit, we're good to go. Because this is what I need. We don't even know rabbit in the community. We do know chicken. You know, and so today now that would be considered disrespectful because (laughs) I'm talking about black people and chicken, but it was a way of helping people understand that your perception of things is not based in a reality if you don't connect with the people what we're talking about, and that means you have to go amongst them. You need to really understand what the worst of the lifestyle is. You have to take a moment and go from what is so macro to just micro, because the micro gives you a sense, a flavor of what it's like for the bigger picture. And so you have to know, then, why HIV testing, for example, is so challenging. It isn't that people aren't willing to be tested, you didn't tell them why. You didn't connect the test to what their life is really like. You didn't make the test accessible in a way that recognizes their life. We test in this city from nine to five. Poor black people are working nine to five. Or they're in benefit offices. Or they're doing things to try to survive. You come after five o'clock you'll have a better shot at finding them, but you don't fund me for that, and if my title doesn't somehow match some artificial identification, then you say I'm not qualified to do it. I mean, they just made this whole thing where peer counselors are going to be called something else and they have to have bachelor's degrees. Why? They're in the community. I'm a proponent of continuing education, and we should have it. But as African American AIDS Activism Oral History Project by Dan Royles is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#).

soon as you start putting that kind of criteria, then you're also talking about what kind of salary that person has got to make, you're talking about utilization of resources, you're talking about limiting the ability to get out there and do it, and then you want the community to volunteer, and you're giving back McDonald's coupons. You're hassling me over whether my incentive is five, ten, or twenty dollars, when the reason why the person really came to get tested wasn't because they wanted to know their status, it was because they heard I had a McDonald's coupon, and they're hungry. You know what I'm saying? You want to fight me over whether I ordered a hoagie tray for the testing event at nine o'clock at night when the shelter is closed and they can't get food. Yes, I spent fifteen dollars. Actually, I spent fifteen dollars of my own money because they came and they listened to the lecture, and they were hungry. But if you don't recognize that, if you don't see that, you don't even know what to fight for when you come up, when you see my budget and it says, well, we have these salaries, and then I also put two thousand dollars in for something called client incentives. Yes, I should delineate what that's for, but you should be able to go, That makes sense, because she said she was going to do zip code 19123, where according to our own census tract information is among the poorest of people in the zip code with the highest incidence of HIV, in which there are no community-based organizations. Wow. That's not how it's done. So the office did not become what we thought it would, that it would really coordinate the effort to reduce the epidemic based on understanding Philadelphia, getting the kind of input you need. Instead, we're at the table, and you're arguing for your 25 percent, and I'm arguing for my ten, and somebody wants five, and we don't think you should get any, and now we're acting like the epidemic is almost over, and

we'll just do a couple of little things, we get people tested and we'll be in good shape. All right, so we're testing.

DAN ROYLES: You came to Circle of Care in 1991?

RASHIDAH ABDUL-KHABEER: Nineteen ninety-eight.

DAN ROYLES: Okay. You said something about the clinical trial group 076?

RASHIDAH ABDUL-KHABEER: That was 1998. Nineteen ninety-seven—ninety-eight.

DAN ROYLES: When did the AIDS wars in Philadelphia settle down?

RASHIDAH ABDUL-KHABEER: I would say things became quieter probably in the late 1990s. Probably around 1995, 6, 7, somewhere down in that end. Primarily because the sort of organizations began to settle down. Some went away. Some were reborn, Mazzoni became Mazzoni. BEBASHI sort of settled in. Small neighborhood organizations that sort of had come up in the early nineties either were absorbed or dissolved, they just went away entirely, and AIDS took a back seat to other things that were going on. I mean, we had wars that developed, the Gulf Wars, and our concern around nuclear threats, and all of those things as we moved into the 2000s shifted the focus. And so, now the government has normalized AIDS, and so there isn't even a lot of huge policy debates. People had some money for a little bit of time. New people were coming into the work who didn't know the history. They were coming with a different perspective because we started adding criteria. So for example, the first group of people who worked in the AIDS Activities Office were not public health people. They were like, journalists, who had written incredible stories about HIV, whose lover had died from HIV, who had done a lot of activism demanding changes in

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systems. They knew the epidemic. Those are the people we hired. Now you must have a master's degree in social work, or you may be an RN with a master's in nursing, with experience in HIV. You could be a nurse practitioner. You have to have a master's degree in public health. We started putting criteria. Again, I'm not knocking professionalism, because obviously I think it's important. But we've gone to the far side, as it were. And so it is not an activism, it's a job. And that all occurred, you know, in the late nineties, 2000s, because medication came into being, people were not dying like they were, in fact, people were living longer, healthier lives, so I don't feel the same urgency to do something about anything. And so that sort of settled things down, people don't have to get excited about it, and people got really good jobs. Well that's the other thing, it's kind of like what happened with civil rights, when you didn't have anything, it's really bad. But if we said there's no more segregation, we're going to give you equal opportunity, well then who's excited about fighting that? I have a good job, and I can eat at the counter with you, and use your toilet—yay! You know? So I'm not mad anymore. Even though I still am relegated to certain portions of society. I can live in a really nice house, in a really segregated neighborhood, or one on the edge with those very liberal people who walk their dogs and wave at their neighbors. So I think there was a shift, a real shift in sort of, societal focus, which makes the work, again, very hard, because it's hard to push for a story about AIDS in the newspapers now, talking about it on the radio. Except for national days. So now we have like, National HIV Testing Day, you're allowed to talk about AIDS during that time, and people hear the statistics, and they're, That's just horrible! Just terrible! And then it's the day after National HIV Testing Day, and life has gone on.

DAN ROYLES: It seems to me that even now, we're talking about the changing face of AIDS. But we've been talking about, quote, the changing face of AIDS, since 1987.

RASHIDAH ABDUL-KHABEER: That's right.

DAN ROYLES: Or earlier.

RASHIDAH ABDUL-KHABEER: Yes.

DAN ROYLES: Why do you think that is?

RASHIDAH ABDUL-KHABEER: Well one, I think it's a catchy phrase, and the changing face is never yours, and so as long as it's never yours, it changes to something you don't know. And so your connection to it is diminished. Now we can talk about the changing of AIDS and I'm not poor, and I'm not black, and I don't live in the South. So now what? You know, I'm not a young African American gay man who didn't know anything about Stonewall, didn't know anything about AIDS activism, didn't know there was a serious disease, so they're getting infected, and they're getting sick. They're not dying fast, but they're getting sick, and not having access to care. And we'll see, I think an increasing mortality, pretty much the way we did, because we're not able to do anything different other than try to find you, convince you that you should know your status, assure you that life does not have to end as you know it. You can still have a good time. You have to put some limits on your life, but we all do at some point or another, whether it's not having triple digit partners, maybe it's going into drug rehab, maybe it's you know, a social drink is, I had one and I nursed it all night, as opposed to, I drank until I was practically in a coma. You know, it's all of those kind of things. That's very personalized, individualized, deep-in-the-trenches kind of work.

People don't really want to do that. And when you think about the sort of violence in our society, it's kind of scary to go to places where you know the most at-risk people are, and you know what their risky behaviors are, you know? Clubs now you can get robbed and shot as easily as you can dance all night. And so I think it makes it all very difficult, and who is willing to do that, you know? I assure you it's not someone who has a master's degree in public health. (laughs) Because why would I want to do that?

DAN ROYLES: Yeah.

RASHIDAH ABDUL-KHABEER: You know? But that's where the education has to go. Now we're looking at whole system changes. It's like, let's see, if we could get a policy change in the Philadelphia Public School District, where we need to talk about sex, and responsibility, and condom use, and birth control. Oh my god! You're encouraging people to have sex! I keep trying to find out where it is that you announce, "And now you're ready for sex." And you'd sign off on it, "I am now—." Nobody tells you, you just, one day it happens. Does it have to be the last great thing that happens in your life because on the road to that you got an STD, you got pregnant, and you got HIV? Does it have to be that, before someone goes, Well we're just educating everybody, we're not actually asking your opinion, we're not making judgments. We have information, and here it is. If you do this, these are part of the circumstances that can end up causing you serious problems, you'll have consequences. We can't do it. You know? Like I said, we have whole systems to deal with, it's like, it's not just HIV. If I start talking about HIV now I start talking about social responsibility, and if I'm talking to certain groups I'm talking about parenting and education, and jobs, and resources, and it just sort of spirals out. It's a lot harder, I think, to do now than it was then,

when I could just go, It's AIDS. It has three methods of transmission. Here's how you protect yourself. This is where you go for treatment. Know your status. Get tested. That was easy messages. But now it's so much more complicated. And I think as the economic situation, if it continues to worsen, I think the epidemic just expands. Because what are the last free things? Sex and drugs, pretty much. You know? It's available and both of them make my life seem not so bad at the given moment. It's hard.

DAN ROYLES: I think maybe we should end for today. We've covered a lot of ground, but thank you very much.