



**Bio:** Dázon Dixon Diallo is a recognized visionary and advocate in the struggle for human rights, sexual and reproductive justice, and the fight against HIV/AIDS, with, and on behalf of, communities of women and girls living with HIV and those at risk for HIV and STIs (sexually transmitted infections).

Diallo is Founder and President of SisterLove, Inc, established in 1989, the first women's HIV/AIDS and reproductive justice organization in the southeastern United States. She is a proud member of In Our Own Voice: The National Black Women's Reproductive Justice Agenda, where she advocates for sexual and reproductive justice in public health and prevention policies and programs.

For 18 years she has served as adjunct faculty in women's health at Morehouse School of Medicine's Masters of Public Health Program in Atlanta, GA. Diallo is a co-chair of the Fulton County HIV Task Force, and is a member of the Board of Directors of the National Women's Health Network. Diallo is a founding member of the 30 for 30 Campaign for Women in the National HIV AIDS Strategy, and serves on the HIV/DV National Advisory Committee for the National Network to End Domestic Violence. In 2001, Dixon Diallo opened a SisterLove program office in a rural South African municipality near Johannesburg, where the project focus is capacity building and sustainable development for local women-led HIV/AIDS organizations. She has received numerous awards and recognitions over the 30 years she has been working in HIV/AIDS, and women's health and human rights.

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An Interview with Dázon Dixon Diallo

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Conducted by IWL Leadership Scholars Justice Hehir, Saskia Kusnekov, & Anita Omambia,  
Class of 2015

**Justice Hehir (JH), Saskia Kusnekov (SK), & Anita Omambia (AO):** Where did you grow up?

**Dázon Dixon Diallo:** I was born and grew up for most of my life in a very small town called Fort Valley, Georgia, also known as Peach County. With the exception of about three years in there when I lived in Stillwater, Oklahoma as a very young kid, when my father went to do his doctorate work. So Fort Valley is home.

**JH, SK, & AO: Did you have any first impressions about women growing up? Were there any ideals that you had or ideas?**

**DDD:** Absolutely. I think it's very hard for anyone, especially feminists or women in our sphere, [who] don't recognize the connection we have with identifying with a strong mother. Knowing that I had a grandmother who raised seven children; especially knowing that there was this hard point where she was left in the middle of the night with six children and pregnant. And then all of them grew up to be amazing people, including my mom who was the oldest. So the answer is yes.

My first real impression, especially around my own feminism, was growing up in an Episcopal church, though both my parents were raised Baptist. There was a whole little twist to campus life and civil rights that's tied into how I ended up growing up in an Episcopal church. But essentially the church was the closest thing to the campus where both my parents were either students or working. So it was one of those things where if you got out you only had church for an hour. So you get out of church and you can be the first people back to the campus for lunch. So that's how my parents ended up joining an Episcopal church, literally. But that experience of growing up in a church that even the faith teachings were rooted in social justice and my godmother wore pants. This is in the 60's and 70's, she wore pants to church and I thought, "okay, I can wear pants to church. This rocks, because I can't stand getting all dressed up and all of that kind of stuff on Sundays." And it wasn't just the fact that I couldn't stand getting dressed up, it was the fact that "oh, I have a choice." So yes, there are many, many, many strong women that gave me some sense of who I was, who I am and who I was going to be. Including my father's sister, one of my favorite aunts who is a nurse and was running five family planning clinics for Fulton County in Atlanta. I grew up with a lot of influence from really strong, powerful women around me. My mother is a very active person in her sorority. All of her closest soror's were my aunts and they were all these amazing professionals. So yes, there are lots and lots of stories in there.

**JH, SK, & AO: It sounds like a lot of your role models are inside the family. Did you have any role models outside of the family while growing up?**

**DDD:** I certainly had some outside of the family. I'm thinking because I grew up in a really small town in the segregated south, even after segregation was illegal, I was still in this somewhat segregated south. But a lot of my role models ended up being outside of the family, especially during school life. My teachers, predominantly the ones who were single women, who were still single in their thirties in the 70's, if you can imagine, that was then a little bit revolutionary, right? You guys may not even remember that Diahann Carroll, do we know who she is? The actress, Diahann Carroll, a black woman. She was the first black woman who had her own standing show on television in her name. Well, it wasn't her name, I think it was a Julia show. But she played a single mother. Her son's name was Corey and she had a nighttime TV show drama as a single black woman living in an urban inner city. But just like everybody else during that time, there was a Barbie doll. Well, you can't use the word Barbie, right? It was a doll fashioned after Barbie, but it was a Julia doll. Julia was a nurse, so you could get the doll in a

nursing uniform, you could get the doll and the mom's uniform, whatever she wore outside of her job. So there were role models like that on television.

She also played another role, Claudine. Some of the role models, especially early on, weren't actual people I knew, but were representatives like this Julia character that Diahann Carroll played. Then later when she played Claudine, and if you've never seen that movie, you should. *Claudine*, another one, a movie about a single mother with a bunch of children living in public housing on welfare and just the daily struggles and the intelligence and all of that. So yeah, I had a lot of that. It was important to recognize that because nowadays it's a dime a dozen to say that we have all of these different stories almost. Even though we think we don't have enough, we really didn't have enough then. To have that imagery available was great. Having a mom that made sure I had my access, I think among all my friends, I was the only one that actually had black dolls. I think that a lot of that consciousness and role modeling not only came from people in my family and in my life, but also just from the images that I was able to be exposed to that a lot of the girls in my life weren't.

**JH, SK, & AO: Where did you go to college and what motivated you to pursue public health?**

**DDD:** I did my undergrad studies at Spelman College. I don't think I've ever landed on the conscious reason of why Spelman was so important other than I just felt like this is where I belong. You know how you do that campus visit? It was in Atlanta, not far from my grandmother's house, where my aunt, the family planning nurse, also lived. After my first visit to that campus, I made a point of going to stay with my grandmother on a regular basis. So I could sneak off and go hang out on that campus. But it was after that, I applied to school that my mother actually told me that that's where she always wanted to go. But two things, one, she couldn't afford it, and two, she thought she wouldn't get accepted because she wasn't light enough. There are only two black women's colleges in the country, but there's this whole long history of the division of skin tones in the black community. There really was this perception that women who went to Spelman were all light-skinned. She didn't think that she would get in and she knew she couldn't afford it. So that's why she didn't go to Spelman. When I chose it, she was just over the moon. How I chose to go into public health is really interesting because I went to college, as an undergraduate with my father's expectation that I was going to be a doctor, and this is what he does.

In addition to the women role models, I have some really, really amazing strong male models in my life. And my father has the distinction of producing, I would say the most black medical professionals coming out of colleges in Georgia, right? Because that's been his whole life of getting kids through undergraduate to go to medical school, to go to dental school, to go to veterinarian school or public health or nursing or whatever, just getting people into health careers. So he just knew his kids were all going to be professionals and I was going to be the medical professional. That changed in my first year at Spelman. I just couldn't dissect that pig, and it wasn't in me. But oddly enough, I ended up in health in a different way. I was introduced to the feminist health movement through my job at the feminist women's health center. That's

how I ended up starting SisterLove. So coming full circle, I am 10 years into running this organization, having graduated from college already. It took me 10 years to go back to grad school. But I then knew by that time what my graduate studies were going to be. And I knew that if I was going to be more successful in running a women's health nonprofit, I needed public health. I was involved in HIV, STDs and pregnancy prevention at that point and needing that public health experience became a part of my work. I was interested in public health because I wanted to put some theory to my practice.

**JH, SK, & AO: Can you talk about how you got into your practice? How you got into HIV AIDS and STDs?**

**DDD:** Rock Hudson. So I was working at this women's health center, the feminist women's health center. In July of '85, Rock Hudson, the number one, A-Lister, heartthrob Hollywood guy, announced that he had AIDS. And so of course in '85, that meant, oh, Rock Hudson's gay, but that's not what transpired. What ended up happening is I was working at the clinic and after this announcement came out, women started calling our phone off the hook, wanting to know. The AIDS organization locally was getting even more pressure from women and had no clue of what to do because they were all about gay men at that time. Me, being the one that answered that phone first, I didn't know what to do, I didn't know what to tell these people. I had to learn for myself. That's literally how I got involved specifically in HIV/AIDS. Bringing that whole sphere of what men have been working on, even at that point for only a few years, into the women or not even just women's health, but into the feminist health movement was what excited me. I was the person that answered that phone that day and was like, "well, what are we going to do? What are we going to do?" As a matter of fact, AID Atlanta, that's the AIDS organization, called our clinic and said, "We're getting all of these calls and we don't know what to do. Can we send these calls to you?" We said, "We don't know nothing about AIDS." So I started volunteering at AID Atlanta so that I could learn more so that I could be a better provider at the clinic, and evolution happened.

**JH, SK, & AO: Thinking of evolution, can you talk about the evolution of SisterLove?**

**DDD:** That's the next part of the story, because I went to AID Atlanta to volunteer and there were other women. There were women who worked at the organization and other women in the community that they called on to help them figure it out. So all of us were like this small women's volunteer group at AID Atlanta. Then the executive director at AID Atlanta who had called us to help had left. It was really heavy political circumstances. My organization where I was working was perfectly fine with letting me volunteer, but it was starting to consume a lot of my time. At that time it was so political that all of the women who worked at that AIDS organization walked out when he did. The next executive director who came in had no interest whatsoever, it was all about gay men and was not interested in this women's piece. So I picked it up and I asked my organization, can we continue doing this work? At that time, we already knew that it was going to be primarily women of color. That's what was happening. Whatever we were

doing at AID Atlanta, we just swept it on over to the feminist women's health center and kept doing that work. It was really interesting because it was hard, it was during the Reagan years. Being an abortion clinic during that time was already working in a hostile environment. Then I bring AIDS to the clinic, which is full and rot with stigma, and fear, and ignorance, and all of that. And no money because it didn't matter that I was doing HIV work, because we were doing abortion work. The only money for prevention was coming through the Center for Disease Control or the federal government, which meant what? An abortion clinic doesn't matter just like the Planned Parenthood situation today, right? It doesn't matter that only three percent of your services are abortion. We're not going to support you for anything that you do. Well, that was the same situation we were in, in the 80's. On top of that, the Democratic National Convention came to Atlanta in 1988. Operation Rescue, Randall Terry's group, which is one of the longest running, most radical anti-abortion factions in the country, came to Atlanta, seized upon Atlanta, all the abortion clinics, and didn't leave when the convention left. What that meant [is] it taxed the clinic for the next couple of years, it was really expensive clinic defense, clinic security, going to court every other week against these crazy people. I also was under surveillance, I knew that they had my phone, my license plate, my address. We were under bomb threats all the time. It got really crazy. So in a personal way, it was starting to get really difficult to do that work. But also in a real way for the women's health center, AIDS wasn't a priority. It wasn't a money generator, so they dropped the project, we knew that was coming.

The other part about this is, that because it was mostly about black women, quite frankly, it wasn't of interest. The way I usually describe it is, at the time, white middle class feminists were not yet embracing the AIDS epidemic as a part of reproductive health, right? I had formed this advisory group of women, all women of color to help me figure out how to work this project. When the board of my organization decided to close the project, which was already really interesting because boards don't make those kinds of decisions about programs. I already knew that it was political, right? They knew since I was the only woman of color on staff, that I was the youngest thing on staff, right? Because I started there when I was in college. So this is only a few years after I graduated. They knew that they had to take it to another level to let me know that this is over, right? So when they made that decision, that same night at that same board meeting, I already had stacked the room with my advisory committee and after they made their vote, we stood up and said, "Thank you. I will not be staying and we will be taking the project with us." That's how the project left and then became SisterLove.

**JH, SK, & AO: What are some of the challenges that you faced within SisterLove or within an organization and building it up?**

**DDD:** I wasn't worried about, how do you run a nonprofit? I didn't get stressed about that stuff. The biggest challenge was ensuring that I could be viewed and respected as a credible person who could do the work. I was 24 when I started SisterLove. The brilliance of it was that most people thought that I was 10 years older than I was, right? So that was helpful because first thing, ain't nobody giving money to young people. The challenge was really getting the resources and the support to do the work. Probably on top of that was the AIDS question itself, was the challenge. I wasn't white, male, or gay regardless of what people thought. I was perfectly happy

in my own world with don't ask, don't tell, because everybody thought I was a lesbian, right? So as a straight girl in the gay world, that worked for me. It worked for me because that meant that I was accepted, that I wasn't looked at as this anomaly, why should we support that when that's about straight people.

For me it was about women, it didn't matter. That was a huge challenge was just getting past the AIDS stigmas that came from all sides, right? In my own community, there was the whole thing of stigma around AIDS. In the AIDS community, it was the stigma around feminism, reproductive rights and about being a straight black woman in our world. So those were a lot of the big challenges. Starting up SisterLove, I did that with my unemployment check, our first grant was \$2,500, and that was the only grant I was able to get for a year. So really getting started was the biggest part of the challenge. The other thing I would say around the challenge has consistently been engaging my own community in the issue. For whatever reasons, including the stigma, the ignorance, the fear, and also the judgment around who gets AIDS and why they get AIDS, and how they get it and what they do with it? Even up to now, even if it's a little better, if it is a little improved, it's still the biggest part of our work, is just getting the community involved, getting them to embrace the issue and to do something about it. From then to now, it's still a big challenge.

### **JH, SK, & AO: How were you able to break some of the barriers that you faced?**

**DDD:** One, I let people think that I was 10 years older. Forever. I think it wasn't until I reached finally somewhere around like 35 or 40 that people actually thought I was 35 or 40. The other part of it, and this is what I do with any challenge, is you just keep doing the work. You just keep doing what you are set out to do and eventually people if for nothing else, will respect you for that and everything else falls to the wayside. That was one way to get past it.

The other part was to really dig deep and connect with the women who were living with AIDS and living with the virus to engage them in my work. Because if there was anybody else who had a clear idea and an understanding and didn't have those statements because it's about me, right? Then that was the second important thing to do was to find them, to know that there was a home, that there was a supportive place and that I would be that place and that SisterLove could be that place, that if they helped me build it, we can make it happen.

Then the third thing was to completely immerse myself, and I did not grow up homophobic. I don't know how I got through that in a small town, in the middle of Georgia with a Baptist family outside my parents, I just have really progressive parents. So I didn't grow up with that. I never grew up with not celebrating difference because that's what I was taught. And so it was a no brainer, but it was one of the ways that I got through the barriers, which was just really totally engaging in the AIDS community and then the gay community. I mean for about 15 years, all my best friends were gay white men. And it made sense for the work that we were doing and having a place, because in the feminist world and in the reproductive rights community, AIDS was not even a priority. It wasn't an issue. It wasn't included. And I had to fight on that side to be

included. And so to have a place where the work that we were doing felt natural meant that I had to really immerse myself in the gay community, understanding the culture and in the work.

**JH, SK, & AO: There's a lack of diverse narratives, how can this really be addressed? How can we empower or create an environment where these experiences are about and encouraged to be part of the literary scene?**

**DDD:** That's a really powerful observation and question, really powerful. I think that it's too easy, but still very true to just label it all as a part of stigma. There's still a lot of, I don't know if the word is confusion as much as obfuscation, about what the epidemic really is about and that it's all about sex for the most part. People just don't know how to get to that yet. There is a lot to be said about women and shame, right? And how we get to that conversation and how we get through that conversation to get to the issues around HIV in women's lives. Because I can tell you in Africa, there's film after film, after film, after film that are predominantly women. Why? Because almost two thirds of the epidemic is women. So that's the narrative they're going to hold. The other part of it, I think, is that we just haven't had any real... I mean, I'm a leader, but nobody stops me walking down the street, like they would a Kerry Washington or a Queen Latifah. We haven't had any black women of celebrity status living with HIV. We haven't had any women of color particularly, right? As a matter of fact, we haven't had any women celebrities' period, regardless of race or ethnicity, to come out about their HIV status.

So that means what's considered the best and brightest that we look to, are not engaged. If they're not engaged, then how is that going to drill down into our arts community or into our writers or into our journalists, because we do hang our hats on that kind of stuff, whether we like it or not. I say this all the time; you cannot tell me that if women are 25 percent of the epidemic, black folk are 50 percent of new HIV infections, black and Latino folk are two thirds of the infections, that we don't have a subset of entertainers, athletes, people in the world who are living, even in this country who are living with HIV. We don't have that level of engagement to see how it's actually impacted the arts community or any other part of what we consider a celebrity. I think that's a huge part of our challenge quite frankly, which is why for the women, and for the people who are already out and have all of these amazing skills and talents, they need to be made celebrities so that there's someone we can hang our hat on and tell these stories in a bigger way. That these are every day, real people, real life matters that touch all of us, whether we acknowledge it or not. We just don't have that for women and AIDS yet, but that's what we're working on.

**JH, SK, & AO: There's a beautiful sentence on the SisterLove website, which reads, "the truth is that what we have learned from our partners and colleagues from around the world has fueled and enriched our efforts at home." Can you tell us more about that relationship, SisterLove's relevance in South Africa and that experience?**

**DDD:** Where that really centers from is that even when I was just getting started, doing SisterLove, there were no models in the United States. There were no other women's groups or

organizations. There was no place you could go to get resources on women and AIDS. But there was in other places where, for whatever reasons, including resources, including just how health is structured differently, that these issues have almost always been somehow integrated, right? There's very rare instances where you're going to have women's HIV specific stuff. It's going to be integrated into reproductive health and sexual health and in obstetric health. It's just going to be integrated, right?

Prevention, maybe not so much, but definitely dealing with HIV and women's lives. So I first had to really reach in and out and learn from what was being done in other communities. So that's the first thing that was important to us, is what are women doing in other places that we don't even have here at home that I can learn from, or that we can learn from? That was one of them. The other notion though, that I think is important in terms of when you talk about our significance and I'm still trying to figure that out, quite frankly, because I still think that there's more for us to learn than there is for us to give and share. The other part that we learned though, is that it's beyond help, that just about everything had to be integrated, right? So for example, it doesn't make sense to be talking about HIV. And it's the same thing that we learned how to do better at home, is that it wasn't practical to be talking about HIV if you weren't talking about food, if you weren't talking about food security, if you weren't talking about violence, if you weren't talking about economic dependence or independence, if you weren't dealing with all of the other impediments or opportunities for impediments that immediately connected to either HIV vulnerability or HIV status, then you weren't hitting the mark for women. And we learned that from our counterparts in Africa real easily and quickly, and then how to apply that to our own messaging and program delivery on this side.

As a matter of fact, our women's support group that we do now, they do not just sit around and bitch and moan about how hard life is with HIV. They're sitting around crafting, they're making jewelry, they're selling things, they're bringing food for each other, because they recognize that not everybody is getting the proper nutrition that they need to take their medicines. So they're creating a different collective response that doesn't necessarily exist for us. For example, the one thing that I have not figured out how to do yet, because we just don't do this anymore, is that people there [South Africa] take care of their neighbors, right? I mean, there are so many women volunteering and taking care of families all up and down the streets in their neighborhoods, right? Because they live as a community. We're still not there yet. We're trying to figure that out. But in terms of our own relevance to that side, is what we do have and what we do know, is the self-help piece, how you create space that's safe and build the women's relationships intentionally. Because in a communal world, those relationships just sort of naturally exist. But how are you intentional about those relationships? That's what we bring to the table.

How do I want to say it? In terms of the geopolitical sphere of things, the North, I don't know if you've traveled overseas, especially in the Global South, but it's not just the Global South, it's everywhere you go. You people in America, you got everything, you are super cool. I don't know what you have to complain about. You have enough money, you all have work. You all have insurance and healthcare. You have all the children you want to have, you drive cars. You know what I'm saying? Because that's what they see. That America has everything and everybody in America has everything, right? You don't have any problems. What we bring is reality. And in that bringing, we also bring this notion, which is important for us, but I think it's also important



on the other side, is that what we're doing in North America is not the beacon, right? It's what you're doing because once you realize, "Oh hell, y'all are struggling too?" It's like, "Oh, well, we might be okay." I think that's a part of our relevance, is the fact that we do have a narrative of struggle and that we do have a narrative of oppression. That we do have a narrative of discrimination and difference and pain and violence and suffering and poverty and all of the stuff that they see, that we have that narrative.

And that because black people and I mean this, especially at the grassroots, don't take those messages overseas. We don't travel. They don't ... Where I work, I can guarantee that even up to now, every now and then I'm still the first black American woman they've ever seen. You understand me? Seen plenty of white folk, right? Even in a lot of women's spaces, right? Seen plenty of white women, but nobody is telling our story, right? So that story alone, I think brings a lot of relevance to a community in Africa or communities in Africa that say, "Oh, we might be okay. We might be struggling, but that's not where we need to strive for." Right? So I think that that's a really, really, really important relationship to build on.

When we first went into South Africa, it was actually for a project. It was called the Twinning project and it was literally a project to link up similar organizations in America to organizations in Global South regions. We were the only organization that worked in Africa. There was another, there were four funded AIDS organization projects. There's another group that was funded to work in Haiti. And another group that was funded to work in Central America and another group that was funded to work in South America. We were the only ones in Africa. And we were the only ones that were women focused. The whole idea that we set up was; what we learned and what we had to share. That was for three years, all we did was, how do we share and learn as a resource to each other? And that's [how] we got started in Africa and that's what we've been continuing to build on.

**JH, SK, & AO: What advice would you give to all of us as women leaders, students, and also as me pursuing a public health career?**

**DDD:** Do it. No, first of all, I think that's awesome because one of the things that I say about public health, because I don't know what you think you mean when you say public health career? The one thing I love about public health as a discipline, is it's not really a discipline. It doesn't matter what passion you have, you could be an artist, a writer, a photographer, a singer, a lawyer, a writer. You could be a professor. You could be a community activist, a social worker. There is a role for you in public health, period.

You could sit around and write jingles all day and there's a role for you in public health. That's why I think that's brilliant. So my thing about public health is, bring all your passion to it. Don't get stuck. When you get into grad school and you get stuck in this frame, because everybody's going to go, "Oh, so you're going to go work for CDC [Centers for Disease Control and Prevention]." And every time they asked me that because I was in public health at an older age, I was like, "why would I do that?" There's enough government civil service workers out there. There's somebody in public health that needs to be in the community, right? So bring all of who

you are in public health, all that you love to do, doing what you want to give. That's the first thing.

There's so many other things that look exciting, there's so many other things that you could be doing and you may want to, that's fine. But always be your authentic self and bring that to everything that you do, right? That way you have less fear, you are able to respond to criticism when things get really hard. When you remember who you are and why you're doing it in the first place, you move through it better. Does that make sense? Just do your work, don't worry about the noise. You stick to what you know you're supposed to be doing and you just do it.

At the end of the day, whether that impact is felt by other people, it won't matter what all that other stuff was, it never will. I tell the story about how I went away to grad school, I left the organization. It was a really bad decision that we made in terms of a hire. I had to come back. I had to come back at the end. Oh my God, that's Alicia Philip. I'm not looking at that poster. I came back at the end of my master's program to an organization that was within days of the IRS shutting us down. It was just crazy. And a couple of years later when we were back on, no, this is maybe about four years later, we were back. We were doing fine. We were coming back, and one staff member came in one day. She says, "Dázon, I was at such and such. She was at some event." And she said, "Do you know people think you died of an overdose?" Okay, I've never done drugs. They were like, they think you're dead, they think you died of an overdose. She was more concerned that these rumors were out there in the community, right? She was really upset about that. And I don't know why I wasn't upset about it other than the fact that maybe I wasn't a drug addict. I'm not worried about what they think. Then she was like, "Well, what are we going to do? We got to do something about that. You're going to call somebody? So what are we going to do?" I was like, I guess I'm going to live. In the meantime, we go into this meeting at four o'clock this afternoon and that was it. It was like, just do the work. And it has worked for me, okay? It worked for me in school. It worked for me since then. It's worked every time we hit some external force that's trying to change or denigrate who we are. If you have something to say about it, say it, but otherwise just stay focused and do the work and do it well. And you'll be okay.

**Anita:** Thank you. Thank you so much.

**Dázon Dixon Diallo:** Well, thank y'all. Thank you. This is great.