Overview of Research Agenda & Motivation

I am a rhetoric and writing researcher who uses qualitative methods to understand how internet-based cultural communities share knowledge about their sexual health. My research constellates across technical and professional communication, digital cultural rhetorics, health and medical rhetorics, and science, technology, and medicine studies. The critical edge of my work is tempered by my deep commitment to the lifeways, knowledges, and problems of queer and trans Black, Indigenous, and People of Color (BIPOC). I attend to issues of medical racism, sexual health justice, and inequitable clinical experiences.

In my projects, I work to interrupt settler colonialism and push against its marginalizing forces (i.e., the holdovers of European colonization in North America and the concomitant strains of white supremacist cisheteropatriarchy). I orient my work toward interrupting settler colonialism because it innervates white supremacy through anti-Blackness, Indigenous subjugation and erasure, and institutionalized ableism (which functions on the former two), all animating many of the contextually disparate, wicked problems that leak into the domains of my work. I wrangle settler colonialism as a rhetorical problem in my projects, surfacing the confluences of neoliberal medical policy related to HIV/AIDS, white supremacist and ableist public health practices, and cisheteronormative biomedical models, which lend to the staying power of marginalization regarding queer and trans BIPOC. I work to disrupt abuses within biomedicine and public health (as the scientific and social faces of care, respectively) through my research projects and community engagement as a health organizer.

As a community-engaged scholar whose training in technical and professional communication and health and medical rhetorics begins in community settings, I am attuned to the social justice turns of the sister fields. As an organizer and activist who has worked some time for and with Latinx, Indigenous, and queer/trans communities in Lansing, MI, my experiences in these settings activate and steer my overall research agenda. Having worked with partners, such as The Salus Center (Lansing's first and only queer resource center), Casa de Rosado (a Latinx arts and community space), the Ingham County Health Department, and the Michigan Public Health Institute, I have learned a central, energizing maxim: community knows best for itself. I therefore follow the protocol of an insurgent researcher—via Indigenous methodologies—to leverage findings from my research projects to advance knowledge about health and wellness born in queer and trans communities of color within healthcare and public health settings. In this manner, my community engagement and my research are deeply entangled.

Dissertation Project

In my dissertation, *"OK Sexual Health Twitter": Toward a Community Framework of Sexual Health Literacy*, I created a qualitative study (informed by Indigenous and decolonial methodologies) of how queer and trans people of color generate and share knowledge about their sexual health on Twitter with regards to HIV/AIDS. After creating a self-populating Twitter archive in fall 2018 that gathered tweets using the keywords "Truvada," PrEP," and "HIV," I accrued 15,000 discrete tweets as of June 2020 (though the archive now nears 30,000). Using thematic detection software, I then created and conducted a two-round coding schema on the archive, deriving datasets comprising general utterances from queer users of color, public health officials using social media for outreach, and organizations using the social media platform to share research findings. Focusing on the data subset comprising 300 discrete users of color and relevant media (i.e., news articles, public health advertisements, other emergent artifacts from the data), I created three case studies focusing on: the rollout of HIV prevention advertisements within queer-centered media; the patent breaking of Truvada, a once-daily medication for preventing HIV; and the use of social media to take to task bad actors and misinformed healthcare providers. Using a theoretical argument derived from Black and Native

technology studies (as well as Black Feminist Thought, Anishinaabe cosmology, Settler Colonial Studies, and digital rhetorical theory), I then reviewed the data through a protocol I term taking material inventory, or accounting for the spatio-temporal-material elements of identity construction amid technology use. My results revealed three rhetorical strategies: 1) continuing community-born public health practices created during the HIV/AIDS crisis of the 1980s and 90s by deploying descriptive hashtags to challenge stigma; 2) creating emergent whisper networks for sharing information about dealing with healthcare providers, navigating insurance networks, and communicating the symptoms of taking the medication; and 3) recognizing and countering the complex systems of late capitalist biomedicalization that prioritize profit over life.

Although scholars in technical, health, and risk communication and literacy studies have examined health literacies on different platforms (i.e., public fora and medical websites), few have approached this work with a non-deficit focus on social media settings with attention to queer and trans BIPOC, who typically have their knowledges discounted by providers and public health officials because of white supremacy and cisheteronormativity, which forecloses self- and community-born knowledges about sexual health through the top-down, epistemic hubris model of public health and biomedicine. As a corrective and to contribute to the fields' ongoing commitments to create equitable healthcare experiences, I developed an HIV/AIDS health literacy framework that allows for outreach in non-clinical settings through what I term relational design, or a participatory communication design process that incorporates community voices via an attunement to social media such as Twitter. My dissertation thus contributes to ongoing incursions within technical and professional communication, as well as the rhetoric of health and medicine, to upcycle our disciplinary savvy into building better public health and clinical experiences. Below is a breakdown of the chapters comprising my dissertation.

Chapter 1: Storying a Virulent Project: Three Threads for Narrative Ignition. In this chapter, I recount three stories that resonate with how digital rhetorical theory, health and medical rhetorics, and technical and professional communication respectively manifested in my experiences with HIV/AIDS-focused public health outreach as a queer Chicano. These stories model the approaches I took to disciplinarily constellating and organizing the dissertation.

Chapter 2: Queer Refusal: Insurgent Paradigms and Methodologizing Amid Settler Colonialism. This chapter outlines an insurgent methodology of refusal, wherein I detail the limitations of Western science and meaning making to advance an Indigenous protocol for thinking relationally about community-born data. I review the protocol for gathering data and organizing them into subsets, as well as the coding schema, to provide an overview of the 300 datapoints used for case studies in Chapter 5.

Chapter 3: The Intersectional Internet as Land: Theorizing Digital Rhetorical Socio-Materiality via Black and Indigenous Studies. This chapter outlines a theoretical intervention in current digital rhetorical theories of identity and technology. In it, I advance a cyborgian method of attuning research projects to the human users of technology and the technological user of the human via Black and Native studies, using this theoretical model to outline my coding protocol regarding the gathered data.

Chapter 4: Unsettling Epistemic Hubris: Rupturing Risk-Informed Health Literacy, Reframing Risky Living. In this chapter, I locate the settler colonial machinations of current public health and biomedical models to prime an epistemic rupturing of risk-informed health literacy. In so doing, I use this approach to outline an interpretive stance for the case studies in the following chapter.

Chapter 5: Blood Cells, Drag Queens, and Digital Faggotry: Three Case Studies (Or Toward a Community-Based Framework of Health Literacy). In this chapter, I review the three case studies I derived from the data analysis, using each to outline key components that together comprise a community-based framework of health literacy. In advancing this model, I argue that this framework serves as a viable tool for understanding how public health officials might more equitably attune outreach to queer and trans communities of color.

Chapter 6: Conclusion: Relational Design and Public Health: Hotwiring Technical and Professional Communication in the Third University. To conclude, I outline a method of hotwiring technical and professional communication practices (namely, user-centered design, communication design, and participatory design) to create equitable experiences for queer and trans people of color. I revise a public health campaign conducted by Gilead in 2018 to correspond to data analysis results, arguing that technical and professional communicators are primed to do this work in healthcare and public health settings.

Current Projects

My immediate research agenda follows up on my dissertation project. My current manuscripts (in progress / under review) are derived from the above chapters, as well as my book project proposal.

Manuscripts

These manuscripts represent my approach to science, technology, and medicine studies, and my current research agenda upcycles three propositions with their own interlinked trajectories across my manuscript projects: settler colonialism methodologizes, technologizes, and biomedicalizes.

With the first proposition, I have recently finalized an invited chapter titled "Methodologies Not Yet Known: The Queer Case for Relational Research" in the *Routledge Handbook of Queer Rhetorics*, which is in production and expected spring or summer 2022, edited by Jacqueline Rhodes and Jonathan Alexander. In it, I interrogate the limits of research as a practice within queer rhetorical scholarship, which I argue remains energized by whiteness (construed as settler colonial futurity). I offer critical questions that readers might use when crafting a research project that divests from the settler colonial undercurrents of queerness and, in their place, the advancement of a decolonial horizon—and a refusal to do research when the queer researcher cannot imagine this future. I also am finalizing a manuscript for *Technical Communication Quarterly*, titled "Toward Relational Design: Rethinking HIV Outreach for Queer Users of Color," which relays a methodology for employing user-centered design within health and medical contexts underpinned by the Indigenous ethics of relationality. By presenting a redesign of a popular advertisement for Truvada created by Gilead, I showcase the advocacy work that language workers might bring into health and medical settings, which resonates with the broader trend in the field regarding rethinking technical communication as a site for intervening in health outcomes for queer people and rethinking participatory design along the axes of queer of color sensibilities.

With the second proposition, I am currently finalizing an article draft for an accepted proposal to a special issue of *Communication Design Quarterly* on infrastructure. Titled "Emplacing Infrastructure: Toward a Material Inventory of Tech Colonialism," this article intervenes in the march of settler technofuturity, and in

it, I outline a theoretical method of interrupting tech colonialism, or the oppressive practices surrounding technology creation and use in everyday settings, via revised understandings of the internet's social and material infrastructure. I argue for grounding the internet's popularized and metaphorized definitional schemas within Indigenous cosmologies and Black epistemologies through what I term emplacing, forwarding the concept of the internet as land, which forces a consideration of settler colonialism as the socio-material force underpinning design and writing projects. I offer emplacing as a method for collapsing the divide between social and material infrastructure wherein the beingness of infrastructure is at once re-landed and agentially reinvigorated via an attention to the relational agency of the non-human things that make up the internet's socio-material infrastructure.

With the final proposition, I am currently revising a manuscript draft for the journal *Rhetoric & Health and Medicine* titled "Un-Settling Epistemic Hubris: Colonial Constructions of Health in the *Flexner* and *Lalonde Reports*, 1910–1974," which was recently reviewed as part of the 2021 RHM Symposium. In this article, I historicize the publication of two reports vital to the establishment of North American biomedical and public health models with colonial settlement within both the United States and Canada. I also provide a rhetorical analysis of both reports using an ideographic analysis that focuses on the contextually specific occurrences of colonial perpetuation via a critical disability studies methodology. To conclude, I outline an anti-racist model of unsettling epistemic hubris, which rhetoricians of health and medicine might adopt within ongoing community engagement projects. Focusing on my ongoing work in community health settings, I provide an example of how unsettling epistemic hubris might reasonably—and more importantly, practically—function when working with public health officials and/or physicians.

Book Project

With the primary takeaways from my data analysis, I am drafting a proposal for a book project, comprising six chapters, tentatively titled *Blood Cells and Drag Queens: Storying Virulent Sexual Health*, that expands on the case studies of my dissertation. For the introduction, I recount both popular practices of sexual health advocacy and outreach during the height of the HIV/AIDS crisis leading to the advent of pre-exposure prophylaxis. The following chapter discusses the mediation of such practices through digital technology use, and I focus on Twitter as a rhetorically versatile sites wherein new understandings of health literacy might be best understood given the site's communicative capacity for a visual, textual, and audio confluence along the lines of queer of color sensibilities. The subsequent chapter recounts how health literacy might be understood in these ways by reviewing how users of color have used the site, different communication modes and popular media to build emergent networks of care as users post and ask questions about their sexual health. The next chapter details why users often take to social media to create these networks as they contend with the material realities of increasingly neoliberal medical and healthcare policies, which adversely affect marginalized communities and especially, as I argue, queer and trans BIPOC, whose identities become wound up in a capitalist regime of care. The penultimate chapter offers a guide for users of color on how to disrupt epistemic hubris in healthcare and clinical settings, highlighting rhetorical strategies for leveraging their experiences in both online and offline settings to combat medical racism. The final chapter does similar work but for public health officials and healthcare providers, advancing a reformed health literacy framework to build better healthcare and public health experiences for queer and trans people of color. I plan to submit this proposal this January to New York University Press' "Queer / Trans / Digital" series.

Future Research Plans

Beyond the above projects, I plan to follow up on my dissertation data, which has now amassed more than 30,000 tweets, and to revise the aforementioned datasets to include the new tweets. Initial reviews of the

revised data against my established coding schema reveal that, indeed, the patterns of social media use as a health literacy tool have continued, and I am planning another manuscript for the journal *Health Communication* that reviews responses to HIV prevention campaigns on social media derived from my data. I also am planning another analysis of the data to derive more themes regarding the rhetorical strategies public health officials use to reach social media users of color, using the results of such analyses to offer correctives to these officials through appropriate venues. Finally, I foresee my research agenda extending beyond the scope of my dissertation to other social media and entertainment platforms such as Instagram, YouTube, and TikTok, and I plan to focus broadly on the use of such sites to outline what I call digital cultural faggotry, a term I use to describe how queer and trans BIPOC use technology and the internet in a way that delimits the everyday, mundane settings of decolonial potential. Overall, I plan to maintain my commitment to community empowerment in my future work as a scholar.