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Workable Sisterhood: The Political Journey of Stigmatized Women with HIV/AIDS. Michele Tracy Berger. 2004. Princeton, NJ: Princeton University Press. 224 pp (+ Index). $19.99 (Paperback).

Reviewed by Deborah H. Charbonneau[1]

The number of women with HIV and AIDS has increased steadily worldwide and the HIV/AIDS epidemic is taking an increasing toll on women in the United States. Women of color, particularly African American women, represent the majority of new AIDS cases among women. [2] In *Workable Sisterhood: The Political Journey of Stigmatized Women with HIV/AIDS*, Michele Tracy Berger examines the life stories and struggles of sixteen women from Detroit, Michigan, diagnosed with the HIV/AIDS virus between 1986 to 1996. The women who served as the sample for this ethnographic study are primarily women of color who have a histories of drug use, conflict with the law, or working in the sex trade. *Workable Sisterhood* explores the interlocking relationship of marginality and stigma, and the process through which HIV-positive women reconstruct their lives in order to become agents of change in their communities.

Berger states there has been "little research that discusses the community work of severely stigmatized women" and *Workable Sisterhood* attempts to fill this void (12). Berger's book vividly illustrates how stigma can be an important catalyst for political participation. This work focuses on three central elements; the women, the event (acquiring HIV/AIDS), and the outcome (political participation). Through life and oral histories, ethnographic fieldwork, and observation, Berger captures the multiple difficulties and discrimination faced by a group of women with HIV who were already considered "deviant" by society because of their former lifestyles, which included drug use, criminal activity, and sex work. Despite this discrimination, Berger highlights how the women were able to reconstruct their lives and embark on remarkable political journeys.

Berger develops an intriguing framework that calls into question what is known about the political participation of stigmatized women. One of the strengths of the work is the introduction of the concept of *intersectional stigma*. Intersectional stigma is described as interlocking forms of oppression based upon categories of race, class, gender which interlace with HIV/AIDS to provide the framework for this study. According to Berger, *intersectional stigma* affects one's identity, resources and participation, and offers a specific way to explain differences that exist within the already marginalized HIV/AIDS community. Through extensive interviews, this study addresses the intersections of race, class, gender and HIV stigma.

Berger organizes the women's narratives into three stages. Berger first introduces each of the sixteen women to the reader. As each woman tells her story, experiences of family violence, sex work, drug addiction, and poverty are often recalled. Next, the event of acquiring the HIV/AIDS virus is highlighted and discussed in detail. The narratives

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[2] CDC, *HIV/AIDS Surveillance Report*, Vol. 16, 2005.

powerfully illustrate the multiple ways in which the women were ignored, underserved, under-resourced, stigmatized, and neglected by the medical profession in their initial diagnosis. Frequently, the women describe great difficulty accessing health care. The women recount receiving negative treatment from family members, medical providers, and peers when initially diagnosed with HIV. One of the interviewees states "I never want another woman to go through the experience I went through, no matter what she did, or who she is" (97). Interviewees describe stigma in the treatment centers, stigma from personnel, and stigma from others including family members and peers that ultimately serves as a catalyst for change. The final chapters of the book focus on the outcome and how these women were able to reconstitute their lives once they became HIV-positive to become empowered and politicized.

In exploring the ways in which many of the women reflected on their experiences of inequality and discrimination, and then emerged active in their communities, Berger focuses attention on the process of *life reconstruction*. This process involved drug rehabilitation, therapy, and acquiring skills for self-advocacy. As a result, the women in Berger's sample begin to transform their lives and to assume new roles in their communities. They become advocates, helpers and activists, often helping to raise awareness about the disease in the same neighborhoods where they formerly lived and worked. One of the interviewees applies for a state grant to help women with the HIV/AIDS virus attend special classes and conferences, while another interviewee starts a support group. These are just a few of the contributions that the women make to their communities in order to help other women become more informed.

The disproportionate concentration of HIV/AIDS among women of color and those with limited resources both globally and in the United States is striking. Given these trends, Berger's *Workable Sisterhood* offers a political and social analysis of the participation of a select group of stigmatized HIV-positive women. Berger carefully considers the relationship between gender, political activism, and stigmatized women, factors which have often been overlooked by traditional inquiries on political participation. This work bridges disciplinary boundaries and is accessible to a variety of readers, including researchers and students of political science, sociology, health sciences, and feminist studies. Overall, Berger's work underscores the importance of bringing silenced narratives to the forefront and offers an engaging look at women living with HIV and the process of converting stigma into transformative politics.