

**Before AIDS:**  
**Gay and Lesbian Community Health Activism in the 1970s**

BY

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DISSERTATION

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## SUMMARY

At the start of the 1970s, gays and lesbians were sick. The medical profession deemed homosexuality an illness, and even as gays and lesbians challenged this theory of illness based of sexuality, many were in fact suffering from actual illnesses in the form of venereal diseases. Propelled by a series of historical developments, including gay liberation, gays and lesbians began to create health services for themselves in the 1970s, which would grow in size and number throughout the decade, even after mainstream medicine altered its stance on homosexuality. These health services served as a vehicle for gays and lesbians to effectively challenge notions of their innate illness in mainstream medicine and society while also providing needed services and strengthening burgeoning gay and lesbian communities.

This dissertation, through clinics in Boston, Los Angeles, and Chicago, traces the origins and evolutions of gay and lesbian health services in the 1970s. These services and organizations contributed to the gay and lesbian culture, politics, and communities that emerged during gay liberation. It also shows the ways in which gay health services grew directly out of the radicalism of the 1960s, a national discussion on health care and medical authority, and efforts by the state during this period to provide health care services to underserved communities, ameliorate social discord, and slow rising poverty rates.

*Before AIDS* illustrates the important role that health played in gay and lesbian identity and politics during the gay liberation period. Furthermore, the state emerges as an unlikely, and often unintentional, benefactor of gay and lesbian health services and community building efforts throughout the decade, not only allowing for the creation of

these services, but also shaping their growth. The role of the state in creating gay and lesbian health services in the 1970s, the concern for sexual health among gays and lesbians at the time, and the resulting gay and lesbian medical and research infrastructure explored in *Before AIDS* recasts the events of the early AIDS crisis in 1980s. From this perspective *Before AIDS* provides insight into the dynamic and changing relationships between the state, the gay and lesbian communities, and health in the 1960s, 1970s, and 1980s.



# Chapter I

## Introduction: A Window of Opportunity

Initially, this was intended to be a study of how gay community health clinics factored into the early response to AIDS. Before conducting any research, I imagined that community clinics like Howard Brown in Chicago, Whitman-Walker in Washington, DC, and Boston's Fenway were among the many organizations that grew out of the early crisis. The resulting study would chart the birth and growth of gay medical clinics and research institutions amidst bleak national fiscal and political realities, a gay sexual culture that equated sexual health with sexual oppression, and one of the deadliest epidemics in history. In the initial stages of research for the project, I found that many gay community clinics actually originated in the 1970s, most of them from the last few years of the decade, but some dating back as early as 1971 – a full decade before the first identified AIDS case. This realization left me wondering how these clinics came to be and just what gay clinics did before AIDS. That was the moment of conception for *Before AIDS: Gay and Lesbian Community Health Activism in the 1970s*.

This dissertation uses the histories of three individual clinics – Boston's Fenway Community Health Clinic, the Los Angeles Gay Community Services Center, and Howard Brown Memorial Clinic in Chicago – as a lens through which to explore many of the larger historical events and forces that shaped gay health and the 1970s more generally. For this study I had the choice between dozens of gay community health clinics that existed over the course of the 1970s. However, for many reasons the clinics in Boston, Los Angeles, and Chicago quickly became my areas of focus. As I wanted this study to chart the evolution of gay health and its relationship to larger political factors

throughout the 1970s, I narrowed my options to clinics that existed for most, if not all, of the decade. I also decided that in order to better and more easily illustrate the importance of early gay health activism in the history of gay liberation and AIDS, the clinics studied here needed to factor prominently in the early AIDS response. These two parameters left me with very few potential case studies from which to choose. Once I factored in available archives and interview subjects, the clinics in Boston, Los Angeles, and Chicago appeared the best and most obvious case studies.

Beyond allowing me to explore the 1970s, show the importance of early gay health activism in the AIDS crisis, and collect sufficient research for a study of this magnitude, the clinics in Boston, Los Angeles, and Chicago also paved the way for interesting and important contributions to the literature of the 1970s, gay liberation, and health. By focusing on these three cities and depicting them as the three major centers of gay health activism in the period before AIDS, I contribute to the growing trend in lesbian, gay, bisexual, and transgender history that moves beyond an historical narrative that centers upon New York City and San Francisco. Furthermore, the origins of these three clinics reflects the diverse roots of what would become important gay institutions in the 1980s, complicating the role of explicitly gay political organizing in created gay spaces and services in this period. The clinics in Boston, Chicago, and Los Angeles each have unique origins and trajectories that at once illustrate the diversity of gay health activism in the 1970s and the shared concerns and goals that led to their becoming lasting health institutions.

As I immersed myself in the sources and histories of these clinics, I found many of my perceptions about the 1960s, 1970s, and 1980s challenged. I learned that the

decline in radicalism that occurred in the 1970s was not always a result of internecine battles or a changing political landscape, but sometimes due to an intentional choice on the part of activists to ensure the longevity and effectiveness of their services and organizations. From this vantage point, the relationship between the state and homosexuality appears more nuanced and productive than a simple case of antagonism and oppression. These clinics make clear the direct link between Great Society programs and the emergence of numerous forms of gay health that, in the early 1980s, would become central in the early response to AIDS. By examining the roots of these clinics and their central activists, the interdependence and complementary nature of various radical groups during this period came into sharper focus. These histories also demonstrated a much greater concern for sexual health in gay culture in the 1970s than I previously understood. While I anticipated that many of these topics would surface in the course of my research, I was often surprised by my findings.

This dissertation illustrates how the emergence of gay health activism in the 1970s is firmly rooted in the social movement politics and government policies of the late-1960s. From this perspective, the ties between gay health activism and numerous other movements become clear in that many gay health activists were veterans of these movements and gay activists employed health as a political organizing tool in ways similar to many movements in the early 1970s. This study often uses gay health activism as a window into much larger historical events and themes, like the decline in radicalism, urban renewal, the evolution of the crisis in the post-World War II health care system, and the unintended effects of government programs. However, the analysis of these clinics also brings clarity to various aspects of the gay and lesbian experience during the

period of gay liberation. By tracking gay health activism, this project examines the ways in which concepts of health factored into gay sexual and political culture and the changes in the relationship between gay and lesbian communities and mainstream medicine that occurred during this period.

From the outset, I was determined to devote equal attention to the health activism of gays and lesbians, but when I surveyed the sources I saw that the quantity of lesbian health activism that addressed lesbian-specific health concerns in the 1970s was very little compared to that of their gay counterparts. Furthermore, what lesbian health activism that did exist was largely done within women's health clinics with little regard for, or communication with gay health organizing. A focus on health issues specifically often exacerbated pre-existing political (and biological) differences between gays and lesbians so that they commonly approached health from different physical places and political frameworks. With the differences between gay and lesbian health activism far outweighing their similarities, a cohesive narrative arc that could move through time and make an intelligible dissertation became extremely difficult to develop and maintain. Finally, because lesbian health activism around lesbian specific health issues was so relatively minor in this period, identifying and collecting archival sources that could warrant and sustain an equal study of gays and lesbians was just not possible. Thus, *Before AIDS* focuses predominantly on gay health activism. However, the histories of the clinics in Boston, Los Angeles, and Chicago open the door for commentary on the difficult and complex relationship between gay men and lesbians in this period, particularly when it came to issues of health and health services, as lesbians were at best left to fend for themselves and at worst excluded entirely.

### **A Climate Ripe for Gay Health Activism**

The 1970s offered a brief historical moment during which four major social and political factors converged to create and nurture gay health activism: gay liberation, the questioning of medical authority by various marginalized groups, the continuation of 1960s radicalism, and Great Society-era government policies that encouraged community health efforts. The confluence of these four forces allowed for gay health activism to take many forms in the period before the AIDS crisis, including community clinics, outreach programs, and research collaborations. Gay health activism in the 1980s responded to the AIDS crisis and a much more hostile fiscal and political environment by relying upon and adding to the strong gay medical infrastructure laid by activists in the previous decade under much easier and more politically supportive circumstances.

The 1970s witnessed a militant shift in the political organizing of the gay and lesbian communities that translated into proud declarations of homosexuality and an unprecedented number of services, commercial businesses, and organizations aimed at obtaining greater political power and rights for gays and lesbians. Many within the gay community point to the Stonewall Riots of 1969, during which patrons of the Stonewall Inn in New York City's Greenwich Village, many of whom were transvestites of color, retaliated against police attempting a raid as the spark that set off the gay rights movement of the 1970s.<sup>1</sup> However, the history of gay communities and political activism suggests that the roots of gay liberation go back to the years immediately following World War II when, prompted by the social and financial freedom and common single-

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<sup>1</sup> David Carter, *Stonewall : The Riots That Sparked the Gay Revolution*, (New York: St. Martin's Press, 2004); Martin B. Duberman, *Stonewall*, (New York, N.Y., U.S.A.: Dutton, 1993); Gary Chichester, *Interview by Author*, (May 19, 2007).

sex environments of the war, homosexual men and women began to create communities and underground political organizations for themselves.<sup>2</sup> Starting in the 1950s, the Mattachine Society for men and the Daughters of Bilitis for women blazed the early trails for mounting a political response against the discrimination of homosexuals, or as they called themselves, homophiles. While the politics and tactics of these early groups were later deemed too tame and assimilationist by their radical successors of the late 1960s and 1970s, they were the first to mobilize homophile communities politically and create a national political network complete with newsletters, national conferences, and a political

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<sup>2</sup> Allan Bérubé, *Coming out under Fire : The History of Gay Men and Women in World War Two*, (New York: Free Press, 1990); John D'Emilio, *Sexual Politics, Sexual Communities : The Making of a Homosexual Minority in the United States, 1940-1970*, (Chicago: University of Chicago Press, 1998); Lillian Faderman and Stuart Timmons, *Gay L.A. : A History of Sexual Outlaws, Power Politics, and Lipstick Lesbians*, (New York: Basic Books, 2006); David K. Johnson, *The Lavender Scare : The Cold War Persecution of Gays and Lesbians in the Federal Government*, (Chicago: University of Chicago Press, 2004). Of course, homosexuals of previous periods also created their own social spaces, communities, and cultures, but the post-war period marked an era of growing political awareness and activism on the basis of sexuality for gays and lesbians. On earlier sexual communities, see Lillian Faderman, *Odd Girls and Twilight Lovers : A History of Lesbian Life in Twentieth-Century America*, (New York: Columbia University Press, 1991); Elizabeth Kennedy and Madeline Davis, *Boots of Leather, Slippers of Gold*, (New York: Penguin Books, 1994); George Chauncey, *Gay New York : Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940*, (New York: Basic Books, 1994); John Howard, *Men Like That : A Southern Queer History*, (Chicago: University of Chicago Press, 1999); Kevin Mumford, *Interzones: Black/White Sex Districts in Chicago and New York in the Early Twentieth Century*, (New York: Columbia University Press, 1997); Nan Alamilla Boyd, *Wide-Open Town : A History of Queer San Francisco to 1965*, (Berkeley: University of California Press, 2003). C. Todd White, *Pre-Gay L.A. : A Social History of the Movement for Homosexual Rights*, (Urbana: University of Illinois Press, 2009); Chad C. Heap, *Slumming : Sexual and Racial Encounters in American Nightlife, 1885-1940*, (Chicago: University of Chicago Press, 2009); Daniel Hurewitz, *Bohemian Los Angeles and the Making of Modern Politics*, (Berkeley: University of California Press, 2007); Marcia Gallo, *Different Daughters: A History of the Daughters of Bilitis and the Rise of the Lesbian Rights Movement*, (Emeryville: Seal Press, 2007).

platform.<sup>3</sup> As the late-1960s became engulfed in social protests, political unrest, and sexual revolution, gay political activism began to shift to incorporate a more militant and radical focus.<sup>4</sup> Starting in 1966 with the Compton Riots in San Francisco and the Black Cat riots in Los Angeles, spontaneous and anger-filled protests, often by some of the most marginalized members of the community, began to replace the carefully planned and choreographed pickets of the homophile movement.<sup>5</sup> These protests and the emotions they represented came to epitomize gay politics in the 1970s as lesbians and gay men rejected their historical oppression, demanded political rights, and created social services and organizations to achieve their equality.<sup>6</sup> This zeitgeist and politics provided the

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<sup>3</sup> On the founding, actions, and politics of these groups see D'Emilio, *Sexual Politics, Sexual Communities*; Timothy Stewart-Winter, "Raids, Rights, and Rainbow Coalitions: Sexuality and Race in Chicago Politics, 1950-2000" (University of Chicago, 2009).

<sup>4</sup> On the 1960s see Rebecca E. Klatch, *A Generation Divided : The New Left, the New Right, and the 1960s*, (Berkeley, Calif.: University of California Press, 1999); Edmund Lindop and Margaret J. Goldstein, *America in the 1960s*, (Minneapolis: Twenty-First Century Books, 2009); Bernard von Bothmer, *Framing the Sixties : The Use and Abuse of a Decade from Ronald Reagan to George W. Bush*, (Amherst: University of Massachusetts Press, 2009); Ronald P. Formisano, *Boston against Busing : Race, Class, and Ethnicity in the 1960s and 1970s*, (Chapel Hill: University of North Carolina Press, 2004); Maurice Isserman and Michael Kazin, *America Divided : The Civil War of the 1960s*, (New York: Oxford University Press, 2003). On the sexual revolution see Beth L. Bailey, *Sex in the Heartland*, (Cambridge, Mass.: Harvard University Press, 1999).

<sup>5</sup> Belinda Baldwin, "L.A., 1/1/67: The Black Cat Riots," *Gay and Lesbian Review Worldwide* 13, no. 2 (2006); Victor Silverman and Susan Stryker, *Screaming Queens: The Riot at Compton's Cafeteria*, (United States: 2005).

<sup>6</sup> Relatively little has been written on the period of gay liberation. See Stewart-Winter, "Raids, Rights, and Rainbow Coalitions."; Marc Stein, *City of Sisterly and Brotherly Loves : Lesbian and Gay Philadelphia, 1945-1972*, (Philadelphia: Temple University Press, 2004); Faderman and Timmons, *Gay L.A.*; Terence Kissack, "Freaking Fag Revolutionaries: New York's Gay Liberation Front, 1969-1971," *Radical History Review* 62, no. 44-57 (1995); Karla Jay, *Tales of the Lavender Menace : A Memoir of Liberation*, (New York: Basic Books, 1999); Horacio N Roque Ramirez, "'That's My Place!':

political underpinning of gay health activism, the creation of gay community clinics, and the motivation for all the necessary volunteers. By the end of the 1970s, the radicalism at the heart of gay liberation had faded, giving way to a more commercial, assimilation-minded politics.<sup>7</sup> However, for the brief period of the 1970s, the politics and ethos of gay liberation proved invaluable to gay and lesbian health activists as they challenged mainstream medicine's long standing determination of homosexuality as a physical and mental illness.<sup>8</sup>

Gay health activists represented just one of many groups that questioned medical authority during this period. A broad range of social and political movements of the late

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Negotiating Racial, Sexual, and Gender Politics in San Francisco's Gay Latino Alliance, 1975-1983," *Journal of the History of Sexuality* 12, no. 2 (2003); Daneel Buring, "Gay Activism Behind the Magnolia Curtain: The Memphis Gay Coalition, 1979-1991," *Journal of Homosexuality* 32, no. 1 (1996); Elizabeth A. Armstrong, *Forging Gay Identities : Organizing Sexuality in San Francisco, 1950-1994*, (Chicago: University of Chicago Press, 2002).

<sup>7</sup> On the decline of radicalism in gay and lesbian politics see Alexandra Chasin, *Selling Out : The Gay and Lesbian Movement Goes to Market*, (New York: St. Martin's Press, 2000); Anne Enke, *Finding the Movement : Sexuality, Contested Space, and Feminist Activism*, (Durham: Duke University Press, 2007); Anne M. Valk, *Radical Sisters : Second-Wave Feminism and Black Liberation in Washington, D.C.*, (Urbana: University of Illinois Press, 2008); Stephanie Gilmore and Elizabeth Kaminski, "A Part and Apart: Lesbian and Straight Feminist Activists Negotiate Identity in a Second-Wave Organization," *Journal of the History of Sexuality* 16, no. 1 (2007). In feminism see, Kimberly Springer, *Living for the Revolution : Black Feminist Organizations, 1968-1980*, (Durham [N.C.]: Duke University Press, 2005); Jo Reger, *Different Wavelengths : Studies of the Contemporary Women's Movement*, (New York: Routledge, 2005).

<sup>8</sup> Gays and lesbians were far from the only ones to challenge medical authority and the way in which medicine often excused political oppression and marginalization during this period. For other examples see Duane F. Stroman, *The Disability Rights Movement : From Deinstitutionalization to Self-Determination*, (Lanham, Md.: University Press of America, 2003); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*, (New York: New York University Press, 2003); Sandra Morgen, *Into Our Own Hands : The Women's Health Movement in the United States, 1969-1990*, (New Brunswick, N.J.: Rutgers University Press, 2002); Sharon N. Barnartt and Richard K. Scotch, *Disability Protests : Contentious Politics 1970-1999*, (Washington, DC: Gallaudet University Press, 2001).



1960s and early 1970s incorporated a critique of mainstream medicine and a demand for access to quality health care into their larger rhetoric and politics. The Black Panthers created a number of community health services to address a lack of services in poor, urban, black communities.<sup>9</sup> Women organized for quality reproductive care, with women of color fighting for protection from sterilization abuse and middle class, mostly white, women seeking access to abortion.<sup>10</sup> Disabled and institutionalized people also began to demand greater say in their treatment and autonomy.<sup>11</sup> Other important factors that encouraged the questioning of medical authority by marginalized groups during this

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<sup>9</sup> Kathleen Cleaver and George Katsiaficas, eds., *Liberation, Imagination, and the Black Panther Party: A New Look at the Panthers and Their Legacy*, (New York: Routledge, 2001); Huey P. Newton and others, *The Black Panther Leaders Speak : Huey P. Newton, Bobby Seale, Eldridge Cleaver and Company Speak out through the Black Panther Party's Official Newspaper*, (Metuchen, N.J.: Scarecrow Press, 1976); David Hilliard, ed. *The Black Panther Party: Service to the People Programs*, (Albuquerque: University of New Mexico Press, 2008).

<sup>10</sup> Nelson, *Women of Color and the Reproductive Rights Movement*; Jennifer Nelson, "'Hold Your Head up and Stick out Your Chin': Community Health and Women's Health in Mound Bayou, Mississippi," *NWSA Journal* 17, no. 1 (2005); Morgen, *Into Our Own Hands*; Elena Gutierrez and others, *Undivided Rights: Women of Color Organizing for Reproductive Rights*, (Boston: South End, 2004); Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," *American Indian Quarterly* 24, no. 3 (2000); Abraham Bergman and others, "A Political History of the Indian Health Service," *Millbank Quarterly* 77, no. 4 (1999).

<sup>11</sup> Stroman, *The Disability Rights Movement*; Ruth Wilson Gilmore, *Golden Gulag : Prisons, Surplus, Crisis, and Opposition in Globalizing California*, (Berkeley: University of California Press, 2007); Barnartt and Scotch, *Disability Protests*; Gerald N. Grob, *From Asylum to Community : Mental Health Policy in Modern America*, (Princeton, N.J.: Princeton University Press, 1991).

period were the discovery of the Tuskegee Syphilis Project and the revelation about widespread Medicare and Medicaid fraud within the medical profession.<sup>12</sup>

Gay health activists demanded the medical understanding of homosexuality be recalibrated to be more in line with the changing social norms and politics of the period and less of a contributing factor to the social and political oppression of gays and lesbians. For almost a century leading up to the 1970s, doctors equated homosexuality with an illness that should be prevented, treated, and eradicated. Reflecting some of the most obvious ways in which social construction informs medicine and science, doctors using their status as scientific experts placed themselves at the heart of numerous social debates throughout the nineteenth and twentieth centuries, including those over prostitution, alcohol consumption, and many other forms of moral or sexual “perversion.”<sup>13</sup> By branding homosexuals as innately ill, doctors cemented their social

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<sup>12</sup> Rosemary Stevens, *In Sickness and in Wealth : American Hospitals in the Twentieth Century*, (Baltimore: Johns Hopkins University Press, 1999); Rosemary Stevens, *The Public-Private Health Care State : Essays on the History of American Health Care Policy*, (New Brunswick: Transaction Publishers, 2007); Rosemary Stevens, Charles E. Rosenberg, and Lawton R. Burns, *History and Health Policy in the United States : Putting the Past Back In*, (New Brunswick, N.J.: Rutgers University Press, 2006); Jonathan Engel, *Poor People's Medicine : Medicaid and American Charity Care since 1965*, (Durham: Duke University Press, 2006); James H. Jones and Tuskegee Institute., *Bad Blood : The Tuskegee Syphilis Experiment*, (New York: Free Press, 1993).

<sup>13</sup> Philippa Levine, *Prostitution, Race, and Politics : Policing Venereal Disease in the British Empire*, (New York: Routledge, 2003); Judith R. Walkowitz, *Prostitution and Victorian Society : Women, Class, and the State*, (Cambridge ; New York: Cambridge University Press, 1980); Roger Davidson and Lesley A. Hall, *Sex, Sin, and Suffering : Venereal Disease and European Society since 1870*, (London ; New York: Routledge, 2001); David J. Pivar, *Purity and Hygiene : Women, Prostitution, and the "American Plan," 1900-1930*, (Westport, CT: Greenwood Press, 2001); Ruth Rosen, *The Lost Sisterhood : Prostitution in America, 1900-1918*, (Baltimore: Johns Hopkins University Press, 1982); Timothy J. Gilfoyle, *City of Eros : New York City, Prostitution, and the Commercialization of Sex, 1790-1920*, (New York, N.Y.: W.W. Norton, 1992).

and political marginalization and opened the door to various forms of “treatment” ranging from intensive therapy to electro-shock treatments and experimental surgeries.<sup>14</sup> Due to the work of gay health activists and gay liberationists, the 1970s witnessed a shift in the relationship between homosexuals and the medical profession, making it the first decade in which homosexuals were not classified as sick or diseased due to their sexuality.

Through a combination of protests, gay men and lesbians coming out within the medical profession, and gay and lesbian community organizations offering their own health services, mainstream medicine began to divorce homosexuality from illness in the 1970s.<sup>15</sup> The successful action at the 1973 American Psychiatric Association annual meeting to have homosexuality officially removed from the Diagnostic and Statistical

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<sup>14</sup> W. Rottersman, "Homosexuality," *Journal of the Medical Association of Georgia* 50, no. (1961); S. C. Mason and others, "Homosexuality. A Medico-Legal Problem," *Journal - Michigan State Medical Society* 60, no. (1961); B. S. Aaronson and H. R. Grumpelt, "Homosexuality and Some Mmpi Measures of Masculinity-Femininity," *Journal of clinical psychology* 17, no. (1961); K. M. Bowman and B. Engle, "The Problem of Homosexuality," *Journal of social hygiene* 39, no. 1 (1953). On the history of the relationship between medicine and homosexuality see Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society*, (Chicago: The University of Chicago Press, 1999); Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis*, (Princeton: Princeton University Press, 1987); Steven Epstein, "Sexualizing Governance and Medicalising Identities: The Emergence of 'State-Centered' Lgbt Health Politics in the United States," *Sexualities* 6, no. 2 (2003); Jack Drescher and Joseph P. Merlino, *American Psychiatry and Homosexuality : An Oral History*, (New York: Harrington Park Press, 2007).

<sup>15</sup> On gays and lesbians coming out in the medical field see Anonymous, "I Am a Lesbian Health Care Worker," 1976, Boston Women's Health Book Collective Papers, Box 64, Countway Medical Library, Harvard University, Boston; Howard Harrison, "Straight Talk from a Gay Doctor," *The New Physician* (1974); Chris Coste, "Gay Doctors Edging out of the Closet," *The New Physician* (1974); John Dittmer, *The Good Doctors : The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*, (New York: Bloomsbury Press, 2009); Howard Brown, *Familiar Faces, Hidden Lives : The Story of Homosexual Men in America Today*, (New York: Harcourt Brace Jovanovich, 1976).

Manual, a list of symptoms and illnesses used to diagnose and treat mental illnesses, serves as perhaps the best example of these efforts.<sup>16</sup> Gays and lesbians employing the militancy of gay liberation and the larger attack on medical authority by numerous minority groups combined to challenge successfully the medical theories linking sexuality to illness. The AIDS epidemic in the 1980s posed a new challenge to decoupling homosexuality and illness among medical professionals and in society at large as the disease was initially deemed a “gay plague.”<sup>17</sup> However, the political ethos of the gay community and the mounting opposition to medical authority combined in the 1970s to create a period ripe for gay health activism and the renegotiation of the relationship between homosexuality and illness.

The political climate and government policies of the early 1970s also proved central to the birth and growth of gay health activism during this period. Many of the main actors in gay health began their political, and even medical, careers in the social and political movements of the late 1960s. As they focused their attention on gay health, their earlier experiences clearly informed the ways in which they organized gay health institutions and services. In Boston, former anti-war activists used the protest and community organizing tactics learned in that movement to create a community health

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<sup>16</sup> Drescher and Merlino, *American Psychiatry and Homosexuality*; Bayer, *Homosexuality and American Psychiatry*.

<sup>17</sup> Jennifer Brier, *Infectious Ideas : U.S. Political Responses to the Aids Crisis*, (Chapel Hill: University of North Carolina Press, 2009); Deborah B. Gould, *Moving Politics : Emotion and Act Up's Fight against Aids*, (Chicago: The University of Chicago Press, 2009); Jonathan Engel, *The Epidemic : (a Global History of Aids)*, (New York: Smithsonian Books/Collins, 2006); Eric E. Rofes, *Dry Bones Breathe : Gay Men Creating Post-Aids Identities and Cultures*, (New York: Haworth Press, 1998); Cindy Patton, *Sex and Germs : The Politics of Aids*, (Boston: South End Press, 1985); Cathy J. Cohen, *The Boundaries of Blackness : Aids and the Breakdown of Black Politics*, (Chicago: University of Chicago Press, 1999).

clinic as a means to save their neighborhood from gentrification and redevelopment. In Los Angeles, gay liberationists used their limited access to quality and affordable care as an example of their larger political oppression, borrowing directly from the Black Power and women's movements of the period. In this way, gay health activism provides a useful lens to explore the ways in which the activism of the 1970s was a continuation of the radicalism of the late 1960s.<sup>18</sup>

Equally important to the political mindset of individual activists were the government policies and national political conversations of the late 1960s and early 1970s. The Great Society programs that made up much of President Johnson's domestic policy in the 1960s not only set the stage for gay health activism in the 1970s through funding and public health initiatives but also provide insight into some of the important debates and concerns of the post-World War II period.<sup>19</sup> Johnson faced a health crisis

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<sup>18</sup> Within the historiography of the 1970s, that decade's relationship to the radicalism of the 1960s has developed into a debate over just when the 1960s end and the 1970s begin. At the heart of this debate is when the radicalism often associated with the late 1960s began to give way to the conservatism that would dominate the early 1980s. My work suggests that the radicalism of the 1960s continued to be a significant political force in to the early 1970s, but that by the mid-1970s it was declining quickly. See Bruce Schulman, *The Seventies: The Great Shift in American Culture, Society, and Politics*, (New York: Free Press, 2001); Bruce J. Schulman and Julian E. Zelizer, *Rightward Bound : Making America Conservative in the 1970s*, (Cambridge, Mass.: Harvard University Press, 2008); Van Gosse and Richard Mosser, ed. *The World the Sixties Made: Politics and Culture in Recent America*, (Philadelphia: Temple University Press, 2003); Edward D. Berkowitz, *Something Happened : A Political and Cultural Overview of the Seventies*, (New York: Columbia University Press, 2006); Peter N. Carroll, *It Seemed Like Nothing Happened : America in the 1970s*, (New Brunswick [N.J.]: Rutgers University Press, 2000); Sam Binkley, *Getting Loose : Lifestyle Consumption in the 1970s*, (Durham: Duke University Press, 2007); Jefferson Cowie, *Stayin' Alive : The 1970s and the Last Days of the Working Class*, (New York: New Press, 2010); Formisano, *Boston against Busing*.

<sup>19</sup> Bonnie Lefkowitz, *Community Health Centers : A Movement and the People Who Made It Happen*, (New Brunswick, N.J.: Rutgers University Press, 2007).

created by rising medical costs, growing dependence upon employment-based medical insurance, and a shrinking number of medical professionals. In the 1960s, an increasing number of people, often those with the greatest need for medical care, experienced a decrease in their access to quality and affordable medical care. In response, Johnson employed an approach he wielded against many of the issues that grew out of the nation's high poverty rates: community based programs. Great Society policies placed individual communities at the center of government programs, allowing for federal monies to support services that were often designed by local community members to address the specific problems they faced.<sup>20</sup> These policy initiatives informed the development of gay health activism in two ways. First, it created a mindset within struggling communities that they could create solutions to their problems and that the government would help. Second, and more practically, Great Society programs encouraged the creation of community health clinics for underserved communities through direct funding and fund-matching programs. In this context, gay health activism and gay community health clinics reflect a much larger national discussion about health care and illustrate how state initiatives actually provided, albeit unintentionally, for gay and lesbian health activism.<sup>21</sup>

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<sup>20</sup> John Kenneth Galbraith, *The Affluent Society*, (Boston,: Houghton Mifflin, 1958); Michael Harrington, *The Other America; Poverty in the United States*, (New York,: Macmillan, 1962); Engel, *Poor People's Medicine*; Stevens, *The Public-Private Health Care State*; Stevens, Rosenberg, and Burns, *History and Health Policy in the United States*; Jill S. Quadagno, *One Nation, Uninsured : Why the U.S. Has No National Health Insurance*, (Oxford ; New York: Oxford University Press, 2006); Marie Gottschalk, *The Shadow Welfare State : Labor, Business, and the Politics of Health-Care in the United States*, (Ithaca, N.Y.: ILR Press, 2000).

<sup>21</sup> The gay community was far from the only marginalized group or minority to use government funding and programs to build community. In fact, the Great Society programs resulted in funds from various governmental bodies going directly to wide cast

### Gay Health Needs in the 1970s

While gay liberation, challenges to medical authority, the lingering radicalism of the 1960s, and government policies all converged to create an atmosphere in which gay health activism could thrive in the 1970s, one final issue served as the impetus for gay community health clinics- sickness. The incidence of venereal disease among the adult population of the United States grew to epidemic proportions in the late 1960s and 1970s.<sup>22</sup> The dark history of the relationship between medicine and homosexuality negatively impacted the effects of this epidemic on the gay community in two ways. First, the long history of mainstream medicine equating homosexuality with illness left gay men fearful of seeking medical treatment and uncomfortable revealing their sexuality when they did.<sup>23</sup> Many dreaded that disclosure of their sexual activities would either incite ridicule, not remain confidential with their doctor, or both, and these fears had merit. One former client of a city-run venereal disease clinic in Chicago remembered, “they weren’t very nice...the help in that place, the clinic was just foul to gay people, just

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of groups and organizations that had never before gotten federal funding and who often thought themselves to be marginalized and oppressed by the state. This will be discussed in much greater length in Chapter 1. For examples see, Lindop and Goldstein, *America in the 1960s*; Robert Vincent Daniels, *The Fourth Revolution : Transformations in American Society from the Sixties to the Present*, (New York: Routledge, 2006); Sidney M. Milkis and Jerome M. Mileur, *The Great Society and the High Tide of Liberalism*, (Amherst: University of Massachusetts Press, 2005); Craig E. Blohm, *The Great Society : America Fights the War on Poverty*, (Farmington Hills, MI: Lucent Books, 2004); Isserman and Kazin, *America Divided*.

<sup>22</sup> Centers for Disease Control and Prevention, "Tracking the Hidden Epidemics: Trends in Stds in the United States 2000," ed. Department of Health and Human Services (2000). <http://www.cdc.gov/std/trends2000/Trends2000.pdf>.

<sup>23</sup> On the medical history of homosexuality see Terry, *An American Obsession*; Henry L. Minton, *Departing from Deviance : A History of Homosexual Rights and Emancipatory Science in America*, (Chicago: University of Chicago Press, 2002).

nasty.”<sup>24</sup> Furthermore, venereal disease testing at Department of Health clinics in many cities commonly required disclosure of the patient’s name and of all previous sexual partners. If a patient tested positive, the Department of Health systematically contacted each partner to inform him or her of the possible exposure to disease and to facilitate testing and treatment. While this process seems logical for disease containment, it served the opposite function as many gay men, especially those who were not completely out of the closet, avoided testing because of the notification protocol. Furthermore these rigid reporting rules reinforced and contributed to the distrust and animosity many gay men felt toward medical professionals. Whether because they did not want to deal with ignorant or homophobic staff members, make themselves and all of their sexual partners vulnerable to a very public coming out, or simply did not know the names of their sexual partners, gay men often felt alienated from many city-run health clinics and from mainstream medicine writ large.

Compounding the problem of distrust of mainstream medicine within the gay community was a general ignorance of gay health issues among medical professionals. Until the 1970s, nearly all the medical literature and education on homosexuals focused on homosexuality itself as an illness in need of treatment.<sup>25</sup> As a result, doctors remained

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<sup>24</sup> Chuck Renslow, *Interview by Author*, (August 14, 2007).

<sup>25</sup> S. Gold and I. L. Neufeld, "A Learning Approach to the Treatment of Homosexuality," *Behaviour research and therapy* 3, no. (1965); G. R. Peberdy, "Homosexuality and the Law," *The Medico-legal journal* 33, no. (1965); K. Freund, "On the Problem of Male Homosexuality," *Review of Czechoslovak medicine* 11, no. (1965); T. McCracken, "Homosexuality," *The Journal of the College of General Practitioners* 9, no. Suppl 1 (1965); Y. R. De Monch, "A Clinical Type of Male Homosexuality," *The International journal of psycho-analysis* 46, no. (1965); Mason and others, "Homosexuality. A



uninformed about how to diagnose and treat actual illnesses within the gay community, particularly those that manifested in slightly different ways than in the heterosexual population. Survey responses from doctors in 1978 showed that more than 84% of doctors believed they did not have adequate education in medical school to address these issues.<sup>26</sup> Consequently, sexually transmitted diseases among gay men often went undetected and untreated until in advanced stages.<sup>27</sup> Uneducated doctors could easily overlook gonorrhea symptoms in a gay man if the examination did not include a throat culture, a test not included in the standard examination for a heterosexual man. Unless a gay patient felt comfortable enough to inform his doctor of his sexual practices and the doctor knew the appropriate medical response, syphilis could go undetected and untreated.<sup>28</sup> This had negative consequences for individual gay men with venereal

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Medico-Legal Problem."; O. S. English, "A Primer on Homosexuality," *GP* 7, no. 4 (1953); Bowman and Engle, "The Problem of Homosexuality."

<sup>26</sup> C.B. Golin, "MDs assess problems in treating gays." *IMPACT section of American Medical News* October 27 1978.

<sup>27</sup> The diseases that posed the largest threat to the gay male community at this time were syphilis, hepatitis, gonorrhea, and herpes, along with many other less serious ailments. Many of the STDs prevalent have easily missed initial symptoms, but all have very serious, potentially deadly long-term affects. Syphilis, also called the great masquerader, is infamous for imitating other non-sexually transmitted diseases, but can culminate into skin sores, respiratory problems, and insanity. Gonorrhea is often symptom-less, especially when in the throat, but ultimately makes urination excruciating and can spread into the blood stream becoming life threatening. Hepatitis often resembles a cold or flu, but eventually attacks the liver.

<sup>28</sup> C.B. Golin, "MDs assess problems in treating gays." *IMPACT section of American Medical News* October 27 1978. et al David Ostrow, "Epidemiology of Gonorrhea Infections in Gay Men," *Journal of Homosexuality* 5, no. 3 (1980); David Ostrow and Dale Shaskey, *The Vd Epidemiological Experience of the Howard Brown Memorial Clinic of Chicago*, in *American Public Health Association* (Miami Beach, Florida: 1976); David Ostrow, "An Epidemiological Study of Venereal Disease among Male Homosexuals: A Research Proposal," 1975, David Ostrow and the Howard Brown

diseases as well as for the larger gay community as the distrust of medical professionals teamed with medical ignorance to create a situation in which the epidemic of venereal disease that existed in the late 1960s and 1970s disproportionately affected the gay community.<sup>29</sup> By the end of the 1970s, some venereal diseases appeared much more frequently among gay men than in the general population.<sup>30</sup>

Meanwhile, lesbians also faced negative repercussions from mainstream medicine's common assumption of heterosexuality. As one lesbian complained in a survey about lesbian gynecological health, "When I said I don't need (to use birth control), the doctor said, 'what do you mean you don't need to?' and she started to lecture me. I would have wanted to get in that I was a lesbian, but I couldn't and got so

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Memorial Clinic Papers, Box 5, STD Archives Folder, Gerber Hart Library, Chicago; L. Dardick, *Openness between Gay People and Health Professionals and Its Effect on Quality of Care*, in *The 107th Annual Meeting of the American Public Health Association* (New York: 1979).

<sup>29</sup> The rates of venereal disease among all adults from age 18-35 spiked to unprecedented levels and continued on an upward trajectory during the late 1960s and 1970s as the epidemiological effects of the sexual revolution began to unfold. Centers for Disease Control and Prevention. Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880*, (New York: Oxford University Press, 1985).

<sup>30</sup> Syphilis was more than two times more common among gay men than in a heterosexual population, Gonorrhea was also slightly more common, as was Hepatitis B. Education U.S. Department of Health, and Welfare Center for Disease Control, "Figures and Tables for "Profile of the Gay Std Patient", 1976, Walter Lear Personal Collection, Philadelphia; Alfred Baker, "Chronic Type B Hepatitis in Gay Men: Experience with Patients Referred from the Howard Brown Memorial Clinic to the University of Chicago," *Journal of Homosexuality* 5, no. 3 (1980); Marshall Schreeder and others, "Epidemiology of Hepatitis B Infection in Gay Men," *Journal of Homosexuality* 5, no. 3 (1980); William W. Darrow and others, "The Gay Report on Sexually Transmitted Diseases," *American Journal of Public Health* 71, no. 9 (1981).

aggravated that I never went back.”<sup>31</sup> Like their gay counterparts, many lesbians did not feel welcome in a doctor’s office or had little faith that their doctors would know how to address their specific needs. One lesbian newspaper article put it best,

All women suffer from the oppression of gynecological care in this society, but lesbians carry an extra burden when seeking routine GYN care. The standard male gynecologist usually delivers an uncomfortable exam with an uncomfortable atmosphere to go along with it... Clinics are funded by... agencies with family planning the priority, and so tend to discourage [anything] other than birth control service. As a result, it is difficult to find a medical environment where lesbian women feel free to ask questions pertinent to lesbian health care and sexuality.<sup>32</sup>

One woman who was diagnosed with a gynecological medical condition described her experience, “I knew I should ask my doctor about making love. He said, ‘Abstain from sexual intercourse for a while.’ I didn’t have the nerve to tell him I was a lesbian.

Besides, I figured that if I told him he still wouldn’t have an answer, because homosexuality is something people don’t even talk about, let alone do medical research about.”<sup>33</sup> Consequently, health services and clinics for gays and lesbians erupted in the early 1970s partly because the social and political climates allowed for it, but also because it was desperately needed.

### **Overview of the Dissertation**

This dissertation builds upon the work of many related fields to make four main claims. First, gay health activism pre-dated the AIDS crisis, a fact often overlooked in the

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<sup>31</sup> Ellen Glascock, *Access to the Traditional Health Care System by Nontraditional Women: Perceptions of Cultural Interaction*, in *The American Public Health Association Annual Meeting* (Los Angeles: 1981).

<sup>32</sup> "Lesbian Health Care: Or Sperm Is a Vaginal Irritant," *Sister* 1977.

<sup>33</sup> Boston Women's Health Book Collective., *Our Bodies, Ourselves*, (New York,: Simon and Schuster, 1973), 62.

vast literature on AIDS, and resulted in a substantial and multi-faceted gay medical infrastructure in place at the start of the epidemic. Second, the state actually contributed significantly, though often unintentionally, through funding and policy to the founding and growth of gay community health clinics throughout the 1970s. Third, gay health activism emerged out of a wide variety of social and political movements from the 1960s and often reflected the local political context more than any national gay political agenda. Finally, through community clinics, outreach programs, and research efforts, sexual health became part of gay identity during the period of gay liberation.

The project is organized around case studies, with two chapters dedicated to each city and clinic. In all three instances, the first chapter charts a clinic's origin and links it to larger historical themes and events. The second chapter dedicated to each clinic explores the growth and evolution of each organization over the remainder of the decade. Chapter II explores the origins of Boston's Fenway Community Health Clinic, placing it firmly in the context of the anti-poverty initiatives and New Left community organizing that were hallmarks of the 1960s and early 1970s. Here gay health activism emerges as part of a larger effort to mobilize a neighborhood in the face of urban renewal efforts that would destroy the community. Chapter III traces the shift in the Fenway Community Health Clinic over the course of the 1970s from a neighborhood clinic to one focused specifically on gay and lesbian health. Placed within the context of gay liberation and identity politics, this chapter shows an organization's coming out process in the face of a changing social and political culture. In contrast, Chapter IV chronicles the beginning of the Los Angeles Gay Community Services Center, which employed the issue of health specifically and intentionally to fight the political oppression of gays and lesbians. By

tracking the way that other area radical groups used health as a political organizing tool, the clinic in Los Angeles appears as both an outgrowth of gay liberation and as part of a larger radical health politics in Los Angeles in the early 1970s. Chapter V follows the clinic as it made the tumultuous transition from its radical roots to a large, government funded social service agency. The issues that resulted from the Los Angeles Gay Community Services Center's shift from a radical organization driven by gay liberation ideals to a more mainstream social service agency mirror the struggles of many other movements and organizations of the period as they grappled with the changing social and political climate of the mid-to-late 1970s. Chapter VI examines the role of gay medical professionals in gay health activism through the lens of the most-medically and professionally focused of the clinics from this period, Chicago's Howard Brown Memorial Clinic. Howard Brown Memorial Clinic blended both a highly medical and a community based approach to gay health resulting in a strong and dynamic working relationship between the clinic, gay business, and the gay community in which drag performers were as important as doctors in improving the health of Chicago's gay community. This chapter sheds light upon the various ways in which gay health professionals of this period incorporated sexual health into emerging gay culture and identity. Chapter VII examines how doctors at Howard Brown employed its strong relationship with the larger gay community to challenge mainstream medicine's understanding of homosexuality. Gay health activists in Chicago were among many who challenged medical authority in this period. However, they used the methods of medical research not only to change medical perceptions of homosexuality but also to build relationships with the gay community and medical field that later proved invaluable in

the AIDS crisis. The clinics in Boston, Los Angeles, and Chicago provide the most promising archival materials for a project of this size and illuminate the many forms gay health activism took during this period. However, Chapter VIII places these three clinics within the larger context of gay health activism during the 1970s. From this vantage point, these case studies appear as only three pillars in a much larger gay medical infrastructure that existed at the dawn of the AIDS crisis and included national gay medical professional organizations, outreach programs, and clinics across the country.

## CHAPTER II

### THE WARS ON POVERTY AND SICKNESS: THE BOSTON BEGINNING

Poverty was a strong force in the political discourse of the 1960s and 1970s. In the mid-1960s, roughly one fifth to one fourth of United States citizens lived below the poverty level. Activists, academics, and politicians discussed poverty more than at any time since the New Deal.<sup>1</sup> The publication of J.K. Galbraith's *The Affluent Society* in 1958 and Michael Harrington's *The Other America* in 1962 shed light on the many forms and faces of poverty, and revealed that in a new era of advanced industrialization, poverty was an issue of national importance.<sup>2</sup> These studies each found that poor rural whites, inner-city blacks, single mothers, the elderly, and children in poverty could not easily access quality education, jobs, social services, and health care in the years following World War II.<sup>3</sup> Beyond simply describing poverty and the poor, Harrington in particular argued for action. "As long as America is less than its potential, the nation as a whole is impoverished by that fact. As long as there is the other America, we are, all of us, poorer because of it."<sup>4</sup> By the mid 1960s, exposés on poverty could be found in newspapers,

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<sup>1</sup> This number is significantly higher when focused solely upon children or the elderly. The actual numbers fluctuate slightly depending on how "poverty" is defined and calculated. For a more in depth explanation Jonathan Engel, *Poor People's Medicine : Medicaid and American Charity Care since 1965*, (Durham: Duke University Press, 2006), 5-7. Michael Harrington, *The Other America; Poverty in the United States*, (New York: Macmillan, 1962), 180-191.

<sup>2</sup> Harrington, *The Other America*. John Kenneth Galbraith, *The Affluent Society*, (Boston: Houghton Mifflin, 1958).

<sup>3</sup> An already existing discussion of poverty and economic justice taking place among civil rights activists also contributed to the growing national concern over the nation's poor.

<sup>4</sup> Harrington, *The Other America*, 179.

magazines, and journals throughout the country, educating the public on its many forms and causes. A Pittsburgh paper provided a sympathetic literary montage of poverty writing: “Silent multitudes of the unskilled, the illiterate, the disabled, the migrant workers, the marginal farmers driven from their lands, the aged, the minorities, the failures, the addicted... are poor beyond description and they are without help.”<sup>5</sup>

Responding to the increased interest in poverty within both the political and cultural realm, President Johnson declared “unconditional war on poverty in America” in 1964 shortly after taking office in the wake of Kennedy’s assassination.<sup>6</sup> He then introduced an ambitious set of domestic policies designed to address the stark and growing disparity between the nation’s wealthy and poor.

The approaches adopted by the federal government and municipal governments were vastly different from, and often at odds with, each other. Johnson’s programs, based on the ideas of economists, sociologists, urban planners, and other experts, relied heavily on local community involvement.<sup>7</sup> Federally-funded economic empowerment zones, youth programs, early education and work training initiatives were designed to address

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<sup>5</sup> Eric Springer, "The Hidden Underworld," *Pittsburgh Courier*, Jan. 26 1963. On poverty in the popular media and press see Harrington, *The Other America*; Harry M. Caudill, *Night Comes to the Cumberlands, a Biography of a Depressed Area*, (Boston,: Little, 1963); James Tobin, "It Can Be Done!: Conquering Poverty in the U.S. By 1976," *The New Republic*, June 3 1967.

<sup>6</sup> Lyndon B. Johnson, *State of the Union Address to the Joint Sessions of Congress* 1964. President Kennedy pointed to the “32 million Americans who still live on the outskirts of poverty” in his State of the Union Address "Text of Kennedy Speech, Tax Cut Plan," *Chicago Daily Tribune*, Jan. 15 1963.

<sup>7</sup> M. S. Handler, "Author of Book on Poverty Hails President's 'War' to Help Needy," *New York Times*, Feb. 15 1964.



neighborhood and population-specific issues, often building upon programs and services that already existed within these communities.<sup>8</sup> As Johnson later wrote, “The concept of community action became the first building block in our program to attack poverty.”<sup>9</sup> Community action allowed federal programs to meet the needs of a full spectrum of poor people from those in densely populated urban settings to those in rural Appalachia while simultaneously ensuring Southern Democrats in the throes of the Civil Rights Movement that these programs and funds could aid whites as much as blacks. Consequently, while these programs were at least partially federally funded, they often reflected the idiosyncrasies of the local community, population, and their needs rather than a cumbersome and monolithic government program.<sup>10</sup> Anti-poverty programs on the municipal level reflected the dwindling and reallocated financial resources and rising crime and unemployment rates left in the wake of white flight from many American

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<sup>8</sup> On anti-poverty programs see Alice O'Connor, *Poverty Knowledge : Social Science, Social Policy, and the Poor in Twentieth-Century U.S. History*, (Princeton, N.J.: Princeton University Press, 2001); Maris Vinovskis, *The Birth of Head Start : Preschool Education Policies in the Kennedy and Johnson Administrations*, (Chicago: University of Chicago Press, 2005); Susan Youngblood Ashmore, *Carry It On : The War on Poverty and the Civil Rights Movement in Alabama, 1964-1972*, (Athens: University of Georgia Press, 2008).

<sup>9</sup> Lyndon B. Johnson, *The Vantage Point; Perspectives of the Presidency, 1963-1969*, (New York,: Holt, 1971), 75.

<sup>10</sup> On the war on poverty and Johnson’s Great Society agenda see Sidney M. Milkis and Jerome M. Mileur, *The Great Society and the High Tide of Liberalism*, (Amherst: University of Massachusetts Press, 2005); John A. Andrew, *Lyndon Johnson and the Great Society*, (Chicago: I.R. Dee, 1998); Craig E. Blohm, *The Great Society : America Fights the War on Poverty*, (Farmington Hills, MI: Lucent Books, 2004); Robert Vincent Daniels, *The Fourth Revolution : Transformations in American Society from the Sixties to the Present*, (New York: Routledge, 2006); William Loren Katz, *The Great Society to the Reagan Era, 1964-1990*, (Austin, Tex.: Raintree Steck-Vaughn, 1993); Edmund Lindop and Margaret J. Goldstein, *America in the 1960s*, (Minneapolis: Twenty-First Century Books, 2009).

cities.<sup>11</sup> Tactics for solving the urban crisis of the post-war period largely focused on attracting whites and affluent people back to the cities while simultaneously fostering the economic growth and/or the physical relocation of existing poor residents.<sup>12</sup> Many cities scaled back funding for costly anti-poverty programs and social services and instead focused on redevelopment to rejuvenate the cities and attract more revenue, which threatened urban poor with the demolition of their homes and communities.

Beyond the efforts of federal and municipal governments, the issue of poverty also drew action from political activists in a variety of social movements associated with the New Left. As the anti-war movement began to wane with the announcement of troop withdrawals in the wake of the National Moratorium demonstration in the fall of 1969, anti-war activists, many of them students, began to mobilize around a number of domestic social justice issues, economic inequality chief among them. As one activist explained, “This was a break from a whole way of thinking. Young people were Hippies

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<sup>11</sup> In the decades following World War II, many American cities experienced a drop in population as whites moved out of urban centers because of racism, the home purchasing power of the GI Bill, and creation of the suburban ideal. On this mass exodus of whites from American cities in the post-war period see Eric Avila, *Popular Culture in the Age of White Flight : Fear and Fantasy in Suburban Los Angeles*, (Berkeley: University of California Press, 2004); Max Arthur Herman, *Fighting in the Streets : Ethnic Succession and Urban Unrest in Twentieth Century America*, (New York: P. Lang, 2005); Kevin Michael Kruse, *White Flight : Atlanta and the Making of Modern Conservatism*, (Princeton, N.J.: Princeton University Press, 2005); Amanda I. Seligman, *Block by Block : Neighborhoods and Public Policy on Chicago's West Side*, (Chicago: University of Chicago Press, 2005); Thomas J. Sugrue, *The Origins of the Urban Crisis : Race and Inequality in Postwar Detroit : With a New Preface by the Author*, (Princeton: Princeton University Press, 2005).

<sup>12</sup> Alexander Von Hoffman, *House by House, Block by Block : The Rebirth of America's Urban Neighborhoods*, (Oxford ; New York: Oxford University Press, 2003); John F. McDonald, *Urban America : Growth, Crisis, and Rebirth*, (Armonk, N.Y.: M.E. Sharpe, 2008); E. Michael Jones, *The Slaughter of Cities : Urban Renewal as Ethnic Cleansing*, (South Bend, Ind.: St. Augustine's Press, 2004); Herman, *Fighting in the Streets*.

and had shifted from seeing the world as a place where you got a job, got ahead, made money, got rich, into a place...where life was about enjoying yourself and not hurting people.”<sup>13</sup> Poverty shaped the politics and actions of groups spanning the spectrum of the New Left from the Black Power movement to the feminist movement to the emerging gay liberation movement. These groups inserted themselves and their agendas into the larger national poverty discussion by arguing that economic oppression was often compounded and maintained through racial, gender, and sexual inequality.<sup>14</sup> As a way to make this political argument and address the needs of their communities, activists organized around specific aspects of poverty. Housing safety, equal employment opportunities, access to affordable child care, nutrition, and health care were among the many issues around which these movements mobilized and often overlapped.

From the perspectives of both the government and activists, poverty and health care were closely tied to one another. The poor, facing financial and structural barriers, were less likely to obtain regular quality medical care, which often resulted in greater

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<sup>13</sup> David Scondras, *Interview by Author*, (January 6, 2001).

<sup>14</sup> Kathleen Cleaver and George Katsiaficas, eds., *Liberation, Imagination, and the Black Panther Party: A New Look at the Panthers and Their Legacy*, (New York: Routledge, 2001); Alvin M. Josephy Jr., Joane Nagel, and Troy Johnson, eds., *Red Power: The American Indians' Fight for Freedom*, (Lincoln: University of Nebraska Press, 1999); Annelise Orleck, *Storming Caesars Palace : How Black Mothers Fought Their Own War on Poverty*, (Boston: Beacon Press, 2005); Anne M. Valk, *Radical Sisters : Second-Wave Feminism and Black Liberation in Washington, D.C.*, (Urbana: University of Illinois Press, 2008); Sandra Morgen, *Into Our Own Hands : The Women's Health Movement in the United States, 1969-1990*, (New Brunswick, N.J.: Rutgers University Press, 2002); Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, (Philadelphia: University of Pennsylvania Press, 1995); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*, (New York: New York University Press, 2003); Margot Canaday, *The Straight State : Sexuality and Citizenship in Twentieth-Century America*, (Princeton, N.J.: Princeton University Press, 2009).

poverty. However, the activists within the New Left added new political dimensions to the relationship between health and poverty. The Black Power movement was among the first to link successfully a population's economic struggles, physical and emotional ailments, and political oppression. Starting with the Huey P. Newton People's Clinic, which opened in Oakland, California in 1966, free health clinics became a common service provided by the Black Panthers in a number of cities. These clinics, often run out of trailers, were as much about mobilizing residents and providing health services to the underserved black community as they were a political statement on the physical and mental health repercussions of institutional racism and urban poverty.<sup>15</sup> Other movements were also quick to politicize poverty and health to further a specific political agenda.<sup>16</sup> By the early 1970s, the women's health movement brought the politics of feminism to health resulting in feminist clinics, books, abortion services, and rap groups.<sup>17</sup> These new services improved women's health while critiquing the male-centered and often misogynist medical system. Gay liberation activists took advantage of the national

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<sup>15</sup> David Hilliard, ed. *The Black Panther Party: Service to the People Programs*, (Albuquerque: University of New Mexico Press, 2008).

<sup>16</sup> Some example include Abraham Bergman and others, "A Political History of the Indian Health Service," *Millbank Quarterly* 77, no. 4 (1999); Nelson, *Women of Color and the Reproductive Rights Movement*; Jennifer Nelson, "'Hold Your Head up and Stick out Your Chin': Community Health and Women's Health in Mound Bayou, Mississippi," *NWSA Journal* 17, no. 1 (2005).

<sup>17</sup> Morgen, *Into Our Own Hands*; Stephanie Gilmore, *Feminist Coalitions : Historical Perspectives on Second-Wave Feminism in the United States*, (Urbana: University of Illinois Press, 2008); Nelson, *Women of Color and the Reproductive Rights Movement*; Kathy Davis, *The Making of Our Bodies, Ourselves : How Feminism Travels across Borders*, (Durham, NC: Duke University Press, 2007); Amber Jamilla Musser, "From Our Body to Yourselves: The Boston Women's Health Book Collective and Changing Notions of Subjectivity, 1969-1973," *Women's Studies Quarterly* 35, no. 1/2 (2007).

discussions of poverty and health to illustrate the state and society's pathologizing relationship to sexuality. Challenging the American Psychiatric Association's classification of homosexuality as a mental illness in the early 1970s paved the way for recalibrating medical, social, and political standards for sexuality.<sup>18</sup> In short, for many activists of the period, the broader issue of poverty came to encompass debates on race, gender, sexuality, and class that were at the heart of many social movements in the late-1960s and early 1970s. Furthermore, as mobilization around economic justice came to include access to quality health care, the coalition of activists grew to include those for whom poverty was a secondary issue, like many gay and feminist activists. From this vantage point, Johnson's declaration of war on poverty was echoed by Black Nationalists, feminists, gay liberationists, Hippies, students, and others, linking the Great Society to the New Left and, ultimately, to gay health activism.

This chapter traces how federal, municipal, and activist wars on poverty inadvertently gave rise to gay health activism in the early 1970s. By examining how gay health activism emerged directly out of some anti-poverty programs and in reaction to others, I use sexuality as a lens to explore American political history and development. This approach provides a new perspective not only on the history of sexuality but also the

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<sup>18</sup> Homosexuality was officially removed from the Diagnostic and Statistical Manual in 1973. On this see Martin B. Duberman and City University of New York. Center for Lesbian and Gay Studies., *A Queer World : The Center for Lesbian and Gay Studies Reader*, (New York: New York University Press, 1997), 368. Vern L. Bullough, *Before Stonewall : Activists for Gay and Lesbian Rights in Historical Context*, (New York: Harrington Park Press, 2002), 249. On the historical relationship between the state, health, and sexuality, see Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society*, (Chicago: The University of Chicago Press, 1999); Canaday, *The Straight State*; Ronald Bayer, *Homosexuality and American Psychiatry : The Politics of Diagnosis*, (Princeton, N.J.: Princeton University Press, 1987).

history of the Great Society and its legacies.<sup>19</sup> There is a rich and growing historiography on the intersection of the Great Society's anti-poverty programs and sexuality. Much of the recent scholarship focuses on the ways in which the Great Society welfare programs influenced understandings of race, class, and female sexuality and how that, in turn, gave rise to new forms of oppression and activism, specifically among poor black mothers.<sup>20</sup> Other historians have tied the effects, both intended and unforeseen, of Great Society programs and policies to the rise of the women's reproductive rights movement, again particularly among women of color.<sup>21</sup> My research builds upon these works linking Great Society programs to gay health activism.

Examining the links between gay health activism and anti-poverty programs provides new perspectives on the political activism of gay men during this period as well as less explored effects of anti-poverty programs and New Left community organizing. In so doing, this chapter provides a complementary counterpoint to a number of historical

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<sup>19</sup> Recent examples of histories in which sexuality is at the center of American political history include David K. Johnson, *The Lavender Scare : The Cold War Persecution of Gays and Lesbians in the Federal Government*, (Chicago: University of Chicago Press, 2004); Jennifer Brier, *Infectious Ideas : U.S. Political Responses to the Aids Crisis*, (Chapel Hill: University of North Carolina Press, 2009); Canaday, *The Straight State*.

<sup>20</sup> Premilla Nadasen, *Welfare Warriors : The Welfare Rights Movement in the United States*, (New York: Routledge, 2005); Orleck, *Storming Caesars Palace*; Linda Gordon, *Pitied but Not Entitled : Single Mothers and the History of Welfare, 1890-1935*, (New York: Free Press, 1994); Valk, *Radical Sisters*; Anne M. Valk, "'Mother Power': The Movement for Welfare Rights in Washington, D.C., 1966-1972," *Journal of Women's History* 11, no. 4 (2000); Nancy Ehrenreich, *The Reproductive Rights Reader*, (New York: New York University Press, 2008).

<sup>21</sup> Nelson, *Women of Color and the Reproductive Rights Movement*; Elena Gutierrez and others, *Undivided Rights: Women of Color Organizing for Reproductive Rights*, (Boston: South End, 2004); *ibid*; Mary Ann Clawson, "Looking for Feminism: Racial Dynamics and Generational Investments in the Second Wave," *Feminist Studies* 34, no. 3 (2008); Ehrenreich, *The Reproductive Rights Reader*.

studies that have shown the role of the state in reinforcing the pathologizing of homosexuality, particularly among gay men.<sup>22</sup> While I do not dispute that the state has played a strong force in the long history of structural medical violence against sexual minorities, this chapter argues that the state, when coupled with a forceful group of activists, became an unlikely and unintentional benefactor in creating effective, affordable, and friendly health services to gay men in the period before AIDS.

### **The Frontlines of Anti-Poverty Responses to the Health Care Crisis**

The effects of anti-poverty programs in Boston were multi-dimensional as federal, municipal, and activist efforts to address the many issues related to poverty often intersected in individual communities in unintended and unexpected ways. Boston in the late 1960s and early 1970s was a city, like many in America, in which segregation, increased crime, decreased resources, and a vibrant community of political activists shaped the experiences of the city's residents.<sup>23</sup> Great Society programs in the form of youth programs, job training programs, and economic empowerment zones could be seen in many of the city's neighborhoods, exemplifying how Johnson's focus on community programs allowed for services within both black and white communities.<sup>24</sup> By contrast,

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<sup>22</sup> Terry, *An American Obsession*; Jay Hatheway, *The Gilded Age Construction of Modern American Homophobia*, (New York: Palgrave Macmillan, 2003); Canaday, *The Straight State*.

<sup>23</sup> J. Anthony Lukas, *Common Ground: A Turbulent Decade in the Lives of Three American Families*, (New York: Vintage Books, 1986).

<sup>24</sup> Ronald P. Formisano, *Boston against Busing : Race, Class, and Ethnicity in the 1960s and 1970s*, (Chapel Hill: University of North Carolina Press, 2004); Thomas H. O'Connor, *The Hub: Boston Past and Present*, (Boston: Northeastern University Press, 2001); Susan E. Eaton, *The Other Boston Busing Story : What's Won and Lost across the Boundary Line*, (New Haven: Yale University Press, 2001).

municipal anti-poverty programs often took the form of redevelopment in Boston. Many of the city's poor neighborhoods were threatened with bulldozers and city planners.<sup>25</sup> Meanwhile, the vibrant activist community in Boston tackled poverty through community organizing, demonstrations, and volunteer services.

Boston's Fenway neighborhood offers a window into the ways in which these different approaches to addressing poverty—the federal, municipal, and activist—intersected and related to one another. The Fenway was, in many ways, typical of the communities targeted by anti-poverty efforts undertaken by both government programs and activists. While the larger Boston Metropolitan Area had a median annual income of nearly \$9000, the residents of the Fenway scraped by with a median annual income of less than one fourth of that, \$2027.<sup>26</sup> Nearly a third of the population lived below the poverty level compared to less than a tenth of the larger Boston area.<sup>27</sup> Both federal and municipal anti-poverty programs rained down on the Fenway residents in the form of grants and redevelopment plans. At the start of the 1970s, the neighborhood was home to a thriving population of activists, many of them current or recently graduated students, who had learned about community organizing and the power of demonstrations through

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<sup>25</sup> "Now a Time for Building," *The Boston Globe*, Jan 1 1971; Daniel A. Gilbert, "'Why Dwell on a Lurid Memory?': Deviance and Redevelopment in Boston's Scollay Square," *The Massachusetts Historical Review* 9, no. (2007); Thomas H. O'Connor, *Building a New Boston : Politics and Urban Renewal, 1950-1970*, (Boston: Northeastern University Press, 1993).

<sup>26</sup> The Bureau of the Census, *1970 Census of Population and Housing: Census Tracts Boston, Massachusetts Standard Metropolitan Statistical Area*, (Washington, D.C.: U.S. Government Printing Office, 1972).

<sup>27</sup> Ibid.



the anti-war and other New Left movements. This combination of anti-poverty programs and community activists within the Fenway created an environment rich for political action and community services.

On a summer evening in 1971, the first in a long line of Fenway residents arrived at the Boston Center for Older Americans, a senior drop-in center located on the neighborhood's eastern edge operated by the First Church of Christ, Scientist, in need of medical care. David Scondras, the Director of Community Services at the Center, had decided to use the Center's space for an after-hours community clinic despite the Christian Science Church's teachings that members should maintain their physical and mental health through the use of prayer, rather than medicine. Unbeknownst to the Center management or Church officials, Scondras with the help of a "Hippie doctor" and a graduate nursing student, Linda Beane, began offering health services to Fenway residents.<sup>28</sup> Scondras, a recent Harvard graduate, anti-war activist, and computer programmer, had become a resident of the neighborhood while working as an economics instructor at Northeastern University on the neighborhood's eastern border. In the Fenway, he continued his work in the anti-war movement that had begun at Harvard and took the job at the Center for Older Americans as a way to get to know neighborhood residents. At Northeastern, the young instructor/political activist with a bushy black beard also befriended Linda Beane, a graduate nursing student at Northeastern who led a student group dedicated to the community health movement and to providing free medical care. Beane, a fellow Fenway resident, was also a veteran of the anti-war

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<sup>28</sup> Scondras, *Interview*; Fenway Community Health Center, *Opening New Doors... 20 Years of Making a Difference: An Oral History of the Fenway Community Health Center*, ed. Kirk Kinder (Boston: 1991).

movement who brought her political acumen to neighborhood issues through organizing Fenway residents at the area's Westland Avenue Community Center.<sup>29</sup>

The idea of opening a health clinic in the Fenway came to the two resident activists after the pair visited a newly opened Black Panther-operated health clinic that earned notoriety in the local press and fame among Boston activists.<sup>30</sup> That clinic not only provided health services to the surrounding community but also politically mobilized area residents. It also stood directly in the path of bulldozers slated to raze the neighborhood in preparation for the Inner Belt Road, or what would have been called I-695, that would demolish the community.<sup>31</sup> The Black Panther's free clinic, consisting of just a trailer, embodied the struggles of neighborhood residents who had limited access to health care and whose poverty had placed them in the sights of redevelopers. Scondras remembered how he saw that the Black Panther Clinic was "an organizing tool to get everyday people who otherwise were not very political involved in the Black Panther Party... It gave all of us an idea, which was that we should go out to the neighborhood and start organizing our community."<sup>32</sup> Aware of both the political power of the Black Panther clinic and the unmet medical needs of their own neighborhood residents,

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<sup>29</sup> Fenway Community Health Center, *Opening New Doors..*; Scondras, *Interview*.

<sup>30</sup> Scondras, *Interview*.

<sup>31</sup> The project was eventually scrapped after a large and sustained community protest of which the Black Panther Clinic was a part. See Alan Lupo, Frank Colcord, and Edmund P. Fowler, *Rites of Way; the Politics of Transportation in Boston and the U.S. City*, (Boston,: Little, 1971).

<sup>32</sup> Scondras, *Interview*.

Scondras and Beane teamed up, using their complementary interests to open the renegade Fenway clinic in the Boston Center for Older Americans.<sup>33</sup>

The teachings of the Church, Scondras's decision not to ask if he could use the space, and the quickly increasing number of patients made it impossible for the Fenway clinic to operate out of the Boston Center for Older Americans for long. As a result, in early 1973, the group found and rented the basement of a small building, "a defunct antique shop," on Haviland Street in the heart of the Fenway neighborhood to house a new community clinic.<sup>34</sup> The basement on Haviland Street was a far cry from a clinic at the time Scondras rented it. As one activist reminisced in an interview, "They got my brother-in-law to be their pro-bono lawyer who got them their lease for a dollar a year."<sup>35</sup> Community members cleaned the abandoned basement, painted it, constructed makeshift exam rooms, a filing area, a waiting room, and a lab. One remembered, "I helped with some of the physical stuff when they were building, putting some of the flooring down and things like that which was all done by probably some people who knew what they were doing and most people who didn't and were just helping."<sup>36</sup> They furnished the clinic with a hodgepodge of second-hand and donated furniture and opened their doors to the community in August of 1973. Scondras described how the whole community contributed to the creation of the clinic:

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<sup>33</sup> Ibid.

<sup>34</sup> Karla Rideout, *Interview by Author, July 12, (2007)*. Fenway Community Health Center, *Opening New Doors...*

<sup>35</sup> Karla Rideout, *Interview by Author, (July 12, 2007)*.

<sup>36</sup> *ibid.*

We were given equipment from a doctor in the Back Bay who had retired... We all did whatever had to be done. When I was bored with laying tile, I started to make designs for a layout which lasted for over ten years. We got the Prudential [Company] to give us money for the plumbing, the Deaconess [hospital] to give us doctors, and Mike Altamari (who lived several blocks away) to paint the walls with wonderful murals of hills and trees, fields and flowers. We got a defunct movie theater on Boylston Street to give us movie seats and used them for waiting room chairs... Pat Mesa, who was never without her knitting needles and yarn, and who always was completely indomitable and committed to universal access to health care, was also a potter and made pots for our plants.<sup>37</sup>

Medical supplies were often “acquired” by volunteers who were also physician’s assistants, nurses, doctors, or medical students dedicated to providing free health care. A long-time volunteer physician at the Fenway clinic remembered, “I’d filch stuff from the hospital and bring it over.”<sup>38</sup> Nearly everything in the clinic was borrowed, used, or homemade, but from its opening, it was busy serving the Fenway residents who often times had limited or no access to other health care.

Fenway Community Health Clinic addressed the many health needs of the residents of a neighborhood in distress. One reporter writing in 1977 described the Fenway as a “low-income, low-rent neighborhood, its population of 4,000 is somewhat transient, consisting mainly of students, welfare families, young working people, and elderly people. It has long had a reputation for street crime, drugs, and prostitution and was once one of Boston’s more notorious red-light districts.”<sup>39</sup> The Fenway area had been in decline for decades and at the start of the 1970s, the area was home to a

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<sup>37</sup> Fenway Community Health Center, *Opening New Doors...*

<sup>38</sup> Lenny Alberts, *Interview by Author, 11 July (2007)*.

<sup>39</sup> Ira Wyman, "Boston's Symphony Rd. A Medley of Fires, Drugs, Decay, and Fear," *New York Times*, Oct 25 1977.

population very different from that of average Boston.<sup>40</sup> As one long time resident and activist explained, “People sometimes refer to it as the Left Bank of Boston. So a lot of the art institutions are around here, a lot of the colleges... there were lots of students and lots and lots of hippies and communes and stuff in the neighborhood.”<sup>41</sup> In a city notorious for its racial segregation and tension during the 1970s, the Fenway was a rare example of integration not only of blacks and whites but also with a considerable immigrant, mostly Latino, population. Many hippies lived in large apartments shared communally. The small neighborhood was “racially mixed” and an amalgam of elderly, students, hippies, blue collar workers, and immigrants.<sup>42</sup>

In part because of the numerous universities in and around the area, the folks of the Fenway were on average much younger, more transient, and poorer than those of the rest of Boston.<sup>43</sup> In fact, according to the 1970 census, over 55% of those living in the Fenway were between the ages of 18 and 24, while that age range made up only 12% of the larger Boston population. Over 40% of area residents were college students.<sup>44</sup> In

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<sup>40</sup> When I use the term average here, I mean quite literally the average for the entire Boston area according to the 1970 census data. Census, *1970 Census of Population and Housing*.

<sup>41</sup> Rideout, *Interview*.

<sup>42</sup> Wyman, "Boston's Symphony Rd.." On the segregation of Boston see Eaton, *The Other Boston Busing Story*; Formisano, *Boston against Busing*; Lukas, *Common Ground*. On the racial and ethnic make-up of the Fenway Michael Vance, *Interview by Author*, (December 13, 2007); Rideout, *Interview*; Census, *1970 Census of Population and Housing*.

<sup>43</sup> Over 50% of residents in the Fenway had moved into their units within the last 2 years, exemplifying the transitory nature of the neighborhood in which college students dominated.

addition to its large percentage of college age residents, a sizeable population of people over 65 years of age, slightly greater than that of the entire Boston area, called the area home.<sup>45</sup> This bifurcation of the population between young and old and the consequently low percentage of working adults had significant economic implications for the community described by one resident as “a working class neighborhood.”<sup>46</sup>

The medical services offered by the Fenway Community Clinic, both in its nascent stage at the Boston Center for Older Americans and in its first official home in the basement on Haviland, reflected the diversity of the Fenway residents and their medical needs. After the move to the Haviland basement in 1973, there was more physical space to provide services to more patients and incorporate the help of more volunteers. The clinic treated almost all non-emergency medical needs ranging from child immunizations, blood pressure tests, and cases of strep throat and the flu to testing and treating venereal diseases, pre- and post-operative care for most surgeries, and gynecological care.<sup>47</sup> A long time volunteer physician described the clinic services as a “basically primary care model. If you had high blood pressure, you’d come in. If you had diabetes, you’d come in. If you needed an annual physical, you’d come in. It would be the primary care model of practicing medicine. If you had a cold or the flu...”<sup>48</sup> While at the Boston Center for Older Americans, the clinic served a small but diverse population

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<sup>44</sup> Census, *1970 Census of Population and Housing*.

<sup>45</sup> 14% of the Fenway was 65 or older versus 11% of the larger Boston metropolitan area according to *ibid*.

<sup>46</sup> Vance, *Interview*.

<sup>47</sup> Lenny Alberts, *Interview by Author*, (July 11, 2007).

<sup>48</sup> *ibid*.

that included the elderly, women, children, and gays.<sup>49</sup> Once in its own space on Haviland Street, the clinic reached out to each of these groups specifically. In addition to its regular day time operating hours during which anyone could schedule an appointment or drop by, the clinic opened its doors to specific populations in the evening and on the weekends. Among these evening programs was a gay health clinic on Wednesday nights.<sup>50</sup> These programs existed at the Fenway Community Clinic from its opening on Haviland Street and reflected both the diversity of the neighborhood as well as the deficiencies in the existing health care system of the early 1970s.

Clinics such as Fenway were necessary because the federal programs for the care of the poor and the elderly were insufficient. The reliance upon employer-based health insurance to pay for the rapidly expanding costs of health care had risen dramatically, from 22 to 74 percent, in the fifteen years following World War II.<sup>51</sup> Those either

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<sup>49</sup> Scondras, *Interview*.

<sup>50</sup> There was also a women's health night on Thursdays. The clinic location also served as home to the cooperative day care center and on Saturday morning it provided a venue for the showing of Saturday morning movies for the children of the neighborhood. This again reflects the closeness of the community and the centrality of this location in nurturing the strong identity of the community.

<sup>51</sup> The percentage of Americans with hospital health insurance jumped from 22 per cent to 74 per cent between 1945 and 1960. On the history of health insurance in the United States see Theda Skocpol, *Protecting Soldiers and Mothers : The Political Origins of Social Policy in the United States*, (Cambridge, Mass.: Belknap Press of Harvard University Press, 1992); Theda Skocpol and Economic and Social Research Institute., *The Time Is Never Ripe : The Repeated Defeat of Universal Health Insurance in the 20th Century United States*, (Dublin: Economic and Social Research Institute, 1995). Beatrix Hoffman, *The Wages of Sickness: The Politics of Health Insurance in Progressive America*, (Chapel Hill: University of North Carolina Press, 2001); John E. Murray, *Origins of American Health Insurance : A History of Industrial Sickness Funds*, (New Haven: Yale University Press, 2007). On medical innovations in the 20<sup>th</sup> century and increased costs of care see Jennifer Stanton, *Innovations in Health and Medicine :*

unemployed or without the benefit of health insurance, like many Fenway residents, were left with few options for affordable health care.<sup>52</sup> The Medicaid and Medicare programs, created in 1965, did not offer as much help to many Fenway residents as they had hoped. Medicare beneficiaries were left responsible for co-payments, deductibles, exclusions, lifetime maximums on hospital stays, and prescription drug costs making health care financially inaccessible for many of the Fenway's elderly. Meanwhile, Medicaid insurance recipients did not have the additional costs that Medicare beneficiaries had in the form of co-payments and deductibles, but strict income requirements left many Fenway residents, whose average annual income hovered just above \$2000 per year, uninsured because they were not poor enough to qualify for Medicare.<sup>53</sup>

While in many cases the Medicare and Medicaid programs often failed needy Fenway residents, other federal programs were central in creating the Fenway Community Health Clinic. For the people of the Fenway, and for the development of gay health services, Johnson's programs designed to make health care more physically accessible proved of much greater value than his attempts to make it more affordable.<sup>54</sup>

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*Diffusion and Resistance in the Twentieth Century*, (London ; New York: Routledge, 2002).

<sup>52</sup> Engel, *Poor People's Medicine*, 45.

<sup>53</sup> *ibid.*, 46-49. As Engel illustrates, "by 1971, nearly 60 percent of the nation's families with incomes under \$3,000 had no health insurance (including Medicaid), while 40 percent of families with incomes between \$3,000 and \$5,000 lacked health insurance." *Ibid.*, 144.

<sup>54</sup> Proximity to health care was a well-documented factor in the inaccessibility of health care for both the urban and rural poor. Many poor urbanites found public transit systems either inaccessible to their communities or ineffective in transporting them to quality healthcare. In her study of community health centers Bonnie Lefkowitz argues, "At the time, most poor people's health care in cities was a matter of riding three or four different



To address the accessibility problem, Johnson encouraged the creation of community clinics and other community-based health programs through fund-matching programs and grants for community clinics, mobile health vans, and education programs.<sup>55</sup>

The Fenway Community Health Clinic was the beneficiary of many such federal grant programs. Scondras and Beane attended a meeting at the Watergate Hotel in Washington, DC organized by the federal government to foster the free community health clinic movement. As a result of their attendance, the Fenway Community Health Clinic was officially registered as a free community health clinic and able to apply for a federal seed grant. Scondras pointed to this as the financial watershed the clinic needed to open. “We came back, wrote grants, got money,” he reminisced. “We got money from Richard Nixon for the free clinic and we paid ourselves and we donated all our salaries back to create a fund so that we could buy wood and plumbing equipment.”<sup>56</sup> In addition to the federal monies, which ultimately funded the construction of the Haviland Street space, the clinic also took advantage of other federal and state funding initiatives. A professional relationship existed between the Fenway Clinic and nearby Deaconess

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bus lines to a charity hospital, only to wait for hours on hard benches for impersonal and episodic services—services that were nevertheless quite expensive.” Bonnie Lefkowitz, *Community Health Centers : A Movement and the People Who Made It Happen*, (New Brunswick, N.J.: Rutgers University Press, 2007), 8. On urban planning and public health see H. Patricia Hynes and Russ Lopez, *Urban Health : Readings in the Social, Built, and Physical Environments of U.S. Cities*, (Sudbury, Mass.: Jones and Bartlett, 2009); Howard Frumkin, Lawrence D. Frank, and Richard Jackson, *Urban Sprawl and Public Health : Designing, Planning, and Building for Healthy Communities*, (Washington, DC: Island Press, 2004).

<sup>55</sup> Stephen P. Strickland, *The History of Regional Medical Programs : The Life and Death of a Small Initiative of the Great Society*, (Lanham, MD: University Press of America, 2000).

<sup>56</sup> Scondras, *Interview*.

Hospital from the beginning, with many Deaconess doctors, residents, and medical students volunteering at the Fenway when off-duty. However, shortly after the clinic moved to Haviland Street in 1973, the Fenway Clinic's ties to Deaconess also became financial with the Deaconess providing funding as well as financial incentives for medical personnel to work in the clinic. The relationship between the clinic and hospital was a mutually beneficial one wherein the federal government and the city's Department of Health and Hospitals awarded Deaconess a grant for "something like \$30,000" which Deaconess had to match and give to Fenway.<sup>57</sup> In return, the Deaconess obtained access to more federal monies designated for hospitals that provided clinic outreach services to communities in need as well as a clinic in which to conduct community research and train residents.

The funds from Deaconess paid for many of the Fenway clinic's needed supplies and utilities. However, the money from the hospital was only a portion of the money needed to operate the Fenway Clinic. Here again the Fenway was largely dependent on existing government health programs. The clinic was designed to serve those who could not afford health care in the existing medical system and as a result predominantly saw clients either without any health insurance or with Medicare and Medicaid. The state and federal government paid for the care of Medicare and Medicaid recipients while the subsidized clinic provided services to patients without health insurance for free. Thus, the Fenway Community Health Clinic grew directly out of federal anti-poverty programs to address the health needs of the Fenway residents, many of whom had been excluded from

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<sup>57</sup> Sally Deane, *Interview by Author*, (August 2, 2007)., Theresa Tobin and Stephen Brophy, *Joint Interview by Author*, (September 17, 2007). These amounts are rough estimations.

other recent government attempts to make health care more affordable for the poor and elderly.

While a variety of anti-poverty programs and funding propped up the clinic financially, the volunteer staff was its true life-blood, providing quality medical care and services to community members for free. The staff's relationship to the anti-poverty programs that created the clinic was paradoxical, as many viewed their volunteerism as an indictment of the failures of the anti-poverty reforms. At the core of the health reforms of the 1960s, as in many other time periods, lay the ideological question of whether health care should be a right of citizenship and therefore a government entitlement program or remain a benefit of work and therefore a privilege of the middle-class.<sup>58</sup> Many of the nation's poor, elderly, and politically liberal argued that a government-created nationalized health insurance would be most effective in ensuring that all citizens had access to medical care. However, the health industry, with its expanding economic value (it made up almost 6 percent of the gross national product in 1964) and political heft, teamed with political and fiscal conservatives to prevent the creation of a nationalized health insurance or care system.<sup>59</sup> Even as opponents blocked the path to nationalized healthcare, groups of local activists, public health workers, and doctors

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<sup>58</sup> Historians have explored this debate over health care as an entitlement or benefit from a number of perspectives. On the relationship between the welfare state, the working classes and health care see Marie Gottschalk, *The Shadow Welfare State : Labor, Business, and the Politics of Health-Care in the United States*, (Ithaca, N.Y.: ILR Press, 2000); Murray, *Origins of American Health Insurance*; Hoffman, *The Wages of Sickness*. On the history of health policy see Rosemary Stevens, *The Public-Private Health Care State : Essays on the History of American Health Care Policy*, (New Brunswick: Transaction Publishers, 2007); Rosemary Stevens, Charles E. Rosenberg, and Lawton R. Burns, *History and Health Policy in the United States : Putting the Past Back In*, (New Brunswick, N.J.: Rutgers University Press, 2006).

<sup>59</sup> Engel, *Poor People's Medicine*, 1.

manifested their belief in health care as a right by opening free community clinics.<sup>60</sup> The Fenway Community Health Clinic was only the latest example in a growing number of free clinics, many of which linked free quality health care to other social justice causes.<sup>61</sup>

Many Fenway Community Health Clinic volunteers, like others involved in the free clinic movement, viewed the need for universal access to quality health care from both medical and political perspectives. Medically, regular quality preventative care translated into fewer, cheaper, and less painful medical interventions as it could treat most illnesses in their nascent stages as opposed to medical care in response to mature illnesses which was far more costly in terms of money, time, and human suffering. Politically, they argued that limiting access to quality healthcare to those who could afford it perpetuated poverty, racism, sexism, and homophobia.<sup>62</sup> Michael Vance, a volunteer who was also a formally trained pharmacist and board member at the Fenway,

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<sup>60</sup> On the community health clinic movement see Alice Sardell, *The U.S. Experiment in Social Medicine : The Community Health Center Program, 1965-1986*, (Pittsburgh, Pa.: University of Pittsburgh Press, 1988); Lefkowitz, *Community Health Centers*; Lily M. Hoffman, *The Politics of Knowledge : Activist Movements in Medicine and Planning*, (Albany, N.Y.: State University of New York Press, 1989); John Dittmer, *The Good Doctors : The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*, (New York: Bloomsbury Press, 2009); Strickland, *The History of Regional Medical Programs*.

<sup>61</sup> Examples of other political movements incorporating the call for free health care into their own movement are plentiful including the Medical Committee for Human Rights, the Black Panther Party, the American Indian Movement, the various forms of the women's health movement. On these movements see Nelson, *Women of Color and the Reproductive Rights Movement*; Dittmer, *The Good Doctors*; Cleaver and Katsiaficas, eds.

<sup>62</sup> For a history of the relationship between the civil rights, social justice, and free health care activism see Dittmer, *The Good Doctors*; Hoffman, *The Politics of Knowledge*. Hoffman, *The Wages of Sickness*; Stevens, Rosenberg, and Burns, *History and Health Policy in the United States*.

described his motivations for getting involved this way: “I had a lot of interest in community health care... there was a real purpose. In part it was a political statement that there were deficiencies in the health care system per se and we wanted to correct some of those deficiencies. And some of the deficiencies were not only the difficulty of access but also the humanness aspect of medicine. We wanted to give people a place to go to get medical care where they would feel comfortable and valued.”<sup>63</sup> Two posters hanging prominently in the Clinic reflected the motivation and politics of many of the volunteers. One read, “Health Care for people, not for profit” and the other read simply, “Health care is a right.”<sup>64</sup>

### **Community Organizing and Neighborhood Politics**

Fenway Clinic volunteers did not all come from the ranks of the community health care movement. In fact, the clinic itself and many of the volunteers grew more directly out of the New Left and student movements, employing many of the tactics learned in the anti-war movement to address neighborhood issues. For the Fenway, the dilapidated working class community that was home to an indiscriminately diverse group of political outsiders ranging from the elderly and immigrants to students and Hippies, one neighborhood issue was particularly pressing—redevelopment. The political context of the community’s response to the threat of demolition and gentrification factored prominently in the clinic’s creation, its widespread use by community members, and its constant stream of dedicated volunteers. One Fenway resident offered a telling analogy, “In the south it was sheriffs and dogs. But you look at who was the oppressor up in this

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<sup>63</sup> Vance, *Interview*.

<sup>64</sup> Fenway Community Health Center, *Opening New Doors...*

part of the world, and it was the developer.”<sup>65</sup> For many who served at the Fenway Community Health Clinic, their work was as much about living out a political philosophy that critiqued the local and federal government as it was about providing health care. This same political doctrine, when combined with a number of other local factors, also played a major role in the development of gay health services at the Fenway.

The urban and cultural geography of the Fenway neighborhood made it a prime candidate for urban redevelopment as Boston targeted low-income and/or deteriorating communities with great potential for tourism. At the center of the neighborhood was a large park, the Fens, created in the late-1800s by renowned landscape architect Frederick Law Olmsted in an effort by the city to make the area a cultural hub.<sup>66</sup> A century later, by most standards the city had succeeded. By the start of the 1970s, the mature trees and overgrown underbrush, shaded meandering pathways, arched stone bridges, and bucolic waterside knolls of Olmsted’s creation had attracted a wide range of cultural institutions. The Fenway Park baseball stadium, the Boston Museum of Fine Arts, the New England Conservatory of Music, numerous college campuses and other cultural landmarks all called the Fenway home.<sup>67</sup> However, from the city’s perspective, Boston had yet to reap

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<sup>65</sup> Pete Stidman, "Fenway News Hires a New Editor," *The Boston Courier*, June 30 2007.

<sup>66</sup> This was actually one piece of Frederick Law Olmsted’s larger unified park design for the entire city of Boston known as the “Emerald Necklace.” Dan Tobyne and Perry McIntosh, *The Emerald Necklace*, (Beverly, Mass.: Commonwealth Editions, 2007).

<sup>67</sup> The Fenway Ballpark opened on the neighborhoods northern border in 1912, the Boston Museum of Fine Arts moved to the neighborhood in 1909, the New England Conservatory of Music moved to the Fenway neighborhood in 1903 from its previous South End Location, and Harvard Medical School moved to its current location in the area in 1906.

the financial benefits of the area because too many low income residents limited tax revenues and hindered tourism.

The neighborhood also showed little sign of improvement. In the early 20<sup>th</sup> century, the community had been “occupied by families and longtime elderly residents, but as property taxes and maintenance costs increased over the last several decades real estate companies acquired ownership of many of the properties. And, as absentee-ownership grew, building maintenance declined and deterioration set-in.”<sup>68</sup> As a result, in 1970 over 98% of Fenway residents, more than double that of the city at large, rented apartments. One resident identified a compounding problem: “a more speculative owner gets in and very often subdivides the units to make more money on the building. Subdividing puts more strain on existing life-support system, so the deterioration accelerates.”<sup>69</sup> Illustrative of this point, approximately one of seven homes (14%) in the Fenway lacked some or all plumbing facilities compared to one out of every 33 homes (3%) in the greater Boston area.<sup>70</sup> As Fenway residents saw their homes endangered by landlord neglect, they also identified an even greater threat to their homes and community: urban developers who “advocated the replacement of distressed neighborhoods with higher-income, higher-quality housing.”<sup>71</sup>

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<sup>68</sup> Wyman, "Boston's Symphony Rd.."

<sup>69</sup> Joseph Egelhof, "Arson Ring Crackdown Is Victory for Tenants," *Chicago Tribune*, Oct 23 1977.

<sup>70</sup> While the data do not differentiate between housing with some plumbing and that with no plumbing, oral interviews conducted by the author suggest that housing with no plumbing was rare in the Fenway. More often there would be shared bathroom facilities or a toilet and sink but no shower or bathtub. Census, *1970 Census of Population and Housing*.

Central to this redevelopment strategy was the incredibly powerful Boston Redevelopment Authority (BRA). Funded by the federal, state, and local government, the duties of the BRA were numerous, stretching across the spectrum of urban planning and development and giving the BRA overwhelming and omnipotent political power in every step of the process.<sup>72</sup> One community activist recalled that the BRA urban renewal projects, “also known as urban demolition,” were massive, sweeping, and often corrupt.<sup>73</sup> In 1965, the BRA formally set its sights on the Fenway. Building upon an expansion plan submitted by the First Church of Christ, Scientist in the Fenway neighborhood, the BRA created the expansive Fenway Urban Renewal Plan that outlined the demolition and redevelopment of much of the Fenway neighborhood. The approval of the plan by Boston City Council on November 1, 1965 set the plan in motion. Within two years, the BRA had acquired federal funding. Soon, wrecking balls and bulldozers demolished over 300 low-income housing units on the eastern border of the Fenway as part of the first phase of

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<sup>71</sup> <http://www.fenwaycdc.org/about-us/history>. Accessed 9/25/2008. Another dangerous threat Fenway residents faced was arson at the hands of landlords. Boston fire department's notoriously modest statistics show a drastic rise in arson fires, from 51 in 1969 to 693 just five years later. Over the course of the early 1970s, the Fenway faced dozens of fires. In a period of just a few months in 1973-74, tenants along Fenway's Symphony Road, which runs perpendicular to the eastern boarder of the park, experienced a series of fires that killed five people and made hundreds more homeless. A *New York Times* reporter captured the fear and frustration of Fenway residents, “‘It got so you couldn't sleep too heavy around hear,’ one resident, who has lived here five year, said. ‘We were scared.’ ‘I've lived in the ghetto, and I've lived in hell, but this is worse,’ said another resident.” James P. Brady, “Arson, Fiscal Crisis, and Community Action: Dialectics of an Urban Crime and a Popular Response,” *Crime & Delinquency* 28 (1982): 263. Richard Mansfield, “Is the Fenway Burning?,” *Fenway News*, November 1974. Wyman, “Boston's Symphony Rd..”

<sup>72</sup> The Massachusetts General Laws, chapter 121B, section 4 in 1957 and Chapter 652, section 12 in 1960 granted the BRA authority. For more overview information on the BRA see: [http://www.cityofboston.gov/bra/HomePageUtils/about\\_us.asp](http://www.cityofboston.gov/bra/HomePageUtils/about_us.asp).

<sup>73</sup> Fenway Community Health Center, *Opening New Doors...*



the Fenway Urban Renewal Plan.<sup>74</sup> Discussing one portion of this first phase of construction, one long time Fenway activist and resident remembered that, “where the new Christian Science Church is, used to be I think 80 apartments and 20 stores and nice little... brick buildings. All that was torn down and people were displaced.”<sup>75</sup>

Residents quickly organized to fight the Fenway Urban Renewal Plan, many drawing upon their experiences in the anti-war and student movements. As one activist reminisced, “once the whole urban renewal thing began, people in the neighborhood really bonded with each other because we had this common enemy: the BRA... People really took care of each other. Senior citizens were becoming friends with much younger people and everybody marched together.”<sup>76</sup> However, even with a strong coalition of willing community activists, a fight against the BRA’s already approved, funded, and in progress Fenway Urban Renewal Plan required an intense and sustained community organizing campaign. As one resident and veteran activist recounted in an interview:

“the way community organizing works is that you have to get a community to see itself as a community, as a political entity as well as a place where individuals are supported by the community. Buying locally, establishing and supporting local businesses, making parks together, keeping parks clean together, raising safety issues, helping women be safe if they had to walk alone in the night, whatever. It’s community building and in building community you also build the likelihood that the city government will have to recognize the community as an entity and a political force and therefore has to respond to it.”<sup>77</sup>

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<sup>74</sup> <http://www.fenwaycdc.org/about-us/history> accessed on September 25, 2008.  
Benjamin Jones V. James T. Lynn, no. 73-1057, (United States Court of Appeals, First Circuit 1973).

<sup>75</sup> Rideout, *Interview*.

<sup>76</sup> *ibid.*

<sup>77</sup> Tobin and Brophy, *Interview*.

To this end, and also to have their own personal needs met, a handful of activists who lived in the Fenway went about creating community services and organizations.

These community organizing efforts took many forms.<sup>78</sup> A Fenway food co-operative made groceries more affordable for Fenway residents. The Mothers Rest day care co-operative offered a place for parents to exchange free child care with one another.<sup>79</sup> A number of college students who lived in a commune in the Fenway founded the *Fenway News* which provided information about the progress of the struggle against the BRA, announced community meetings and services, and offered other news pertaining to the Fenway.<sup>80</sup> Numerous Fenway residents banded together in housing co-operatives, many of which remain today, in an effort to keep housing costs low while at the same time trying to prevent gentrification of their neighborhood. The neighborhood activists even organized to reclaim a small parcel of land destined for razing and construction under the BRA plan upon which they built a playground using their own tools and labor.<sup>81</sup> Within this context, the Fenway Community Health Clinic was merely one of numerous community organizations created to save the neighborhood. All of these cooperatives made living in the Fenway more affordable and safer for this economically struggling neighborhood and posed a growing problem for the BRA. From this

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<sup>78</sup> Ironically, one of the most effective and lasting forms of community organizing in the neighborhood, the Fenway Community Health Clinic, was originally run out of space owned by the First Church of Christ, Scientist, the same church whose proposed expansion lay at the heart of the Fenway Urban Renewal Plan.

<sup>79</sup> Tobin and Brophy, *Interview*.

<sup>80</sup> Stidman, "Fenway News Hires a New Editor.""

<sup>81</sup> Tobin and Brophy, *Interview*.

perspective, the reactions to the municipal anti-poverty program were actually far more effective in aiding the poor than the redevelopment itself.

The opening of the clinic as well as the other programs also illustrated the politics of the Fenway residents. Many residents, Scondras and Beane among them, who were veterans of both the civil rights and anti-war movements, employed their knowledge of peaceful demonstration and community organizing. For them, the battle over redevelopment in the Fenway was emblematic of a larger fight over political philosophy; it was an opportunity to live out the ideals of the New Left on a local level by creating community, providing services, and fighting oppression. Connecting the efforts of the Fenway residents to that of the Hippies, one self-identified hippie resident claimed, “In the West, [hippies] had a social focus. Here they had more of a political focus; it was class consciousness, race consciousness, to identify with the oppressed.”<sup>82</sup> Residents brought all their political experience and knowledge gained from the New Left movements—organizing, protesting, political strategizing—to bear in the fight against the BRA. The creation of a clinic was itself an idea borrowed from the Black Panther Clinic that Scondras and Beane initially visited in 1971, wherein the clinic and its location provided political commentary on a panoply of issues beyond simply access to health care. Aware that few politicians would criticize the creation of a free clinic (or child care programs, a playground, etc.), especially in a poverty-stricken area, -- Scondras asked, “who the hell could be opposed to a free clinic?” – the Fenway activists forced local politicians into conflict with the BRA.<sup>83</sup>

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<sup>82</sup> Stidman, "Fenway News Hires a New Editor." Tobin and Brophy, *Interview*.

In addition to the protests and street action tactics that the residents borrowed from the other social movements of the era, Fenway residents also had filed a lawsuit against the BRA with the help of the Boston Legal Assistance Project. In the landmark decision of 1973 Fenway residents won the right to have a neighborhood-elected board become part of the decision-making and planning process for all neighborhood development projects, including the Fenway Urban Renewal Plan.<sup>84</sup> From there the community set up further safeguarding procedures, boards, and organizations to protect the community from any outside development that threatened the community's vision.<sup>85</sup> Having successfully wrested the neighborhood from the grips of the BRA, Fenway residents continued to build upon the services and organizations they had created during the struggle.<sup>86</sup>

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<sup>83</sup> In fact the Boston mayor came to the opening of the Fenway Community Health Clinic on Haviland Street in 1973, offering his praises for the clinic even as the Fenway was in the midst of a court battle with BRA over the plans to demolish the building that housed the clinic. Scondras, *Interview*.

<sup>84</sup> For more examples of local activists fighting urban renewal campaigns successfully during this period see Von Hoffman, *House by House, Block by Block*.

<sup>85</sup> <http://www.fenwaycdc.org/about-us/history> accessed on September 25, 2008. Some of these other organizations include the Fenway Project Area Committee and the Fenway Community Development Corporation, which still exist today.

<sup>86</sup> Activists also employed this community organizing model a few years later in the decade to address the neighborhood's arson problem which had resulted in more than two dozen fires, claimed the homes of hundreds, and killed five. David Scondras founded The Symphony Tenants Organizing Projects (STOP) in September of 1976, which conducted clandestine research on the properties and owners affected by the fires. The investigation resulted in 121 indictments against 33 people relating to 35 fires destroying property valued at \$6 million, the largest arson-for-profit ring ever uncovered. Among those implicated were retired policemen, firemen, real estate brokers, lawyers, lenders, public adjusters, and other businessmen. Theresa Tobin, interview by author, 17 September 2007. John Cullen, "Over 100 Probed in \$2 Million Arson Scheme," *Boston Globe*, September 22 1977; Michael Knight, "Arson Arrests in Massachusetts Laid to Victims'

The Fenway Community Clinic was one of the community organizations created in the midst of the battle with the BRA, after the initial demolitions but before the legal ruling. Like most of the community organizations opened during this period, the Fenway Community Clinic fostered a sense of unity within the neighborhood.<sup>87</sup> One activist reflected, “The health center was a community center for many people, a place to strategize health care issues in the neighborhood and a vital part of the emergent Fenway neighborhood.”<sup>88</sup> The clinic’s identity as a community’s response to the threat of gentrification and an answer to the call for free and universal health care could be seen in those who volunteered. For the first few years of its existence, the clinic was an entirely volunteer run organization. The volunteers were often fueled by either a dedication to strengthening the Fenway community as part of a larger New Left-inspired political vision or a commitment to universal access to health care. As one recalled, “the volunteer aspects of it I think... it’s pretty impressive given that the people doing the work [at the Fenway], many of the people were single parents or they worked and went to school... They had a lot of things in their lives and they still managed to put in hours and hours of

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Detective Work," *New York Times*, Oct 19 1977; Egelhof, "Arson Ring Crackdown."; "22 Seized in Boston in Arson Conspiracy," *New York Times*, Oct 18 1977.

<sup>87</sup> A small clinic in the Center for Older Americans, which was also in the Fenway neighborhood, closed shortly before the Fenway Clinic opened due to a lack of funding. However, the need for free medical services for its mostly elderly clientele remained and many of the volunteers remained interested in providing free medical care. Because of the continuity of volunteers and services, many confuse the birth of the Fenway with a name and location change of the Center for Older Americans clinic. However, the Fenway Clinic, while coincidentally absorbing many of the activists, volunteers, and patients of the Center for Older Americans Clinic, was an entirely separate entity.

<sup>88</sup> Fenway Community Health Center, *Opening New Doors...*

community work.”<sup>89</sup> Another Fenway Clinic volunteer concurred: “lots of us worked many hours without getting paid.”<sup>90</sup> For many of the volunteers who served as receptionists, clerks, and board members, their commitment to the Fenway clinic was an extension of their allegiance to and other work on the neighborhood’s community organizing efforts. As a result, their work in the Fenway Clinic was often only one of many volunteer jobs within many Fenway organizations, especially since many of the organizations were co-ops that required volunteering from members. The volunteer medical professionals like the doctors, nurses, and physician’s assistants often got their motivation for action from the different, although complimentary, political struggle over universal access to health care. As a result, the Clinic saw a steady stream of medical professionals volunteering their time to the Fenway as part of their political critiques of the insufficiency of Medicare, Medicaid, and federal funding for community clinics. As one medical professional volunteer at the Fenway clinic in the early 1970s, recalled, “we didn’t have to recruit volunteers, they just came.”<sup>91</sup>

Both the free clinic movement and the New Left political philosophy also factored heavily in the Fenway Community Health Clinic’s organizational structure. Both placed a heavy emphasis on the importance and value of every community member. For those involved in the free clinic movement, their motivation hinged upon the belief that every person, no matter how poor, oppressed, or disempowered, had a right to health care. From the New Left perspective, the institutional silencing and ignorance of the concerns

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<sup>89</sup> Tobin and Brophy, *Interview*.

<sup>90</sup> Vance, *Interview*.

<sup>91</sup> Michael Vance, *Interview by Author, September 11, (2007)*.

of Fenway community members at the heart of the battle with the BRA were representative of the struggles of many oppressed groups. The strong belief in empowering even the most oppressed people translated into a consensus-based decision making process and the adoption of a non-hierarchical organization structure so that every person affiliated with Clinic or community had equal power in the Clinic.

Board meetings looked more like town hall meetings and easily lasted a number of hours.<sup>92</sup> One described how meetings would last “anywhere from three-five hours, yeah, they were long. Most of us on the Board with some exceptions didn’t have experience in health care, or the management of clinics or human resources... we were the blind leading the blind.”<sup>93</sup> In the early years, anyone who was at all associated with the clinic (founders, volunteers, patients, or even just neighbors) was welcome to attend these meetings, create agenda items on the spot, engage in debate, and vote on any and all decisions.<sup>94</sup> This democratic structure reflected the political approach of many young, New Left-affiliated organizations of the period and, like the clinic itself, was meant to foster personal investment and enthusiasm in the clinic and larger Fenway community in the face of the BRA.

### **The Fenway and Gay Health**

The Fenway Community Health Clinic was both a product of and reaction to government anti-poverty programs and answered the call of neighborhood residents who

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<sup>92</sup> Theresa Tobin, *Interview by Author, September 17, (2007)*.

<sup>93</sup> Tobin and Brophy, *Interview*.

<sup>94</sup> Michael Vance, *Interview by Author, September 11, (2007)*.

had limited or no access to affordable, quality health care. From this perspective, the Fenway Community Health Clinic was not unlike hundreds of community health centers that opened during the 1970s. However, the existence and success of gay health services at the Fenway Community Health Clinic from its inception makes the clinic unique. While anti-poverty programs, both federal and municipal, played an important role in how and why gay health services developed at the Clinic, the geography and the politics of the neighborhood laid the groundwork for the Fenway Community Health Clinic to emerge as a leader in gay health by the end the 1970s.

Just as the neighborhood's geographic proximity to the Fens park directly informed the city's interest in redeveloping the neighborhood and thus played an important role in the opening of the Fenway Clinic, it also must take at least partial responsibility for the development of gay health services at the clinic. The historical relationship between parks and other public venues and gay sexual encounters is well documented and theorized in numerous disciplines.<sup>95</sup> Historian George Chauncey's explanation for the relationship between gay sex and public spaces, parks in particular, in early twentieth century New York rings true when applied to the 1970s: "the parks endured as a locus of sexual and social activity for homosexual and heterosexual couples alike, despite police harassment, in part because the police found them hard to regulate.

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<sup>95</sup> On public gay sex see William L. Leap, ed. *Public Sex/Gay Space*, (New York: Columbia University Press, 1999); Elizabeth Bernstein and Laurie Schaffner, eds., *Regulating Sex: The Politics of Intimacy and Identity*, (New York: Routledge, 2005); Laud Humphreys, *Tearoom Trade: Impersonal Sex in Public Space*, (New Brunswick: AldineTransaction, 1975); David Bell and Gill Valentine, *Mapping Desire: Geographies of Sexualities*, (New York: Routledge, 1995); Elizabeth A. Armstrong, *Forging Gay Identities : Organizing Sexuality in San Francisco, 1950-1994*, (Chicago: University of Chicago Press, 2002); Marc Stein, *City of Sisterly and Brotherly Loves : Lesbian and Gay Philadelphia, 1945-1972*, (Philadelphia: Temple University Press, 2004).



They were physically more difficult to raid than an enclosed space, offered more hiding spaces than a street, and... the larger parks at least were impossible to seal off.”<sup>96</sup> The Fens, a central hub in the gay sexual landscape of Boston in the 1960s and 70s, was no exception. Even as all of the gay bars and businesses in Boston were beyond the borders of the Fenway at the start of the 1970s, the heavy foliage of weeping willows, oak, and maple trees, and the dark shadows of marsh grasses, cats tails, and arched stone bridges of the Fens, made it prime real estate for gay cruising and sex. One article in the neighborhood newspaper *Fenway News* described how “on a hot summer night, hundreds of men frequent the park.”<sup>97</sup> From this perspective, the Fens was just another example of a public gay sexual space in this period. As a volunteer at the Fenway Clinic remembered, “The cruising bushes had more people than bushes... lots of sex happening.”<sup>98</sup>

The privacy offered by the park’s reeds and bushes was not the only reason for the park’s popularity among Boston’s gay men. The *Fenway News* article went on to state, “[t]he city police complain that they cannot adequately cover the Fens as the area takes up a proportionately small part of District 4 and coverage is needed elsewhere... ‘the police are not harassing the gays for having sex but are just interested in arresting the muggers.’”<sup>99</sup> The decrease in policing of gay public sex in this period occurred in many

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<sup>96</sup> George Chauncey, *Gay New York : Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940*, (New York: Basic Books, 1994), 183.

<sup>97</sup> R. Davis, "Cruising in the Fens," *Fenway News*, July/August 1979.

<sup>98</sup> Alberts, *Interview*.

<sup>99</sup> Davis, "Cruising in the Fens."

large cities and can be attributed to the limited and shifting resources of cash-strapped police forces in increasingly crime-riddled cities, local gay and lesbian political organizing, and sometimes the unintended consequences of other local policies and political moves.<sup>100</sup> In addition to the decreased threat from police, Fenway residents also provided protection to gays in the park. Pink Panther brigades, consisting of Fenway activists who were either gay themselves or determined to provide a safe neighborhood for all residents, patrolled the park with night sticks in an effort to ward off any potential attacks on gay men or single women.<sup>101</sup>

The popularity of the park for cruising among Boston's gay men placed the Fenway neighborhood in the gay geography of the city. However, the neighborhood was far from a gay ghetto, unlike the Castro in San Francisco or Greenwich Village in New York City during this period. One resident put the neighborhood's gay contingent into a larger context, remembering, "it was here, but it wasn't probably any more or a bigger piece of the pie than [any other group]."<sup>102</sup> Many of the popular gay bars and bathhouses would for the most part remain beyond the borders of the Fenway throughout the decade. However, the importance of the Fens as a gay cruising area, and then later the gay health

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<sup>100</sup> For an in depth exploration of the relationship between the police and gay activism see Timothy Stewart-Winter, "Raids, Rights, and Rainbow Coalitions: Sexuality and Race in Chicago Politics, 1950-2000" (University of Chicago, 2009). Beyond limited resources and increased gay and lesbian political activism, often times the gay and lesbian community experienced a reprieve from police harassment as an unintended consequence of other political battles. For more on this, see John D'Emilio, *Rethinking Queer History. Or, Richard Nixon, Gay Liberationist?*, in *The Institute for the Humanities at the University of Illinois at Chicago* (Chicago: 2010).

<sup>101</sup> The Pink Panthers were, of course, created in the spirit of the Black Panthers who patrolled their communities to fight police brutality and harassment. Scondras, *Interview*.

<sup>102</sup> Rideout, *Interview*.

program at the Fenway Community Health Clinic, resulted in a constant gay presence in the gay-friendly but never explicitly gay neighborhood.

Prior to the opening of the gay-friendly Fenway Clinic, gay men in need of medical attention had to go either to city clinics or private doctors. They often encountered ridicule, ignorance, indiscretion, and unreasonable costs, as “no gay-sensitive health care existed in the city (or the state, from what we knew).”<sup>103</sup> The effects of homophobia extended beyond individual doctor’s offices and impacted the lives of gay men spanning the full economic spectrum. For those who were unemployed or without health insurance benefits, the strict financial qualifications of the Medicaid program created in 1965 made it nearly impossible for single men between 18 and 65 years of age to qualify. Thus, needing gay-friendly services only further complicated the already difficult struggle to find affordable health care. However, even those with health insurance faced additional hurdles in getting treatment for any diseases or illnesses that might reveal their sexuality. Without the protection of confidentiality, submitting a claim for medical tests or procedures that could suggest or reveal homosexuality placed gay men at great personal and financial risk. Most gay men during the 1970s lived predominantly in the closet and word of their homosexual actions could cost them their jobs, friends, and families. Consequently, many gay men who were determined to keep their sexual practices secret circumvented medical insurance claims altogether. Many often used fake names and either paid private doctors, at often exorbitant rates, or used free clinics for tests and treatments for ailments that could reveal their homosexual activity. Public health clinics offered low-cost testing and services but a Fenway

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<sup>103</sup> Fenway Community Health Center, *Opening New Doors...*

volunteer explained that in those clinics “people were not very culturally sensitive... I heard lots of horror stories.”<sup>104</sup> In short, the need for gay-friendly medical care was dire. However, that alone does not explain why or how the Fenway clinic came to have gay health services.

The development of gay health services must be placed within the larger political context of community organizing and the effort to fight oppression in all its forms that defined the Fenway community in the early 1970s. Both the organizational structure and the ethos of the clinic reflected these larger political forces, and in turn allowed gay health services to take hold. With the Clinic’s open organizational structure and its dedication to serving the entire Fenway community (of which gay men were a part), creating and maintaining a gay health collective was relatively easy. A doctor at Boston’s Homophile Community Health Center, which provided gay-friendly counseling to gays from around the city, asked clinic co-founder, David Scondras, if the Fenway Clinic could provide medical back-up to his patients. Taking advantage of the open, town-hall style Board meetings, Scondras pitched the idea and received a warm reception. While a handful of the Fenway activists were gay, Scondras among them, few were explicitly active in gay liberation organizations, focusing instead on the anti-war movement or the struggle with the BRA. Shedding more light on the political affiliations of the Fenway Clinic during this period, one activist recalled, “It never really became a gay anything, it was just a place where gay people came... you advocated for anybody who needed help... we never thought of ourselves as gay, straight, white, black.”<sup>105</sup> Even as their

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<sup>104</sup> Ken Mayer, *Interview by Author*, (July 11, 2007).

<sup>105</sup> Scondras, *Interview*.

sexual identity was seemingly only a part of their larger over-arching political identities, they “wanted supportive health care for ourselves and others, so we decided that the health center should provide it.”<sup>106</sup> From this vantage point it becomes clear that the Fenway Community Health Clinic was never thought of by residents as directly related to gay liberation. Rather, the clinic was an embodiment of New Left politics that challenged oppression in all forms, including homophobia.

While Scondras was central in creating the gay health collective, Ron Vachon was, perhaps more than anyone, the “gay face” of the Fenway Community Clinic. Vachon was “the backbone of the thing... big, tall, strong, French Canadian, very gentle, but six foot three, bearded, probably could have been a professional wrestler if he didn’t go into medicine. He was working full time at the Fenway clinic as a physician’s assistant and was gay.”<sup>107</sup> Having served in Vietnam as a physician’s assistant, Vachon came back to the Fenway neighborhood and literally strolled into the Fenway Community Clinic where he would use the skills he had learned in the military in an environment that was accepting of his homosexuality. One activist remembered, “Ron Vachon wandered into the Wednesday night clinic for the first time because the man he was dating came in to pick up some files. There, he met then-medical director Sandy Reder, who on learning that Vachon was a physician’s assistant, put him to work on the spot. Vachon stayed to become part of the collective, and ultimately, the center’s first paid staff person.”<sup>108</sup> He quickly became a leader at the clinic, even being considered for the Executive Director’s

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<sup>106</sup> Fenway Community Health Center, *Opening New Doors...*

<sup>107</sup> Alberts, *Interview*.

<sup>108</sup> Fenway Community Health Center, *Opening New Doors...*

position in the late-1970s, and always making sure that the medical needs of the gay community were being considered and met.<sup>109</sup> In short, because they “were already part of the we,” already part of the Fenway community, a few activists that were gay were able to use the clinic’s organizational structure to shape the services of the clinic and meet the medical needs of the gay community specifically.<sup>110</sup>

For Boston’s gay population, the opening of a Gay Health Collective at the Fenway Community Health Clinic was welcome for a number of reasons. Fenway offered free, gay-friendly health services allowing gay men to avoid the ridicule faced in many public clinics, the price-gouging in private doctor’s offices, and the inherent risks of using medical insurance. Furthermore, the Clinic was within less than a 5 minute walk from the eastern border of the Fens cruising grounds, making it an ideal location for gay men to stop in and get tested on their way either to or from the park. A volunteer doctor of the Gay Health Collective, himself a gay man, described his patients as “college kids, young adults, the bartenders... just the panoply of gay people as gay people were defined in the 70s. There definitely would be a mix of a stock broker or lawyer, but not so many.”<sup>111</sup> Another volunteer remembered, “I think we were caught off guard by the deluge of students and young folks that came for sexually transmitted diseases...”<sup>112</sup>

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<sup>109</sup> Alberts, *Interview*; Tobin and Brophy, *Interview*.

<sup>110</sup> Also to a lesser extent, the Fenway Clinic offered services for lesbians. Given the limited understanding of the specific needs of the lesbians community that is discussed further in chapter one, all of the services for lesbians were offered under the auspices of women’s health. Tobin and Brophy, *Interview*.

<sup>111</sup> Alberts, *Interview*.

<sup>112</sup> Vance, *Interview*.

Word of the Fenway Clinic's gay friendly services quickly spread throughout the city's gay community via word of mouth, flyers in bars, and ads in *Gay Community News*. Shortly after its opening, the Fenway Community Health Clinic's Wednesday night Gay Health Collective saw gay patients from all across the city.

### **Conclusion**

The existence and success of the Gay Health Collective at the Fenway Community Health Clinic illustrates far more than just the growing and unmet health needs of gay men in Boston in the early 1970s. Rather, the Collective grew directly out of the politics and activism around urban redevelopment and access to quality free health care. This activism reflects much larger national discourses on poverty and health. Placed within this larger context, the Fenway Community Health Clinic emerged at the intersection of three wars on poverty: one waged by the local government that sought to tear down the neighborhood, one waged by the federal government that sought to ameliorate poverty through funds and programs, and one waged by the poor themselves that sought to protect their community and improve their quality of life. Whether through intention or inadvertent consequence, each of these three wars played a central role in creating and maintaining the Clinic's Gay Health Collective.

Anti-poverty programs and reactions to them initiated the relationship between Boston gays, medical professionals and activists, and Fenway residents and, in turn, gave rise to the creation of significant gay health services. This transformation happened in four ways. First, the failings of federal programs to make health care affordable to all resulted in a major expansion of the free clinic movement in the late 1960s and 1970s. After it became clear that Johnson's plans would not include federally backed health

insurance for all, a growing community of health care professionals and students opened free clinics (many with the aid of federal match-grants) and volunteered their services. Second, a federal grant partially funded the Fenway Community Health Clinic (as well as many other gay clinics) during the 1970s. As was the case with many of the anti-poverty programs of Johnson's era, the grant was intended to fund a clinic that served all of those in need within a specific community. In the case of the Fenway neighborhood, gay men were among those within the community who were in need of low cost quality health care. Third, the municipal anti-poverty efforts, which came in the form of redevelopment, unified and politicized the neighborhood in which many anti-war and New Left activists lived. The clinic was formed as part of a larger community-wide attempt to stop city plans to raze large portions of the area. The political atmosphere and organizational structure of the clinic embodied the politics of the New left as well as the larger neighborhood as it shunned organizational hierarchy, embraced consensus decision making, and allowed individual community members to shape the programs of the clinic with relatively little effort or political force. As a result, the Fenway Clinic made it easy for gay community members who wanted health services to start a gay health program. Finally, the rigid rules of the Medicaid program made it nearly impossible for single working-age men to qualify. This, coupled with the fear many gay men had about filing claims with their employer-based health insurance for medical services and treatments that could reveal their sexuality, made the need for affordable and discreet gay health services even greater.



### CHAPTER III

## GAY HEALTH AND LIBERATION AMIDST THE RADICAL DECLINE: BOSTON, 1973-1980

The political landscape that gave rise to the Fenway Community Health Clinic shifted dramatically during the 1970s and in many ways. Elected in 1968, Richard Nixon came to the issues surrounding poverty from a very different ideological perspective than President Johnson had with his Great Society programs. Questioning the federal government's need and ability to effectively oversee and logistically manage large social service programs, Nixon placed heavy emphasis on the private sector and state governments, rather than federal programs, to provide social services. A growing financial crisis compounded the effects of this ideological shift as many of Johnson's Great Society programs saw their budgets cut and/or saddled with stricter regulations that limited their scope and accessibility in the years following Nixon's inauguration in 1969.<sup>1</sup>

Even in this new political environment, the issue of access to health care remained a central domestic policy issue as the deficiencies of Medicare and Medicaid were compounded by sky-rocketing health care costs and a growing shortage of primary care physicians and nurses.<sup>2</sup> Despite reducing many social service programs associated with the Great Society, Nixon gave grudging approval to community health clinics, like the Fenway, due to their effectiveness in bringing health care to at least some of those

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<sup>1</sup> On this, see Rick Perlstein, *Nixonland : The Rise of a President and the Fracturing of America*, (New York: Scribner, 2008); Bruce Schulman, *The Seventies: The Great Shift in American Culture, Society, and Politics*, (New York: Free Press, 2001); Philip Jenkins, *Decade of Nightmares : The End of the Sixties and the Making of Eighties America*, (New York: Oxford University Press, 2006).

<sup>2</sup> Jonathan Engel, *Poor People's Medicine : Medicaid and American Charity Care since 1965*, (Durham: Duke University Press, 2006); David G. Smith and Judith D. Moore, *Medicaid Politics and Policy, 1965-2007*, (New Brunswick, N.J.: Transaction Publishers, 2008).

without. As a result, community clinics, the Fenway among them, flourished in the early 1970s. With seed grants and fund-matching programs from the federal government, the number of community clinics nationally peaked in 1971.<sup>3</sup> Yet, even with Nixon's support and approval, community health clinics faced new regulations designed to diminish redundancies, increase efficiency, and regulate quality of services that, under Nixon's new approach to social services and domestic fiscal austerity, were enforced with vigor.

The enforcement of these new government regulations posed a challenge to the Fenway Clinic community, opening the door to infighting and divisions that ravaged many similar organizations during this period. The regulations demanded a level of professionalization that simply didn't exist at the Fenway clinic and to which its ethos and organizational structure were opposed. Historians have characterized the mid-to-late 1970s as a period in which many New Left coalitions founded on "the early New Left politics of universal hope" fractured along the axes of specific identities, resulting in what Todd Gitlin called "the late New Left politics of separatist rage" or what others have simply framed as the New Left's decline or demise, or the rise of identity politics.<sup>4</sup> The experience of the Fenway Community Health Clinic supports this understanding of the decade as one in which coalitions gave way to separatism, but not in the way we might

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<sup>3</sup> Engel, *Poor People's Medicine*, 135-136. Walter Merten and Sylvia Nothman, "Neighborhood Health Center Experience: Implications for Project Grants," *American Journal of Public Health* 65, no. (1975).

<sup>4</sup> Todd Gitlin, *The Twilight of Common Dreams : Why America Is Wracked by Culture Wars*, (New York: Metropolitan Books, 1995), 146. Heather Ann Thompson, *Speaking Out : Activism and Protest in the 1960s and 1970s*, (Boston: Prentice Hall, 2009); Van Gosse, *Rethinking the New Left : An Interpretative History*, (New York: Palgrave Macmillan, 2005); John Campbell McMillian and Paul Buhle, *The New Left Revisited*, (Philadelphia, PA: Temple University Press, 2003). Mark H. Lytle, *America's Uncivil Wars : The Sixties Era : From Elvis to the Fall of Richard Nixon*, (New York: Oxford University Press, 2006).

expect. Throughout the 1970s the volunteers at the Fenway Clinic argued over charging for services, paying staff, professionalization, and other issues. But the resulting compromises hint at a community determined to hold on to their founding idealistic beliefs. Despite increasing pressures from outside forces, the Fenway community avoided lasting internecine battles that proved detrimental to many other New Left movements and groups during this period.

The separatism of the decade influenced the Fenway Clinic by shaping the larger context and political landscape in which the clinic existed. The community health landscape of Boston became dominated by identity-based clinics serving specific populations, and this in turn made many of Fenway's services redundant. The only services unique to the Fenway by decade's end were those specifically for gay clients. Furthermore, Boston's gay community thrived throughout the 1970s as the political and commercial effects of gay liberation became manifest. In light of the continued lack of alternative and accepting health services for gays and lesbians and the continued growth of the gay community, the Fenway Clinic took on great value and significance among Boston's gays and lesbians. Thus, at the start of the 1980s, when the clinic's financial situation demanded that it streamline its services and adopt an identity-based clinic model, it built upon its services for its gay, and eventually, lesbian patients.

This chapter uses the evolution of the Fenway Community Health Clinic from a neighborhood clinic to one predominantly focused on gay and lesbian health as a way to explore how increased government regulation and the rise of identity politics, including gay liberation, factored into the emergence of a gay clinic. By linking the emergence of a significant gay organization to these other forces, this chapter explores gay liberation

from a new vantage point. The few histories that have focused on gay liberation have done so by tracking specific gay liberation activists, political campaigns, or organizations.<sup>5</sup> The Fenway Community Health Clinic requires a different approach because it did not originate in gay liberation politics. Rather, gay liberation seems to have played only a secondary role in the clinic's change in focus from the Fenway neighborhood to the gay community. When placed within a larger context of Boston's burgeoning and politically active gay community, the Fenway Community Health Clinic emerges as an institution important to and benefiting from gay liberation without being explicitly gay liberationist. Thus, the decision within the clinic, which never previously considered itself an explicitly gay organization, to become a predominantly gay and lesbian organization paints a more complicated picture of gay liberation.

Within the Fenway Clinic, gay political activism took two forms. There were the proponents for expanding gay health services—the gay clients and a small group of gay and lesbian volunteers who, in the words of one volunteer, were “really carrying the torch of sexual liberation,” linking the availability of gay-friendly health services to the larger political argument that sex and sexuality should be explored without shame or social ostracism.<sup>6</sup> Then there were gay volunteers and board members who for a variety of

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<sup>5</sup> See Lillian Faderman and Stuart Timmons, *Gay L.A. : A History of Sexual Outlaws, Power Politics, and Lipstick Lesbians*, (New York: Basic Books, 2006); Marc Stein, *City of Sisterly and Brotherly Loves : Lesbian and Gay Philadelphia, 1945-1972*, (Philadelphia: Temple University Press, 2004); David Carter, *Stonewall : The Riots That Sparked the Gay Revolution*, (New York: St. Martin's Press, 2004); Elizabeth A. Armstrong, *Forging Gay Identities : Organizing Sexuality in San Francisco, 1950-1994*, (Chicago: University of Chicago Press, 2002); John D'Emilio, *Sexual Politics, Sexual Communities : The Making of a Homosexual Minority in the United States, 1940-1970*, (Chicago: University of Chicago Press, 1998).

<sup>6</sup> Lenny Alberts, *Interview by Author*, (July 11, 2007).

reasons, whether their commitment to the clinic remaining a neighborhood health center or their own fear of being associated with an explicitly gay organization, “deferred on strengthening gay health services.”<sup>7</sup> This split of the gay population associated with the Fenway mirror the debates between the homophile movement of the 1950s and 1960s and the gay liberation movement that emerged in the 1970s, with one calling for equality through assimilation and the other through separatism and revolution.<sup>8</sup> The struggles of the Fenway show that these political debates within the gay community, at least within certain settings, continued throughout the 1970s into the 1980s. Examining the Fenway gives voice to gay activists who are often over-looked in the history of the gay liberation period—those who were not explicitly gay liberationists. From this vantage point, the Fenway Community Health Clinic offers insight into how gay liberation ideals played out on a local level and shaped an organization during its own coming out process.

Fenway’s emergence as a gay organization is unique in that it was the unintended result of many forces. Both the state and the New Left, in its demise, continued to be surprising and unintentional forces for the development of gay health services at the Fenway in the 1970s. Equally unexpected in the emergence of the gay clinic was the role gay liberation played in the change, especially in light of Boston’s thriving gay

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<sup>7</sup> Fenway Community Health Center, *Opening New Doors... 20 Years of Making a Difference: An Oral History of the Fenway Community Health Center*, ed. Kirk Kinder (Boston: 1991).

<sup>8</sup> See D’Emilio, *Sexual Politics, Sexual Communities*; Timothy Stewart-Winter, “Raids, Rights, and Rainbow Coalitions: Sexuality and Race in Chicago Politics, 1950-2000” (University of Chicago, 2009); David K. Johnson, *The Lavender Scare : The Cold War Persecution of Gays and Lesbians in the Federal Government*, (Chicago: University of Chicago Press, 2004); Allan Bérubé, *Coming out under Fire : The History of Gay Men and Women in World War Two*, (New York: Free Press, 1990); Faderman and Timmons, *Gay L.A.*; Lillian Faderman, *Odd Girls and Twilight Lovers : A History of Lesbian Life in Twentieth-Century America*, (New York: Columbia University Press, 1991).

community in the 1970s and the central role the clinic came to fill for gays and lesbians in the following decades.

### **The Growing Divide: Politics, Health Services, and the State**

After the battle with the Boston Redevelopment Authority (BRA), the Fenway Clinic's relationship with the state grew increasingly complex. On one hand, the Fenway Clinic was dependent upon the state, both federal and municipal, for funding, licensure, and inspection approvals to provide health services to its quickly growing number of patients. Both the federal and municipal governments began to more regularly and strictly enforce compliance with existing and newly created regulations before granting more funding and licensure. On the other hand, the policies and culture of the Fenway Community Health Clinic, which built upon the distrust and dislike of the government central to the BRA struggle, were much more focused on providing services and creating community than on complying with government regulations. The BRA victory gave Fenway activists greater certainty that the political backlash of attacking a community health clinic insulated the clinic from any real governmental threat. David Scondras described their rationale: "they didn't want to kick us out, they didn't want to look like bad guys."<sup>9</sup> In short, the politics of the Fenway Community Health Clinic grew increasingly out of sync with the government's increasingly regulatory policies for community health clinics as the decade progressed.

The stark contrast between the political ideology of the newly opened Fenway Community Health Clinic, and that of the government, its health programs, and its

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<sup>9</sup> David Scondras, *Interview by Author*, (January 6, 2001).

regulations were emblematic of what many historians of the period have called the fracturing of America.<sup>10</sup> The late 1960s and early 1970s witnessed the division of America upon a number of different issues and axes, including, but certainly not limited to, the war in Vietnam, the sexual revolution, race relations, and political ideologies. The cultural clashes that defined the era resulted in demonstrations of unprecedented number and proportion, the emergence of a large counter-culture, and a political left so fractured that in 1968 Republican Richard Nixon captured the White House. Nixon set his sights on what he saw as government's excess and over-reaching, especially in social services and welfare programs. In a taped conversation, Nixon revealed his hopes for welfare recipients by infamously saying, "Work, work.— throw 'em off the rolls. That's the key!"<sup>11</sup> His domestic fiscal policies focused on cutting expenditures mostly through his New Federalism plan wherein state and local governments, with the help of federal block grants, would assume control of some federal programs. In a 1970 memorandum to agency and department heads, Nixon explained the goals to "save money by reducing, terminating or restructuring Federal programs."<sup>12</sup> While Nixon's approach to resolving the nation's health care crisis hinged upon the federal government providing fewer

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<sup>10</sup> Perlstein, *Nixonland*; *ibid*; Schulman, *The Seventies*; Carroll, *It Seemed Like Nothing Happened*; Stein, *Pivotal Decade*; Maurice Isserman and Michael Kazin, *America Divided : The Civil War of the 1960s*, (New York: Oxford University Press, 2003); Jenkins, *Decade of Nightmares*; Rebecca E. Klatch, *A Generation Divided : The New Left, the New Right, and the 1960s*, (Berkeley, Calif.: University of California Press, 1999).

<sup>11</sup> "All the Philosopher King's Men," *Harper's*, February 2000. From a White House discussion with Ehrlichman and H. R. Haldeman, 13 May 1971.

<sup>12</sup> Richard Nixon, 1970. "Memorandum Calling for an Evaluation of Current Federal Programs," *The American Presidency Project [online]*. Santa Barbara, CA. Available from <http://www.presidency.ucsb.edu/ws/?pid=2516>.

resources, the Fenway Clinic community argued and organized themselves on the exact opposite approach, illustrating how pre-existing schisms often grew deeper during the period.

For those federal programs that could not be eliminated or delegated to state and local governments, Nixon sought to cut costs through reform. Like Johnson, Nixon saw reform to stem the explosive rise in health-related costs as one of the greatest economic issues not only for individual Americans but also for the country's economy. However, where Johnson argued the federal and state governments should play a central role in providing coverage for those without, Nixon argued that the responsibility should fall to employers. In 1971, Nixon proposed a health care reform plan under which "every employer would have to provide all of his workers with a health insurance policy, just as he helps pay for workmen's compensation and social security today. The employer would pay at least 65 percent of the premium cost for the first few years and 75 percent thereafter."<sup>13</sup> Along with an overhaul of the Medicare and Medicaid programs, Nixon argued that his plan "would see that every policy provided good, sound, adequate protection."<sup>14</sup> While Congress did pass numerous smaller pieces of health care reform legislation, Nixon's major overhaul of health care fell victim to critics from both the Left and the medical lobby.<sup>15</sup> Nixon expressed his frustration with Congress as a candidate for

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<sup>13</sup> This approach would later become known as "pay-to-play" healthcare reform. Richard Nixon, 1972. "November 3 Radio Address on Health Policy," *The American Presidency Project [online]*. Santa Barbara, CA. <http://www.presidency.ucsb.edu/ws/?pid=3683>. .

<sup>14</sup> *ibid*.

<sup>15</sup> Among the other forms of legislation, were programs to increase the number of medical students, nursing students, and medical assistants; expanding Medicare and Medicaid; as well as a number of other smaller health related projects. For more on



re-election in 1972 in a national radio address: “no American family should be denied access to adequate medical care because of inability to pay. The most important health proposal not acted on by the 92d Congress was my program for helping people pay for care.”<sup>16</sup> After his re-election in 1972, Nixon sought to decrease the costs of existing federal health services however possible, despite the failure of his healthcare overhaul.

In the autumn of 1973, as the Fenway Clinic settled into its new space in the basement on Haviland Street, the re-elected President Nixon faced an increasingly bleak economic outlook for the country in addition to a growing healthcare crisis. The Oil Embargo of 1973, combined with inflation and stagflation, pushed the U.S. economy into the greatest recession since World War II.<sup>17</sup> In this new economic climate, Nixon’s earlier critique of federal health program budgets as “far in excess of any realistic estimate of the funds which will be available,” took on new meaning.<sup>18</sup> Nixon proposed new cost-cutting measures and greater regulation of various existing aspects of federal health care programs, including community health clinics like the Fenway.<sup>19</sup> Many of these regulations existed prior to Nixon, but under his, and later Ford’s, determination to streamline federally-funded social services and their dedication to fiscal austerity amidst

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Nixon’s health policy, see Smith and Moore, *Medicaid Politics and Policy*; Engel, *Poor People’s Medicine*.

<sup>16</sup> Nixon.

<sup>17</sup> Jon Van and Jack Fuller, “Motorists Jam Service Station Pumps to Beat Weekend Closing Deadline,” *Chicago Tribune*, December 2 1973.

<sup>18</sup> Richard Nixon, 1970. “Statement on Signing a Bill Extending Authorization of Four Federal Health Assistance Programs,” *The American Presidency Project [online]*. Santa Barbara, CA. Available from <http://www.presidency.ucsb.edu/ws/?pid=2812>.

<sup>19</sup> He also made another unsuccessful attempt to pass major health care reform.

the economic recession of the early 1970's, they were enforced like never before. In addition to increased regulation and enforcement on the federal level, Nixon's New Federalism, in which the states and municipalities took over many social service programs with the help of federal seed and block grants, translated into increased regulation and enforcement on both the state and municipal levels of community health clinics as well. As a result, during the first half of the 1970s, the state demanded greater professionalism from community clinics. While regulations requiring that clinics receiving federal funding meet building and licensure codes, use only trained and certified medical professionals, and comply with standard bookkeeping practices for billing and payroll were not outlandish, they called for massive changes in culture and protocol in some volunteer-run community clinics like the Fenway.<sup>20</sup> In the case of the Fenway Clinic, which had coalesced around critiques of both the state and professional medicine's failure to meet the needs of particular groups, attempts by the state to force professionalization were seen as anathema.

While offensive to the ethos of the clinic and its volunteers, Nixon's new approach to federal health programs and regulation enforcement initially had little impact

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<sup>20</sup> Rosemary Stevens, Charles E. Rosenberg, and Lawton R. Burns, *History and Health Policy in the United States : Putting the Past Back In*, (New Brunswick, N.J.: Rutgers University Press, 2006); Irwin Miller, *American Health Care Blues: Blue Cross, Hmos, and Pragmatic Reform since 1960*, (New Brunswick: Transaction Publishers, 1996); Bonnie Lefkowitz, *Community Health Centers : A Movement and the People Who Made It Happen*, (New Brunswick, N.J.: Rutgers University Press, 2007); Alice Sardell, *The U.S. Experiment in Social Medicine : The Community Health Center Program, 1965-1986*, (Pittsburgh, Pa.: University of Pittsburgh Press, 1988); Rosemary Stevens, *The Public-Private Health Care State : Essays on the History of American Health Care Policy*, (New Brunswick: Transaction Publishers, 2007); Marie Gottschalk, *The Shadow Welfare State : Labor, Business, and the Politics of Health-Care in the United States*, (Ithaca, N.Y.: ILR Press, 2000).

on the activists in the busy Fenway Clinic. The everyday work of the clinic overshadowed the threat of increased enforcement of local, state, and federal regulations for the Fenway Clinic volunteers. Within months of its opening on Haviland Street, the clinic saw a steady flow of people displaying both the diversity and energy of the neighborhood residents. The clinic was open five days a week, seeing everything from cases of the flu and child immunizations to blood pressure checks and post-operative care.<sup>21</sup> Within two years of the opening of the Haviland Street space, the Fenway Clinic logged over 5,000 patient visits.<sup>22</sup> To care for the ever-growing number of patients, the Fenway clinic drew from the ranks of nearby Harvard Medical School, Deaconess Hospital, and the Brigham Women's Hospital. The clinic became a hot spot for medical students and residents. Excited to hone their medical skills while also serving the surrounding community, "they were getting really good experience."<sup>23</sup> In addition to a free community health clinic, the basement clinic on Haviland Street was also a community center. One volunteer reminisced, "we used to have movies for the kids in there, Friday Night Flicks, I think they were called and... people would sit all over the desks. Kids would wander in if they were playing on the playground next door and they would get water for a drink... It was part of the community."<sup>24</sup> Whether in its capacity as

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<sup>21</sup> Alberts, *Interview*.

<sup>22</sup> Fenway Community Health Center, *Opening New Doors...*

<sup>23</sup> Theresa Tobin and Stephen Brophy, *Joint Interview by Author*, (September 17, 2007). These hospitals also regularly encouraged students and residents to volunteer their time at the Fenway as state matching grants rewarded hospitals' service to underserved communities. Smith and Moore, *Medicaid Politics and Policy*; Engel, *Poor People's Medicine*. Ken Mayer, *Interview by Author*, (July 11, 2007). Alberts, *Interview*.

<sup>24</sup> Karla Rideout, *Interview by Author*, (July 12, 2007).

a clinic or community center, this constantly changing cast of characters gave the space a vibrancy that illustrated the clinic's central role in shaping the emerging Fenway neighborhood, but it also made complying with government regulations both difficult and seemingly unimportant.

The volunteers at the Fenway Community Health Clinic were there either because they were passionate about the neighborhood or because they were passionate about providing free health care to those who needed it. Just as the clinic had been literally built by community members, despite their ignorance of building construction, it was also run by them, despite limited community health know-how. In both instances, the enthusiasm of the Fenway volunteers did not always make up for lack of experience. As one volunteer recalled, the clinic flooded with sewage "whenever it rained... There was no central heat, ventilation or air conditioning. Privacy for patients was limited to three unsound-proofed exam rooms and one unisex bathroom."<sup>25</sup> The Fenway Clinic volunteers focused on providing care and building community among Fenway residents, caring less if a volunteer met outside standards for professional qualification which were often set by the state or medical profession that the clinic critiqued. Placing greater value on a volunteer's passion than on their qualifications translated in the Fenway Clinic into having "some physicians on staff... who had not completed their training... nurses who had backgrounds that were not relevant... laboratory personnel who were chemistry majors in college but never had taken any chemical laboratory training."<sup>26</sup> The volunteers responsible for billing often had some bookkeeping experience but often "didn't know

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<sup>25</sup> Fenway Community Health Center, *Opening New Doors...* 4.

<sup>26</sup> Sally Deane, *Interview by Author*, (August 2, 2007).

the first thing about really setting up medical billing and grant writing and the like.”<sup>27</sup> All of these issues were often made worse by the fact that numerous volunteers were responsible for single tasks within the clinic because most volunteers only worked a handful of hours per week. Scondras remembered, “we had no particular group of people running the place, it was just a collective... if you showed up, you ran it.”<sup>28</sup> Consequently, the more detailed and ongoing tasks like billing or building management fell between the cracks. Thus, while the volunteers were the backbone of the Fenway Clinic, they also were a great liability, especially in light of increased enforcement of regulations by the state.

When not lost amidst the bustle of the clinic or the loosely coordinated volunteers, the state’s increased enforcement of regulations was met with resistance at the Fenway. An indelible skepticism and distrust of the government in the clinic and among those who volunteered there was the legacy of the relationship of the Fenway Clinic to the larger neighborhood’s struggle against the BRA. In the eyes of Fenway residents, government policies at the federal, state, and municipal levels had contributed to the neighborhood’s decline into poverty and eventually placed it at the mercy of wrecking balls. The resulting cynicism among Fenway residents was deep and lasting, so much so that the clinic’s open and consensus organizational structure was itself an indictment of the failures of the state to equally represent all residents. Thus, the government’s plan to better enforce regulations and impose professional standards at the community clinic engendered both frustration and renewed hostility toward the state. David Scondras recalled getting a

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<sup>27</sup> *ibid.* Tobin and Brophy, *Interview*.

<sup>28</sup> Scondras, *Interview*.

notice from the state regarding the clinic's noncompliance with licensure and inspection code: "The state tried to clamp down on us because we didn't have a license to operate as a clinic... I remember getting the letter and ripping it up... They told us to stop and we said, no."<sup>29</sup> Many believed that the successful defeat of the BRA meant the clinic was above reproach or consequence from the state. During the BRA struggle, the clinic had played a central role in both the political and publicity strategies to gain sympathy and support for the Fenway residents. Certainly, few local politicians publicly criticized the thriving clinic, just as few took issue with the Black Panther Clinic blocking another major city redevelopment project that had inspired Scondras and Beane to open the Fenway Clinic. In fact the clinic welcomed Boston Mayor Kevin White and many other local government officials to its official opening in 1973, even as the clinic was a clear and intentional threat to the city's redevelopment plans.<sup>30</sup> As a result of their perceived unassailable political position, the Fenway activists who knew of the regulations and requirements often chose to ignore them, or work around them. Arguing their position Scondras offered, "They wouldn't dare" shut us down, "can you imagine the front page of the newspapers- 'free clinic closed?' It was politically impossible to touch us."<sup>31</sup>

### **Compromises and Consequences: Idealism in the Face of Hard Fiscal Realities**

While the cogs of the state bureaucracy slowly turned, edging the Fenway Clinic to its inevitable day of reckoning with regulators, inspectors, and state licensing boards, a

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<sup>29</sup> *ibid.*

<sup>30</sup> Tilo Schabert, *Boston Politics : The Creativity of Power*, (New York: W. de Gruyter, 1989), 118-130. Tobin and Brophy, *Interview*; Scondras, *Interview*.

<sup>31</sup> Scondras, *Interview*.

more immediate problem challenged the culture of the clinic – money. Before moving into the Haviland Street basement, Scondras and Beane had secured federal funding in the form of a seed grant for the Fenway Clinic, most of which had been spent on transforming the space from an abandoned antique shop into a suitable clinic space.<sup>32</sup> Additionally, Deaconess hospital provided the Fenway Clinic with a small medical staff and grants for medical supplies as part of a federal fund-matching program.<sup>33</sup> Beyond these limited funds, the clinic had no other immediate sources of income, and by refusing to make any significant changes to comply with government regulations for licensure, they faced a shrinking pool of possible grants for which to apply. Although the clinic's rent was only \$1/year, it was staffed entirely by volunteers, and many of its medical supplies were given or “filched.”<sup>34</sup> Scondras remarked, “we would steal equipment and medicines for the health center because we didn't have a way to buy them, and that couldn't go on forever.”<sup>35</sup>

In 1973, just a few months after opening the clinic, some volunteers broached the topic of charging for services in one of the town-hall style board meetings. While charging for services seemed a likely and obvious source of badly needed revenue for the struggling clinic, the idea was in direct opposition to the founding ideals of the clinic and the resulting debate was both long and contentious. Providing free health care had been

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<sup>32</sup> *ibid*; Deane, *Interview*.

<sup>33</sup> Alberts, *Interview*; Deane, *Interview*; Scondras, *Interview*; Tobin and Brophy, *Interview*.

<sup>34</sup> Alberts, *Interview*.

<sup>35</sup> Scondras, *Interview*.

as much an organizing principle for the clinic as preserving the Fenway neighborhood had been.<sup>36</sup> To be sure, no one liked the thought of charging for services and those who brought it up only did so due to a lack of other options. However, factions quickly developed between those who felt it a necessity to sustain the clinic and those who felt it so clashed with the founding ideals that it was tantamount to destroying the clinic. Scondras described the debate: “There were the people who felt, like myself, like if you charged anything that it would violate a principle that health care should be free for everyone. Then there were the people who said, yeah, but in real life nothing is free and we have to find a way to get money to pay for it.”<sup>37</sup> Michael Vance, a student in the Pharmacy School at Northeastern who had gotten involved in the Fenway Clinic because of his strong belief in the free health care movement, explained his strong stance against charging for services, “I was very idealistic then.”<sup>38</sup> Another volunteer remembered, “In our minds, the 50 cent fee would lead to corruption and bureaucracy!”<sup>39</sup> However, after more than 24 hours of debate spread over several board meetings even Vance’s idealism, as well as that of others opposed to charging a fee for services, bent under the weight of the harsh fiscal reality the clinic faced.<sup>40</sup> The Fenway volunteers and community

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<sup>36</sup> Fenway Community Health Center, *Opening New Doors...*; Michael Vance, *Interview by Author*, (December 13, 2007); Deane, *Interview*; Rideout, *Interview*; Alberts, *Interview*; Scondras, *Interview*.

<sup>37</sup> Scondras, *Interview*.

<sup>38</sup> Vance, *Interview*.

<sup>39</sup> Fenway Community Health Center, *Opening New Doors...*

<sup>40</sup> Discrepancies exist among those interviewed on just how long the debate over this lasted ranging from days, to nearly a year. A majority of sources claim that the debate



members settled on a compromise agreement whereby the clinic would charge \$.50 per visit with the caveat that patients who either couldn't or didn't want to pay the fee could either volunteer in return for services or pay whatever they could afford.<sup>41</sup> This deal preserved the clinic's identity as a free clinic while also placing it on slightly better financial ground.

Just as the clinic community crafted an acceptable compromise for one financially-rooted ideological challenge, another surfaced. Toward the end of 1973, a fight over whether to hire its first paid staff dominated the board meetings. The battle with the BRA had hinged upon the political belief that all Fenway residents should have the same political value and rights to the state as the wealthy residents the redevelopment plan hoped to attract. This sentiment filtered into the ethos of the clinic. Volunteers were uncomfortable paying some for work that others were doing for free as it could easily be interpreted as the Fenway community placing greater value on one volunteer over the other, or valuing one form of qualifications or training above another. Paying staff seemed to many at the board meetings a slippery slope where judgments over who to hire and for how much pay could easily clash with the ideals of the clinic.<sup>42</sup> However, just as with charging for services, the clinic's growth made the need for paid staff impossible for board members to ignore the issue, no matter how unpalatable. Again, after numerous hours of debate the board settled upon a compromise in which staff could be paid but

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took 24 hours spaced out over several days. Tobin and Brophy, *Interview*; Rideout, *Interview*; Scondras, *Interview*.

<sup>41</sup> Fenway Community Health Center, *Opening New Doors...*

<sup>42</sup> Scondras, *Interview*; Tobin and Brophy, *Interview*; Fenway Community Health Center, *Opening New Doors...*

“everyone made the same hourly wage, no matter what you did.”<sup>43</sup> The first paid Fenway staff was physician’s assistant Ron Vachon who also helped coordinate volunteers.<sup>44</sup>

Within a year, the clinic had 10 paid staff: some doctors, some physician’s assistants, and other former-volunteers who assisted with clerical work. Long time volunteer physician Lenny Alberts recalled, “It was a big deal when we started getting \$10 a session, though, of course, we were encouraged to donate it all back into the pot.”<sup>45</sup> Board members endorsed this unconventional pay scale as an attempt to preserve the ideal that every person regardless of education, job, or experience had the same worth and value to the greater community.

The compromises struck in the debates over charging for services and paying staff show Fenway volunteers struggling to remain true to their founding ideals in the face of a changing fiscal and political reality. One activist and board member recalled, “there was just a lot of figuring it out as we were becoming more of an institution and less of a group of people that came together to do something.”<sup>46</sup> Despite these changes in the policies of the clinic, it thrived, seeing its patient numbers rise exponentially throughout the decade. The Gay Health Collective, by far the fastest growing of the clinic’s services, expanded to two nights a week.<sup>47</sup> The Clinic developed more services and new relationships, teaming in 1976 with the Department of Public Health to educate various communities,

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<sup>43</sup> Tobin and Brophy, *Interview*.

<sup>44</sup> Fenway Community Health Center, *Opening New Doors...*

<sup>45</sup> *Ibid.*

<sup>46</sup> Tobin and Brophy, *Interview*.

<sup>47</sup> "Every Week Events," *Gay Community News*, Oct 9 1976.

including gay men, about VD prevention and treatment.<sup>48</sup> These and similar relatively small and low cost projects allowed the Clinic access to more grants, but none were of the size or magnitude the clinic needed to avoid deficits. Government grants for which the clinic, without major changes, was eligible became scarcer and less lucrative as regulations became more common and more strictly enforced over the decade. Instead the clinic focused on programs and grants for which they could easily qualify without licensure as a clinic, like family planning grants through Title IX programming, rat prevention grants through the city, and university-funded health research and outreach programs.<sup>49</sup> In 1978, a Tufts based- researcher offered to pay for Giardia testing for gay clients at the Fenway Clinic who were willing to answer a medical questionnaire, thus allowing the clinic to offer the test to its clients.<sup>50</sup> These smaller grants, in addition to the Deaconess match-grant that paid for some medical supplies and provided staffing, permitted the Fenway Clinic to continue operating without significantly changing its political or organizational culture.

While the agreements on fees and pay temporarily left the political culture within the clinic largely intact, they also meant that the clinic policies grew increasingly out of sync with the larger social and political trends of the decade. By the middle of the decade, a national shortage of qualified doctors, nurses, and physician's assistants grew more

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<sup>48</sup> Fenway Community Health Center, *Opening New Doors...*

<sup>49</sup> Deane, *Interview*; Ron Vachon, "Letter to Walter Lear, August 16," 1978, Walter Lear Personal Collection, Philadelphia.

<sup>50</sup> John Graczak, "Investigation of Disease Will Begin in Co-Operative Effort," *Gay Community News*, Oct. 28 1978.

urgent.<sup>51</sup> Reporting on the possibility for national health insurance reform when Democrats gained a veto-proof majority of the Congress in the 1974 election, one Chicago newspaper revealed the dangers of the shortage: “small good it will do anyone to be entitled to medical care if in practical fact he or she does not have access to it.”<sup>52</sup> Patients, especially those in poor areas of the country like urban centers and rural communities, literally did not have doctors or other health care professionals in their communities. For those willing to work in these areas of need, their services came at a steep cost as medical professionals enjoyed drastic increases in pay throughout the decade.<sup>53</sup> Between the increasing cost and the gaps in existing health care insurance options (Medicare, Medicaid, and employer-based health care), the poor and elderly often felt the worst effects of the shortage.<sup>54</sup> For the Fenway Community Health Clinic the shortage meant that doctors willing to volunteer or work for the meager wages they offered became scarce.

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<sup>51</sup> This problem was compounded by a growing trend among medical students to pursue highly specialized careers.

<sup>52</sup> William Hines, "Medical Manpower: Issue of Quantity and Quality," *Chicago Sun-Times*, June 30 1974.

<sup>53</sup> Engel, *Poor People's Medicine*; Karen Davis and Cathy Schoen, *Health and the War on Poverty : A Ten-Year Appraisal*, (Washington: Brookings Institution, 1978); Hines, "Medical Manpower."

<sup>54</sup> To illustrate how the shortage had a disproportionate impact on the poor and elderly, when the American Medical Association appeared unconcerned with rising costs for patients, a group of elderly people calling themselves the Gray Panthers picketed their 1974 annual meeting with signs reading “you prolonged my life, now let me enjoy it.” Bob Olmsted, "Elderly Picket Ama Meeting, Hit Lack of Care," *Chicago Sun-Times*, June 26 1974.

The shortage of health care professionals was an outside force that no amount of marathon board meetings or reframing of the founding ideals could quell. By the end of the decade, professional staffing for the clinic became a serious problem, forcing the board and clinic activists to amend their founding vision yet again, although this time in a much more drastic way. In an effort to retain qualified doctors and draw more to the clinic, the board (which still remained open to the public, but did not draw nearly the same crowd as was common in the earlier years) voted to increase the salaries of the medical professionals. One board member explained, “we changed it so that doctors and medical personnel made more money and people with clinical or pharmaceutical background made more money than the secretarial or accounting staff or the cleaners.”<sup>55</sup> By 1980, the full time salary of doctors was \$17,000 while the rest of the staff were paid \$12,000, an improvement but still much below market value.<sup>56</sup> While this decision to offer pay commensurate with training marked a major shift from the equity-driven collective processes that had formed the clinic, a much more radical culture shift was on the horizon.

For much of the 1970s, the Fenway Clinic dodged any serious repercussions of the increased enforcement of government regulations started under the Nixon administration. They did so in large part by limiting the federal and state grants for which they applied. For unavoidable and basic interactions with the state such as clinic licensure, the Fenway Clinic relied upon their perceived political invincibility and the

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<sup>55</sup> Tobin and Brophy, *Interview*.

<sup>56</sup> Fenway Community Health Center, *Opening New Doors...*

“thankfully-slow-moving state bureaucracy.”<sup>57</sup> This approach worked for much of the decade as the clinic regularly got funding from the federal and state governments in the form of specific projects rather than as a general clinic, and operated without obtaining its full licensure from the Massachusetts Department of Public Health until 1978.<sup>58</sup> However, this approach cost the clinic, forcing it to constantly operate on the brink of financial calamity. As the decade came to a close, the Fenway Clinic’s luck at avoiding professionalization and preserving its counter-culture ethos began to run out. The decision to adopt a graduated pay scale for medical professionals was only the first of a string of decisions that were forced upon the clinic by outside forces and that would place the clinic on a very different trajectory than that envisioned by the founders.

In late 1979, facing patient numbers far outpacing revenue, the Board hired a new Executive Director for the struggling Fenway with the hope that the leadership change would bring about greater financial stability. With a history of healthcare management and community projects, Sally Deane started her tenure as the Executive Director in January of 1980 only to realize that the organization was on the brink of collapse. In addition to “no written standards for employment, personnel policies, quality assurance standards, or management reports,” the clinic required significant renovations before its inspection for licensure renewal, which was due to take place just three months after her arrival.<sup>59</sup> However, the clinic’s financial situation quickly became her greatest concern

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<sup>57</sup> *ibid.*

<sup>58</sup> *ibid.*

<sup>59</sup> *ibid.*

especially after “finding... signed checks made out to the... government for withholding taxes that had never been mailed because the checks would have bounced... Even though they alleged that they were operating on a \$200,000 budget with 7,000 patient visits, maybe 2,000 patients, they were technically in bankruptcy.”<sup>60</sup> On her tenth day as the Executive Director, Deane learned that the clinic had not paid payroll taxes for quite some time and the Internal Revenue Service was on the verge of closing it down. The clinic’s avoidance of professionalization and regulatory compliance had left the clinic in great danger of losing its license, its funding, and shutting down completely.

Seeing no other option, Deane looked to Deaconess Hospital to give Fenway a loan to pay for the back taxes. The decision marked the moment when the Fenway’s trajectory changed. Before lending the needed money, the Deaconess required assurances of better business practices on the part of Fenway. For Deane, promises to reform the more slapdash aspects of the clinic were easy as she already had plans to put into practice new professional standards, implement billing practices, and streamline the decision making process. Tobin remembered how she felt when the Fenway Board agreed to accept the loan from Deaconess, “I thought it was a necessary thing to do, but I thought it was a sad necessary thing to do.”<sup>61</sup> For many of the Fenway Clinic community at large, the loan from Deaconess, and the professionalization it demanded, was bittersweet, allowing the clinic to remain open, but also demanding an end of the political culture and structure that defined the clinic.

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<sup>60</sup> Deane, *Interview*.

<sup>61</sup> Tobin and Brophy, *Interview*.

In a vote that formally marked the end of the consensus and democratic days of the Fenway, the board granted Deane much more oversight and control over policies and procedures at the clinic in an effort to expedite all the necessary changes demanded by the loan and required for the upcoming licensure inspection. With this new power and the immediate threat of closure behind her and the IRS paid, Deane focused her attention on transforming Fenway into a more professional organization. First off, she “took a stand that the medical staff had to be qualified to do the work that they were doing.”<sup>62</sup> Under these new policies, physicians had to be eligible for Board certification in order to volunteer or work at Fenway, which meant “no more med students.”<sup>63</sup> Nurses and laboratory technicians also had to have proper training and licensure. However, personnel were not the only issue as Deane struggled to bring the clinic up to code. She faced an inspection by the Massachusetts Department of Public Health in order to renew the clinic’s license. While the previous generation of Fenway staff had avoided licensure for many years, Deane saw maintaining the clinic’s license as crucial to its future. After numerous renovations, paid for with money from Deaconess, Fenway passed government inspection and renewed its license in 1981. Going beyond the physical structure and the personnel within it, Deane along with a number of newly hired staff instituted a new accounting system that “allowed for third party billing, including Medicaid and private insurers, making the financial base... more solid.”<sup>64</sup> As a result of these major

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<sup>62</sup> Deane, *Interview*.

<sup>63</sup> *ibid*.

<sup>64</sup> Fenway Community Health Center, *Opening New Doors...*



institutional changes, the Fenway Community Health Clinic went from evading and circumnavigating any form of organizational hierarchy and professionalization to embracing and epitomizing both within a year of Deane's hiring.

The change was not the result of any major internal rifts or schisms as was often the case with organizations formed out of New Left coalitions and ideals during this period. In fact, while heated debates had marked every major decision undertaken by the Fenway Clinic community, the volunteers and staff always united around carefully negotiated compromises. Rather, professionalization had been forced upon the clinic by a combination of outside forces. Increasing health care costs, sky-rocketing health care professional salaries, and the demand for regulation and professionalization on the part of various funding sources, the state in particular, made the counter-culture ethos of the Fenway Clinic unsustainable. In this way, the Fenway history challenges the notion that many historians posit of a snow-balling decline of New Left coalitions over the course of the 1970s that began with internal disagreements and culminated in separatism.<sup>65</sup>

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<sup>65</sup> A great example of one such history is Stewart-Winter, "Raids, Rights, and Rainbow Coalitions." Beyond gay and lesbian organizations, Stein shows how this same force influenced labor during this period in Stein, *Pivotal Decade*. On the decline of radicalism/the rise of conservatism in the 1970s more broadly see Andreas Killen, *1973 Nervous Breakdown : Watergate, Warhol, and the Birth of Post-Sixties America*, (New York: Bloomsbury : Distributed to the trade by Holtzbrinck, 2006); Jenkins, *Decade of Nightmares*; Niall Ferguson, *The Shock of the Global : The 1970s in Perspective*, (Cambridge, Mass.: Belknap Press of Harvard University Press, 2010). Jefferson Cowie, *Stayin' Alive : The 1970s and the Last Days of the Working Class*, (New York: New Press, 2010); Judith Stein, *Pivotal Decade : How the United States Traded Factories for Finance in the Seventies*, (New Haven [Conn.]: Yale University Press, 2010); Edward D. Berkowitz, *Something Happened : A Political and Cultural Overview of the Seventies*, (New York: Columbia University Press, 2006); Peter N. Carroll, *It Seemed Like Nothing Happened : America in the 1970s*, (New Brunswick [N.J.]: Rutgers University Press, 2000); Schulman, *The Seventies*; Stephanie A. Slocum-Schaffer, *America in the Seventies*, (Syracuse, N.Y.: Syracuse University Press, 2003); David Frum, *How We Got Here : The 70's, the Decade That Brought You Modern Life (for Better or Worse)*, (New

Certainly the changes at the Fenway in 1980 signified the end of New Left ideals and coalitions within the organization, but they were the result of outside forces rather than internal divisions. Furthermore, rather than a slow disintegration of New Left ideals over the decade, the Fenway's politics and culture remained largely intact throughout the 1970s until a sudden and abrupt change in 1980. The internal political experience of the Fenway Clinic stands in contrast to and as an exception to the historical accounts of a progressive decline of the New Left propelled by internal disputes within its ranks and compounded by the rise of the New Right. Even while the Fenway arrived at its ultimate abandonment of its New Left ideals by different means, the resulting Fenway politics reflect the larger historical context and outside forces that signaled the demise of the New Left and the rise of a more politically conservative period nationally.

While internal division had not caused the clinic's change, internal schisms certainly resulted from it. When the Fenway Community Health Clinic finally succumbed, in the interest of becoming a financially and medically strong institution, to the pressure to professionalize, it marked the end of the coalition between Fenway neighborhood activists and the free health care movement that had been at the clinic's core. The partnership between the two groups of activists was a casualty of the changed political, medical, and financial atmosphere of the late 1970s. The divisive consequences of the loan decision for the clinic community became quickly apparent as many activists left the Fenway Clinic shortly after the acceptance of the loan. Many within the Fenway community fell victim to Deane's insistence on standards for employment. Volunteering

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York, NY: Basic Books, 2000); Laura Kalman, *Right Star Rising : A New Politics, 1974-1980*, (New York: W.W. Norton, 2010); Bruce J. Schulman and Julian E. Zelizer, *Rightward Bound : Making America Conservative in the 1970s*, (Cambridge, Mass.: Harvard University Press, 2008).

and community involvement had been at the very core of the Fenway and a crucial piece in making the Fenway clinic so interwoven with the Fenway neighborhood as it battled against the BRA. However, as a result of many of Deane's new policies, many staff and long time volunteers were suddenly deemed "unqualified" to do the jobs they had been doing, in some cases for years. While most of the new employment rules focused on clinic positions that required medical training, clerical and even Board positions also became casualties to Deane's efforts, as many felt unqualified to serve in the increasingly professional and technical positions. One community member recalled how the transition influenced her decision to leave the Board: "I quit the board because I didn't think I could make a contribution... There was nothing left for an ordinary citizen to do. I wasn't the right match for that board anymore."<sup>66</sup> Many volunteers and community members no longer felt welcome in the clinic that many had come to think of as a community center, a home away from home. Deane explained, "there was certainly a core of staff that agreed with me, but the majority of staff did not. It was a very, very hard time because we were fiscally challenged, staff challenged, a lot of tension."<sup>67</sup> The financial situation of the 1980s forced Deane and the Fenway Clinic to choose between continuing to provide low-cost health care to underserved communities and remaining true to the counter-culture politics of the neighborhood activists. From this perspective, the acceptance of the loan from Deaconess Hospital was the political equivalent of abandoning the ideals of the founding neighborhood activists.

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<sup>66</sup> Tobin and Brophy, *Interview*.

<sup>67</sup> Deane, *Interview*.

### **Becoming Gay**

By the end of 1980, the changes undertaken by Deane at the Fenway were filtering into every aspect of the clinic. Its new structures and policies made for faster decision making, although more hierarchical and excluding of community members. Billing Medicare, Medicaid, and insurance companies was more consistent and reliable than ever before and the clinic's financial situation was slowly becoming more stable. With its new political stance toward professionalization, the clinic saw the number of grants for which it was eligible increase and had trained volunteers and staff applying for them. In essence, in a short span of time following Deane's arrival, the clinic had taken as many steps to shore up its financial and institutional footing as it could. With an eye for building a long-lasting institution, the Fenway Clinic also underwent a strategic planning process that focused upon how Fenway could have the largest, most lucrative, and sustained impact as a clinic while cutting unused or under-used services that were made redundant by other area clinics. As part of the four month strategic planning, the clinic collected information on the services of other clinics, surveyed their patients, and assessed each of their programs. The main recommendation of the strategic planning process was clear: the Fenway Community Health Clinic needed to become a clinic focused predominantly on serving Boston's gay and lesbian community.

In Boston, like in so many large cities, the gay and lesbian communities had grown in political, commercial, and social power throughout the decade. While the Fens Park placed the Fenway neighborhood within the city's gay geography, the neighborhoods surrounding Boston Common, including South End, Beacon Hill, and Bay Village, served as base for Boston's largely white, middle class gay liberation movement

in the 1970s.<sup>68</sup> Until the early 1960s, the beautiful Boston Common and Public Garden were adjacent to one of the city's red-light districts providing a lingering sexual freedom and affordable rents for Boston's gay community in the 1970s.<sup>69</sup> While the red-light district had been demolished, one resident remembered that in the 1970s "there were a lot of stripper bars... the city decided to let vice exist within that four block area" in the neighborhood's southeast corner. As a result, there was "a thriving club scene," a number of gay bars and baths, and "a few restaurants" with a predominantly gay clientele.<sup>70</sup> Consequently, while smaller than New York or San Francisco, the areas around Boston Common and Public Gardens hosted Boston's "pretty vibrant gay culture" with "enough people to fill the bars and party."<sup>71</sup>

The growing gay community within these neighboring areas reflected the deep racial and class divisions that epitomized much of Boston during the 1970s. As writer Tom Reeves lamented, "Every time I return to Boston from New York, Philadelphia, Washington, Baltimore, or some other city, I am struck with the boring whiteness of our gay ghetto."<sup>72</sup> Even as many of Boston's gay working class whites and people of color

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<sup>68</sup> Each of these areas was in close proximity to one another, with the Public Gardens and Boston Common park serving as a dividing line between the different neighborhoods. Even though these gay bars, businesses and organizations were spread out over a handful of neighborhoods, they were within walking distance of one another.

<sup>69</sup> Daniel A. Gilbert, "'Why Dwell on a Lurid Memory?': Deviance and Redevelopment in Boston's Scollay Square," *The Massachusetts Historical Review* 9, no. (2007).

<sup>70</sup> Alberts, *Interview*.

<sup>71</sup> *ibid.*

<sup>72</sup> Tom Reeves, "Boston's Boring Whiteness," *Gay Community News*, Nov 11 1978.

were sprinkled across the city's landscape, often with their own bars and the occasional business, the white and middle class neighborhoods surrounding the Boston Common and Public Garden were the political heart of gay liberation and gay activism. As gay groups in these areas held meetings, services, and proposed legislation for gay political rights, they consistently lacked the input and voices of poor and minority gays as "a crowd of 50 or 100 contains not a single minority person."<sup>73</sup>

Regardless of the racial and class implications, most of the city's major gay institutions took up residence in the neighborhoods surrounding the Boston Common. Boston's first gay bookstore Other Voices operated out of a small storefront just east of the Boston Common. Gay bars The Other Side, which experienced both fires and robberies in the 1970s, and the Punch Bowl, with its popular basement dance floor, were located just south in the Bay Village community.<sup>74</sup> On the western border of the Public Garden stood the Arlington Street Church which housed many gay organizations including the Homophile Union and the Boston chapter of Daughters of Bilitis while just around the corner was the mental health service provider Homophile Community Health Services.<sup>75</sup> The park itself was also an important part of the growing gay community. In

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<sup>73</sup> Ibid. On the racial and class implications of geography in political action among oppressed groups see Anne Enke, *Finding the Movement : Sexuality, Contested Space, and Feminist Activism*, (Durham: Duke University Press, 2007); Anne Enke, "Smuggling Sex through the Gates: Race, Sexuality, and the Politics of Space in Second Wave Feminism," *American Quarterly* 55, no. 1 (2003); Wini Breines, "What's Love Got to Do with It? White Women, Black Women, and Feminism in the Movement Years," *Signs* 27, no. 4 (2002).

<sup>74</sup> Boston Spirit Magazine, 2010. "Follow the Great Lgbt Freedom Trail Online Tour Map." Guided Tour Map <http://www.bostonspiritmagazine.com/home/2010/4/16/follow-the-great-lgbt-freedom-trail.html> (accessed Apr 16).

<sup>75</sup> "Every Week Events," *Gay Community News*, Aug 2 1973. "Every Week Events."

April of 1970, the Homophile Union of Boston, the Boston Daughters of Bilitis, the Student Homophile League and the Gay Liberation Front rallied in Boston Common to commemorate the Stonewall Riots of 1969.<sup>76</sup>

An integral part of the growing local gay community was the *Gay Community News* newspaper housed just north of the Boston Common in one of Beacon Hill's many landmark buildings, the Charles Street Meetinghouse, a Unitarian Universalist church and community center that offered a number of programs and services for the neighborhood's gay community.<sup>77</sup> Founded in the summer of 1973, *Gay Community News* catapulted Boston onto the national gay liberation scene. Initially conceived as a mimeographed event listing to serve the Boston gay and lesbian community, by its second issue *Gay Community News* "broaden[ed] our emphasis [to] now include factual reporting on news of interest to the gay community."<sup>78</sup> In its new full fledged weekly newspaper format, the *Gay Community News* covered national gay news in addition to local events and stories. One time staff member Amy Hoffman described the paper's mission as "explicitly activist – we wanted to encourage readers to come out of the closet and become involved in the movement and also to provide a forum where ideas and actions could be proposed and debated."<sup>79</sup> Its political approach, serious content, and wide national distribution set *Gay Community News* apart from other gay publications of these years, and

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<sup>76</sup> Boston Spirit Magazine.

<sup>77</sup> "Every Week Events."; "Every Week Events."

<sup>78</sup> "Changes," *Gay Community News*, June 28 1973.

<sup>79</sup> Amy Hoffman, *An Army of Ex-Lovers : My Life at the Gay Community News*, (Amherst: University of Massachusetts Press, 2007), xiii.

concomitantly set Boston apart from other gay metropolitan centers. One reader explained that “Boston tried to have more of a literate gay community than necessarily New York did. And *Gay Community News* was for a while... *the* newspaper of record for what was going on in the gay and lesbian world.”<sup>80</sup> The newspaper’s office location just north of Boston Common helped anchor the growing gay ghetto that emerged during the decade.

While not within the gay enclave around Boston Common, Fenway Community Health Clinic was an important part of the emerging gay geography of the city. Despite the growing size and power of gays and lesbians in local politics and commerce, particularly in the areas surrounding Boston Common, the health services for gays and lesbians remained extremely limited throughout the 1970s.<sup>81</sup> While the Homophile Community Health Center, many feminist organizations, and a handful of private psychologists offered mental health services to a specifically gay and lesbian clientele, physical health services for gay men in particular remained limited to public clinics that were notorious for their rudeness to gay patients and expensive private doctors.<sup>82</sup> Thus,

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<sup>80</sup> Alberts, *Interview*.

<sup>81</sup> The extensive “services listing” in *Gay Community News* throughout the 1970s occasionally included gay health clinic information for a clinic in Vermont and another in Western Massachusetts, but these listing were very inconsistent. Additionally, mental health services, including rap sessions, were plentiful for both gays and lesbians in Boston, yet physical health services within the city, and generally in the region, were limited to those offered by the Fenway Clinic.

<sup>82</sup> “Every Week Events.”



Boston's gay and, later, lesbian communities relied heavily on the services of the Fenway Community Health Clinic.<sup>83</sup>

Despite the dearth of health services, the demand for gay and lesbian friendly health services from the Fenway was on the rise throughout the decade. As the ranks of the out and sexually active gay community grew, more people wanted and needed to be out in their doctor's offices as they were in other parts of their lives. The rates of nearly every known form of venereal disease grew exponentially among adults, both heterosexual and homosexual, ages 18-35 in the decade following the sexual revolution of the late 1960s.<sup>84</sup> In terms of health, the sexual revolution's emphasis on sexual exploration when coupled with gay liberation's call for celebration of gay sexuality made gay men particularly susceptible to a wide variety of sexually transmitted diseases, especially in light of the very primitive forms of safe sex practices for gays at the time.

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<sup>83</sup> Throughout the 1970s, lesbians were able to get many of their gynecological needs met by various women's health clinics and feminist services that peppered the city ranging from the Cambridge Women's Center and the Women's Education Center to the Boston Women's Health Book Collective. Women's Educational Center, "Women's Center Projects Past and Present," 1990, Women's Educational Center Papers, Northeastern University, 66/1, 2/14, M47, Folder 98, Boston; *ibid.* Amber Jamilla Musser, "From Our Body to Yourselves: The Boston Women's Health Book Collective and Changing Notions of Subjectivity, 1969-1973," *Women's Studies Quarterly* 35, no. 1/2 (2007); The Cambridge Women's Center Newsletter, September/October, "1980, Boston Women's Health Book Collective Collection, Box 94, Folder 5, Schlesinger Library, Radcliffe Institute, Harvard University, Boston; Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book by and for Women*, (New York: Simon and Schuster, 1973); Kathy Davis, *The Making of Our Bodies, Ourselves: How Feminism Travels across Borders*, (Durham, NC: Duke University Press, 2007).

<sup>84</sup> State Department of Public Health, "Venereal Disease Pamphlet," Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles; Denver Department of Health and Hospitals, "V.D. Facts -- Take One," 1976, flyer, Walter Lear Personal Collection, Philadelphia. Centers for Disease Control and Prevention, "Tracking the Hidden Epidemics: Trends in Stds in the United States 2000," ed. Department of Health and Human Services (2000). <http://www.cdc.gov/std/trends2000/Trends2000.pdf>.

However, the lack of gay friendly health services often meant that VD among gay men went undiagnosed due to either a patient's fear of disclosure or a doctor's failure to test for VD transmitted orally or anally.<sup>85</sup> From this vantage point, the gay health services offered by the Fenway unsurprisingly became both popular and important to Boston's gays in particular as is evidenced by the growth of the gay health collective.<sup>86</sup> For the gay community little doubt existed that the Fenway Clinic was in fact *their* clinic, "a gay institution" as one 1978 article in the *Gay Community News* described.<sup>87</sup>

Despite this increased need for gay-friendly health services, discussions of physical health rarely infiltrated local gay political discourse. While the gay community of Boston was very politically active in issues ranging from violence against gays and securing legal rights and protections for gays and lesbians to highlighting the needs of incarcerated gays and the injustices faced by gay military personnel, the Boston gay community did not include health or access to physical health services in their political agenda.<sup>88</sup> Beyond a handful of articles about medical research on sexually transmitted

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<sup>85</sup> Leon Speroff, "The Clinician and the Homosexual Patient," *Contemporary OB/GYN* 14, no. (1979); Daniel William, "Sexually Transmitted Diseases in Gay Men: An Insider's View," *Sexually Transmitted Diseases* 6, no. 4 (1979); Yehudi Felman and John Morrison, "Examining the Homosexual Male for Sexually Transmitted Diseases," *Journal of the American Medical Association* 238, no. 19 (1977); Tom Maurer, "Health Care and the Gay Community," *Postgraduate Medicine* 58, no. 1 (1975); Robin Marantz and Chris Coste Henig, "Eros in the Classroom: Sexuality Training for Physicians."; Randy Shilts, "The Neglect of Public Health Officials and Medical Professionals Has Helped Contribute to the Alarming Spread of Vd and Other Sexually Transmitted Diseases in the Gay Community," *The Advocate*, April 21, 1976.

<sup>86</sup> The Gay Health Collective grew to two nights per week starting in late 1976. "Every Week Events."

<sup>87</sup> Graczak, "Investigation of Disease."

diseases among gay men in the later years of the decade, the *Gay Community News* limited their coverage of health issues to women's health or discussions of the political relationship between the gay community and the psychiatric and psychological communities.<sup>89</sup> Not until the end of 1980 did the newspaper begin to include a column specifically on gay health issues, and even then, it only "occasionally appear[ed]."<sup>90</sup> This scarcity of local news coverage suggests that physical and sexual health did not factor greatly in Boston gay identity, making Boston fairly unique in the period. In short, physical health was an issue dealt with on an individual basis among Boston gays rather than becoming part of the larger political discourse around gay liberation. Thus even as the Fenway Clinic's gay health services flourished and expanded to meet the growing demand of Boston gays with few other health care options, having access to physical health services was not an issue politicized by Boston gays.

While to individual gays in need of gay-friendly physical health care the Fenway was *the* gay clinic, from the perspective of the Fenway Clinic, the gay health services they offered were only a relatively small part of their many services catering to numerous different communities. While gay health services had been included in the clinic's offerings from the start, there was no confusion among clinic founders, volunteers, and

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<sup>88</sup> I base this claim on the articles published throughout the decade in both *Gay Community News* and the other major gay newspaper of the period *The Fag Rag* which had more artistic focus including poetry, photography, and the like alongside news articles on local political issues.

<sup>89</sup> Graczak, "Investigation of Disease." "22,000 Psychiatrists Vote on Homosexuality," *Gay Community News*, Feb 16 1974. Xenia Williams, "Taking Control of Our Bodies," *Gay Community News*, Apr 19 1975.

<sup>90</sup> Ron Vachon and Robert Taylor, "The Implications of Hepatitis," *Gay Community News*, Dec 6 1980.

staff that the clinic was a neighborhood clinic, not a gay one. This distinction informed not only the diverse services of the clinic, but the experiences of the gays and lesbians who worked there. Sally Deane remembered that in preparation for her interview for the executive director position at the Fenway in late 1979, “friends had advised me not to share with the search committee of the Board that I was gay, even though several members of the Board were gay... These people were on the board because they cared about the services but not because they were gay political activists.”<sup>91</sup> In fact, those who had insisted upon the inclusion of gay health services at the clinic’s founding were often not out to one another or the Fenway Clinic community. As David Scondras explained, “it was sort of an unspoken thing. No one ever got up and said ‘hey, I’m gay.’”<sup>92</sup> Those volunteers that maintained the gay health collective were more likely to be out and politically active in the gay community, as in the case of Ron Vachon, yet their work within the clinic was focused on the politics of health care rather than gay liberation.<sup>93</sup> Clearly their work in providing gay health services was at some level an outgrowth of gay liberation in that gay liberation allowed for the clinic to publicize its services in gay newspapers, attract out gay doctors and medical professionals to volunteer their time, and of course, serve patients that benefited from, if not identified with, gay liberation. However, few of the staff and volunteers at the Fenway saw themselves as gay liberation activists even as the larger gay community saw the Fenway Clinic as providing vital services for the burgeoning gay community.

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<sup>91</sup> Deane, *Interview*.

<sup>92</sup> Scondras, *Interview*.

<sup>93</sup> Alberts, *Interview*.

The larger Boston gay community's apparent apathy over gay physical health as a political issue, combined with the Fenway Clinic's indifference to gay liberation politics, made the recommendation of the strategic planning process to become a clinic focused predominantly on gay and lesbian health unexpected. However, when framed within the larger community health and political context of the city, the advice had validity. As the 1970s progressed, coalitions between movements and diverse groups gave way to identity-based services.<sup>94</sup> Just as Boston's gay community flourished and became more insular and concentrated in the area around the Boston Common over the decade, other groups also began to separate themselves both physically and politically with feminists rallying in Cambridge and blacks in Roxbury. As these groups created their own organizations, including those with health services, community clinics like the Fenway saw their services become increasingly redundant.<sup>95</sup> In short, the abundance of identity-based services forced the struggling Fenway to specialize its services as well. As the Fenway strategic planning process sought out ways to ensure the clinic's sustainability, its services to the gay community emerged as its strongest option for growth for two reasons. First, the gay community was growing quickly and steadily in this identity-based political atmosphere. Second, the Fenway Clinic was the only area clinic to offer gay-friendly physical health services and the number of gay clients coming to the gay health

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<sup>94</sup> See Schulman, *The Seventies*; Berkowitz, *Something Happened*; Slocum-Schaffer, *America in the Seventies*; Sam Binkley, *Getting Loose : Lifestyle Consumption in the 1970s*, (Durham: Duke University Press, 2007); Frum, *How We Got Here*; Killen, *1973 Nervous Breakdown*.

<sup>95</sup> "The Cambridge Women's Center Newsletter, September/October. "

night grew consistently throughout the second half of the 1970s.<sup>96</sup> In this way, the expansion of identity-based politics and identity-based services both forced the Fenway to abandon its broad service offerings and simultaneously created a community with little access to identity-specific services.

Even as this reasoning was convincing, the recommendation to become a predominantly gay and lesbian clinic raised concerns for the Board. Some, Deane among them, saw the proposed change as necessary, not because of an allegiance to the gay community or to gay liberation politics, but rather in the hope of ensuring the clinic's survival.<sup>97</sup> Yet, before accepting the decision, other Board members raised a number of questions, again revealing some of the divisions within the Fenway Clinic community that resulted from the recent changes. While the changes at the Fenway in the wake of the IRS back taxes and loan from Deaconess Hospital had upended many of the founding ideals, policies, and structures of the Fenway, it still remained a community health clinic that served the diverse Fenway neighborhood residents. Many of the Board members feared that becoming a gay and lesbian focused clinic would mean abandoning this last remaining aspect of the original clinic and potentially alienating existing heterosexual clients. There was also great concern about creating tension with the neighborhood the clinic had been so influential in building, especially as the gay clientele of the Fenway were much more white and middle class than many of the neighborhood residents. One

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<sup>96</sup> The incidence of highly resistant strains of VD grew steadily in the waning years of the decade resulting in new clients and more visits from some existing clients. While at the time, doctors were unsure of the spike in these cases, we now know they were the early stages of what would become the AIDS crisis. Alberts, *Interview*.

<sup>97</sup> Deane, *Interview*.

*Gay Community News* piece highlighted the whiteness of Fenway's gay clients when it asked, "the gay night at Fenway Health Center... where are the black faggots and lesbians, the Hispanics and other minorities?"<sup>98</sup> Beyond concern for the neighbors, critical Board members were also concerned for the clinic and for themselves. Over the 1970s, many of Boston's gay organizations had been the target of violence and vandalism ranging from a fire at the Other Side bar to repeated break-ins at the *Gay Community News* offices.<sup>99</sup> Combined with the regular acts of violence against gays in the nearby Fens Park, the fears of violence and vandalism against a gay-identified clinic were legitimate.<sup>100</sup> Some individual Board members also had worries over being personally affiliated with an explicitly gay organization, "a lot of people on the Board had corporate jobs and things and were just not fully out."<sup>101</sup> Taking these concerns into account, the Board adopted the recommendation to focus its services on the gay and lesbian communities in the summer of 1980 and attempted to ameliorate these worries when possible.<sup>102</sup> In an effort to avoid tension with existing clients or the larger Fenway neighborhood, the Board insisted that services be given to anyone who came to the clinic, regardless of their sexuality, and that the clinic attempt to reach out to gay minorities.<sup>103</sup>

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<sup>98</sup> Reeves, "Boston's Boring Whiteness."

<sup>99</sup> "Violence against Gays Continues in Boston," *Gay Community News*, Oct 7 1978.

<sup>100</sup> "Fenway Mugging," *Gay Community News*, July 12 1973; "Boston Man Paralyzed in Shooting," *Gay Community News*, Oct 28 1978.

<sup>101</sup> Deane, *Interview*.

<sup>102</sup> Ibid. Fenway Community Health Center, *Opening New Doors...*

<sup>103</sup> Tobin and Brophy, *Interview*.

Ultimately, the Board's commitment to the clinic's growth and sustainability, rather than to gay liberation, drove its decision to focus on gay health services. Given the highly identity-charged health and political atmosphere in Boston, gay health was the Fenway's best hope for remaining open and relevant. Scondras explained that "the real need in the market was for women and gay men."<sup>104</sup> Gay liberation contributed to the decision in that Boston's gay community was thriving as a result of gay liberation. However, even as the Fenway Community Health Clinic would, over the next three decades, become one of the largest and most influential gay health institutions nationally, gay liberation politics and activism did not play a central role in the clinic's decision to serve a predominantly gay clientele.

### **Conclusion**

As for so many individuals of the period, the 1970s witnessed Fenway Community Health Clinic's slow coming out process. While the clinic did not emerge as an officially gay clinic until 1980, at which point it focused its services and outreach almost exclusively on the gay community, the decade leading up to this reveals much about gay health activism during the period following the Stonewall Riots of 1969. First and foremost, the Fenway suggests that in the emergence of gay health services in Boston, the Stonewall Riots and the gay liberation politics they have come to symbolize were not primary forces. Rather, in Boston, the state, the free health care movement, and the New Left ideals of community activists drove the development and growth of gay health services throughout the 1970s. These findings do not up-end the many histories of

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<sup>104</sup> Scondras, *Interview*.



other gay and lesbian service organizations rising out of gay liberation activism, but provide an opportunity to explore in greater depth the other factors that contributed to the emergence of many of those institutions.

If gay liberation was a secondary force in the adoption of a gay emphasis at the Fenway Community Health Clinic, the state, the health care crisis, and the changing social politics of the period were the primary actors. The state played a driving and multi-dimensional force in the creation and ultimate ascendancy of gay health services at the Fenway. Vacillating between financial benefactor, ideological foil, and homogenizing regulator, the state was in many ways responsible for the creation and evolution of gay health services at the Fenway. When placed within the larger political context surrounding sexuality and the state during the 1970s and early 1980s, the role of the state in creating what quickly became one of the most important gay health institutions during the early AIDS crisis is both paradoxical and clearly unintended.<sup>105</sup> Equally important to the growth of gay health services at the Fenway in the 1970s was the national healthcare crisis and the resulting programs, policies, and political responses. These larger debates and programs were central to the Fenway's founding as many of its volunteers came from the free clinic movement and its funding from federal, state, and city grants along with Medicare and Medicaid payments. The final driving factor in the evolution of gay health services at the Fenway was the changing social politics of the 1970s. New Left ideals shaped every aspect of the clinic's founding and existence throughout much of the 1970s

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<sup>105</sup> On the relationship between the state and sexuality see Johnson, *The Lavender Scare*; Margot Canaday, *The Straight State : Sexuality and Citizenship in Twentieth-Century America*, (Princeton, N.J.: Princeton University Press, 2009); Jennifer Brier, *Infectious Ideas : U.S. Political Responses to the Aids Crisis*, (Chapel Hill: University of North Carolina Press, 2009).

while the separatism emblematic of the decade informed the clinic's ultimate decision to become a gay institution. Thus, upon closer examination, the history of the Fenway Clinic supports a declension narrative in both national and gay liberation politics despite the emergence of an important gay institution.

From this perspective, the Fenway Community Health Clinic suggests that gay health activism in Boston in the 1970s didn't exist in the way that it appears in other cities during this period. Rather than being one particular form of activism among gay health workers or health-minded gay liberationists, gay health activism in Boston appeared at the intersection of three influential factors - gay liberation, the national health crisis, and political activism.

## CHAPTER IV

### OPPRESSION, SICKNESS, AND RADICAL IDENTITY: THE LOS ANGELES BEGINNING

In the late 1960s and early 1970s, West Coast radicals from numerous movements were fighting for their lives. Black nationalists, feminists, American Indians and Chicano/a activists were among those who organized around the belief that the white, heterosexual male dominated society and the state were literally killing off their communities. While an incident of police brutality sparked the 1965 Watts Uprising in south central Los Angeles, long traditions of political oppression, deplorable housing conditions, chronic unemployment, and increasingly insufficient social services also fueled the six-day rebellion.<sup>1</sup> In the wake of the uprising, black activism sought to address the many issues that threatened black survival, ranging from the overt threats posed by police violence to the more insidious forms of institutional oppression like the absence of health care, nutritious foods, and basic social services.<sup>2</sup> Feminists in this

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<sup>1</sup> Governor's Commission on the Los Angeles Riots, *Violence in the City -- an End or a Beginning?* (Los Angeles: The Commission, 1965). Also noteworthy is that the Commission found that the lack of a nearby hospital and health services (the nearest emergency room was 10 miles away at the University of Southern California) also contributed to the unrest in the community. On Watts Riots see, Gerald Horne, *Fire This Time: The Watts Uprising and the 1960s*, (Charlottesville: University Press of Virginia, 1995); Christopher B. Strain, *Pure Fire : Self-Defense as Activism in the Civil Rights Era*, (Athens: University of Georgia Press, 2005).

<sup>2</sup> David Hilliard, ed. *The Black Panther Party: Service to the People Programs*, (Albuquerque: University of New Mexico Press, 2008), 75. On Black Panther Party see Kathleen Cleaver and George Katsiaficas, eds., *Liberation, Imagination, and the Black Panther Party: A New Look at the Panthers and Their Legacy*, (New York: Routledge, 2001); Peniel E. Joseph, *The Black Power Movement : Rethinking the Civil Rights-Black Power Era*, (New York: Routledge, 2006). The research of Alonda Nelson explores in depth the way that the Black Panther Party used health services as both a practical solution to community problems as well as a political tool. See Alonda Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination*, (Minneapolis: University of Minnesota Press, 2011).

period also couched their battles over reproductive rights within the context of survival with white women pointing to the health risks of illegal abortion practices and women of color equating forced and uninformed sterilizations with racial genocide.<sup>3</sup> The American Indian Movement mobilized around the state's historic attack on their people. Facing the extinction (or assimilation) of their tribes and cultures, activists demanded tribal sovereignty, called for reforms of the Indian Health Service, and reclaimed lands, most famously with the occupation of Alcatraz Island in San Francisco in 1969.<sup>4</sup> Chicano activists organized around the issues of immigrant rights, safety, worker's rights, and access to social services in movements ranging from the United Farm Workers Union to the Brown Berets.<sup>5</sup> These activists fought not only for more political rights and power. They also fought for personal protection, community spaces, and social services necessary to avoid their extinction. Community survival made health, education, and

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<sup>3</sup> On the fight for abortion rights see, Sandra Morgen, *Into Our Own Hands : The Women's Health Movement in the United States, 1969-1990*, (New Brunswick, N.J.: Rutgers University Press, 2002); Linda Gordon, *The Moral Property of Women : A History of Birth Control Politics in America*, (Urbana and Chicago: University of Illinois Press, 2002). On the politics of race and survival in reproductive rights activism among women of color see Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*, (New York: New York University Press, 2003).

<sup>4</sup> Alvin M. Josephy Jr., Joane Nagel, and Troy Johnson, eds., *Red Power: The American Indians' Fight for Freedom*, (Lincoln: University of Nebraska Press, 1999); Troy Johnson, Joane Nagel, and Duane Champagne, eds., *American Indian Activism: Alcatraz to the Longest Walk*, (Chicago: University of Illinois Press, 1997); Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," *American Indian Quarterly* 24, no. 3 (2000); *ibid*; Abraham Bergman and others, "A Political History of the Indian Health Service," *Millbank Quarterly* 77, no. 4 (1999); *ibid*.

<sup>5</sup> Laura Pulido, *Black, Brown, Yellow, and Left : Radical Activism in Los Angeles*, (Berkeley: University of California Press, 2006), 116. Randy Shaw, *Beyond the Fields : Cesar Chavez, the Ufw, and the Struggle for Justice in the 21st Century*, (Berkeley: University of California Press, 2008).

safety barometers of oppression. Consequently, health became a powerful organizing tool and a central part of the political identities of each of these movements. In short, these movements defined health broadly and then equated it with their political liberation.

The politics of survival in these movements on the West Coast greatly informed gay and lesbian identity in the 1970s in Los Angeles. The concept of “oppression sickness” drove many of the services that came to epitomize gay liberation activism in the city during this period. Oppression Sickness encompassed issues like job loss, violence, depression, substance abuse, isolation, homelessness, medical malpractice, and self-destructive behaviors that stemmed from societal homophobia. The Oppression Sickness concept pushed beyond the rigid boundaries of a medical understanding of health and illness, blurring the lines between medical issues and political ones. While the term Oppression Sickness was unique to gay activists in Los Angeles, the concept of conflating health with political liberation was borrowed from these other radical movements of the period. From the perspective of politicized health, homophobia, patriarchy, racism and white ethno-centrism were all symptoms of the same sickness that infected people through oppression.

This chapter situates the politicization of health on the part of Los Angeles gays and lesbians within the broader context of health and survival organizing in many radical movements. While gay and lesbian activists in Los Angeles rarely collaborated directly with their counterparts in the Black Power, Chicano/a, or feminist movements, they all circulated similar ideologies of community “sickness” as proof of oppression. By linking oppression to the literal death of the community, whether through police brutality, botched abortion, forced sterilization, exploitation, or suicide, activists from these

movements brought urgency and righteousness to their work. In this chapter, I explore how the politics of Black Power and other nationalist movements informed gay liberation activism, a correlation that has gone largely unexplored.<sup>6</sup> Furthermore, the emphasis on health and survival shared by gay liberation and feminism in Los Angeles at this time illuminates a new political dimension to the relationship between these two movements. Historians have examined the links between feminism and gay liberation from a variety of angles, with some focusing on their collaborations, others on their disagreements, and more still using them collectively to illustrate the radicalism of the period.<sup>7</sup> This chapter will build upon these works, arguing that a shared emphasis on health fueled both the alliances and arguments that characterized the relationship between gay liberation and feminism in Los Angeles in the 1970s. From this vantage point, the politics of health and

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<sup>6</sup> The little history pertaining to the relationship between the Black Panthers and gay liberation focuses on its turbulence. The groups were drawn together on the basis of shared oppression but the overt homophobia of many Black Panther and Black Nationalist activists made the alliance unstable. Elizabeth A. Armstrong, *Forging Gay Identities : Organizing Sexuality in San Francisco, 1950-1994*, (Chicago: University of Chicago Press, 2002), 87. Timothy Stewart-Winter, "Raids, Rights, and Rainbow Coalitions: Sexuality and Race in Chicago Politics, 1950-2000" (University of Chicago, 2009), 102, 194; Jeffrey Ogbonna Green Ogbar, *Black Power : Radical Politics and African American Identity*, (Baltimore: Johns Hopkins University Press, 2004).

<sup>7</sup> On their collaborations see Marc Stein, *City of Sisterly and Brotherly Loves : Lesbian and Gay Philadelphia, 1945-1972*, (Philadelphia: Temple University Press, 2004); Stephanie Gilmore and Elizabeth Kaminski, "A Part and Apart: Lesbian and Straight Feminist Activists Negotiate Identity in a Second-Wave Organization," *Journal of the History of Sexuality* 16, no. 1 (2007); Laurel A. Clark, "Beyond the Gay/Straight Split: Socialist Feminists in Baltimore," *NWSA Journal* 19, no. 2 (2007). On their differences see Lillian Faderman and Stuart Timmons, *Gay L.A. : A History of Sexual Outlaws, Power Politics, and Lipstick Lesbians*, (New York: Basic Books, 2006); Anne Enke, "Smuggling Sex through the Gates: Race, Sexuality, and the Politics of Space in Second Wave Feminism," *American Quarterly* 55, no. 1 (2003). As illustrations of radicalism see Peter N. Carroll, *It Seemed Like Nothing Happened : America in the 1970s*, (New Brunswick [N.J.]: Rutgers University Press, 2000); Bruce Schulman, *The Seventies: The Great Shift in American Culture, Society, and Politics*, (New York: Free Press, 2001).

survival is an unexamined force that not only brought these movements together, but also put them at odds with one another.

After linking gay and lesbian activism to these other radical movements through health, the chapter then explores how gays and lesbians employed their politicized understanding of health. Even as gays and lesbians shared a view of health as inseparably tied to political liberation, they often made these arguments from separate movements. White gay men framed health within a larger gay liberation political context, focusing primarily on gay identity and sexuality with much less concern for gender and race. Meanwhile, lesbian understandings of health were molded not only by concerns for sexual freedom but also by the critique of patriarchy and gender inequity central to the feminist movement. This chapter places gay and lesbian health activism in Los Angeles within this larger context of two distinct political movements that at times had overlapping goals and agendas. In this way, the politics of health and survival offers a lens through which to examine the emergence of identity-based politics in Los Angeles and the role it played in gay and lesbian activism.

Health activism born directly out of gay liberation and the women's liberation movement allowed a broad definition of health to permeate Los Angeles gay and lesbian political mobilization. Unlike their counterparts in Boston, Los Angeles gay and lesbian activists used their mental and physical health needs as a way to mobilize their communities and hone their political critiques of a homophobic society. Boston activists used health activism to a much different end, namely, to fight urban renewal efforts (a tactic also borrowed from the local Black Panther activists). By framing health as an indicator of oppression like the Black Panthers of the West Coast and linking it directly

to liberation like the feminist movement, Los Angeles gays and lesbians made health a central part of their political identity. The social awareness of health issues among gays and lesbians and the evolution of health services shed light on the important role health played in both gay and lesbian identity in the city prior to AIDS. While much of the historiography of AIDS focuses upon the gay community placing health at the center of their services, politics, and identity after the epidemic's arrival, this chapter will argue that health as a central part of gay and lesbian identity pre-dated AIDS by a decade.<sup>8</sup> The political framework used by early AIDS activists, particularly in groups like ACT-UP, that equated the government's slow AIDS response to gay genocide were echoes of arguments employed not only by gay activists in the 1970s but also by activists from many other radical movements of the 1960s and 1970s in Los Angeles.<sup>9</sup>

### **Survival and Health in Los Angeles**

By 1970, gay and lesbian political activism in Los Angeles had a relatively long, rich, and often sexually divided history. During World War II, the boom of military and manufacturing jobs in Los Angeles brought large numbers of single men and women to the city. The money, leisure time, single-sex work environments, and freedom from family supervision that these jobs offered allowed some men and women to explore their

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<sup>8</sup> Eric E. Rofes, *Dry Bones Breathe : Gay Men Creating Post-Aids Identities and Cultures*, (New York: Haworth Press, 1998); Armstrong, *Forging Gay Identities*; Jonathan Engel, *The Epidemic : (a Global History of Aids)*, (New York: Smithsonian Books/Collins, 2006); Cindy Patton, *Inventing Aids*, (New York: Routledge, 1990).

<sup>9</sup> On early AIDS political activism see Deborah B. Gould, *Moving Politics : Emotion and Act Up's Fight against Aids*, (Chicago: The University of Chicago Press, 2009).



sexuality and develop clandestine homosexual communities.<sup>10</sup> In the years immediately following the war, the city's movie industry and vibrant radical political communities fostered both social and political systems for gay men and lesbians.<sup>11</sup> As a result, Los Angeles became a central hub of the modern gay and lesbian political movement in the post-war period. Many of the first newsletters and organizations started in Los Angeles and eventually blossomed into a small but important national network of gay and lesbian organizations in the 1950s and 1960s.<sup>12</sup> In 1947, Lisa Ben wrote and mimeographed copies of the first lesbian magazine *Vice Versa* from her secretary's desk at a movie studio in Hollywood.<sup>13</sup> In November 1950, longtime radical political activist Harry Hay hosted a number of meetings in his home out of which the first gay political organization, the Mattachine Society, grew.<sup>14</sup> A similar organization specifically for lesbians, the

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<sup>10</sup> Allan Bérubé, *Coming out under Fire : The History of Gay Men and Women in World War Two*, (New York: Free Press, 1990); John D'Emilio, *Sexual Politics, Sexual Communities : The Making of a Homosexual Minority in the United States, 1940-1970*, (Chicago: University of Chicago Press, 1998), 23-40. John D'Emilio, "Capitalism and Gay Identity," (1982).

<sup>11</sup> On the role of the movie industry in the creation of Los Angeles' gay community see, Faderman and Timmons, *Gay L.A.*, 144-147, 227-228. On the role of communism and other radical political groups see D'Emilio, *Sexual Politics, Sexual Communities*, 57-75.

<sup>12</sup> On the history of early gay activism in Los Angeles and its role in the later gay political discourse, see D'Emilio, *Sexual Politics, Sexual Communities*; Faderman and Timmons, *Gay L.A.*; Moira Rachel Kenney, *Mapping Gay L.A.: The Intersection of Place and Politics*, (Philadelphia: Temple University Press, 2001); C. Todd White, *Pre-Gay L.A. : A Social History of the Movement for Homosexual Rights*, (Urbana: University of Illinois Press, 2009).

<sup>13</sup> Rodger Streitmatter, *Unspeakable: The Rise of Gay and Lesbian Press in America*, (Boston: Faber and Faber, 1995).

<sup>14</sup> John D'Emilio, *Sexual Politics, Sexual Communities : The Making of a Homosexual Minority in the United States, 1940-1970*, (Chicago: University of Chicago Press, 1998), 63-74.

Daughters of Bilitis, also had a well-established chapter in Los Angeles by 1958.<sup>15</sup> Through these early political organizations and newsletters, gays and lesbians (or homophiles as they called themselves) formed social communities as well as communication networks and political agendas. Much of the political action during the 1950s and 1960s focused, with very limited success, on obtaining job security and freedom from police harassment.<sup>16</sup> Due to a hostile political climate informed by the Cold War and McCarthyism, the political arguments of these early gay and lesbian activists generally hinged upon the idea that homosexuals posed no threat to mainstream society. Homosexuals could assimilate into mainstream culture, they believed and argued. Later activists critiqued the politics of their predecessors as too timid and conservative, but the early publications and organizations laid the groundwork for a vibrant and multi-dimensional gay and lesbian rights movement in Los Angeles in the following decades.

By the second half of the 1960s, gay and lesbian activism in Los Angeles and other cities took a much more militant approach. On New Year's Eve of 1966, police violently raided a popular gay bar called the Black Cat in the Silverlake neighborhood on the city's Northside. In response to the brutal beatings and numerous arrests made that night, gay activists organized a protest. On February 11, 1967, over 200 hundred gay men and lesbians took to the streets at a large intersection in front of the Black Cat.<sup>17</sup> While

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<sup>15</sup> Marcia Gallo, *Different Daughters: A History of the Daughters of Bilitis and the Rise of the Lesbian Rights Movement*, (Emeryville: Seal Press, 2007).

<sup>16</sup> D'Emilio, *Sexual Politics, Sexual Communities*; Gallo, *Different Daughters*; David K. Johnson, *The Lavender Scare : The Cold War Persecution of Gays and Lesbians in the Federal Government*, (Chicago: University of Chicago Press, 2004).

<sup>17</sup> Belinda Baldwin, "L.A., 1/1/67: The Black Cat Riots," *Gay and Lesbian Review Worldwide* 13, no. 2 (2006).

historians often do not give much attention to the protest, the action pre-dates the famous Stonewall Riots in New York by more than 2 years and marked a shift for gay political activism from acquiescence to confrontation.<sup>18</sup> The protest also sparked the creation of new, more outspoken and defiant organizations in Los Angeles that cemented the city's role as a hub of gay activism in later decades. In the immediate aftermath of the Black Cat Tavern raid, activists founded Personal Rights in Defense and Education (PRIDE). They initially published a newsletter to recount PRIDE meetings and local gay news. Within a few months, the newsletter became a local gay newspaper, *The Los Angeles Advocate*, and it evolved again within the year into the nationally distributed *The Advocate*. While the organization floundered and ceased to exist within a few years, *The Advocate*, "a hard-hitting newspaper whose contents evinced an aggressive pride in being gay," became central in gay political activism throughout the remainder of the twentieth century.<sup>19</sup> Another major and markedly more liberationist gay institution that grew

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<sup>18</sup> While the Black Cat protest pre-dates the Stonewall Riots of 1969, it is roughly six months after the Compton Cafeteria Riots in San Francisco in which a largely transgender population picketed and protested their discrimination as well as police harassment. On the portrayal of Stonewall as a pivotal turning point in gay and lesbian history see David Carter, *Stonewall : The Riots That Sparked the Gay Revolution*, (New York: St. Martin's Press, 2004); Martin B. Duberman, *Stonewall*, (New York, N.Y., U.S.A.: Dutton, 1993); Stewart-Winter, "Raids, Rights, and Rainbow Coalitions." On gay and lesbian social and political activism in the period before Stonewall Nan Nan Alamilla Boyd, *Wide-Open Town : A History of Queer San Francisco to 1965*, (Berkeley: University of California Press, 2003); John Howard, *Carryin' on in the Lesbian and Gay South*, (New York: New York University Press, 1997); Brett Beemyn, *Creating a Place for Ourselves : Lesbian, Gay, and Bisexual Community Histories*, (New York: Routledge, 1997); George Chauncey, *Gay New York : Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940*, (New York: Basic Books, 1994); Elizabeth Kennedy and Madeline Davis, *Boots of Leather, Slippers of Gold*, (New York: Penguin Books, 1994); Stein, *City of Sisterly and Brotherly Loves*.

directly out of the Black Cat Tavern protest was the Metropolitan Community Church (MCC). Started by Rev. Troy Perry in 1968, the church challenged the religious persecution of gays and lesbians and instead provided them a religious home.<sup>20</sup> In the years leading up to the Stonewall Riots, gay and lesbian communities in Los Angeles were well on their way to creating new institutions to fight against political oppression more aggressively.

Groups like Gay Liberation Front and Lesbian Feminists, founded in 1969 and 1970 respectively, both championed and personified these new and much more militant gay and lesbian politics in the early 1970s in Los Angeles. Gay liberation placed the blame for homosexual oppression on society rather than on homosexuals themselves. Thus, instead of organizing around the similarities gays and lesbians had with straight society, the tactics of gay liberation in the late 1960s and early 1970s focused upon the ways in which gays and lesbians were different than heterosexual society and then criticized existing social norms for their exclusion. The protests of the Mattachine Society of the 1950 and 1960s in which protesters wore gender appropriate business attire and mounted well choreographed pickets for specific rights gave way to gays and lesbians dressed in gender-neutral Hippie-inspired clothes and protests that incorporated

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<sup>19</sup> D'Emilio, *Sexual Politics, Sexual Communities*, 227. On the evolution of *The Advocate* and the gay press see Streitmatter, *Unspeakable: The Rise of Gay and Lesbian Press in America*; Mark Thompson, *Long Road to Freedom : The Advocate History of the Gay and Lesbian Movement*, (New York: St. Martin's Press, 1994).

<sup>20</sup> Troy D. Perry and Thomas L. P. Swicegood, *Don't Be Afraid Anymore : The Story of Reverend Troy Perry and the Metropolitan Community Churches*, (New York: St. Martin's Press, 1990); Troy Perry, *The Lord Is My Shepard and He Knows I'm Gay*, (New York: Bantam Books, 1973); Melissa M. Wilcox, "Of Markets and Missions: The Early History of the Universal Fellowship of Metropolitan Community Churches," *Religions and American Culture: A Journal of Interpretation* 11, no. 1 (2001).

spontaneously created slogans and actions in their critique of homophobic society.<sup>21</sup> Gay liberation activism centered upon self-affirmation and challenging homophobic society in very direct and public ways such as “gay-ins” and “kiss-ins.”<sup>22</sup> With these new forms of protest, gays and lesbians hoped not just to gain social acceptance and political rights, but to spark a social and political revolution resulting in a society that celebrated gays and lesbians.<sup>23</sup>

The emergence of more militant gay and lesbian politics is emblematic of the growing radicalism of the late 1960s. The New Left, galvanized by the Civil Rights Movement and the Vietnam War, reached its height in the waning years of the 1960s. In fact, many of the people who founded Los Angeles gay and lesbian organizations during this period and in the years immediately following had participated in the anti-war,

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<sup>21</sup> Illustrating the extent of the change toward greater militancy and the development of gay pride, the North American Conference of Homophile Organizations officially adopted the slogan “Gay is Good” at its annual meeting in 1968. The slogan was proposed by long-time Washington, D.C. based homophile activist Frank Kameny and modeled after the “Black is Beautiful” slogan of the Black Power movement’s Stokely Carmichael. Stewart-Winter, “Raids, Rights, and Rainbow Coalitions.”

<sup>22</sup> Faderman and Timmons, *Gay L.A.*, 173.

<sup>23</sup> Often times, gay liberation groups, including those in Los Angeles at the time, formed political coalitions with other radical political groups calling for social, political, and economic revolution. For more on gay liberation activism in the United States see, Terence Kissack, “Freaking Fag Revolutionaries: New York’s Gay Liberation Front, 1969-1971,” *Radical History Review* 62, no. 44-57 (1995); Stewart-Winter, “Raids, Rights, and Rainbow Coalitions.”; Susan Stryker and Jim Van Buskirk, *Gay by the Bay : A History of Queer Culture in the San Francisco Bay Area*, (San Francisco,: Chronicle Books, 1996). In Los Angeles specifically see, Kenney, *Mapping Gay L.A.*; Faderman and Timmons, *Gay L.A.*; White, *Pre-Gay L.A.*

student, and other New Left movements.<sup>24</sup> But the growth of a more aggressive political stance on the part of gay men and lesbians in Los Angeles also coincided with the rise of identity politics both among factions of the New Left and among newly formed nationalist movements. In the late 1960s and throughout the 1970s, identity-based, radical politics shaped the Los Angeles social and political landscape.<sup>25</sup>

Central to the rise of radical and identity-based politics in Los Angeles during the late 1960s and 1970s were the Watts Uprising of 1965. The Watts Uprising started on August 11, 1965 as a traffic stop of a black man by an overly aggressive white policeman escalated into a six day rebellion that left thirty-four dead, nearly four thousand arrested, and \$40 million in damaged property.<sup>26</sup> Also in the riots wake was a radicalized and

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<sup>24</sup> Suzanne Gage, *Interview by Author*, (November 2, 2007); Donald Kilhefner, *Interview by Author*, (October 31, 2007); Mina Meyer, *Telephone Interview by Author*, (December 11, 2007); Sharon Raphael, *Telephone Interview by Author*, (December 11, 2007); Susan Robinson, *Interview by Author*, (August 1, 2007).

<sup>25</sup> On the various racial and ethnic divisions in Los Angeles and how they informed the 1970s political geography see William Francis Deverell and Greg Hise, *A Companion to Los Angeles*, (Chichester, West Sussex, U.K. ; Malden, MA: Wiley-Blackwell); Lawrence Culver, *The Frontier of Leisure : Southern California and the Shaping of Modern America*, (Oxford ; New York: Oxford University Press); Norman M. Klein, *The History of Forgetting : Los Angeles and the Erasure of Memory*, (London ; New York: Verso, 2008); Norman M. Klein and Martin J. Schiesl, *20th Century Los Angeles : Power, Promotion, and Social Conflict*, (Claremont, Calif.: Regina Books, 1990); Scott Kurashige, *The Shifting Grounds of Race : Black and Japanese Americans in the Making of Multiethnic Los Angeles*, (Princeton, N.J. ; Woodstock: Princeton University Press, 2008); Josh Sides, *L.A. City Limits : African American Los Angeles from the Great Depression to the Present*, (Berkeley: University of California Press, 2003); Mark Wild, *Street Meeting : Multiethnic Neighborhoods in Early Twentieth-Century Los Angeles*, (Berkeley: University of California Press, 2005). On the rise of the Los Angeles feminist movement see Mary Pardo, "Creating Community: Mexican American Women in Eastside Los Angeles," in *Community Activism and Feminist Politics: Organizing across Race, Class, and Gender*, (New York: Routledge, 1998); Jo Reger, *Different Wavelengths : Studies of the Contemporary Women's Movement*, (New York: Routledge, 2005).

<sup>26</sup> Joseph, *The Black Power Movement*; Horne, *Fire This Time*; Strain, *Pure Fire*.

politicized black community. Many prominent Black Panthers traced their political roots to their experiences in the riot, as their neighborhood endured a military occupation and their neighbors rose up in revolt. Los Angeles Black Panther Party leader Alprentice “Bunchy” Carter frequently credited the Watts Uprising with ending the violence between different black gangs in Watts and paving the way for the Black Panther Party.<sup>27</sup> The violence and magnitude of the Watts Uprising fueled the growth of the Black Panther Party the following year, and also served as political proof of the Panthers’ argument that the state viewed the black community as a threat and an enemy. Both the memory of the Watts Riot and the increasingly disproportionate toll of the Vietnam War on working class people and people of color gave weight to the emerging Black Nationalist movement’s claims of the state’s slow genocide of the black community and helped it mobilize around the concept of revolution as necessary for survival.<sup>28</sup> Black Panther leader Bobby Seale famously said, “A people who have suffered so much for so long at hands of a racist society must draw the line somewhere. . . . the black communities of America must rise up as one man to halt the progression of a trend that leads inevitably to their total destruction.”<sup>29</sup>

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<sup>27</sup> Horne, *Fire This Time*, 197. Steven R. Cureton, "Something Wicked This Way Comes," *Journal of Black Studies* 40, no. 2 (2008); Alex Alonso, "Out of the Void: Street Gangs in Black Los Angeles," in *Black Los Angeles: American Dreams and Racial Realities*, (New York: New York University Press, 2010).

<sup>28</sup> Huey P. Newton and others, *The Black Panther Leaders Speak : Huey P. Newton, Bobby Seale, Eldridge Cleaver and Company Speak out through the Black Panther Party's Official Newspaper*, (Metuchen, N.J.: Scarecrow Press, 1976), 22, 44, 71, 111-113. Nelson, *Body and Soul*.

<sup>29</sup> Philip Sheldon Foner, *The Black Panthers Speak*, (New York: Da Capo Press, 1995), 27.

The rebellion itself pitted a black community against a predominantly white police force, but the aftermath of the uprising had consequences that extended far beyond this binary as the resulting political radicalism rippled throughout many of Los Angeles' minority groups.<sup>30</sup> In the late 1960s, Los Angeles was one of the most racially diverse and also racially segregated cities in the United States with large black, Chicano/a, Asian American, American Indian, and white populations, each relegated to its own, though often bordering, neighborhoods within the sprawling urban geography.<sup>31</sup> As the Black Nationalist movement grew in Los Angeles in the years immediately following the Watts Riot, so too did similar organizing efforts among other minority groups, each employing the politics of survival to further the issues specific to their own communities.<sup>32</sup> In many cities, including Los Angeles, the Black Panther Party created a network of services

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<sup>30</sup> There is debate in the fields of history and ethnic studies over the centrality of black political mobilization in the subsequent mobilization of other minority groups. See Yuri Kochiyama, "The Impact of Malcolm X on Asian American Politics and Activism," in *Blacks, Latinos, and Asians in Urban America: Status and Prospects for Politics and Activism*, (Westport, CT: Praeger, 1994). However, particularly in the case of Los Angeles, I agree with Laura Pulido's argument in her study of the Third World Left in Los Angeles *Black, Brown, Yellow, and Left* that, "although it is important to stress the individuality of each movement, ... there is no denying that non-Black people of color were greatly inspired by, and in some cases emulated, Black Power." However, I would also add that the influence of Black Power extends into the largely white gay and lesbian movement in the city. Pulido, *Black, Brown, Yellow, and Left*, 60.

<sup>31</sup> On race, class and gender geography and politics in Los Angeles see Sikivu Hutchinson, *Imagining Transit : Race, Gender, and Transportation Politics in Los Angeles*, (New York: Peter Lang, 2003).

<sup>32</sup> Of course, Watts is not solely responsible for radical organizing in the black community or for organizing in any other communities of color during this period. The civil rights movement, the largely white New Left movement, the Vietnam War, and growth of ethnic studies departments at many local universities all also contributed to a growing political awareness and radicalism among these communities. Pulido, *Black, Brown, Yellow, and Left*, 59-84.



ranging from education and health to job training and personal protection during the late 1960s and designed to foster the physical, economic, and cultural survival of the black community. The Chicano/a community also organized around the concept of survival during this period. The Brown Berets, founded in 1967 by David Sanchez, sought to curb police brutality and increase access to quality education, employing much of the political rhetoric used by the Black Panther Party to equate threats to personal safety with extinction.<sup>33</sup> El Centro de Acción Social y Autónomo/The Center for Autonomous Social Action (CASA), founded in 1972, also employed the politics of survival when calling for immigrant workers' rights, linking the political repercussions of immigration policies and exploitation of workers to health and community survival.<sup>34</sup> Each of these groups, mostly working separately from one another, organized around the issues their minority communities faced in Los Angeles and employed new forms of activism to address them. Together they provided a vibrant, radical political environment with prominent themes of survival and health, which would help shape increasingly radical gay and lesbian activism and identity in the late 1960s and 1970s.

The radical feminist movement, which in Los Angeles also strongly emphasized health and survival, also contributed to the politically radical atmosphere that informed gay and lesbian activism and identity in the late 1960s and early 1970s. Debate exists among scholars from many fields about exactly when the second wave of feminism

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<sup>33</sup> Ibid., 116.

<sup>34</sup> For more on the workers rights movement among Chicano/a workers see Shaw, *Beyond the Fields*; Miriam Pawal, *The Union of the Their Dreams: Power, Hope, and Struggle in Cesar Chavez's Farm Workers Movement*, (New York: Bloomsbury Press, 2009).

began and whether the wave analogy is appropriate for the historical study of feminism in the United States. However, historians agree that by the end of the 1960s, the women's movement, like activism among leftist movements, had a strong and growing radical faction.<sup>35</sup> Radical feminists challenged much of the existing women's movement by focusing on the larger institution of patriarchy and the resultant sexual politics rather than on specific issues affecting women. This systemic analysis of oppression, much as it had in the Black Nationalist movement, opened the doors to a critique of society at large and

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<sup>35</sup>Many historians point to the publication of Betty Friedan's *The Feminine Mystique* in 1963 and the founding of the National Organization for Women in 1966 as the start of the second wave of feminism in the United States. See Anne Enke, "Smuggling Sex through the Gates: Race, Sexuality, and the Politics of Space in Second Wave Feminism," *American Quarterly* 55, no. 4 (2003); Sara Evans, "Re-Viewing the Second Wave," *Feminist Studies* 28, no. 2 (2002); Stephanie Gilmore, *Feminist Coalitions : Historical Perspectives on Second-Wave Feminism in the United States*, (Urbana: University of Illinois Press, 2008); Reger, *Different Wavelengths*. However, a growing body of work questions this timeline suggesting that feminism took different forms, but was still an important force in American political and social discourse before Friedan's work. See Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America*, (Chicago: University of Illinois Press, 2002); Cynthia Ellen Harrison, *On Account of Sex : The Politics of Women's Issues, 1945-1968*, (Berkeley: University of California Press, 1988); Nancy A. Naples, *Grassroots Warriors : Activist Mothering, Community Work, and the War on Poverty*, (New York: Routledge, 1998). In fact, many now argue against the notion of three distinct "waves of feminism" and suggest instead that historians broaden their definition of feminist activism, see Dorothy Sue Cobble, *The Other Women's Movement : Workplace Justice and Social Rights in Modern America*, (Princeton, N.J.: Princeton University Press, 2004); Nancy A. Hewitt, *No Permanent Waves : Recasting Histories of U.S. Feminism*, (New Brunswick, N.J.: Rutgers University Press, 2010); Kathleen A. Laughlin and Jacqueline L. Castledine, *Breaking the Wave : Women, Their Organizations and Feminism, 1945-1985*, (New York, NY: Routledge, 2010). On radical feminism see Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975*, (Minneapolis: University of Minnesota, 1989); Estelle B. Freedman, *Feminism, Sexuality, and Politics : Essays*, (Chapel Hill: University of North Carolina Press, 2006); Estelle B. Freedman, *No Turning Back : The History of Feminism and the Future of Women*, (New York: Ballantine Books, 2002); Ruth Rosen, *The World Split Open : How the Modern Women's Movement Changed America*, (New York: Viking, 2000).

would define the political agenda of the women's movement over the course of the 1970s.

Radical feminists often evoked language of survival in discussing their oppression.<sup>36</sup> Illustrating the life-and-death rhetoric employed, a position paper written by the organizers of a women's health clinic in Los Angeles declared in 1974:

"We are aware of the historical and contemporary degradation, misinformation, economic exploitation, maltreatment, violation, and annihilation of women by the male-dominated medical professions... We REJECT the passivity and helplessness required of the role of patient as we reject the myth that doctors are omniscient and omnipotent... We SUPPORT information gathering, critical analysis, and individual and group confrontation regarding medical practices, theories, assumptions, and research."<sup>37</sup>

The survival of women took on a very literal meaning when both white women and women of color brought a radical feminist critique to women's medical care. Women's political oppression had many health repercussions that were often compounded by a woman's race and class. Women of color organized around the inaccessibility of regular preventative care, the abuse of sterilization, and forced long-term hospitalization.<sup>38</sup>

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<sup>36</sup> See Shulamith Firestone, *The Dialectic of Sex; the Case for Feminist Revolution*, (New York: Morrow, 1970); Kate Millet, *Sexual Politics*, (New York: Doubleday, 1970); Jill Johnston, *Lesbian Nation: The Feminist Solution*, (New York: Simon and Schuster, 1973).

<sup>37</sup> Womanstrength: A Position Paper for a Special Woman's Clinic," ", Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>38</sup> On this see, Nelson, *Women of Color and the Reproductive Rights Movement*; Jennifer Nelson, "'Hold Your Head up and Stick out Your Chin': Community Health and Women's Health in Mound Bayou, Mississippi," *NWSA Journal* 17, no. 1 (2005); Lawrence, "The Indian Health Service and the Sterilization of Native American Women."; Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, (Philadelphia: University of Pennsylvania Press, 1995); Evelyn C. White, *The Black Women's Health Book : Speaking for Ourselves*, (Seattle, Wash.: Seal, 1994).

However, the issue of access to safe abortions and contraception also politicized thousands of middle-class white women during the period.<sup>39</sup> Within the feminist spaces created by the larger women's movement and the political discourse encouraged by radical feminism, women became increasingly aware and critical of the ways in which mainstream medicine reinforced a patriarchal, racist, and often misogynistic society. In addition to the call for specific services, women shed light on the systemic ways in which mainstream medicine reinforced patriarchy by criticizing the limited number of female medical school graduates, medical school curriculum, and medical research that maintained or contributed to women's oppression.<sup>40</sup>

Beyond critiquing the existing medical system, feminists also created new methods of care that welcomed women and encouraged their participation in their own healthcare.<sup>41</sup> At the fore of the feminist women's health movement in Los

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<sup>39</sup> Leslie J. Reagan, *When Abortion Was a Crime : Women, Medicine, and Law in the United States, 1867-1973*, (Berkeley: University of California Press, 1997); Morgen, *Into Our Own Hands*; Gordon, *The Moral Property of Women*; Nancy Ehrenreich, *The Reproductive Rights Reader*, (New York: New York University Press, 2008).

<sup>40</sup> The field of obstetrics and gynecology often garnered the harshest criticism, "rather than replace men with women and maintain the specialty, I propose we disband the specialty altogether and return the care of women to midwives and internists trained in primary care." Helen Marieskind, "Restructuring Ob-Gyn," *Social Policy* September/October, no. (1975)., 48. For more examples of critiques of mainstream medicine see Helen Mariesking and Barbara Ehrenreich, "Toward Socialist Medicine: The Women's Health Movement," *Social Policy* September/October, no. (1975); Barbara Seaman, "Pelvic Autonomy: Four Proposals," *Social Policy* September/October, no. (1975); Mary Howell, "A Women's Health School," *Social Policy* September/October, no. (1975); Barbara Rowland and Lawrence Schneiderman, "Women in Alternative Health Care: Their Influence on Traditional Medicine," *Journal of the American Medical Association* 241, no. 7 (1979); Barbara Kaiser and Irwin Kaiser, "The Challenge of the Women's Movement to American Gynecology," *American Journal of Obstetrics and Gynecology* 120, no. 5 (1974).

Angeles at the dawn of the 1970s was the emerging self-help movement. Growing directly out of the fight for access to safe and legalized abortions, the self-help movement centered around “just tak[ing] back the technology, the tools, the skills and the information to perform early abortions and be in charge of our own reproduction.”<sup>42</sup> Initiated as a discussion on April 7, 1971 among area National Organization for Women members about access to abortion, the self-help movement in Los Angeles quickly blossomed within weeks into the Los Angeles Feminist Women’s Health Center as women pooled their resources and knowledge to offer women a health care alternative. The center offered a wide range of services including gynecological services, self-help trainings, and rap groups. “Menstrual extraction” and self-exam were at both the procedural and political core of the Los Angeles self-help movement, which molded the burgeoning national movement

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<sup>41</sup> This new feminist health movement took many forms ranging from the JANE collective in Chicago, which organized and provided underground abortion services in the year before *Roe v. Wade* to the Boston Women’s Health Book Collective to the New York City-based Redstockings. On these see Laura Kaplan, *The Story of Jane : The Legendary Underground Feminist Abortion Service*, (Chicago: University of Chicago Press, 1997); Amber Jamilla Musser, "From Our Body to Yourselves: The Boston Women's Health Book Collective and Changing Notions of Subjectivity, 1969-1973," *Women's Studies Quarterly* 35, no. 1/2 (2007); Kathy Davis, *The Making of Our Bodies, Ourselves : How Feminism Travels across Borders*, (Durham, NC: Duke University Press, 2007).

<sup>42</sup> Lorraine Rothman interview from the California State University Long Beach VOAHA collections. <http://www.csulb.edu/projects/voaha/summary/page303.html>. While the self-help movement would ultimately transform the way mainstream medicine, particularly the gynecological and obstetrics fields, and women interacted with one another, many have been careful to point out that, “it was one thing for prosperous young white women to dispense with physicians and another thing entirely for poor women who had never had access to basic medical care to do so.” From this perspective, the whiteness of the self-help movement becomes clear. Gordon, *The Moral Property of Women*, 325.

through traveling educational seminars on these newly invented methods.<sup>43</sup> During “mentrual extraction” a woman’s menstrual material would be suctioned out using thin plastic tubing and in the case of an early pregnancy would constitute a non-professional abortion.<sup>44</sup> The self-exam allowed any woman with a mirror and a speculum to examine her own cervix, demystify her own body, and empower herself by embracing that which many feminists argued was at the core of being a woman. By placing women in control of their own health care, bodies, and reproduction, both of these procedures sought to improve women’s health while also furthering their political liberation from the patriarchy of mainstream medicine.

The work of the self-help movement, and the Los Angeles Feminist Women’s Health Center specifically, added another dimension to the political discourse of health and survival that existed in Los Angeles in the late 1960s and early 1970s. One area feminist newspaper commented on the infusion of health and radical feminist politics claiming, “the [Los Angeles Feminist Women’s Health] center’s activities and

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<sup>43</sup> The workshops on self-help consisted of providing demonstrations of self-examination and instructing women on how to perform mentrual extraction. They were held at community colleges, universities, local chapter meetings for the National Organization for Women, and even in living rooms and funded by the groups to whom the workshops were given. As a result of these workshops, the procedures and politics of self-help reached women in hundreds of locations ranging from rural Illinois to New Zealand. As a result of these workshops and a training program offered at the Los Angeles Feminist Women’s Health Center, Feminist Women’s Health Centers also opened in a number of cities throughout the country. What Has Led Us to the Formation of the Federation?," "1975, Health Care Clinics and Centers Collection, Mazer Archives, Los Angeles; Shelley Farber of the Detroit Women's Health Center to Potential Federation Members, 29 July," "1975, Health Care Clinics and Centers, Mazer Archives, Los Angeles; Position Paper on Oakland Feminist Women's Health Center, 28 June," "1976, Feminist Economic Network Drawer, Feminist Women's Health Center Letters-1976 Folder, Mazer Archives, Los Angeles.

<sup>44</sup> Gage, *Interview*; Morgen, *Into Our Own Hands*, 22-23.

learning experiences foment sisterhood, that powerful feeling of collective experience, training, knowledge and support. This is consciousness-raising of the first degree. It is revolutionary...and it is more than mere rhetoric and dreams because it is being done.”<sup>45</sup> Certainly, the self-sufficiency offered by the self-help movement was as much a nod to the power of women as it was a repudiation of the threats to women’s health posed by mainstream medicine and patriarchal society at large. By encouraging women to provide their own health care and abortions, the self-help movement empowered women and also offered them a means of survival in the face of other abortion options that were often much more dangerous and expensive.

Even as the main medical focus of self-help was on abortion and birth control issues, the politics of the movement resonated with many lesbians, who often found themselves facing ignorance and homophobia as well as misogyny in their doctors’ offices. One lesbian newspaper article put it best:

All women suffer from the oppression of gynecological care in this society, but lesbians carry an extra burden when seeking routine GYN care. The standard male gynecologist usually delivers an uncomfortable exam with an uncomfortable atmosphere to go along with it... Clinics are funded by... agencies with family planning the priority, and so tend to discourage [anything] other than birth control service. As a result, it is difficult to find a medical environment where lesbian women feel free to ask questions pertinent to lesbian health care and sexuality.<sup>46</sup>

The ability to control and facilitate their own medical care in an environment that supported women was appealing to many lesbians, even if most of the services were intended for heterosexual women. The draw of the politics and women-centered atmosphere for lesbians was evidenced by the fact that “fifty per cent of the staff at

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<sup>45</sup> Yolanda, "Women's Self-Help and Health Care," *Portcullis*, January 1972.

<sup>46</sup> "Lesbian Health Care: Or Sperm Is a Vaginal Irritant," *Sister* 1977.

any given point in time were lesbians and bisexual women. It was a really high percentage of lesbian and bisexual women.”<sup>47</sup> In fact one lesbian who volunteered at the Los Angeles Feminist Women’s Health Center explained in an interview, “It was with the women at the Feminist Women’s Health Center that we really started to develop a politic around lesbian health care and lesbian health activism.”<sup>48</sup> As a result, lesbians involved in self-help brought the politics of health and survival from the feminist self-help movement to the larger discussions of lesbian politics and identity that occurred in Los Angeles during this period.

### **Gay Survival and Oppression Sickness**

The political discourse of health and survival that informed and defined the Black Power movement, the Chicano/a movement, and factions of the feminist movement also shaped gay activism and identity during the early 1970s. Each of these movements often worked independently of one another (and in fact, saw themselves at odds with one another as in the case of the hyper-masculine Black Panthers and the feminists) and defined health in slightly different ways to better suit their specific political aims. However, their influence on the political use of health in gay and lesbian activism in the 1970s can be easily traced through individuals who literally brought ideas and politics from other movements to gay and lesbian activism.

One of the strongest individual links between the politics of health and survival in the Black Power movement and gay activism in Los Angeles at the dawn

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<sup>47</sup> Gage, *Interview*.

<sup>48</sup> *Ibid.*



of the 1970s was a young, white, graduate student who had strong ties to both the civil rights and Black Power movements. When Don Kilhefner arrived in Los Angeles in 1969 it was the last in a series of moves that had spanned much of the decade and taken him around the world. As one of the first volunteers for President Kennedy's newly minted Peace Corps program, Kilhefner served in northern Ethiopia from 1962-1965 teaching History in a school and helping build other social services for the local community. His work there sparked a deep and life-long interest in African history that, upon the end of his Peace Corps tour, led him to enroll in the graduate program of the History department at Howard University in Washington, D.C. In Ethiopia, Kilhefner also became friends with a number of political activists in the African National Congress that would push his politics further to the left.<sup>49</sup> While pursuing his Master's in African history in Washington, D.C. in the mid-late 1960s Kilhefner found himself at the center of many of the political battles that epitomized the era. As one of the few white students at the historically all black Howard University and with his personal connections to the Black freedom struggles taking place in Africa, Kilhefner gained a perspective on the turbulent civil rights movement, up-and-coming Black Nationalism, and the escalating anti-war movement that few of his contemporaries within the mostly white New Left had. It ultimately had a very radicalizing effect on him. He witnessed and participated in many protests of the Vietnam War and engaged in debates and activism around racial inequality that loomed large on campus, in the city, and internationally. Explaining the importance of this period in his own political formation, Kilhefner recalled that "my

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<sup>49</sup> Kilhefner, *Interview*.

consciousness was changing so that I was becoming more aware about power politics... in a way that I never had been before.”<sup>50</sup> Thus, as Kilhefner moved to Los Angeles upon the completion of his Master’s degree at Howard University to pursue his doctorate at the University of California, Los Angeles and quickly became involved in gay activism there, he brought a political perspective shaped by the anti-war and civil rights movements as well as Black Power.

Kilhefner immersed himself in the growing gay radical culture of Los Angeles. Initially sparked by the Black Cat Riots of 1967 and propelled further by the New York City Stonewall Riots of 1969, the Los Angeles gay geography was growing constantly both in the number of organizations and businesses for gays and lesbians as well as in their commitment to radical politics. Joining the newly founded Los Angeles chapter of Gay Liberation Front (GLF), Kilhefner quickly inserted himself in the band of gay activists building upon the city’s pre-existing homophile groups and the earliest liberationist organizations like *The Advocate* and the Metropolitan Community Church.<sup>51</sup> Among those Kilhefner met at GLF meetings was long time gay and anti-war activist Morris Kight. Kight founded the Los Angeles GLF after a long career of political activism, most recently as the founder of the DOW Action Committee, a group dedicated to stopping the production and use of napalm in the Vietnam War but also including work with the Bureau of Indian Affairs.<sup>52</sup> At fifty years of age and years of gay and peace

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<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

<sup>52</sup> DOW was the chemical company that manufactured Napalm. Faderman and Timmons, *Gay L.A.*, 172.

activism experience, Morris was a mentor to Kilhefner, and the gay community at large, offering support and friendship while concomitantly blazing a radical trail in Los Angeles by founding new gay and anti-war organizations throughout the 1960s and 1970s.

In November of 1969, the recently formed Los Angeles GLF sublet a small office at one of the major intersections at the Silverlake neighborhood's western border, not far from the Black Cat Tavern. The neighborhood was best known for its role as the city's first heart of the film industry complete with studios and beautiful Victorian mansions that had played host to many of Los Angeles' early film industry moguls. Its early relationship to the film industry fostered a diverse population in the neighborhood with a sizeable artist community, gay population, and Communist contingent.<sup>53</sup> By the 1960s the film industry had long left the neighborhood for other areas in the city, leaving the area's signature mansions mostly to artists, hippies, students and immigrants under whose care many fell into disrepair.<sup>54</sup> The area's long-standing bohemian communities took advantage of the subsequent affordable rents to open leftist political headquarters, activist offices, communal living spaces, and artist studios. The Los Angeles GLF filled a space that had most recently served as area headquarters for the Peace and Freedom Party in the local political elections, for which a GLF activist had volunteered.<sup>55</sup> The office not only served as a drop in center and meeting place for gay liberationists, but also, in the smaller of its two rooms, housed a gay helpline. As the Los Angeles GLF was, in late 1969 and

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<sup>53</sup> For more on the history of Silverlake and Echo Park, see Daniel Hurewitz, *Bohemian Los Angeles and the Making of Modern Politics*, (Berkeley: University of California Press, 2007).

<sup>54</sup> Kenney, *Mapping Gay L.A.*

<sup>55</sup> Kilhefner, *Interview*.

early 1970, one of only a handful of telephone listings in the country with the word ‘gay’ in its name, the phone line became a lifeline of sorts for gay people across the country.

Through the conversations on that single phone in the small Silverlake office, Kilhefner found that the politics of survival and health that he had been exposed to in the civil rights and Black Power movements in the Peace Corps and at Howard University applied to the gay community as well. In an interview, he remembered that the motivation for “we early gay liberationists” was what drove “the feminist movement, the black liberation movement, the anti-war movement, the zeitgeist of the period. We were interested in social change” because so many of gay liberationists were also veterans of these other movements.<sup>56</sup> On most nights, Kilhefner sat in his sleeping bag in the small back room with the phone receiver pressed against his ear. He later recalled, “Starting around 11 o’clock, 11:30 the calls would come in from [the east coast] and just roll across the country by time zone so that by about two or three o’clock in the morning I was putting down the phone and getting some sleep. I listened for a year, 13 months, to these calls. ‘I have an alcohol problem, I have a drug problem, I lost my job because I’m gay’ ... from A to Z, there they were, every night.”<sup>57</sup> With every call, Kilhefner saw the relationship between the oppression of gay people and their “sickness” grow stronger, as the oppression of gay people resulted in the community being physically, mentally, financially, and politically unhealthy. In this regard, the result of oppression faced by gay people was similar to the oppression of poor black communities in which Black Power had taken root.

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<sup>56</sup> Ibid.

<sup>57</sup> Ibid.

In response to this growing list of gay issues Kilhefner formed, along with Kight, John Platania, a gay anti-war and union activist and a handful of other GLF members who lived in Kilhefner's housing co-op, the Gay Survival Committee. Platania, later recorded his thoughts on the extent to which the issue of survival permeated the gay community at the time:

along with all the excitement, the activity, and celebration, we also began to see, see deeply, the kind of real human need that was in our community: the starvation, literally, the homelessness, the drugs, the alcohol, the disease. You know the plague is not new, it is not a stranger to the gay community. We have been dying for years of sexually transmitted diseases! For years and years before AIDS! We were dying of alcoholism and Hepatitis before that... There were no services; that's the point.<sup>58</sup>

Within the meetings of the Gay Survival Committee, Kilhefner, Kight, and Platania first theorized about the oppression of the gay community and then brainstormed effective ways in which to liberate gays and lesbians.<sup>59</sup> Each man brought a political perspective that complemented the others and provided a broad theoretical and political base upon which they sought to build future gay activism. Black Power and civil rights political frameworks came to the discussion via Kilhefner. Meanwhile Kight contributed his political perspective shaped by what he called "underground" gay liberation activism dating back to 1967.<sup>60</sup> Platania's experiences as a registered conscientious objector to the

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<sup>58</sup> John Platania, "John Platania's Recorded Impressions of the Gay Community Services Center," 1991, Morris Kight Papers, 1975-1993, Los Angeles

<sup>59</sup> Kilhefner, *Interview*; Gay Survival Committee, "Matching Activities to Needs of the Oppressed Paper," Morris Kight Collection, Collection 354 Box 243 Folder 1, Young Research Library, University of California, Los Angeles.

<sup>60</sup> Morris Kight, "Memorandum Regarding His Leaving the Center as a Worker," Morris Kight Collection, Collection 354 Box 250 Folder 1, Young Research Library, University of California, Los Angeles.

Vietnam War and veteran activist of the United Farm Workers Union informed his understanding of gay oppression and his vision for future gay survival.<sup>61</sup> The political themes of health and survival factored heavily in each of these other movements from which the Committee members gained their political education. Thus as they discussed the many problems literally plaguing the gay community, the concepts of health and survival and sickness remained ever-present.

The Gay Survival Committee coined an umbrella term, “Oppression Sickness,” to better understand how the needs of the gay community were rooted in its oppression and to explore the ways in which homophobia literally infected gay people.<sup>62</sup> Oppression Sickness encompassed physical, mental, financial, and political issues and ailments common in the gay community evidenced by the Gay Helpline callers. From this perspective, fighting and curing Oppression Sickness would demand more than political lobbying and protest. Rather, as had been the case in fighting the health repercussions of oppression among blacks, Chicano/as, workers, women, and American Indians, the gay community would have to mobilize on many fronts, provide numerous services, and address the larger systemic and societal problems contributing to their oppression. Having identified and defined Oppression Sickness, the three men then began brainstorming specifically how to cure it.

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<sup>61</sup> Faderman and Timmons, *Gay L.A.*, 172.

<sup>62</sup> Kilhefner, *Interview*.

### **Creating Gay and Lesbian Health Services in Los Angeles**

In the early 1970s, Los Angeles gays and lesbians both incorporated health and survival politics into their increasingly radical activism and emerging political identities. Yet, even with homosexuality as a shared source of oppression and a similar view of the relationship between health and political liberation, gay and lesbian activists initially worked, for all intents and purposes, separately from one another. The segregation between the sexes at the start of the 1970s was not a new phenomenon. Rather, the vast majority of services, organizations, and publications that had placed Los Angeles at the heart of homosexual political activity in the decades immediately following World War II were single-sexed with occasional inter-group collaboration. The few instances in which men and women attempted to work together within organizations often resulted in greater turmoil and division between the sexes.

The Los Angeles chapter of GLF had initially had a small though active female membership that quickly found themselves excluded from many big decisions often made during impromptu meetings held at Kilhefner's all-male housing co-op.<sup>63</sup> Their feelings of exclusion were often compounded by the seemingly little thought or sensitivity on the part of GLF men for women's issues or how decisions would impact women differently. In their study of gay and lesbian history in Los Angeles, Lillian Faderman and Stuart Timmons argue that "the coup de grâce to lesbian participation in GLF came with the men's decision that GLF would form a coalition with the Black Panthers... the Panthers (quintessentially macho with their values of muscle and power) now seemed to have

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<sup>63</sup> Raphael, *Interview*.

more significance for male GLFers than any issue raised by their GLF lesbian sisters.”<sup>64</sup>

Here again, the Black Panthers emerge as important contributors to gay and lesbian politics, identity, and dynamics in Los Angeles. On one hand, the politics of survival and health that gays and lesbians borrowed and adapted from the Black Panthers and other groups of the period united gays and lesbians. Yet, becoming politically affiliated with the Panther Party, rather than just borrowing their political tactics, forced a wedge between gays and lesbians. Frustrated with their exclusion and perceived second-class membership in GLF, the women left the organization in 1970 to “find our own identity and our own causes as gay women.”<sup>65</sup>

Lesbians in Los Angeles had a variety of organizations in which to find a more supportive political home than what they had experienced in GLF. There was a strong lesbian presence at a number of feminist organizations that dotted the city, many even with lesbian specific services. As one lesbian activist from the period recalled in an interview, “there was no lack of places...there were lots and lots of organizations. They all had political arms and they all had social arms. They all had dances. Each one had its own people. You might go to several.”<sup>66</sup> Los Angeles played host to one of the largest chapters of the National Organization for Women in the country, which in 1970 elected as its president Toni Carabillo whose lesbianism was an open secret among chapter members. During her tenure, the chapter took on the most pro-lesbian stance of any

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<sup>64</sup> Faderman and Timmons, *Gay L.A.*, 182.

<sup>65</sup> Michele Ross, "Women's Gay Lib Center," *Los Angeles Free Press*, Oct 23 1970.

<sup>66</sup> Meyer, *Interview*.



NOW chapter in the country.<sup>67</sup> However, many of the lesbians of GLF found NOW's largely middle class and politically liberal membership too far out of line with their own radical politics. The storefront center started by the Daughters of Bilitis in December of 1970 and offering referral services, rap sessions, and space for social gatherings was also unpalatably tame for the radical former-GLF women, even though the Daughters of Bilitis focused specifically on lesbian issues rather than feminist. Many opted for the Los Angeles Women's Center on Crenshaw that had opened in 1969 and placed radical feminism at its political core. There, lesbianism became a political "solution" for the oppression many heterosexual women faced in straight society and heterosexual relationships. Many women formerly of the GLF found the far left politics and the celebration of lesbianism at the Los Angeles Women's Center more in line with their own politics.<sup>68</sup> Starting in 1971, the newly renamed Lesbian Feminists (formerly the Gay Women's Liberation group) called the Women's Center home as 40-50 lesbians would crowd into a small room every Tuesday night for consciousness-raising groups.<sup>69</sup> However, some lesbians left feminist spaces, including the Women's Center, in search of places and organizations to claim as their own.

In December of 1970, Del Whan, who had already garnered a reputation as a leader among gay liberation and leftist activists in Los Angeles through her work with

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<sup>67</sup> Faderman and Timmons, *Gay L.A.*, 183-184. For more on lesbianism and NOW see Gilmore and Kaminski, "A Part and Apart."

<sup>68</sup> Gage, *Interview*, 171-173; Meyer, *Interview*; Raphael, *Interview*; Faderman and Timmons, *Gay L.A.*

<sup>69</sup> Yolanda Retter, "On the Side of Angels: Lesbian Activism in Los Angeles, 1970-1990" (The University of New Mexico, 1999), 93-94.

both GLF and the Women's Center, opened the nation's first social service center specifically for lesbians, the Gay Women's Service Center.<sup>70</sup> The Gay Women's Service Center made the largely poor immigrant and working class Echo Park neighborhood to the north of downtown Los Angeles home. The neighborhood was well known for its racial diversity, dating back decades, including working class whites, Mexican immigrants, African Americans, and Japanese Americans.<sup>71</sup> With affordable housing, inexpensive storefronts, and a central location, many service agencies and political organizations, including the Los Angeles Women's Center, flourished in Echo Park in the 1970s. The Gay Women's Service Center consisted of a storefront that had two big rooms separated by a curtain and a bathroom.

The programs, services, and even furniture of the Gay Women's Service Center illustrated the influence of the politics of health and survival that shaped so many Los Angeles radical movements of the period. While Del Whan and other lesbians of the Center shunned the sexism of both the Black Panthers and the GLF and the heterosexual focus of feminist organizations, they took the politics of survival and health in each of these movements and customized them for the needs of lesbians. Because of their sexuality lesbians often faced physical violence, emotional ostracism and shame, difficulty in finding and keeping employment, and incarceration in both prisons and mental institutions. Thus, many of the services of the Gay Women's Service Center addressed these very basic needs of lesbians. To protect lesbians from the threats of violence, harassment, or imprisonment the Center had "one double bed and a couple of

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<sup>70</sup> Ibid., 89-91.

<sup>71</sup> Hurewitz, *Bohemian Los Angeles*.

sofas and we had a lot of chairs and we had a rug on the floor and we felt that it was better to sleep safely on our floor than it was to sleep in the park or to be walking the streets... We gave out keys to the door to as many people who needed a place to stay.”<sup>72</sup> Mina Meyer, who along with her partner Sharon Raphael became co-president of the Gay Women’s Service Center after Whan moved away in 1971, recalled that “we always made sure that there was some food there. We had a refrigerator and there was a pay phone on the wall.”<sup>73</sup> However, the Center was much more than a safe house or “crash pad” which were common in Los Angeles among various radical political groups. The women of the Center also “sprang people out of mental institutions and we sprang people out of jail,” meaning they posted bail for women when they could scrounge together money from the community. These acts of vigilante justice were meant as both a political statement against imprisoning women for their sexuality or for the crimes they were forced to commit in the absence of other options due to their oppression as well as an effort to protect lesbian inmates from sexual and physical harassment.<sup>74</sup>

The Gay Women’s Service Center also offered nightly programs ranging from lesbian dances to rap groups and potluck dinners to self defense classes.<sup>75</sup> These activities were mainstays of many community centers started by activists in a variety of

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<sup>72</sup> Meyer, *Interview*.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid.

<sup>75</sup> Raphael, *Interview*.

movements of the period.<sup>76</sup> However, each service and social event also fell within the larger framework of politicizing the health and survival of the lesbian community. By providing lesbians' with support and various tools to fight their oppression, the Gay Women's Service Center was creating a better chance for physical, mental, and social health for the larger lesbian community. Within the everyday workings and organization structure, that sense of community was central as "everyone in the group had to do their part" in cleaning and maintaining the space.<sup>77</sup> While Whan, and then Meyer and Raphael, were the leaders at the Gay Women's Service Center, most decisions were made by consensus, reflecting the distrust of authority and hierarchy many of the women had. The rent also came from the lesbians of the Center which had a core group of twenty to thirty women but often drew crowds of sixty or more. Meyer remembered, "the rent was I think \$90/month and that we covered by passing the hat and basically Sharon [Raphael] would make up the difference, which usually wasn't a lot."<sup>78</sup> Thus whether by creating a strong and supportive community of lesbians or through more direct services like providing shelter and food, the offerings of the Gay Women's Service Center reflected an overarching concern for the physical, mental, and political health and survival of the lesbian community.

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<sup>76</sup> Similar programs were offered at the Los Angeles Women's Center, the forth-coming Los Angeles Gay Community Services Center, even the Daughters of Bilitis Center. The Black Panthers also offered a similarly wide range of services. Retter, "On the Side of Angels." Hilliard, ed.

<sup>77</sup> Raphael, *Interview*.

<sup>78</sup> Meyer, *Interview*.

As Whan founded the Gay Women's Service Center to address the broadly defined health and survival issues threatening the lesbian community, the men of the Gay Survival Committee ruminated upon their concept of Oppression Sickness and how to "cure" it. Because Oppression Sickness included nearly every outgrowth of oppression the gay community encountered, members of the Gay Survival Committee thought that the creation of a large social service organization that provided services for all of these issues and above all built a strong gay community was the best and most logical response. The imagined center would have programs attacking oppression sickness in every form possible: legal services to gay service members who had been dishonorably discharged because of their sexuality, pen pals for incarcerated gays who faced violence and injustice within prisons, employment training and placement for gays who were fired or fled their oppression in school, numerous discussion and rap groups on coming out and raising political awareness, dances, temporary housing, substance abuse services, and a medical clinic to name only a few.<sup>79</sup> With the help of John Platania, who at the time was a grant writer for a local non-profit agency, by the spring of 1971 the countless discussions of "Oppression Sickness" culminated in a proposal of more than 30 pages, outlining needed services, management hierarchies, organizational charts, and a preliminary budget for a gay community services center.<sup>80</sup>

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<sup>79</sup> Los Angeles Gay Community Services Center, "Weekly Calendar of Events at the Gay Community Services Center," 1973, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.

<sup>80</sup> Los Angeles Gay Community Services Center, "The Center Purpose, Objectives, and Facilities," 1971, The Gay and Lesbian Community Services Center Subject File, One Archives, Los Angeles; Los Angeles Gay Community Services Center, "Articles of Incorporation of the Gay Community Services Center," 1971, Morris Kight Collection,

A center of this size and magnitude, as described in their proposal, would require access to public funding and political support. Consequently, the proposed structure of the organization sought to strike a delicate balance between gaining support from the state and remaining true to their own radical politics. The resulting proposed organizational structure included an executive director, board members, and department managers as the Gay Survival Committee opted for convention within their new center instead of embracing their more radical personal political beliefs. As Kilhefner recalled:

We wanted [the Center] to look like nothing [funders or government officials] could challenge. We were the revolutionaries. We were the radicals. We were the people quoting Ché and Mao. They did not expect that from us. We made a conscious decision that this would not be a consensus group. It would not be run like the Gay Liberation Front where every month we elected a different leader and decisions were made by consensus. This was an organization with hierarchy, with defined positions, just like... the Red Cross.<sup>81</sup>

This traditional organizational structure did, in many ways, clash with the political beliefs and practices of many of the contemporary gay and lesbian groups in Los Angeles. With its origins in GLF, the gay community center proposed by the Gay Survival Committee came directly out of a political movement and activism that not only questioned heterosexual society but regularly incorporated rhetoric of political and social revolution designed to create a defiant and celebratory gay community.<sup>82</sup> As one handout disseminated in the gay community proclaimed, Gay Community Services Center “is

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Collection 354 Box 4 Folder 2, Young Research Library, University of California, Los Angeles.

<sup>81</sup> Kilhefner, *Interview*.

<sup>82</sup> On radical gay activism and gay liberation in Los Angeles during this period see Kenney, *Mapping Gay L.A.*; Faderman and Timmons, *Gay L.A.*; Retter, "On the Side of Angels."

making it possible for heretofore largely powerless people to mobilize the power necessary to change our own lives, and, growing out of this, the larger society in which we live.”<sup>83</sup> Certainly, in light of the personal political histories of Committee members, their proposed structure for the new center seemed surprisingly conventional. However, Committee members imagined that in practice the conventional organizational structure of the proposed center would not hinder the radical programs and activism offered. In short, the Gay Survival Committee was attempting to attract funds and political support from the very society it sought to challenge, not unlike the Fenway community’s use of federal funds to thwart city plans to demolish their neighborhood.

Despite the organization’s conventional structure, the organizing principle of “Oppression Sickness” resonated with the radical faction of the gay community in Los Angeles. The proposed center would provide a place from which the gay community could attack its oppression and the larger oppressive society from many angles, while simultaneously creating a politically, physically, and mentally healthier community.<sup>84</sup> Armed with the lengthy proposal and the enthusiasm of other GLF members, Kilhefner and Kight rented a cheap and rickety old Victorian house at 1614 Wilshire Boulevard and formally opened the Los Angeles Gay Community Services Center in the Autumn of 1971.<sup>85</sup> In keeping with their vision of the organization, the men immediately began the

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<sup>83</sup> Committee, "Matching Activities to Needs of the Oppressed".

<sup>84</sup> Los Angeles Gay Community Services Center, "The Center Purpose, Objectives, and Facilities".

<sup>85</sup> Los Angeles Gay Community Services Center, "Gay Community Center Opens," 1971, Press Release, Gay and Lesbian Community Service Center, 104-113, ONE Archives, Los Angeles.

incorporation and tax-exemption processes, which lasted over a year.<sup>86</sup> They also proved their dedication to the radical politics that were emblematic of many gay liberation groups during this period by placing themselves at the forefront of public protests and actions. In describing the politics of the center once it opened and the fervor of its volunteers and patrons, Kilhefner reminisced, “We had picket signs, must have had 100 picket signs, almost for any occasion. So somebody would call and [report instances of homophobia] and within 24 hours we’d have picket signs... picketing. We were fighting back fast and instantly because this was movement building for us, community building for us, consciousness raising for us.”<sup>87</sup> Thus, the Los Angeles Gay Community Services Center navigated the difficult path of being relevant to and worthy of support from two opposing political bodies, the state and the radical gay community.

A focus on health was central to the Los Angeles Gay Community Service Center’s success at gaining political and financial support from both the state and the gay community, just as it had been for the Fenway Clinic of Boston. Among Center activists and patrons, health embodied a wide range of issues that went far beyond physical illnesses and spoke to a larger political oppression. The state, on the other hand, had a very limited notion of health wherein statistics on disease contacts and treatments carried

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<sup>86</sup> The Gay Community Services Center was the first organization in the country with the word “gay” in its name to gain 501-c3 tax exemption status, a process which required much fighting on the part of Center activists and representatives. Milton Cormy to the Gay Community Services Center, Regarding Tax Exempt Status of the Gay Community Services Center, 9 August, "1974, Morris Kight Collection, Collection 354 Box 2 Folder 4, Young Research Library, University of California, Los Angeles.

<sup>87</sup> Kilhefner, *Interview*.



much more weight than any talk of political oppression.<sup>88</sup> The Gay VD Clinic was one of the few services within the Gay Community Services Center in which these two understandings of health overlapped.<sup>89</sup> The clinic consisted of a series of three rooms. The first was a small room on the first floor in which people could wait and nurses could conduct intake exams. The second was literally a closet that volunteers had converted, by removing its door and installing a light, into a laboratory for drawing blood and taking swabs. The final room was a screened-in porch with sheets hung up to provide privacy for exams. Despite its ramshackle appearance, the clinic passed inspection in October of 1972 and immediately began offering services.<sup>90</sup>

Dr. Ben Teller, an independently wealthy “hippie doctor” who had just moved back to the United States after working with the Centers for Disease Control in West Africa, served as the main point person for the clinic’s development and subsequent

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<sup>88</sup> As a result, the Gay VD Clinic kept very detailed records of case contacts, numbers of new cases of Venereal Diseases, treatments, etc. Los Angeles Gay Community Services Center, "Evaluation of the Men's Clinic Performance November, 1974 through April," 1975, Semi-annual report, Gay and Lesbian Community Services Center Papers, 104-104, ONE Archives, Los Angeles.

<sup>89</sup> Programs designed to address substance abuse within the gay community was another program in which the state and gay concepts of health coincided with one another. Don Kilhefner, "Letter to Josette Escamilla-Mondanaro, Regarding Funding for Substance Abuse Treatment Program at the Gay Community Services Center, 15 November," 1976, Morris Kight Collection, Collection 354 Box 2 Folder 4, Young Research Library, University of California, Los Angeles; Los Angeles Gay Community Services Center, "A Proposal for Funding for the Substance Abuse Treatment Program at the Gay Community Services Center," Morris Kight Collection, Collection 354 Box 242, Young Research Library, University of California, Los Angeles.

<sup>90</sup> Los Angeles Gay Community Services Center, "Press Release Announcing Clinic Opening, 11 October " 1972, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.

operation.<sup>91</sup> At the request of Kilhefner and Kight, Teller agreed to share his license and liability insurance with the Center and was given free rein to build the VD Clinic as he saw fit. He recounted his vision in an interview:

“It would be a free clinic... run on donations... where gay people [men] could come and feel totally comfortable talking about their sexuality and... sexually transmitted diseases. They didn’t have to have any shame or reservation explaining what was going on... The waiting room would be filled with literature that would be relevant to them... it would be a place where professionals and paraprofessionals as well as patients could be totally open and honest about themselves and therefore promote good gay health... That was the vision.”<sup>92</sup>

Upon opening in the fall of 1972, the clinic came to embody much of Teller’s vision. The clinic was furnished with a “hodgepodge” of mostly thrift store purchases from the local Good Will with a few high quality pieces that had been donated by a wealthy contributor.<sup>93</sup> Licensed gay doctors, nurses, and lab technicians volunteered to staff the

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<sup>91</sup> A generous inheritance allowed Teller to donate much of his time during the clinic’s early stage. Once the clinic was fairly self-contained and running smoothly, he took a job at a local hospital. Teller had stopped briefly in Los Angeles and met with Kilhefner and Kight while on his way from working with the Centers for Disease Control in West Africa to San Francisco where he hoped to start a gay health clinic. Despite Kilhefner and Kight’s best efforts to persuade him to stay in Los Angeles and open up a clinic at the recently opened Gay Community Services Center, Teller was determined to go to San Francisco only to realize within a few short months that the gay community in Los Angeles was much more organized and conducive to providing medical services to the gay community. Upon his return to Los Angeles, Teller agreed to share his license and liability insurance with the Center and along with Kilhefner and Kight set to transforming a portion of the Wilshire house into a working clinic. Benjamin Teller, *Interview by Author*, (November 1, 2007).

<sup>92</sup> Ibid.

<sup>93</sup> Ibid.

clinic, which was entirely volunteer run for the first few years.<sup>94</sup> Teller offered, “The effect [of being able to work in an openly gay environment] on the professionals was I think as great as it was on the patients.” The willingness of everyone to work for free “testifies to the fact that the professionals were getting something out of it.”<sup>95</sup>

The politics of the clinic were the same as the rest of the programs housed in the Gay Community Services Center—the Gay VD Clinic was designed to challenge an oppressive hetero-centric society. Teller explained that opening the clinic was “a political statement that there was a need for this and it could be easily understood.”<sup>96</sup> In addition to challenging a heterosexist society and ignorant mainstream medical establishment, the clinic also fostered gay community building, both among volunteers and patients. The walls were covered in posters depicting two gay men in a variety of positions that read “Don’t Give him Anything But Love” and informational pamphlets covered the waiting room tables.<sup>97</sup> Signs that Teller hung prominently around the clinic pleaded, “This clinic

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<sup>94</sup> Los Angeles Gay Community Services Center, “The Gay Community Services Center Medical Program Staff Recruitment,” 1974, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.

<sup>95</sup> Teller, *Interview*.

<sup>96</sup> *Ibid.*

<sup>97</sup> Los Angeles Gay Community Services Center, ““Don't Give Him Anything but Love” Poster,” Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles. Health Education Division County of Los Angeles Health Department, “Before It's Too Late: Learn About Vd,” Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles; State Department of Public Health, “Venereal Disease Pamphlet,” Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles; Los Angeles Gay Community Services Center, “What Does Epidemiology Mean to You and to the Gay Community? Handout,” Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.

runs on love and money, please give some of both.’ He reminisced, “It was very much hippie and inspired, Gay Liberation Front inspired, hippie, I would say leftists, chaotic.”<sup>98</sup>

Los Angeles County unwittingly subsidized the community building and treatments for the larger Oppression Sickness afflicting the gay community that took place in the Gay VD Clinic of the Los Angeles Gay Community Services Center. As a free clinic, the Gay VD Clinic was eligible for free medications, testing, and staff from the county. With its ample supply of volunteer staff the Gay VD Clinic only took advantage of county medications and testing. Yet, they also applied for a number of grants through the county and the state to cover the other costs of the clinic wherein they touted their success at meeting the needs of a high-risk community that had long been underserved by pre-existing county-run clinics.<sup>99</sup> Within months of opening, the Gay VD Clinic at the Gay Community Services Center was expanding its hours and seemed to be constantly creating new protocols and traffic patterns to ensure that the throngs of patients continued to get good services without impeding upon any of the other programs housed in the Center.<sup>100</sup> Even as it was one of the cheapest clinics funded by the city,

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<sup>98</sup> Teller, *Interview*.

<sup>99</sup> Ed Edelman, Funding Proposal, by Gay Community Services Center, October 28, 1976, Request for Funding Gay V.D. Clinic. Los Angeles. Los Angeles Gay Community Services Center, "Draft Letter to Gay Constituents Re: Gcsc Vd Clinic Funding," Gay and Lesbian Community Services Center Papers, 104-101, ONE Archives, Los Angeles; Los Angeles Gay Community Services Center, "A Revenue Sharing Proposal Submitted to the Board of Supervisors of the County of Los Angeles by the Gay Community Services Center, July," 1973, Gay and Lesbian Community Services Center, 104-112, ONE Archives, Los Angeles; Los Angeles Gay Community Services Center, "First Draft Letter for Center's Funding Proposal, 18 July," 1973, Gay and Lesbian Community Services Center Folder, One Archives, Los Angeles.

<sup>100</sup> Los Angeles Gay Community Services Center, "Traffic Flow Memorandum," 1972, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles; Los

because the city did not have to provide any personnel, it quickly became one of the most effective clinics as it identified a much higher percentage of new venereal disease cases than nearly every other clinic.<sup>101</sup> As one of the strongest programs housed at the Gay Community Services Center in terms of volunteers, patient numbers, money raised, and outside funding received, the Gay VD Clinic became integral in the success and longevity of the Los Angeles Gay Community Services Center over the course of the 1970s. One grant proposal outlined the program's success: "By the end of the 1976-1977 fiscal year it [the Gay VD Clinic] will be in its 32<sup>nd</sup> month of existence. Twenty-six of those 32 months, it received funding... The total number of patient visits in 1976 was 12,143... Patient donations in 1976 totaled \$14,014.25."<sup>102</sup> In addition to detecting and treating disease, the Gay VD Clinic was invaluable in bringing both money and people into the Los Angeles Gay Community Services Center.

### **Conclusion**

Whether in the Gay Community Services Center, the Gay Women's Service Center, the Feminist Women's Health Center, or one of the other many organizations

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Angeles Gay Community Services Center, "Lab Station Responsibilities and Instruction Handout," Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>101</sup> Los Angeles Gay Community Services Center, "Men's Clinic - Venereal Disease Control Project Clinic Statistics for March," 1976, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles; Los Angeles Gay Community Services Center, "Preliminary Call to Discuss the Venereal Crisis of Los Angeles County," 1976, Morris Kight Collection, Collection 354 Box 250 Folder 1, Young Research Library, University of California, Los Angeles.

<sup>102</sup> A Proposal for Funding of Sexually Transmitted Disease Screening, Treatment, Casefinding and Education Program," "1976, Gay and Lesbian Community Services Center, 104-117, ONE Archives, Los Angeles.

politically radical gays and lesbians called home at the start of the 1970s in Los Angeles, the idea of health and survival permeated the services and politics. While the founders of the Los Angeles Gay Community Services Center used the concept of Oppression Sickness to evoke directly the role of health in their oppression, the other organizations made this political connection through their service offerings. By using health and survival as a political frame, gays and lesbians in Los Angeles built upon the rich political discourse that emerged out of the radical political activism taking place in the city in the late 1960s and 1970s. Using the concept of health and safety to mobilize communities and garner broader political support was common among nationalist groups, factions of the feminist movement, the labor movement, and many others. Within this political framework, gays and lesbians, like the Black Panthers, feminists, American Indian activists, and Chicano/a organizers, defined health much more broadly than the physical and mental health of an individual or community. Rather, from this new political perspective health included economic sustainability, political power, personal safety, access to social services and cultural enrichment in addition to physical and mental wellness. From this vantage point, the use of health among the growing radical groups of Los Angeles gays and lesbians was in many ways a direct result of the larger radical discourses in the city at the time.

While the politics of health and survival bonded lesbians and gays to one another in some ways, they also accentuated existing political divisions between these groups. Radical gays and lesbians in Los Angeles both placed health at the center of their emerging identities and politics, each linking their broadly defined “sicknesses” to their sexual oppression. Exploring the role of lesbians in a predominantly gay institution as

well as in a mostly heterosexual feminist one highlights the limits of politics and services tied to specific identities for those who could easily claim many. Thus, even as the politics of health spanned many different radical groups, it also helped to articulate and accentuate their differences. This apparent paradox is a result of historical segregation between these two groups, which grew more heated and politicized during the radicalism of the late 1960s and early 1970s. Over the course of the 1970s, the relationship between radical gays and lesbians in Los Angeles would grow more tumultuous, often pitting one against the other. Ironically, the politics of health and survival which both gays and lesbians made central to their political identities during this period continued to factor prominently in the disagreements between these two groups.

## **CHAPTER V**

### **DIFFERENT VISIONS: RADICALISM IN GAY AND LESBIAN LOS ANGELES, 1972-1980**

The 1970s witnessed a decoupling of radical politics from gay and lesbian social services. In the late-1960s, radicalism became an umbrella term used by many movements of the period to connote a militant form of political activism that conveyed a larger dissatisfaction with the existing social and political system. Radicals, through protest and movement building, challenged existing social and political hierarchies on behalf of historically marginalized groups. Within this political framework, gay and lesbian radicals challenged various forms of oppression perpetrated by mainstream society and the state through protests, epitomized by the Black Cat Tavern protest of 1966 and later the Stonewall Riots in 1969, and community organizations like the Los Angeles Gay Community Services Center. One activist central to the founding of the Gay Community Services Center illustrates the inherent political thought behind creating the Center: “the Establishment was about to collapse and [the Center’s]... function was to help lesbians and gays to survive in a failing society.”<sup>1</sup>

However, as political schisms among various factions within the gay and lesbian communities grew and organizations became increasingly reliant upon state funding, radical critiques of the state and mainstream society became an obstacle to overcome for organizations rather than their driving force. As a result, “the revolutionaries... the radicals... the people quoting Ché and Mao,” who had been the founders of the Center in 1971 had by mid-decade gone on the defensive against the “militant, separatist, Lesbian-

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<sup>1</sup> John Kyper, "History of the Gay and Lesbian Community Services Center," 1981, Gay and Lesbian Community Service Center, 104-114, ONE Archives, Los Angeles., 6.



Feminists, and militant, ‘politically’ radical, gay men.”<sup>2</sup> In the 1970s expansion of gay and lesbian organizations, commercial businesses, and communities became increasingly detached from the radical politics that had instigated the movement.<sup>3</sup>

With radicalism such a strong force in the formation of Los Angeles gay and lesbian politics and organizations at the start of the decade, the divorce of services from those politics that occurred throughout the 1970s proved very tumultuous. In this chapter I look at the political changes within the Los Angeles Gay Community Services Center during the 1970s to explore the decline of radicalism within gay and lesbian institutions in this period. Throughout the decade, the Center grew to become one of the largest and most-comprehensive social service agencies for gays and lesbians in the country and served as a model for activists around the country wanting to start similar social service organizations for their own local gay and lesbian communities.<sup>4</sup> However, this success and growth was not without problems and in fact came at the expense of the radical politics upon which the Center was built. Pre-existing political disagreements between gays and lesbians compounded fomenting concerns about workers rights, organizational

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<sup>2</sup> Donald Kilhefner, *Interview by Author*, (October 31, 2007). Los Angeles Gay Community Services Center, "Gay Community Services Center Report, May," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>3</sup> On this inverted correlation between radical politics and gay and lesbian commercialization see, Alexandra Chasin, *Selling Out : The Gay and Lesbian Movement Goes to Market*, (New York: St. Martin's Press, 2000).

<sup>4</sup> Los Angeles Gay Community Services Center, "Gay Community Services Center Informational Packet," Bernie Michels Collection, Collection 92.10 Box 2, Lambda Archives San Diego.

hierarchy, and the fairness of funding allocations within the Center.<sup>5</sup> These political fault lines emanated from the Center's founding structures and policies that were designed to attract outside funding and provide expanding services. Extraordinarily fast organizational growth placed further strain on these political differences and translated into fierce political battles within the Center. In the interest of preserving the organization's services and future appeal to funders, management adopted many new policies and procedures that placed the Center at even greater odds with its founding principles as well as with those among its ranks still committed to the radical ideals of the late-1960s and early 1970s. As a consequence, the Center abandoned its radical politics and drew intense criticism from a small band of volunteers, staff, and community members.

Recent studies focus on the larger declining trajectory of radical gay and lesbian politics in the 1970s without examining the attempts by some within the gay and lesbian communities to preserve radicalism in the face of a shifting political landscape.<sup>6</sup> Many historians have used the move away from radical politics on the part of major gay institutions and organizations as one example of a much larger decline in radical politics

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<sup>5</sup> This tension between men and women existed in many radical political movements of the late 1960s and early 1970s. See Wini Breines, "What's Love Got to Do with It? White Women, Black Women, and Feminism in the Movement Years," *Signs* 27, no. 4 (2002), Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003).

<sup>6</sup> Chasin, *Selling Out*; Timothy Stewart-Winter, "Raids, Rights, and Rainbow Coalitions: Sexuality and Race in Chicago Politics, 1950-2000" (University of Chicago, 2009); Moira Rachel Kenney, *Mapping Gay L.A.: The Intersection of Place and Politics*, (Philadelphia: Temple University Press, 2001); Lillian Faderman and Stuart Timmons, *Gay L.A. : A History of Sexual Outlaws, Power Politics, and Lipstick Lesbians*, (New York: Basic Books, 2006).

over the 1970s.<sup>7</sup> This decline and the parallel rise in political conservatism have been the focus of a wide range of historical studies. Scholars such as Maurice Isserman and Michael Kazin have suggested that radicalism's demise resulted from infighting and fracturing within the left and the rise of identity politics.<sup>8</sup> Political historians like Laura Kalman, Sean Wilentz, and Rick Perlstein have pointed to the rise of conservative political leaders like Richard Nixon, with his reframing of federal social programs as simply too large and complex for the federal government to run efficiently.<sup>9</sup> Meanwhile economic and labor historians argue that the changing economic landscape of the decade contributed to waning radicalism in the period.<sup>10</sup> Others have looked to the growth of the religious Right or the "Southernization" of the nation to explain the radical denouement.<sup>11</sup> Certainly, when placed within the larger national political context of the

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<sup>7</sup> Bruce Schulman, *The Seventies: The Great Shift in American Culture, Society, and Politics*, (New York: Free Press, 2001); Peter N. Carroll, *It Seemed Like Nothing Happened : America in the 1970s*, (New Brunswick [N.J.]: Rutgers University Press, 2000).

<sup>8</sup> Philip Jenkins, *Decade of Nightmares : The End of the Sixties and the Making of Eighties America*, (New York: Oxford University Press, 2006). Maurice Isserman and Michael Kazin, *America Divided : The Civil War of the 1960s*, (New York: Oxford University Press, 2003); John A. Andrew, *The Other Side of the Sixties : Young Americans for Freedom and the Rise of Conservative Politics*, (New Brunswick, N.J.: Rutgers University Press, 1997).

<sup>9</sup> Rick Perlstein, *Nixonland : The Rise of a President and the Fracturing of America*, (New York: Scribner, 2008); Laura Kalman, *Right Star Rising : A New Politics, 1974-1980*, (New York: W.W. Norton, 2010); Sean Wilentz, *The Age of Reagan : A History, 1974-2008*, (New York, NY: Harper, 2008).

<sup>10</sup> Judith Stein, *Pivotal Decade : How the United States Traded Factories for Finance in the Seventies*, (New Haven [Conn.]: Yale University Press, 2010); Jefferson Cowie, *Stayin' Alive : The 1970s and the Last Days of the Working Class*, (New York: New Press, 2010).

decade, the experience of the Los Angeles gay and lesbian communities appears as part of that larger shift within the national political discourse away from radicalism and toward conservatism.

This chapter sheds light upon those who challenged the changing politics within the Los Angeles Gay Community Services Center. This vantage point allows for two arguments. First, over the 1970s, the aims and associates of the radical faction within the Los Angeles gay and lesbian communities changed dramatically. Initially, radical gays and lesbians borrowed from the political analyses and frameworks of other movements to focus, almost solely, on the oppression of homosexuals by the state and mainstream society. These radicals and their politics created the Gay Community Services Center and other gay and lesbian organizations. Yet, in the face of changing national politics and a growing trend to organize politically around identities, the radical faction within the Los Angeles gay and lesbian communities became smaller, concerned with many other forms of oppression and inequality, and much more rigid. Second, for the Los Angeles Gay and Lesbian Community Services Center this shift meant that radical politics changed from a constructive force in its founding at the decade's start to a destructive force in its growth in the mid-to-late 1970s. The relatively small, influential, and idealistic group in opposition to the Center's shifting politics employed the rhetoric of various identity-based political movements to draw support from a diverse coalition of people and

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<sup>11</sup> The term "Southernization," coined by Southern Historian Bruce Schulman, describes the conflation of distinctly Southern culture, the Dallas Cowboys and country music, with American culture as a whole during this period. Schulman, *The Seventies*. Bruce J. Schulman and Julian E. Zelizer, *Rightward Bound : Making America Conservative in the 1970s*, (Cambridge, Mass.: Harvard University Press, 2008); Lisa McGirr, *Suburban Warriors : The Origins of the New American Right*, (Princeton, N.J.: Princeton University Press, 2001).

threaten the success of the Center. The battles that took place within and around the Los Angeles Gay Community Services Center during the 1970s illuminate the complex political dynamics at work within and between the gay and lesbian communities at the time. These many political disagreements culminated in the complete separation of social services from radical politics within the Gay Community Services Center. Despite the Center's new principles, the organization continued to flourish throughout the decade, reinforcing that the size and political power of the radical gay and lesbian faction decreased during this period.

The state played a major role both in the decline of radicalism within the Center and as a political nemesis that unified the Center's critics. As the largest and most comprehensive social service agency for gay and lesbians of the period, and the first to obtain tax-exempt status from the Internal Revenue Service, the Center quickly came to depend upon funding from the state. As this dependence grew, Center founders grew increasingly cautious in the organization's programming and politics to maintain its tax-exempt status. Charting the relationship between the state and internal political battles also elucidates how the state contributed to the creation of a successful and vibrant social service agency while simultaneously stripping it of its founding politics.

The role of the state and the decline of radicalism reverberate in the trajectories of other social movements. The relationship between state funding and the decline of radical politics in feminism, in particular as it relates to health, has been well documented.<sup>12</sup>

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<sup>12</sup> Anne Enke, *Finding the Movement : Sexuality, Contested Space, and Feminist Activism*, (Durham: Duke University Press, 2007). Leslie J. Reagan, *When Abortion Was a Crime : Women, Medicine, and Law in the United States, 1867-1973*, (Berkeley: University of California Press, 1997); Linda Gordon, *The Moral Property of Women : A*

Margot Canaday examines this relationship from the perspective of the state in her recent study.<sup>13</sup> Black Nationalism, the American Indian Movement, and the labor movement all declined during this period, again reflecting the general shift away from the radical politics that underpinned these movements.<sup>14</sup> Nearly all the studies written about this period and the abandonment of radical politics focus on the changes with organizations, political groups, or the state, and often overlook those who fought to preserve their radicalism. This chapter argues that while a major institution in the Los Angeles gay and lesbian community opted for state funding at the expense of its radical politics, radical politics remained in the political discourse of Los Angeles gays and lesbians for much of the decade.

As the Center's early politics revolved around a broad and politically infused definition of health, its decline over the decade had major health implications within the

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*History of Birth Control Politics in America*, (Urbana and Chicago: University of Illinois Press, 2002); Donald T. Critchlow, *Intended Consequences : Birth Control, Abortion, and the Federal Government in Modern America*, (New York: Oxford University Press, 1999). Kimberly Springer, *Living for the Revolution : Black Feminist Organizations, 1968-1980*, (Durham [N.C.]: Duke University Press, 2005); Jo Reger, *Different Wavelengths : Studies of the Contemporary Women's Movement*, (New York: Routledge, 2005). Also see Anne Valk's work on the political battles with radical lesbian separatist and feminist groups in Washington, DC. She finds that the rigid and lofty political ideals that defined these groups were often unsustainable if not unattainable, leading to their relatively fast demise. Anne M. Valk, "Living a Feminist Lifestyle: The Intersection of Theory and Action in a Lesbian Feminist Collective," *Feminist Studies* 28, no. 2 (2002); Anne M. Valk, *Radical Sisters : Second-Wave Feminism and Black Liberation in Washington, D.C.*, (Urbana: University of Illinois Press, 2008).

<sup>13</sup> Margot Canaday, *The Straight State : Sexuality and Citizenship in Twentieth-Century America*, (Princeton, N.J.: Princeton University Press, 2009).

<sup>14</sup> Jeffrey Ogbonna Green Ogbar, *Black Power : Radical Politics and African American Identity*, (Baltimore: Johns Hopkins University Press, 2004); Cowie, *Stayin' Alive*; Alvin M. Josephy Jr., Joane Nagel, and Troy Johnson, eds., *Red Power: The American Indians' Fight for Freedom*, (Lincoln: University of Nebraska Press, 1999).

Center. Furthermore, as the Center served as a key health service provider for the larger gay and lesbian communities, any change in how health was defined by the Center also informed the role health played in the identity of Los Angeles gays and lesbians. Initially, Center volunteers and patrons perceived every service offered by the Los Angeles Gay Community Services Center as a health program. The concept of Oppression Sickness insisted that job training services, for example, were as integral to gay and lesbian community health as was access to regular venereal disease testing, gynecological exams, or counseling services. Yet, as a result of the political battles and the decline of radicalism within the Center, the definition of health narrowed. While the offerings of the Gay Community Services Center remained intact and actually grew over the decade, the number of those that were specific to the health of the gay and lesbian community shrank. Internal political divisions and a growing reliance upon state funding restricted the definition of gay and lesbian community health to include only those services that addressed specific physical and mental illnesses. This chapter shows how the decline of radical politics in the Los Angeles Gay Community Services Center in the 1970s influenced the role of health in gay and lesbian political identity in Los Angeles in the period before AIDS.

### **Hostile Takeovers and Programmatic Inequality**

When the Los Angeles Gay Community Services Center opened in 1971, it sought to integrate services for the city's politically and socially separate gay and lesbian populations. While working coalitions existed between gays and lesbians prior to the emergence of the Gay Community Services Center, there were obstacles to consolidating all services for gays and lesbians into one large social service agency, as envisioned by

Center founders. In the early 1970s identity politics and radical feminism complicated any collaboration between gays and lesbians. On one hand, identity politics called for gays and lesbians to work together in an unprecedented way to fight their shared sexual oppression. On the other, the growth of radical feminism, also emblematic of the growing identity politics of the era, and the feminist awakening many lesbians experienced during this time made working with often sexist gays difficult.<sup>15</sup> In short, the rise of identity politics put great pressure on gays and lesbians to work with one another but also fueled their disagreements.

Despite the political challenges of gays and lesbians working together, the male founders of the Los Angeles Gay Community Services Center were determined to bridge the divide between these two communities and make their new Center the heart of the growing gay and lesbian community in Los Angeles.<sup>16</sup> Staff member Dick Nash linked uniting the gay and lesbian communities to achieving sexual and political liberation in a position paper in 1972: "We relate as gay people who are increasingly aware that we share a common oppression and that our capacity to be free and proud is also dependent on how much we stick together... as sisters or brothers, to become part of our growing

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<sup>15</sup> It is important to note that this segregation of gays from lesbians was far from a uniquely Los Angeles phenomenon. Many of the well known gay neighborhoods that emerged in this period were predominantly male as in the case of San Francisco's Castro neighborhood. Lesbian enclaves also emerged. For more on this see, Elizabeth Kennedy and Madeline Davis, *Boots of Leather, Slippers of Gold*, (New York: Penguin Books, 1994); Esther Newton, *Cherry Grove, Fire Island : Sixty Years in America's First Gay and Lesbian Town*, (Boston: Beacon Press, 1993).

<sup>16</sup> Kilhefner, *Interview*; Los Angeles Gay Community Services Center, "The Center Purpose, Objectives, and Facilities," 1971, The Gay and Lesbian Community Services Center Subject File, One Archives, Los Angeles; Los Angeles Gay Community Services Center, "Press Release Announcing Clinic Opening, 11 October " 1972, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.



community.”<sup>17</sup> From this perspective, combining gays and lesbians within the Center offered a number of logistical and political advantages. From the service provider perspective, consolidating services for gays and lesbians under one roof would limit overhead costs for each service, result in fewer redundant services, and foster more diverse service offerings. Politically, having gays and lesbians within close proximity to one another, ideally, would encourage collaboration and strengthen gays and lesbians politically. Center founders also argued that creating one centralized political and social location for the gay and lesbian communities would create a political home for the gay and lesbian movement.<sup>18</sup>

The vision of Los Angeles Gay Community Services Center founders for the Center to become the central political hub for Los Angeles gays and lesbians had, from the start, two major and often overlapping obstacles. First was the Center’s relationship to the Gay Liberation Front (GLF). While the Los Angeles Center was its own entity, it was an outgrowth of the local GLF chapter with its founders and many of its board members GLF veterans. GLF had, in its short two-year existence, earned a reputation among lesbian activists as an organization dominated by men who were often sexist and inconsiderate of women’s issues. Thus, many lesbian activists viewed the newly created Center’s interest in women’s issues with well-founded skepticism. Second, as the founders of the Los Angeles Gay Community Services Center set their sights on becoming the gay and lesbian social and political headquarters for the city, they

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<sup>17</sup> Dick Nash, "Position Paper, 15 September," 1972, Gay and Lesbian Community Service Center, 104-113, ONE Archives, Los Angeles.

<sup>18</sup> Los Angeles Gay Community Services Center, "The Center Purpose, Objectives, and Facilities".

discounted existing lesbian services and organizations. Alienated female former GLF members started many of the women's services, like those at the Gay Women's Service Center that founders hoped to incorporate into the new Gay Community Services Center. Sharon Raphael and Mina Meyer, the driving forces behind the Gay Women's Service Center at the time recalled, "we knew all of the people involved in the creation of [the Gay Community Services Center] very intimately. We were pretty close to Don Kilhefner and Morris Kight."<sup>19</sup> With their exclusion from GLF meetings and decisions fresh in their memories, many Los Angeles lesbian activists, Meyer and Raphael among them, were reluctant to give up their own newly created spaces and organizations to become incorporated in the Gay Community Services Center.

Gay Community Services Center founders Morris Kight and Don Kilhefner were not deterred by lesbian disinterest in their vision. Rather, they employed many tactics, most of which only exacerbated tensions between Los Angeles gays and lesbians, to make the Center's old Victorian building in the Silverlake neighborhood the city's heart for gay and lesbian politics and services. Kight repeatedly went to the Gay Women's Service Center to convince Meyer and Raphael to join the Gay Community Services Center. However, the women had concerns "join[ing] with the men because we felt something would be lost."<sup>20</sup> When they rebuffed his offer, the Gay Community Services Center took more aggressive action to force the lesbians to join with the Center. Management scheduled its women's rap groups to occur on the same night of the week as those held at the Gay Women's Service Center, in effect pitting the two organizations

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<sup>19</sup> Sharon Raphael, *Telephone Interview by Author*, (December 11, 2007).

<sup>20</sup> *ibid.*

against one another. Immediately, the Gay Women's Service Center saw a drop in attendance as many women opted to go to the Gay Community Services Center. Unlike the collectively run Gay Women's Service Center, the Gay Community Services Center, with its numerous volunteers, did not require visitors to do any chores or work for the organization. Raphael explained, "the women liked it over there because they didn't have to do any work."<sup>21</sup> As a result of dwindling numbers and steady pressure from Kight and Kilhefner, the women of the Gay Women's Service Center realized that merging with the Gay Community Services Center "was inevitable."<sup>22</sup> Raphael and Meyer watched for six months before finally deciding to close the Gay Women's Service Center. Raphael recalled the sentiment behind the decision: "eventually they just wore us down... we were basically following the women who had left us."<sup>23</sup>

The merger offers insight into the political thinking of the leaders of both organizations as well as their patrons. While Raphael and Meyer pointed to the lack of chores to explain the migration of women from the Gay Women's Service Center to the Gay Community Services Center, the exodus also suggests that many patrons did not share the feelings of alienation from gay men or allegiance to separatist politics that lay at the heart of the women's space founding. Furthermore, the eventual acquiescence on the part of Raphael and Meyer illustrates their larger political interest in providing services for lesbians. Rather than not offer services at all, the women joined the Gay Community Services Center. While the actions of the Gay Community Services Center were

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<sup>21</sup> *ibid.*

<sup>22</sup> Mina Meyer, *Telephone Interview by Author*, (December 11, 2007).

<sup>23</sup> Raphael, *Interview*.

obviously hostile and designed to force the closure of the Gay Women's Service Center, the leaders from both groups sought to make the eventual merger a smooth one in the spirit of creating a stronger gay and lesbian community. Raphael explained how the women "knew we were being co-opted, we knew what was going on."<sup>24</sup> Meyer added, "we figured we'd try it and see how it felt."<sup>25</sup> In a good faith gesture, Raphael and Meyer donated all the furniture of the Gay Women's Service Center to the new organization when they finally closed their doors. Meanwhile, Kight and Kilhefner offered both Meyer and Raphael positions in management upon their arrival at the Gay Community Services Center in an effort to assuage their concerns of sexism within their new home. Mina Meyer became the Vice President of the Board of Directors and the head of all Women's Programs while Sharon Raphael took a position as head of research. Raphael shed light on the Janus-faced aspect of the sexually integrated Center: "even though there was this male-female dynamic, we were very close to the men...It was a very community atmosphere."<sup>26</sup>

As the Vice President of the Board of Directors, Meyer did her best to make sure that roughly half of the programs offered by the Center in the early part of the decade were either specifically for or open to lesbians. The Center offered the weekly women's dances, pot lucks, and rap groups previously offered by the Gay Women's Service Center.<sup>27</sup> However, many of the services that were open to lesbians *and* gay men drew an

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<sup>24</sup> *ibid.*

<sup>25</sup> Meyer, *Interview*.

<sup>26</sup> Raphael, *Interview*.

almost entirely male population. Furthermore, some of the Center's largest and most popular programs like a program that provided assistance for former military personnel who had been dishonorably discharged for being gay, services for prisoners, and venereal disease testing, were for an almost exclusively male population. Even some of the Center's largest programs served a predominantly gay clientele although they were officially open to lesbians. The Van Ness House, that offered housing and treatment services for gay and lesbian alcoholics, consisted almost entirely of men.<sup>28</sup> Thus, while lesbians officially were welcome at the Center and had a number of services available to them, they most often took advantage of rap groups and social events designed exclusively for women. In her attempts to make the Center's services more balanced between the sexes, Meyer demanded that if a service for predominantly or exclusively male patrons existed and could be adapted to meet women's needs, a similar one for women should be created. While this tack was meant to create a more welcoming environment for women and ultimately diffuse tensions between gays and lesbians within the Center, it often resulted in greater separatism and frustration.

Complicating Meyer's plan to expand women's programming were the funding procedures and laissez-faire approach within the Center for program development. For the first twenty-three months after it began offering services, the Gay Community

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<sup>27</sup> Los Angeles Gay Community Services Center, "Gay Community Services Center Quarterly Report - 31 March," 1972, Gay Community Services Center Collection, Mazer Archives, Los Angeles; Los Angeles Gay Community Services Center, "Extended Pamphlet on the Gay Community Services Center," Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.

<sup>28</sup> Los Angeles Gay Community Services Center, "Van Ness Recovery House Second Annual Dinner Dance Program," 1975, Morris Kight Collection, Collection 354 Box 247 Folder 1, Young Research Library, University of California, Los Angeles.

Services Center was funded entirely by donations, with nearly every dollar raised going toward rent, building repairs, and utilities.<sup>29</sup> Consequently, the organizational structure of the Los Angeles Gay Community Services Center had a clear hierarchy within management, but also encouraged staff and volunteers to develop new programs and services with relatively little oversight or funding from the Center.<sup>30</sup> Within this structure, the board and management oversaw building management, staffing, and the general budget. However, individual programs were often created by volunteers who, after getting board approval, were generally left to design, implement, staff, advertise, and find necessary funding for each individual program. The Center simply provided space and whatever support it could in the form of volunteers.

As Meyer struggled to create many new programs at once in order to provide greater gender equity in the Center's offerings, she and other lesbians interpreted this hands-off approach on the part of the Center as further proof of its lack of concern for women's issues and services. Her frustration became palpable nearly 40 years later as she recounted in an interview her efforts to create a women's gynecological clinic, "If you are going to have a men's clinic you should have a women's clinic... And they said, well, if you want to find your own doctors and your own nurses and your own technicians and if you want to put it together go ahead, you know, we're not going to help you do it but if

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<sup>29</sup> Los Angeles Gay Community Services Center, "History and Objectives of the Gay Community Services Center," 1976, Gay and Lesbian Community Services Center, 104-114, ONE Archives, Los Angeles; Gay Community Services Center, *About Money...* (ONE Archives, Los Angeles).

<sup>30</sup> Los Angeles Gay Community Services Center, "Articles of Incorporation of the Gay Community Services Center," 1971, Morris Kight Collection, Collection 354 Box 4 Folder 2, Young Research Library, University of California, Los Angeles.

you want to do it, we'll get you the space for it."<sup>31</sup> This response was typical for many proposed new services within the Center.<sup>32</sup> However, there were a few central programs within the Center which the founders and board championed from the start, most of them with a largely if not entirely male focus, including the Men's VD Clinic.<sup>33</sup> These same core services, especially the VD Clinic, brought in much of the Center's revenue through donations and later through state and federal grants.<sup>34</sup> By contrast, the Center's hands-off, fend-for-yourself response to Meyer's idea for a women's clinic struck her and other lesbians as "totally sexist and unhelpful."<sup>35</sup> In fact, in 1973 Meyer "left the center

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<sup>31</sup> Meyer, *Interview*.

<sup>32</sup> Kilhefner, *Interview*; Los Angeles Gay Community Services Center, "Extended Pamphlet".

<sup>33</sup> Others included the Van Ness House, the program for dishonorably discharged military members, outreach and support for incarcerated gays, and many rap groups. Of these, only the rap groups attracted as many men as women participants. Los Angeles Gay Community Services Center, "Explanation of Programs and Other Services Available at the Gay Community Services Center for Grant and Funding Proposals," 1978, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles; Los Angeles Gay Community Services Center, "Weekly Calendar of Events at the Gay Community Services Center," 1973, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.

<sup>34</sup> Los Angeles Gay Community Services Center, "Funding Proposal to the County of Los Angeles for Center's Venereal Disease Control Project," 1975, Gay and Lesbian Community Services Center Papers, 104-104, ONE Archives, Los Angeles; Gay Community Services Center Venereal Disease Control Program, "Fiscal Year Ended October 31, 1975 Analysis of Fringe Benefit Package," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles; Los Angeles Gay Community Services Center, "Accounting Memorandum, Income from Donations, December," 1975, Gay and Lesbian Community Services Center Papers, 104-101, ONE Archives, Los Angeles.

<sup>35</sup> Meyer, *Interview*.

because of the sexism that was going on. It was just intolerable.”<sup>36</sup> In her wake she left a number of new programs for women, including a women’s health clinic that would flounder and close months later due to lack of support from the Center, and a mounting tension between Center lesbians and gays.<sup>37</sup> This divide between the sexes was only one of many that would shape the Center in coming years and that would only widen with the Center’s growing dependence upon state funding.

### **The Radical Realists Versus the Radical Idealists**

The Center’s approach to program development and funding ultimately put the Center’s financial and programmatic success at odds with the ideals of a small group of self-described radicals within the organization, with government funding acting as the driving wedge. Starting in 1973, the vast majority of Center funding came from some

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<sup>36</sup> *ibid.*

<sup>37</sup> The Free Women’s Clinic opened in the Center in February of 1973. To cover operating costs, in 1973 the Women’s Free Clinic applied for and accepted a \$10,000 family planning grant from the Los Angeles Regional Family Planning Council. The grant required the lesbian clinic to publicize itself in the surrounding neighborhood as a free clinic and offer its services to the larger community. Meyer recalled that “within minutes” of receiving the grant and publicizing the clinic, “the waiting room was full of mom and dad and six kids lined up for these free services.” The clinic’s sudden popularity among a mostly straight population had major implications for the staff, many of whom worked with the heterosexual population in their jobs and volunteered specifically to work with the lesbian community. Meyer explained that “within a matter of a very short time, like a month or six weeks, Dr. Patterson quit and the nurses quit and the techs quit. Everybody quit... They were doing this out of the kindness of their hearts to serve the lesbian community.” Los Angeles Gay Community Services Center, “Outreach: The Extended Family Newsletter, February,” 1973, Gay and Lesbian Community Services Center Folder, Mazer Archives, Los Angeles. Meyer, *Interview*; Los Angeles Regional Family Planning Council, “Family Planning Program Agreement Number 621,” 1975, Funding Agreement with the Los Angeles Regional Family Planning Council., Gay and Lesbian Community Services Center Papers, 104-104, ONE Archives, Los Angeles.



level of the government, with most monies awarded to specific programs within the Center rather than the Center as a whole.<sup>38</sup> Even though government funding was generally program specific, it came with stipulations that influenced the entire Center. As a result of various pieces of legislation, including the Civil Rights Act of 1964, government funds granted to the Center forbade partisan activity, affiliation, preference, or bias for a specific group or minority.<sup>39</sup> In the case of the Center, this provision meant that it could not show preference to gays and lesbians either by denying services to heterosexuals or by encouraging homosexuality.<sup>40</sup> Furthermore, any interaction with the state made Center founders incredibly fearful of losing their hard-won tax-exempt status, often making them hyper aware and overly cautious of any possible excuse to have their funding pulled and their tax status revoked.

Many Center staff and volunteers, and the Center itself, emerged out of a radical and militant politics in which fighting homosexual oppression required not only a militant critique of the state and mainstream society, but a social revolution. From this

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<sup>38</sup> Los Angeles Gay Community Services Center, "History and Objectives"; Los Angeles Gay Community Services Center, "Explanation of Programs and Other Services".

<sup>39</sup> John F. McDonald, *Urban America : Growth, Crisis, and Rebirth*, (Armonk, N.Y.: M.E. Sharpe, 2008); Stephen P. Strickland, *The History of Regional Medical Programs : The Life and Death of a Small Initiative of the Great Society*, (Lanham, MD: University Press of America, 2000); John A. Andrew, *Lyndon Johnson and the Great Society*, (Chicago: I.R. Dee, 1998); Craig E. Blohm, *The Great Society : America Fights the War on Poverty*, (Farmington Hills, MI: Lucent Books, 2004).

<sup>40</sup> Los Angeles Gay Community Services Center, "Memorandum, 21 April," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles; Los Angeles Gay Community Services Center, "Chronology of Recent Events at the Gay Community Services Center, 29 April," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles; Honorable Board of Supervisors, "Contract with Gay Community Services Center, 28 November," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

perspective, the Center's solicitation and acceptance of state funding and the caution that manifested among the Center's leaders seems incongruent with its founding politics. Founders had known that their radical politics would be compromised when they designed the center to be eligible for tax-exempt status from the Internal Revenue Service and attractive to outside funders, including the government.<sup>41</sup> However, they decided to place funding over a more radical or militant politics in the interest of creating a long-standing gay and lesbian social service agency. This choice and the resulting Center policies, procedures, and politics became an increasing source of tension and frustration. If a goal of late 1960s and early 1970s radicalism was to challenge and upend social and political hierarchies through protest and organizing, the Center's affiliation with the state was, in the eyes of those still wed to this radical ideal, an abandonment and betrayal of this tenet of radicalism. Longtime gay activist, journalist, and historian Jim Kepner would later say about the political conundrum posed by government funding, "Elements of the anarchist, countercultural radicals of the '60's started the Center in one climate, and the move to public funding created enormous philosophical and personal problems. People weren't ready to be 'co-opted by the Establishment.'"<sup>42</sup> As the Center became more dependent upon government funding, the tension between those who wanted the Center to serve as a manifestation of militant and radical gay and lesbian liberation ideals and the founders who envisioned a long-lasting social service institution for gays and lesbians mounted.

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<sup>41</sup> Kilhefner, *Interview*.

<sup>42</sup> Kyper, "History of the Gay and Lesbian Community Services Center", 5.

Despite the expense to the early radical ideal of critiquing the state, founders argued that, in order to provide the services the community needed, government funding was essential. Local, state, and federal grants allowed the entire Center to grow even though it funded relatively few of the Center's expanding program offerings. Services like the men's venereal disease program, the handful of alcohol and drug programs offered, and the interim housing program that obtained and maintained government (municipal, state, and federal) funding also brought in the most donations from community members.<sup>43</sup> Thus, while government funds only benefited a small number of programs, the donation revenue created by those programs, albeit a relatively small amount of money, was then shared among all the Center's programs. The many rap groups and social events offered by the Center required little in the way of funding and many survived solely on the amounts allocated from the general donation funds of the Center.<sup>44</sup> As a result of the Center's many programs, it quickly became "a very, very active place... I remember being in their big living room with at least 100 people in there at any one time in the different rooms."<sup>45</sup>

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<sup>43</sup> Los Angeles Gay Community Services Center, "History and Objectives"; Los Angeles Gay Community Services Center, "Explanation of Programs and Other Services"; Los Angeles Gay Community Services Center, "Commentary on the 1974 Financial Report for the Gay Community Services Center, 31 December," 1974, Gay and Lesbian Community Service Center, 104-113, ONE Archives, Los Angeles.

<sup>44</sup> Los Angeles Gay Community Services Center, "Preliminary Financial Statements for Fiscal Year Ending December 31," 1976, Gay and Lesbian Community Services Center, 104-114, ONE Archives, Los Angeles; Los Angeles Gay Community Services Center, "Quarterly Report".

<sup>45</sup> Raphael, *Interview*.

While obtaining government funding rarely resulted in the creation of a new program or service, it allowed existing offerings to grow in size, strength, and quality. Within a few short years, the Center outgrew the dilapidated mansion on Wilshire Boulevard, moving in 1975 to a new and larger location at 1213 N. Highland in the gay neighborhood of West Hollywood.<sup>46</sup> By 1978, the Center provided services to 13,600 people per month and obtained roughly \$750,000 in government funding.<sup>47</sup> In achieving their objective of becoming a strong institution providing a wide array of social services to Los Angeles gays and lesbians, the founders were well-served by their choice to seek and accept state funding.

For the radical faction within the Center, accepting state funding posed a series of problems. First, they argued that, by accepting state funding, founders and management were acting as extensions of the state. They saw state funding, and the resulting prudence on the part of management, to be in direct contradiction to the radical liberation politics at the core of the Center's founding. From their perspective, the acceptance of state funds was tantamount to introducing and reinforcing within the Center many forms of oppression radicals commonly associated with the government and mainstream society. These critics used rhetoric borrowed from numerous radical movements active in Los Angeles at the time including the radical feminist, Black Nationalist, and labor

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<sup>46</sup> April Allison, "Memorandum Regarding Clinic Relocation & Licensing, 29 April," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>47</sup> Los Angeles Gay Community Services Center, "Explanation of Programs and Other Services". The funds came from many sources including the Greater Los Angeles Area Community Action Agency, the Los Angeles County Department of Urban Affairs, The United States Department of Health, The Los Angeles Regional Family Planning Council, and the Comprehensive Employment and Training Act.

movements to argue against the Center's approach to funding and program development. One handout by the Center's radical contingent argued that, "Boss Imposed, Patriarchial [sic], Racist, Classist Control Of Lesbian And Gay Programs Is NO SERVICE to Lesbian Women and Gay Men: THE U.S. GOVERNMENT GIVES US THAT MUCH!"<sup>48</sup> Many of the tensions within the Center highlighted by these criticisms pre-dated the first state grants, evidenced by lesbians' early frustration with sexism among gay men within the Center.<sup>49</sup> However, government funding and the concomitant move away from a more militant and liberationist politics by Center founders and management created an issue on which these various critiques overlapped and aided one another.

The rhetoric used by this radical faction within the Center also reveals a shift in radical politics within the Center. At its founding, "the Gay Community Services Center... was a radical thing, it was a radical thing."<sup>50</sup> The driving force behind the Center's radicalism was its priority on creating and maintaining quality services for gays and lesbians. The founders were informed and inspired by other movements, but they focused their energy and activism on homosexual oppression - a very radical act in itself. This concentration on fighting homosexual oppression through services allowed them to seek and accept state funding without moral or political qualms. Shortly after its founding and with the acceptance of state funding, a small group within the Center not only took

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<sup>48</sup> Gay Feminist 11, "Shut Down against Repression Leaflet," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>49</sup> Gay Feminist 11, "Women Speak out About Gcsc," 1975, Gay and Lesbian Community Service Center, 104-113, ONE Archives, Los Angeles.

<sup>50</sup> John Platania, "John Platania's Recorded Impressions of the Gay Community Services Center," 1991, Morris Kight Papers, 1975-1993, Los Angeles

issue with the founder's compromise of ideals for funding and longevity, but also began measuring the Center's politics against the radical ideals of many movements, not just gay liberation. They were not content with the Center simply fighting homosexual oppression. In short, as this band of people began criticizing the Center for its relationship with the state, they also unleashed a critical analysis that illuminated every way in which the Center did not conform to their idealistic radical vision. In their perspective, the Gay Community Services Center had transformed from a tool for liberation to an oppressive force.

The Center's funding and program structure provided much fodder for a critique that shunned hierarchy and lambasted any preference for one group over another. With much of the Center's resources concentrated in a handful of programs that often serviced small subsets of the gay community, excluded factions were quick to use the resulting financial disparities between programs and groups as proof of not only the Center's political shift away from radicalism but also its increasing institutional sexism, classism, and racism. A press release entitled "'Gay Center' Shafts Gays!" written in April of 1973 by members of a housing collective who lived in a building owned by the Center and located next door shed light on how program development and funding fueled early divisions within the Center. In 1973, the Center obtained a federal grant to transform the building that housed the collective into a rehabilitation center for gays and lesbians with drug and alcohol-abuse issues. In response to their concomitant eviction, housing collective members accused the Center, specifically Kight and Kilhefner, of being sexist, racist, corrupt, manipulative, and committing religious and political persecution.<sup>51</sup> The

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housing collective members went so far as to suggest that the Center created the drug and alcohol abuse program to garner support from the larger gay and lesbian community and simultaneously divert attention from the eviction of “Gay brothers and sisters who are not in a position, by virtue of their life-style, to gain the Center heavy Federal and Foundation funding.”<sup>52</sup> While the housing collective’s accusations were some of the most extreme within the early years of the Center, they illustrate how growing resentment among some over the Center’s use of government funding blossomed into a full blown critique of the Center’s abandonment of radical politics. Furthermore, the tussle over the housing collective was the first of many instances in which a critique of the Center also had a self-serving component for the self-identified radicals, adding another complicating layer to the tensions over radicalism within the Center that unfolded during the decade.

Even within those programs that obtained funding, the criticism of the Center sparked by government funding inflamed existing critiques over sexual parity, organizational structures, inequality among workers, and program funding. After much lobbying and many applications on the part of volunteers, the Center was awarded a \$1 million grant that would be disseminated over three-years for a women’s alcoholism project in the spring of 1975.<sup>53</sup> The program would provide the most comprehensive free and voluntary intensive counseling and rehabilitation services to women with alcohol abuse issues in the city. However, the Center was “ill-equipped to staff” and manage such

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<sup>51</sup> Housing collective members, "'Gay Center" Shafts Gays! ," 1973, Press Release, Gay and Lesbian Community Services Center File, Mazer Archives, Los Angeles.

<sup>52</sup> *ibid.*

<sup>53</sup> Los Angeles Gay Community Services Center, "Commentary on the 1974 Financial Report".

a large grant and came to the conclusion that “the Women’s Alcohol Program of the Gay Community Services Center has not been inter-faced with the total program of the Center, as conceptualized, and that seemingly it cannot be within the current intellectual climate of that Program and its Staff.”<sup>54</sup> Ultimately, the women who had spearheaded the creation of the Women’s Alcohol Program opted to leave the Gay Community Services Center and form their own separate organization with the grant. Yet, the Center’s fumbling of the grant due to their relatively undeveloped oversight and organizational capabilities intensified criticism of the Center. Disgruntled workers and volunteers, many of whom were among the radical faction quickly developing within the Center, scrutinized the financial management abilities and lack of transparency of the Center’s management and board of directors. Many lesbian staff, volunteers, and community members interpreted the failure of the grant - what would have been the largest grant received to date by the Gay Community Services Center and would have made the Center’s largest program one solely for women - ear-marked specifically for a women’s program as yet another example in which women were treated unfairly by the male-dominated Center.<sup>55</sup> A number of women in leadership roles also decided to leave their

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<sup>54</sup> Jim Kepner with Paula Menger, "The Gay Community Services Center: Its History, Services & Problems," Gay and Lesbian Community Service Center, 104-114, ONE Archives, Los Angeles., 5. Board of Directors, "Minute Abstracted from the Minutes of the Meeting of the Board of Directors 30 April," 1975, Gay and Lesbian Community Service Center, 104-102, ONE Archives, Los Angeles.

<sup>55</sup> Sexual parity in services, leadership and management positions, and salaries was a continuous struggle and point of contention for many women involved with the Center, as well as for many men who politically identified as feminists. In January of 1975, just a few months before the crisis, 33 women workers met with members of the Management Team to discuss better ways of ensuring equal representation of the women workers in the Center’s decision making and to improve communication between management and



positions, and the Center altogether, to oversee the Women's Alcohol Program as it became its own entity, feeding the radical and feminist critique of the bungled grant and the Center.<sup>56</sup> From the radical viewpoint, the botched grant illustrated the Center's betrayal of radicalism on two counts: through its affiliation with the government and its reinforcement of sexism through mishandling the grant.

The failure of the Women's Alcohol Program in the early months of 1975 brought the tension over the Center's shifting politics to a climax. From the perspective of the radical faction within the Center, the poor handling of the grant illustrated the ways in which the Center's organizational structure, management, and dependence on state funding contributed to the institution's sexism, economic inequality, racism, and political oppression of radical and militant gays and lesbians. In the wake of the botched grant, the radicals within the Center set their sights on those they saw as directly responsible for the Center's politics: the founders, board of directors, and management. In early April of 1975 an in-house newsletter entitled "It's About Time" began circulating within the Center and larger gay and lesbian communities.<sup>57</sup> Revealing the multi-dimensionality of the radical analysis of the Center's shifting politics, they explained their purpose:

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the women. Many men of the Center wrote a statement of support for the women as they shared many of the same concerns. The Women Workers of GCSC, "Letter to the Board of Directors and Management Team of the Gay Community Services Center, 16 January," 1975, Gay and Lesbian Community Service Center, 104-102, ONE Archives, Los Angeles; The Male Workers of GCSC, "Letter to the Board of Directors and Management Team, Regarding the Women's Letter to the Board and Management Team, 16 January," 1975, Gay and Lesbian Community Service Center, 104-102, ONE Archives, Los Angeles.

<sup>56</sup> Board of Directors, "Meeting Minutes, 11 November," 1974, Gay and Lesbian Community Service Center, 104-102, ONE Archives, Los Angeles.

“stand against male control of women, and boss control of workers, no matter how subtle. We oppose patriarchal forms of structure (such as the ‘boss’ imposed Management Team and the absentee landlordship of our Board of Directors) which foster alienation among those who are committed to social change and the growth of our community... our purpose is to focus upon and create a feminist identity here at GCSC. We seek this goal because we are committed to a non-sexist and non-classist working environment.”<sup>58</sup>

The authors of “It’s About Time” were not just angry with one policy or aspect of the Center. Rather, they challenged the entirety of the organization’s policies, decision-making, and funding process arguing that the institutional culture that resulted from these policies was sexist, classist, racist, and smothering to all forms of political radicalism. The newsletter outlined the exclusion of women and center workers and volunteers in the current two-part organizational structure. The board of directors in 1975 had six male members, one female, and two vacancies. Meanwhile the management team, imagined at its founding as a six-person team, consisted only of founders Morris Kight and Don Kilhefner at the time.<sup>59</sup> The six-page hand-out also made clear their perspective on the relationship between government funding and the problems of the Center: “With the first acceptance of outside funding last summer, the Gay Community Services Center drastically altered the philosophy and direction of the Center.”<sup>60</sup> The articles in the newsletter then went on to trace how the funding and founders were at the root of the Center’s oppressive hierarchy and policies. “It’s About Time” shed light on the gap

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<sup>57</sup> Gay Feminist 11, "It's About Time...." 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>58</sup> *ibid.*

<sup>59</sup> *ibid*; Morris Kight, "Agenda Items Submitted by Morris Kight for Possible Inclusion, 25 April," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>60</sup> Gay Feminist 11, "It's About Time....".

between the politics of the radical faction within the Center and those of the larger organization in a way and with an intensity never before seen.

The response elicited by the newsletter was also unprecedented. As the newsletter spread throughout the Center and out into the larger Los Angeles community, Kight, Kilhefner, and other board members grew concerned that the Center would lose not only its state funding but also its tax exempt status because of the highly politicized rhetoric and charges put forth by the “It’s About Time” authors. A memorandum dated April 21 and sent to all Center staff and volunteers explained that all County funding contracts would “be held in suspension.”<sup>61</sup> In an effort to avoid any permanent damage to their funding relationships the memo went on to threaten termination unless “workers of the Gay Community Service Center, agree [to]...not use public funds... for political purposes... not use time paid for by public funds (which includes donations) for political activities... and not use public funds (which includes donations) whether salaries, supplies, equipment, etc. for the purpose of attacking the GCSC Board of Directors, the management structure and/or funding sources in public ways and in the media.”<sup>62</sup> Enraged by the demands of the memo, dubbed by some as a “loyalty oath” again illustrating how radicals portrayed the Center as an extension of a oppressive state, on the 24<sup>th</sup> of April, a larger group of radicals from within the Center presented the board of directors and the Management Team with a long list of concerns about the Center’s financial management and its treatment of Center workers and volunteers. Along with the detailed list of complaints, 21 workers signed a demand for the dismissal of the fiscal

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<sup>61</sup> Los Angeles Gay Community Services Center, "Memorandum, 21 April".

<sup>62</sup> *ibid.*

officer, the director of program development, and the board of directors.<sup>63</sup> The group's focus on these specific positions illustrates the clear relationship the radical faction felt existed between the Center's funding and program policies and its political shift. When the management team and board of directors refused this demand, the group took their concerns directly to the organizations that provided funding to the Center, including the state and federal government.<sup>64</sup>

By contacting funders directly with their complaints of Center management, the radicals hoped to portray existing management as ineffective and show that the Center was far more radical than previously thought by funding agencies. The ultimate goal of this tactic, as with all their other actions, was to transform the Center into a truly radical organization in which oppression in any form was not acceptable and politics were not compromised for or by funding. To this end, the radicals attempted to simply take over the Center, first by asking for the resignation of its leadership, and when that was unsuccessful, by forcing funders to either demand a change in Center management or simply pull their funding for the Center. The initial response from funders was to freeze all payments to the Center and suspend all contracts until the crisis was resolved. By contacting the funders, the radicals within the Center effectively threatened to shut it down, potentially permanently. The crisis forced management and the board of directors to once again choose between its funding and its politics. They could either step down,

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<sup>63</sup> Gay Feminist 11, "Memorandum Demanding the Dismissal of Ken Bartley and Don Kilhefner," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles..

<sup>64</sup> Los Angeles Gay Community Services Center, "Chronology of Recent Events"; Kight, "Agenda Items Submitted by Morris Kight".

resigning the Center to the radical contingent's leadership, which would certainly translate into a loss of funding and potentially the end of the Center, or they could recommit to funders and distance themselves further from their politically radical roots. Within hours of the meeting on the 24<sup>th</sup>, Kight presented the board with a proposal for a 19-step response which included, "that we make up a team of Board members and Management Team, to visit with each of the [funding] agencies to clarify our status, to re-assure them of our commitment..."<sup>65</sup> The board adopted the proposal and the Center was able to mend the relationships with all its funding sources within the following weeks.

As Center leadership scrambled to assure outside funders and save their existing contracts, they also had to address the internal strife at the root of the crisis. On May 1<sup>st</sup>, after "a marathon six day meeting" the board of directors fired 11 workers including all of the contributors to "It's About Time."<sup>66</sup> The Board gave each of the released workers reasons for their firing that related back to their job performance, and informed many that "your association with "It's About Time" and those in support of it, and other such activities, has, we believe, placed our charter, our tax exempt status, and our public funding in jeopardy."<sup>67</sup> In firing the most radical and vocal dissenters within the Center, management once again committed to their institutional vision "to be the Corporate Body so desperately needed in a large agency such as the Center, holding enormous public

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<sup>65</sup> Kight, "Agenda Items Submitted by Morris Kight".

<sup>66</sup> Los Angeles Gay Community Services Center, "Center Report", 2.

<sup>67</sup> Los Angeles Gay Community Services Center, "Discription of Each Dismissed Employee, Disseminated by the Gay Community Services Center," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

funding, and with a crucially needed, though now badly blunted, multi-purpose, co-sexual, inclusive and comprehensive program for all women and men who seek us out.”<sup>68</sup>

In short, by firing the most politically outspoken at the Center, the Center management and board made clear that they placed higher value in providing social services to the gay and lesbian communities than in embodying the more idealistic radical vision of the 1960s and early 1970s to which the fired radicals still clung. For those fired, the board’s actions only showed how destructive the Center had become to radical gay and lesbian politics. While the Center had saved its funding, the decision to fire the eleven radicals placed the Center in direct opposition to them.

The eleven terminated workers named themselves “the Feminist 11.” They were a racially diverse group of five men and six women who came from a wide range of the Center’s program offerings including the women’s health clinic, the Men’s VD Clinic, the counseling services, the hotline, and the third world awareness program. Jeanne Cordova, board member and full-time staff publicist for the women’s health clinic, became the loudest voice of those fired by the Center.<sup>69</sup> By 1975 Cordova had earned a reputation as a key lesbian activist within Los Angeles. She began her activism serving as President of the Los Angeles chapter of Daughter of Bilitis at the start of the decade and then left to found the Los Angeles Lesbian Center and the nationally disseminated *Lesbian Tide* news magazine, both in 1971. As publisher of the *Lesbian Tide*, Cordova posed the greatest public relations problem for the Center after she left as she used the

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<sup>68</sup> Kight, "Agenda Items Submitted by Morris Kight".

<sup>69</sup> Gay Feminist 11, "Serving the Gay and Lesbian Community: A Careful Look at the Board of Directors Leaflet," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

news magazine to rally support for those fired and to vilify the Gay Community Services Center. Using the *Lesbian Tide* as their political bull horn, the fired workers immediately set up a picket line and called for all Gay Community Services Center employees and patrons to strike.<sup>70</sup> In addition to editorials and articles in the *Lesbian Tide*, the Feminist 11 engaged in all out battle with their former employer as they “leafleted heavily, held a community meeting..., appeared before community groups..., published various materials.”<sup>71</sup> In each of these forums the rhetoric employed by the Feminist 11 and their supporters became increasingly personal as it portrayed the firings as a direct result of the classism and sexism of the individual Management Team and the Board of Directors members. To this end, protesters picketed not only the Center but also the homes and workplaces of Board Members.<sup>72</sup> Their goal was clear: to turn public opinion against the Center in an effort to force either the management to leave or the Center to shut down.

The picket line, while relatively small, came to include the rhetoric and activists from many of the radical political groups within the larger Los Angeles gay and lesbian communities.<sup>73</sup> The larger lesbian feminist community as well as gay male feminists, like the five men in the Feminist 11, sympathized with the strikers on the basis of the Center’s

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<sup>70</sup> Gay Feminist 11, "Why Boycott? Leaflet," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles. It is worth noting that 5 of the Feminist 11 were actually men who politically identified as feminists.

<sup>71</sup> Gay Community Services Center Board, "Letter to the Gay Feminist Sixteen," 1975, Morris Kight Collection, Collection 354 Box 246 Folder 2, Young Research Library, University of California, Los Angeles.

<sup>72</sup> Benjamin Teller, *Interview by Author*, (November 1, 2007).

<sup>73</sup> Gay Feminist 11, "Why Boycott?"; Los Angeles Gay Community Services Center, "Discription of Each Dismissed Employee"; Gay Feminist 11, "Serving the Gay and Lesbian Community".

apparent sexism. Members of the gay communist group Lavender and Red Union mobilized around the unfair treatment of the fired Center workers.<sup>74</sup> Also, as the Feminist 11 consisted of some of the most outspoken advocates for people of color within the Center, many gays and lesbians of color supported the strike to protest the Center's apparent racism.<sup>75</sup> While each group brought its own political interests to the strike, the Feminist 11 created a unified coalition among the radicals of the gay and lesbian community. In an era known for the fracturing of the radical Left along the lines of identity, the supporters of the Feminist 11 offer a contrasting example of collaboration and integration of radicals of many different stripes within the gay community. But even with a broad base of support from numerous groups within the gay and lesbian community, the actual size of the coalition in terms of numbers was relatively small and the picket line rarely consisted of more than 20 people.<sup>76</sup>

The small size and diversity of the Gay Community Services Center picket line illustrate two broader themes in radicalism in the mid-1970s in Los Angeles. First, people from a wide range of movements and identity groups still subscribed to the radical ideals and methods of the late 1960s and early 1970s. In many of these groups, radicals directed their critiques and political actions inward at their own movements, rather than toward the state or mainstream society, as they saw them slowly abandoning radicalism in the

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<sup>74</sup> Faderman and Timmons, *Gay L.A.* 204-205.

<sup>75</sup> Gay Feminist 11, "Why Boycott?"; 11, "Shut Down against Repression"; Gay Feminist 11, "Who's Who Leaflet," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>76</sup> Gay Community Services Center Board, "To the Gay Feminist Sixteen"; Los Angeles Gay Community Services Center, "Center Report"; Los Angeles Gay Community Services Center, "Chronology of Recent Events".



face of funding needs, changing political environments, and new challenges.<sup>77</sup> Second, the small size of the picket shows that the radical faction within each of these groups was considerably smaller and more on the fringe of these movements by the mid-1970s than they had been just a few years earlier. From this vantage point, the turmoil of the Gay Community Services Center of this period corroborates a declension narrative even as it centers on a radical protest.<sup>78</sup>

While it unified the diminishing radical factions within the gay and lesbian communities, the strike cemented the split in the Center between social services and radical politics. The Feminist 11 portrayed the Center staff and management as “male-identified bourgeois capitalist sexist lackey pigs.”<sup>79</sup> Meanwhile, the board of directors began to attack the Feminist 11, depicting them as selfish, rigid ideologues whose own narrow politics placed the Center’s very existence at risk and whose tactics of “beating on windows...spitting on Center Board members... threatening to burn the building down...

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<sup>77</sup> On radical factions within the feminist movement see Enke, *Finding the Movement*. Valk, *Radical Sisters*. Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975*, (Minneapolis: University of Minnesota, 1989). Springer, *Living for the Revolution*; Reger, *Different Wavelengths*. For the decline of the Black Panthers see Peniel E. Joseph, *The Black Power Movement : Rethinking the Civil Rights-Black Power Era*, (New York: Routledge, 2006); Kathleen Cleaver and George Katsiaficas, eds., *Liberation, Imagination, and the Black Panther Party: A New Look at the Panthers and Their Legacy*, (New York: Routledge, 2001). For a broad overview of radicalism in Los Angeles see Laura Pulido, *Black, Brown, Yellow, and Left : Radical Activism in Los Angeles*, (Berkeley: University of California Press, 2006).

<sup>78</sup> For examples of a declension narrative for this period see Edward D. Berkowitz, *Something Happened : A Political and Cultural Overview of the Seventies*, (New York: Columbia University Press, 2006); Carroll, *It Seemed Like Nothing Happened*; Schulman and Zelizer, *Rightward Bound*.

<sup>79</sup> 11, "Women Speak out About Gcsc", 1.

letting out the air of staff persons tires” were dangerous and sophomoric.<sup>80</sup> By the end of May the Feminist 11 and the Gay Community Services Center had traded lawsuits with one another. The Gay Community Services Center filed a restraining order against the Feminist 11 while the Feminist 11 sued their former employer for wages and other concessions.<sup>81</sup>

These lawsuits, and the strike, were finally settled in 1978, but the separation between social services and radical politics would remain permanent in the Center. While politics and funding remained divided within the Center, the acrimony between the Center and the radical gay and lesbian contingent did eventually ease with the settlement of the lawsuits and the strike. Ultimately, the Los Angeles Gay Community Services Center conceded publicly that the Feminist 11 had been unfairly terminated and agreed to pay “token reparations.”<sup>82</sup> The strike also ushered in a number of new policies and procedures at the Gay Community Services Center. For the Board members and the remaining staff, the strike shed light on the fact that the Center was “undermanaged and

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<sup>80</sup> Los Angeles Gay Community Services Center, "Chronology of Recent Events"; Gay Community Services Center Board, "To the Gay Feminist Sixteen"; Los Angeles Gay Community Services Center, "Cover Letter for the Chronology of Recent Events at the Gay Community Services Center, 3 May," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles. Los Angeles Gay Community Services Center, "Press Release: The Board of Directors of the Gay Community Services Center Recently Dismissed 11 Workers," 1975, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

<sup>81</sup> County of Los Angeles, "Court Order to Show Cause Regarding Preliminary Injunction and Temporary Restraining Order, Case Number 124173, Superior Court of the State of California for the County of Los Angeles, Cordova Et Al V. Gay Community Services Center," 1975, Gay and Lesbian Community Service Center, 104-110, ONE Archives, Los Angeles.

<sup>82</sup> Los Angeles Gay Community Services Center, "Settlement Agreement," 1978, Gay and Lesbian Community Service Center, 104-112, ONE Archives, Los Angeles.

unprepared for the transition from a period of being totally a volunteer agency to an agency with government funding needing to be accountable and responsible.”<sup>83</sup>

Consequently, to address many of the individual work- related grievances of radicals and to provide a structure that allowed for easier growth, the Center revised its personnel policies and procedures, providing clarity to both worker grievance and termination procedures, and underwent a formal audit of all its finances.<sup>84</sup> By the time the Agreement was finalized in 1978, “in a spirit of reconciliation, the Center share[d] strong desires with the strikers and their supporters to lay this issue at rest.”<sup>85</sup> There was certainly fatigue on both sides of the picket line.

Despite the challenges posed by the strike, the Gay Community Services Center had continued to grow in terms of its funding, its programs, and visitors after an initial fall-off immediately following the crisis. By 1976, the Center consisted of three buildings: one for a temporary residential program for gay parolees, another for the Center’s residential rehabilitation program, and the third housing the actual Center. In addition, the Center offered a wide and growing set of more than two dozen services ranging from health clinics to rap groups, job training and placement programs to a

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<sup>83</sup> Los Angeles Gay Community Services Center, "Press Release: Recently Dismissed 11 Workers".

<sup>84</sup> Los Angeles Gay Community Services Center, "Personnel Policies and Procedures Revised July-November," 1977, Morris Kight Collection, Collection 354 Box 251 Folder 6, Young Research Library, University of California, Los Angeles; Los Angeles Gay Community Services Center, "General Policies and Procedures," 1978, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.

<sup>85</sup> Los Angeles Gay Community Services Center, "Settlement Agreement".

second-hand store.<sup>86</sup> In 1975 the Center served over 1000 people. The demographics of the Center's patrons show that the Center attracted people of nearly every age and race with roughly forty per cent of service recipients being female.<sup>87</sup> By 1978, the men's venereal disease clinic alone accounted for more than 15,000 visits annually to the Center.<sup>88</sup> While the strike created many immediate challenges for the Center, clearly it had recovered and thrived in the absence of the radicals within the Center.

With the settlement reached and the strike called off, 1978 marked a new era for the Center. The years immediately following the conclusion of the strike saw Center staff, volunteers, and patrons pushing for the Center to address a variety of issues that stemmed from dynamics over race, gender, and class that still plagued the Center and which could be addressed with the cooperation of the management and board of directors. Unlike earlier, when the demands of the strikers often drowned out or silenced those within the Center seeking change, the Center responded, although often criticized as too slowly, to the calls for greater gender, race, and class equity among its programs and leadership. It changed its formal name to the Gay and Lesbian Community Services Center after lesbians snuck up onto the roof of the building at night and spray painted the word "lesbian" onto the sign in 1981. Going even further, the Center appointed a women,

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<sup>86</sup> Los Angeles Gay Community Services Center, "Introduction and Historical Perspective for the Gay Community Services Center," 1976, Morris Kight Collection, Collection 354 Box 251 Folder 5, Young Research Library, University of California, Los Angeles., 1-12. Los Angeles Gay Community Services Center, "Preliminary Financial Statements"; Los Angeles Gay Community Services Center, "History and Objectives".

<sup>87</sup> Los Angeles Gay Community Services Center, "Introduction and Historical Perspective", 14.

<sup>88</sup> The Men's Clinic, "Fact Sheet," 1978, Gay and Lesbian Community Services Center, 104-103, ONE Archives, Los Angeles.

Torie Osborn, as its Executive Director for the first time in 1988. She would be the first in a long line of female Directors.<sup>89</sup> In this way, the conclusion of the strike actually provided more freedom for the Center to address the various forms of oppression of which many of the strikers had complained. The settlement also symbolized the slow decline of 1960s-radicalism as a strong political force in the gay community.

### **Health Changes**

The political clashes that took place in and around the Los Angeles Gay Community Services Center in the 1970s changed the way that health was defined and used within gay and lesbian politics. At the Center's founding, health had been a political and programmatic cornerstone, with Kight, Kilhefner, and Platania building the Center upon a foundation of Oppression Sickness. With the Oppression Sickness model, every service for gays and lesbians was one that challenged their oppression and consequently treated the sickness born out of their oppression. From this perspective, every service was a health program and every program aided in the liberation of gays and lesbians from their oppression within a heterosexist society. This understanding of health resonated with the radical politics of the founders themselves and the radical activists within the gay and lesbian community. Oppression Sickness conflated health with political liberation and equated health services with a political critique of mainstream society and advocacy for gays and lesbians. In short, Oppression Sickness used health as a political tool.

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<sup>89</sup> Faderman and Timmons, *Gay L.A.*, 213-214.

State funding altered the definition and use of health services within the Gay Community Services Center. State funding requirements and the founder's concern of not appearing too radical for funding forced the replacement of the umbrella concept of Oppression Sickness with more rigid and narrow definitions of health and health services. As, over time, the Center became more dependent upon state funding, it slowly adopted the state's definition of health as services directly related to physical or mental health. For those services that fell outside the new definition of health, the Center found state funding as well, including a recurring Comprehensive Employment and Training Act grant for Center worker training and employment and money from the Department of Housing and Urban Development that allowed them to pay off their mortgage.<sup>90</sup> All of these grants shaped the Center's new definition of health programs to be more in line with the definition used by the state, separating health from politics.

As the Center and state's understandings of health increasingly overlapped, they stood in greater contrast to the original concept of Oppression Sickness that resonated with radical activists within the Gay Community Services Center and larger gay and lesbian communities. This shifting role of health and sickness in the Center's mission and politics compounded other pre-existing tensions over the center's organizational structure, funding practices, treatment of workers, and gender inequity, pushing the Center more politically out of step with the radical faction within the organization and

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<sup>90</sup> Stephen Schulte, "Memorandum, Hud Grant for Purchase of Building, 26 June," 1980, Gay and Lesbian Community Service Center, 104-102, ONE Archives, Los Angeles; Morris Kight, "Letter to Sheldon Andelson, Regarding Gay Community Services Center, Ceta, Title Vi Funding, 5 October," 1977, Gay and Lesbian Community Service Center, 104-112, ONE Archives, Los Angeles; Los Angeles County, "The Requirements for Eligibility for Ceta Jobs," 1977, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles. Faderman and Timmons, *Gay L.A.*, 208.

larger community and fueling the ensuing crisis. The eventual resolution between the Center and its radical critics did not resuscitate the concept of health and health services as a political tool for liberation. Instead, social services, including health programs, in the Los Angeles Gay Community Services Center were divorced entirely from liberation politics by decade's end. Health played a strong, although far less political and encompassing, role in gay and lesbian services and identity in Los Angeles in the late 1970's. While the definition of health had narrowed both within the Center and consequently the larger community, the concern for physical and mental health became part of the larger Los Angeles gay and lesbian culture with social services and discussions of health abounding well beyond the walls of the Highland Avenue Center throughout the late-1970s.

The political crisis that the Gay Community Services Center experienced in the 1970s sheds light on the often times difficult and contested transition away from radicalism that many organizations and social movements faced during this period. This shift in politics often came with great pain and struggle as it pitted those within movements against one another, as the funding needed to ensure the continuation of social services and organizations often contradicted some of the ideals of late-1960s radicalism. Despite the difficulties of the period, state funding and radical critique allowed the Los Angeles Gay Community Services Center to emerge from the decade as a large, efficient, dynamic, and robust social service agency for the Los Angeles gay and lesbian communities.

## CHAPTER VI

### DOCTORS AND DRAG QUEENS: THE CHICAGO BEGINNING

Before the 1970s, mainstream medicine viewed homosexuals as innately ill.<sup>1</sup> Spurred on by gay liberation and larger questions about medical authority in the 1970s, gay and lesbian activists undercut this understanding of homosexuality as they challenged medical professionals and institutions and created their own health services to treat the illnesses of homosexuals rather than the “illness” of homosexuality. From this vantage point the protest to remove homosexuality from the Diagnostic Statistical Manual of Mental Disorders at the 1973 American Psychiatric Association annual meeting and the many services at the Los Angeles Gay Community Services Center were different sides of the same coin.<sup>2</sup> Gay health activism in Chicago showcases another, crucially important, force in successfully challenging the intrinsic illness of all homosexuals - gay medical professionals.

Gay doctors, nurses, and medical students in Chicago challenged the conflation of homosexuality and sickness by combining their medical training with a politics informed

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<sup>1</sup> The historiography on this is substantial ranging from the works of Foster and Godbeer who examine homosexuality in early America to Terry’s insightful study of the more recent medical obsession with homosexuality to Freedman and D’Emilio’s work on the larger history of sexuality. Each of these works illustrate how homosexuality was itself not just a sexual “perversion” but also an illness within social, sexual, and medical discourses for much of United States history. Thomas A. Foster, *Long before Stonewall : Histories of Same-Sex Sexuality in Early America*, (New York: New York University Press, 2007); Richard Godbeer, *Sexual Revolution in Early America*, (Baltimore, Md.: Johns Hopkins University Press, 2002); Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society*, (Chicago: The University of Chicago Press, 1999); John D’Emilio and Estelle B. Freedman, *Intimate Matters : A History of Sexuality in America*, (Chicago: University of Chicago Press, 1997).

<sup>2</sup> For more on the APA decision see Jack Drescher and Joseph P. Merlino, *American Psychiatry and Homosexuality : An Oral History*, (New York: Harrington Park Press, 2007).



by gay liberation, socialized medicine, and public health. As the first generation to come out within the profession, gay medical professionals were able to blur the historical roles of homosexuals as the researched and medical professionals as the researcher.<sup>3</sup> Many gay medical professionals continued in their heterosexual predecessor's footsteps of focusing their medical eye on homosexuals. However, they did not adopt the premise of homosexuality as itself a sickness but instead studied the illnesses affecting and infecting homosexuals. The largely ignored, under-treated, and quickly growing venereal disease problem within the gay community was one area of interest that gay medical professionals quickly identified.<sup>4</sup> Again breaking with medical tradition, they did not approach venereal disease or homosexuality as examples of sexual perversion that needed regulation, as was typical of many of their medical contemporaries and certainly of mainstream medicine in previous periods. They focused on treating diseases rather than policing sexuality. Consequently, health activism in Chicago broke down many of the barriers blocking effective medical treatment within the gay community including distrust of medical professionals among gays and the ineffective medical practices on the part of practitioners.

The medical approach used by Chicago gay health activists emerged directly out of the larger social and political health care debates that took place nationally and in

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<sup>3</sup> Chris Coste, "Gay Doctors Edging out of the Closet," *The New Physician* (1974). Howard Brown, *Familiar Faces, Hidden Lives : The Story of Homosexual Men in America Today*, (New York: Harcourt Brace Jovanovich, 1976); Anonymous, "I Am a Lesbian Health Care Worker," 1976, Boston Women's Health Book Collective Papers, Box 64, Countway Medical Library, Harvard University, Boston. Howard Harrison, "Straight Talk from a Gay Doctor," *The New Physician* (1974).

<sup>4</sup> Another major area of interest for gay medical professionals was mental health including psychiatry and psychology.

Chicago in the late-1960s and early 1970s, including those around the relationship between capitalism and medicine. As home to the typically conservative American Medical Association and some of the greatest individual proponents for socialized medicine like Quentin Young, the national debates over the proper response to the health crisis that was emerging in the late 1960s and continued throughout the 1970s were more polarized and heated within the local Chicago context.<sup>5</sup> These contrasting political approaches informed the vision of the key activists within the gay health movement in Chicago. From this vantage point, the national debate over healthcare reform informed, although in an entirely different way than for the Fenway Community Health Clinic, the creation of gay health services in Chicago. Chicago gay health activists, who were themselves doctors or doctors in training, created an approach to gay health that incorporated the politics of the proponents for socialized medicine and the concern for medical research and scholarship often promoted by the much more conservative American Medical Association. This hybrid methodology culminated in a dynamic approach to gay health in Chicago including both a narrowly focused free clinic that could easily lend itself to conducting medical research and an outreach program that

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<sup>5</sup> On the health crisis of the 1960s and following decades, see John E. Murray, *Origins of American Health Insurance : A History of Industrial Sickness Funds*, (New Haven: Yale University Press, 2007); Jill S. Quadagno, *One Nation, Uninsured : Why the U.S. Has No National Health Insurance*, (Oxford ; New York: Oxford University Press, 2006); Beatrix Hoffman, *The Wages of Sickness: The Politics of Health Insurance in Progressive America*, (Chapel Hill: University of North Carolina Press, 2001); Marie Gottschalk, *The Shadow Welfare State : Labor, Business, and the Politics of Health-Care in the United States*, (Ithaca, N.Y.: ILR Press, 2000); David T. Beito, *From Mutual Aid to the Welfare State : Fraternal Societies and Social Services, 1890-1967*, (Chapel Hill: University of North Carolina Press, 2000); Theda Skocpol and Economic and Social Research Institute., *The Time Is Never Ripe : The Repeated Defeat of Universal Health Insurance in the 20th Century United States*, (Dublin: Economic and Social Research Institute, 1995).

brought health services to gay businesses and sites of sexual commerce. Historians have written much on the political responses to the national health crisis of the 1960s and 1970s, such as Great Society Programs and the emergence of a strong community health clinic network.<sup>6</sup> However, few have examined the relationship between the health care crisis and the development of medical practices and approaches to specific communities.<sup>7</sup> This chapter clearly illustrates the links between the larger health care debates and the development of effective medical practices within the gay community.

Health activism in Chicago grew out of what was initially a social network of area gay medical students who found medical school alienating, with its curriculum on homosexuality often offensive, if not completely absent. The relatively fast and easy

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<sup>6</sup> Stephen P. Strickland, *The History of Regional Medical Programs : The Life and Death of a Small Initiative of the Great Society*, (Lanham, MD: University Press of America, 2000); Craig E. Blohm, *The Great Society : America Fights the War on Poverty*, (Farmington Hills, MI: Lucent Books, 2004); Sidney M. Milkis and Jerome M. Mileur, *The Great Society and the High Tide of Liberalism*, (Amherst: University of Massachusetts Press, 2005); James C. Mohr, *New Perspectives on Public Health Policy*, (University Park: Pennsylvania State University Press, 2008); Bonnie Lefkowitz, *Community Health Centers : A Movement and the People Who Made It Happen*, (New Brunswick, N.J.: Rutgers University Press, 2007); Jonathan Engel, *Poor People's Medicine : Medicaid and American Charity Care since 1965*, (Durham: Duke University Press, 2006).

<sup>7</sup> One exception here is the significant body of work on the women's health movement of the late 1960s and 1970s, which while born directly out of feminist politics, was certainly informed by the community health clinic movement and other Great Society programmatic responses to the health care crisis. See Sandra Morgen, *Into Our Own Hands : The Women's Health Movement in the United States, 1969-1990*, (New Brunswick, N.J.: Rutgers University Press, 2002); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*, (New York: New York University Press, 2003); Jennifer Nelson, "'Hold Your Head up and Stick out Your Chin': Community Health and Women's Health in Mound Bayou, Mississippi," *NWSA Journal* 17, no. 1 (2005). Laura Kaplan, *The Story of Jane : The Legendary Underground Feminist Abortion Service*, (Chicago: University of Chicago Press, 1997); Elena Gutierrez and others, *Undivided Rights: Women of Color Organizing for Reproductive Rights*, (Boston: South End, 2004).

evolution of a health clinic and outreach services from a small social network speaks to the interconnectedness between social interaction, political activism, and the creation of organizations within the gay community in Chicago in the mid-1970s. This chapter adds to the small but growing literature on activism and culture within the gay liberation period both nationally and in Chicago.<sup>8</sup> Furthermore, the unique approach to gay health taken by Chicago health activists brought them into the vibrant bars and bath houses within gay Chicago. By examining these anchors of the gay social scene as sites of health and education in addition to locations for sexual commerce, I add a new dimension to the historical importance of bars and baths in the emerging gay sexual culture during the gay liberation period.<sup>9</sup> The work of these medical activists grew out of a political context somewhat specific to Chicago but the new perspective on the evolving gay social and sexual cultures offered by their work reverberates in many gay communities of this

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<sup>8</sup> The works of Brett Beemyn, Lillian Faderman, Anne Valk, and Marc Stein are among the most prominent studies of gay liberation activism and culture during the 1970s in other cities. Lillian Faderman and Stuart Timmons, *Gay L.A. : A History of Sexual Outlaws, Power Politics, and Lipstick Lesbians*, (New York: Basic Books, 2006). Marc Stein, *City of Sisterly and Brotherly Loves : Lesbian and Gay Philadelphia, 1945-1972*, (Philadelphia: Temple University Press, 2004); Brett Beemyn, *Creating a Place for Ourselves : Lesbian, Gay, and Bisexual Community Histories*, (New York: Routledge, 1997); Anne M. Valk, "Living a Feminist Lifestyle: The Intersection of Theory and Action in a Lesbian Feminist Collective," *Feminist Studies* 28, no. 2 (2002). On Chicago specifically see the recent series of articles by John D'Emilio in the *Windy City Times* newspaper and Timothy Stewart-Winter, "Raids, Rights, and Rainbow Coalitions: Sexuality and Race in Chicago Politics, 1950-2000" (University of Chicago, 2009).

<sup>9</sup> On the historical importance of bars and baths in the creation of gay culture and identity see Elizabeth Kennedy and Madeline Davis, *Boots of Leather, Slippers of Gold*, (New York: Penguin Books, 1994); John Howard, *Men Like That : A Southern Queer History*, (Chicago: University of Chicago Press, 1999). George Chauncey, *Gay New York : Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940*, (New York: Basic Books, 1994); Stewart-Winter, "Raids, Rights, and Rainbow Coalitions." Beemyn, *Creating a Place for Ourselves*.

period across the country. In this way, I am able to engage with and complicate the debate that would dominate public health and political discourse during the early years of the AIDS crisis, of gay bars and bathhouses as sites of either disease transmission or sexual liberation. Rather, the work of Chicago health activists and business owners suggest that bars and bathhouses were at once landmarks of sexual liberation and highly effective sites for disease education, prevention and treatment in Chicago and in other cities many years before the first identified AIDS cases.

The Chicago gay health clinic and the bar and bath outreach programs were symbiotic programs, both central to making health part of the emerging gay culture and identity during this period. These projects combined to create a strong and reciprocal relationship between medicine and the gay community that proved highly effective in treating venereal disease within the gay community and crucial to challenging theories of innate illness of homosexuals within mainstream medicine. As such, this chapter places both the clinic and the largest and most important outreach program of Chicago gay health activists in the 1970s - the VD Van – at the center. I present these programs and their development within Chicago's emerging gay culture as exemplary of how arguments and practices of both the socialized medicine movement and the American Medical Association informed Chicago activists' unique medical approach to gay health. In doing so, I illustrate how gay health activists in Chicago played a central role in rectifying mainstream medicine's alienating and ineffective historical approach to homosexuals in the period before AIDS.

### **Political Science: the Making of an Activist Doctor**

The gay community was only one of many groups underserved and pushed to the peripheries by mainstream medicine in the early 1970s. While the 1965 Medicaid and Medicare legislation made health care accessible to millions who previously found the cost and proximity to care a hindrance, by the early 1970s, the flaws of the legislation began to show. Doctors, many of whom had attempted to block the initial Great Society programs, found that the law created little oversight to stop providers from charging the government exorbitant prices for tests, treatments, and procedures that were often excessive, redundant, or unnecessary.<sup>10</sup> As a result, doctors who accepted Medicare and Medicaid could easily profit by abusing the programs' reimbursement policies. Federal and state governments watched their healthcare budgets explode with unnecessary and fraudulent Medicare and Medicaid claims as patients often received care driven more by profits than by medicine. One newspaper article summarized the problem in 1974 writing, "some physicians were raking in hundreds of thousands of tax dollars a year and no mechanism existed to measure the quality of care they were giving – or indeed even to determine that they were giving care at all."<sup>11</sup> As a result, many Medicare and Medicaid patients were not receiving quality medical care from their doctors in the early 1970s

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<sup>10</sup> For more on Medicaid and Medicare fraud history see, Grace Budrys, *Planning for the Nation's Health: A Study of Twentieth Century Developments in the United States*, (New York: Greenwood Press, 1986). Engel, *Poor People's Medicine*. Mark Ross Daniels, *Medicaid Reform and the American States : Case Studies on the Politics of Managed Care*, (Westport, Conn.: Auburn House, 1998). Laura Katz Olson, *The Politics of Medicaid*, (New York: Columbia University Press); John W. Schilling, *Undercover : How I Went from Company Man to Fbi Spy--and Exposed the Worst Healthcare Fraud in U.S. History*, (New York: American Management Association, 2008).

<sup>11</sup> William Hines, "Doctors Intensify Campaign against Standards Review," *Chicago Sun-Times*, June 24 1974.

either because their doctors were more interested in making a profit than providing proper care or because cash-strapped states began to limit enrollment for the increasingly costly Medicaid program.<sup>12</sup> Thus, while the gay community attributed their lack of quality care more to homophobia within mainstream medicine than to fraudulent Medicare and Medicaid practices, gays were far from the only group growing increasingly critical of mainstream medicine, epitomized by the Chicago-based American Medical Association (AMA), in the early 1970s.

The growing dissatisfaction with mainstream medicine infiltrated the medical profession itself, as doctors engaged in heated ideological debates over professional accountability, profits, and ethics at the annual AMA meetings held in Chicago.<sup>13</sup> Much of the argument centered specifically on the creation, and then possible repeal, of Professional Standards Review Organizations (PSROs) which Congress mandated in legislation passed in 1972 to ensure that doctors billing Medicare and Medicaid were providing high quality medical care and not abusing the programs. However, the arguments highlighted and amplified an already existing schism within the medical profession pitting the more politically conservative majority within the AMA against more radical advocates for a single-payer system. In terms of the PSROs, the AMA balked at the concept of doctors having to justify and explain their medical decisions to

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<sup>12</sup> Engel, *Poor People's Medicine*. Olson, *The Politics of Medicaid*.

<sup>13</sup> Hines, "Doctors Intensify Campaign."; Bob Olmstead, "Ama Delegates Urge Repeal of Peer Review Law," *Chicago Sun-Times*, June 25 1974; Jerome Watson, "Ford Asks Ama Health-Plan Compromise," *Chicago Sun-Times*, June 26 1974; Bob Olmstead, "Ama Votes Down All-out Fight to Repeal Peer Review Law," *Chicago Sun-Times*, June 27 1974; Elianne Riska, *Power, Politics and Health: Forces Shaping American Medicine*, (Helsinki: The Finnish Society of Sciences and Letters, 1985).

the state.<sup>14</sup> It contended that in the interest of the patients, medical treatment decisions should be left to highly-trained medical professionals and that any interference on the part of PSROs or any other regulatory body would result in timidity and fear on the part of practitioners and ultimately hinder medical innovation and decrease quality of care.<sup>15</sup>

More broadly, the issues of Medicare and Medicaid fraud and PSROs echoed a much larger philosophical, ideological, and political debate over the relationship between medicine, money, and the state. While the history of Boston's Fenway Community Clinic illustrates how these questions divided the country and dominated the national domestic political discourse during the late 1960s and early 1970s, the questions also divided the medical profession.<sup>16</sup> On one side, the AMA favored the existing medical system

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<sup>14</sup> This debate continued for years as the AMA and other professional medical organizations fought the initial law creating PSROs in 1971 and 1972 and then went on to lobby for its repeal in 1973 and 1974. Using the looming threat of the creation of a nationalized health system, President Ford finally convinced the AMA to drop the issue as part of a larger medical reform package passed on the eve of the electoral landslide of the 1974 that gave Democrats a veto-proof majority in the legislature. Watson, "Ford Asks Ama Health-Plan Compromise."; "Landslide Win by Democrats in Congress Is Omen for Ford," *Chicago Sun-Times*, November 6 1974; Rosemary Stevens, Charles E. Rosenberg, and Lawton R. Burns, *History and Health Policy in the United States : Putting the Past Back In*, (New Brunswick, N.J.: Rutgers University Press, 2006); Quadagno, *One Nation, Uninsured*; William Hines, "National Health Insurance -- Now 'Veto-Proof' Issue?," *Chicago Sun-Times*, November 7 1974.

<sup>15</sup> Lowell Eliezer Bellin and Florence Kavalier, "Policing Publicly Funded Health Care for Poor Quality, Overutilization, and Fraud -- the New York City Medicaid Experience," *American Journal of Public Health* 60, no. 5 (1970); H E Pies, "Control Fraud and Abuse in Medicare and Medicaid," *American Journal of Law and Medicine* 3, no. 3 (1977).

<sup>16</sup> On the national debate over single-payer or nationalized health care see Engel, *Poor People's Medicine*; Karen Davis and Cathy Schoen, *Health and the War on Poverty : A Ten-Year Appraisal*, (Washington: Brookings Institution, 1978); Paul Starr, *The Social Transformation of American Medicine*, (New York: Basic Books, 1982); Murray, *Origins of American Health Insurance*; Hoffman, *The Wages of Sickness*; Stevens, Rosenberg,



claiming that it furthered medical innovation and research while also giving individual doctors the greatest possible freedom in their medical practice.<sup>17</sup> On the other, proponents for socialized medicine argued that medical care should be easily accessible to all, rather than contingent upon insurance or income, and that medicine was an important tool in fighting social inequality and injustice.<sup>18</sup> Their interest in providing health care to all led socialized medicine proponents to integrate more public health tactics into their medical practice, including the creation of community health clinics, conducting outreach, and focusing on prevention. Reflective of those most interested in overcoming injustice and social inequality, those beyond the medical profession who sided with a socialized medicine approach to health care represented a wide range of groups including the Black Panthers, the elderly, and feminists to name a few.<sup>19</sup> Together, they pointed to the fraudulent Medicare and Medicaid claims to paint the AMA as representing unethical profiteers and reinforcing social inequalities.

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and Burns, *History and Health Policy in the United States*; Quadagno, *One Nation, Uninsured*.

<sup>17</sup> For more on the history of the American Medical Association see Morris Fishbein, *A History of the American Medical Association, 1847 to 1947*, (Philadelphia [etc.]: Saunders, 1947); David J. Rothman, *Strangers at the Bedside : A History of How Law and Bioethics Transformed Medical Decision Making*, (New Brunswick [N.J.]: AldineTransaction, 2008).

<sup>18</sup> John Dittmer, *The Good Doctors : The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*, (New York: Bloomsbury Press, 2009).

<sup>19</sup> David Hilliard, ed. *The Black Panther Party: Service to the People Programs*, (Albuquerque: University of New Mexico Press, 2008); Barbara Rowland and Lawrence Schneiderman, "Women in Alternative Health Care: Their Influence on Traditional Medicine," *Journal of the American Medical Association* 241, no. 7 (1979); Barbara Kaiser and Irwin Kaiser, "The Challenge of the Women's Movement to American Gynecology," *American Journal of Obstetrics and Gynecology* 120, no. 5 (1974); Bob Olmsted, "Elderly Picket Ama Meeting, Hit Lack of Care," *Chicago Sun-Times*, June 26 1974.

While the politics of socialized medicine certainly resonated with gay health activists nationally, the arguments and interests of the AMA influenced those in Chicago much more than they did their counterparts in Boston or Los Angeles. The reasons for this are two-fold and place Chicago gay health activism on a different trajectory than that in other cities. First, individuals central to Chicago gay health activism were medical professionals or training to be medical professionals and approached gay health from a medical standpoint rather than a political one. Second, Chicago, as home to both the AMA and some of the strongest proponents for socialized medicine within the medical profession, was geographically at the center of the argument, exposing Chicago's gay health activists to both sides of the debate over socialized medicine.

Long time activist and physician Quentin Young was at the heart of the Chicago movement for a single-payer medical system, earning him a reputation as “Mr. Socialized Medicine for Chicago.”<sup>20</sup> Young first began to use his medical training to further leftist political causes in June of 1964 when he joined with a few other doctors across the country to found the Medical Committee for Human Rights.<sup>21</sup> The Committee initially provided medical care for civil rights activists who traveled as Freedom Riders to Mississippi and went on to critique U.S. involvement in Vietnam and even care for protesters wounded at the 1968 Democratic National Convention in Chicago.<sup>22</sup> While his

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<sup>20</sup> David Ostrow, *Interview by Author, March 23, (2007)*.

<sup>21</sup> Among those founders of the Medical Committee for Human Rights was Dr. Walter Lear of Philadelphia who would later go on to found the Gay Public Health Workers Committee, the first national professional gay health organization.

<sup>22</sup> Dittmer, *The Good Doctors*; Sydney Lewis, *Hospital : An Oral History of Cook County Hospital*, (New York: Berkley Books, 1996).

political commitment to socialized medicine earned him the respect of many beyond his profession, his skills as a doctor translated into a long and accolade-filled medical career. He served as the Chairman of Medicine for Cook County Hospital (the county in which Chicago is located) from 1972-1981.<sup>23</sup> While Young's medical and political activism never directly addressed the unfair treatment of homosexuals by mainstream medicine, he proved very influential for at least one of the key activists in Chicago gay health.

In 1965, David Ostrow began attending the University of Chicago as a 16 year old with little interest in political activism and an internal struggle with his homosexuality he described as, "something to be overcome in myself... it wasn't natural."<sup>24</sup> Upon arriving in the city's south side Hyde Park neighborhood, Ostrow pursued not only his Bachelor's degree but also set out on an academic path leading to a Medical Doctorate degree as well as a Doctorate of Philosophy in biochemistry. At the time, the political and professional culture at the University of Chicago overwhelmingly favored the existing medical system and lent academic weight to the AMA's argument that it cultivated greater medical research and innovation.<sup>25</sup> As a result, the larger university community and Ostrow's studies instilled in him a deep interest in conducting medical research and contributing to medical innovation. However unlikely, while there he also was "exposed to very liberal thinking, even men interested in socialized medicine. I got to know Quentin Young very

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<sup>23</sup> Quentin Young Papers, Wisconsin Historical Society Archives, Madison. Ostrow, *Interview*; Lewis, *Hospital*.

<sup>24</sup> Ostrow, *Interview*.

<sup>25</sup> Fitzhugh Mullan, *White Coat, Clenched Fist : The Political Education of an American Physician*, (Ann Arbor: University of Michigan Press, 2006); Lewis, *Hospital*.

well.”<sup>26</sup> To help pay for tuition, Ostrow found work during his first semester as a dishwasher in the research laboratory of Godfrey Getz, a professor of pathology, biochemistry, and molecular biophysics who was also a politically liberal Jewish expatriate of then apartheid South Africa. While the students of the University of Chicago made the campus a hotspot for New Left activism and protest for much of the late 1960s and early 1970s, the institution itself and the majority of the faculty, especially those conducting medical research were typically conservative.<sup>27</sup> However, Getz’s laboratory was one of the few outposts of liberal politics not run by the students and became an important base for proponents of socialized medicine not only on campus but for city-wide activists as well.<sup>28</sup> There, Ostrow met Young and grew conscious of medicine’s potential as a tool for social justice. As Ostrow slowly climbed the ranks from dishwasher as an undergraduate freshman to research assistant as a Ph.D. candidate, he not only learned more about socialized medicine, but also had a rare opportunity to see its relationship to political activism first hand. In the summer of 1968, Ostrow joined members of the Medical Committee for Human Rights including Young, Getz and other

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<sup>26</sup> Ostrow, *Interview*. In addition to his exposure and growing involvement in radical health care politics, the anti-war movement also informed Ostrow’s political identity formation. As national anti-Vietnam War protests reached their climax in late 1969 and 1970, Ostrow led a student walk out of the University of Chicago Medical School, one of hundreds of schools to participate in the nationwide student strike immediately following the Kent State shootings and invasion of Cambodia in May of 1970.

<sup>27</sup> Vernita Gray, *Interview by Author, May 21, (2007)*.

<sup>28</sup> Graduate student Fitzhugh Mullan also worked in the laboratory with Ostrow. Mullan would go on to participate in the takeover of Lincoln Hospital in the Bronx by the Young Lords in 1970 and then become head of the Indian Health Service. Mullan mentored Ostrow both in terms of medicine and in terms of politics. Mullan, *White Coat, Clenched Fist*. Ostrow, *Interview*.

students from the laboratory in providing first aid to protesters amidst the riots that broke out in Chicago's Grant Park during the Democratic National Convention. Reflecting back on his work during those days and nights, Ostrow described his experience as "pretty radicalizing."<sup>29</sup> Thus, by the end of his schooling, Ostrow incorporated his rigorous medical training with the politics of the Getz laboratory to become a self-described "conservative activist" for radical causes.<sup>30</sup> In short, Ostrow applied the research and hard science common in the more conservative medical mainstream to the radical political causes like bringing quality and affordable healthcare to underserved communities. This political approach would place gay health activism in Chicago on a different path than those taken in Boston or Los Angeles.

In addition to his political formation, the University of Chicago was also the backdrop for Ostrow's coming out. In the wake of a failed two-year marriage to his high school girlfriend, Ostrow, then immersed in his medical school training, finally came to terms with the sexual attraction to men he had felt since early adolescence, coming out as a gay man in 1972.<sup>31</sup> In his limited spare time, he began to explore Chicago's growing gay geography, visiting bars and bathhouses in the city's near- and far-north neighborhoods. In these gay businesses, he found a surprising number of other area medical students representing many different medical colleges who often complained that "a lot of what was taught to us in medical school was either homophobic or was ignorant.

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<sup>29</sup> Ostrow, *Interview*.

<sup>30</sup> *ibid.*

<sup>31</sup> *ibid.*

So, a bunch of us said... let's form a social organization to support us."<sup>32</sup> Thus, a gay medical students group was born. The formation of the group was in many ways typical of the period's zeitgeist, both in terms of student activism and of a vibrant and growing gay community in Chicago. Ostrow recalled, "it's what everybody [did]... You fe[lt] isolated from other people with whom you share[d] an interest and you fe[lt] left out at your job or school or something and you form[ed] a... group."<sup>33</sup>

By late 1972, Chicago's gay community was exploding with new businesses, political organizations, and social groups. In a 1973 article entitled, "Reader's Guide to the Gay Scene," one reporter wrote, "Chicago's gay scene, though less extensive or imaginative socially than that of New York or San Francisco and considerably less organized politically than the city's size might lead one to expect, still holds ample appeal for many thousands of Chicagoans and Midwesterners."<sup>34</sup> By the spring of 1974, Chicago was home to dozens of gay businesses and restaurants in addition to over 60 gay bars, some catering to specific sexual communities like the leather bar the Gold Coast,

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<sup>32</sup> *ibid.*

<sup>33</sup> *ibid.*

<sup>34</sup> Michael Bergeron, "Reader's Guide to the Gay Scene: Gay City," *Chicago Reader*, September 28 1973. There are many possible reasons for Chicago's seeming lag in gay political activism for a city of its size. John D'Emilio posits that Nixon administration's investigation into corruption within the Chicago police department and local government led to a decline of police raids and discrimination against the gay community. Meanwhile Stewart-Winter explores the relationship between gay activism and civil rights organizing. While in comparison to other cities of its size, Chicago's gay political activism was limited, the local Mattachine Society chapter was also one of the more militant in the country in the period before the Stonewall Riot, calling for "Gay Power" as early as 1966. John D'Emilio, *Rethinking Queer History. Or, Richard Nixon, Gay Liberationist?*, in *The Institute for the Humanities at the University of Illinois at Chicago* (Chicago: 2010); Stewart-Winter, "Raids, Rights, and Rainbow Coalitions." John D'Emilio, "Gay Power," *Windy City Times*, June 4 2008.

and others serving a broader audience like the Bistro which “pack[ed] in over a thousand on a weekend night.”<sup>35</sup> The gay medical students group was one of dozens of small gay social, political, and community groups that could not afford a place of their own and used gay bars and businesses as unofficial headquarters.<sup>36</sup> Bars and bathhouses often provided spaces to meet for groups, sponsored fundraising, and offered their walls that, with the help of posters and event notices, were highly effective modes of advertising in the gay community. This symbiotic relationship between Chicago’s gay medical students group and the city’s vibrant bar culture reflected a long history of bars in gay culture and became an important force in gay health activism in the city throughout the 1970s.<sup>37</sup>

Initially, the purpose of the gay medical students group was to create a supportive community for medical students who encountered homophobia or ignorance in their classes and medical training around the issue of homosexuality. Ideally, Ostrow imagined, these medical students could offer emotional support to one another as well as academic and scientific collaboration as they sought to supplement their formal education by identifying and addressing the medical needs of the gay community. To attract more

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<sup>35</sup> Michael Bergeron, "Reader's Guide to the Gay Scene," *Chicago Reader*, September 27 1974.

<sup>36</sup> Board of Directors, "Minutes of the Meeting at Man's Country on April 24," 1980, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, Board Meeting Minutes Folder, Gerber Hart Library, Chicago.

<sup>37</sup> On the historic importance of bars in gay and lesbian culture in the 20<sup>th</sup> century see, Kennedy and Davis, *Boots of Leather, Slippers of Gold*; Chauncey, *Gay New York*; Stewart-Winter, "Raids, Rights, and Rainbow Coalitions."; Esther Newton, *Cherry Grove, Fire Island : Sixty Years in America's First Gay and Lesbian Town*, (Boston: Beacon Press, 1993); Nan Alamilla Boyd, *Wide-Open Town : A History of Queer San Francisco to 1965*, (Berkeley: University of California Press, 2003). David Carter, *Stonewall : The Riots That Sparked the Gay Revolution*, (New York: St. Martin's Press, 2004).

members, the group placed an advertisement in the local gay newspaper, the *Gay Crusader*. The short blurb instructed those interested in joining or learning more about the group to call a number that coincided with a new phone line Ostrow had installed in his apartment.<sup>38</sup>

Starting in the late fall of 1973 and continuing into early spring of 1974, the rotary phone in Ostrow's small one bedroom apartment rang off the hook. Surprised, he found himself discussing with callers needs much more numerous and complicated than that of gay medical students simply needing social support. He realized that a large portion of the gay community, far larger than just gay medical students, was hungry for medical services and information. Ostrow described in an interview the scores of calls he received, "a third were from gay medical students... another equally large group of calls were people wanting to know where they could go to get good, respectful, non-judgmental medical care for gay related health issues... and a third of these calls were from people who wanted to have sex with the gay medical students and they usually started out, 'hello, are you a gay medical student?' and it went down hill from there."<sup>39</sup> As he took each call, answering questions in his native New Jersey accent, the need for gay health services became more and more apparent. Ostrow relayed the situation to other group members in meetings held at bars, businesses, and at members' homes over the course of several weeks. As the long Chicago winter began to thaw into spring in

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<sup>38</sup> "Gay Medical Students," *Chicago Gay Crusader*, May 1973. Ostrow had a separate line installed in his apartment explicitly for these calls.

<sup>39</sup> Ostrow, *Interview*.



1974, the group began expanding their mission to include services beyond solely providing social support for medical students and professionals.

### **An Integrated Approach: Howard Brown Memorial Clinic and the VD Van**

In 1974, many cities used community health clinics to address the health needs of people for whom the existing health care system failed to provide quality care.<sup>40</sup> The concept of community health clinics gained traction and federal funding during the Johnson administration in the mid-1960s as part of his larger Great Society agenda and was one of the few programs to win continued support from the Nixon administration.<sup>41</sup> At the helm of medicine at Cook County Hospital in Chicago, Quentin Young used his position and political influence to champion free community clinics as an effective way to provide health care to the city's underserved. The Chicago Board of Health had over 50 health centers offering free services. However, the vast majority of these clinics offered a very limited set of services, the majority of which were either for pre-natal and infant care or for mental health services.<sup>42</sup> As Ostrow and the other gay medical students began to meet in 1973, the city had fewer than half dozen community clinics with a wide range of services. These clinics were often "insensitive, overcrowded, and sometimes

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<sup>40</sup> Most historians agree that the number of community health clinics receiving state funding hit their high-water mark in 1975. Engel, *Poor People's Medicine*., 135.

<sup>41</sup> On the politics of community health clinics see, Lefkowitz, *Community Health Centers*; Alice Sardell, *The U.S. Experiment in Social Medicine : The Community Health Center Program, 1965-1986*, (Pittsburgh, Pa.: University of Pittsburgh Press, 1988); Engel, *Poor People's Medicine*; Blohm, *The Great Society*; Strickland, *The History of Regional Medical Programs*.

<sup>42</sup> Steve Metalitz, "Free Health Care in Chicago," *Chicago Reader*, June 16 1972; Lois Wille, "Homosexual Clergy Tells of His Bizarre Double Life," *Chicago Daily News*, June 21 1966.

incompetent” with one person who worked in the city’s referral service explaining, “Before we use them... we try every other resource available.”<sup>43</sup>

As part of this larger system of community health clinics, the city had a number of venereal disease testing centers spread out across the city to address the growing epidemic of venereal disease in the adult population that resulted from the changing sexual mores of the late 1960s. However, as in other cities, these clinics were no friend to the gay community. Ostrow described the reputation of city venereal disease clinics among the gay community as “notorious at that time for not being at all respectful to gay people coming in. I mean over and over again we heard stories about how somebody would ask for an anal or an oral gonorrhea test the person conducting the test would literally drop their instruments and run out of the room or something.”<sup>44</sup> In fact, in the early 1970s the city health clinics were so bad that some gay men tried to determine for themselves if they had a venereal disease before subjecting themselves to the clinics. Before the founding of the gay medical students group, the oldest local gay organization, the Mattachine Society, searched for testing alternatives for those unwilling to come out to their doctors and afraid to go to city clinics for venereal disease testing or treatment. The Mattachine Society hosted a lecture by Chuck Renslow, a prominent community member and owner of numerous gay businesses at the time, on self-testing for venereal diseases. However, without blood work, “there is no sure way [to test accurately]. You can milk the penis and if you get a white discharge, you probably got it. Another way is to piss in a glass and then piss in another glass. If the first glass is cloudy and the second

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<sup>43</sup> Metalitz, "Free Health Care in Chicago."

<sup>44</sup> Ostrow, *Interview*.

one is clear you probably have some sort of a urinary infection.”<sup>45</sup> As they set their sights on offering accurate, non-judgmental, low cost, and gay-friendly services, the gay medical students group had only a vague understanding of the tremendous need in the gay community and all that offering health services required. Ostrow recalled, “we had no money, we had no idea what we were getting ourselves into, we had no idea of the malpractice implications or we probably never would have done it, and we had no idea of how we were going to do it.”<sup>46</sup> The driving force behind their goals for gay health services was a deep commitment to and love of medicine. For many of the gay medical students group members, medicine was not simply a career path or job, but a lifelong dream that, as they finished medical school, was becoming real. For those group members who went on to be central gay health activists in Chicago, a love of medicine, research, and science propelled them.

In their first acts as more than a simple social group, the gay medical students group began educating area doctors and public health officials about how to better treat and engage the gay community. They created fact sheets, a very early and primitive version of safe sex handbooks that would become common in the 1980s, that they sent to private doctors, city clinics, and gay men who called the group’s phone number asking for more information.<sup>47</sup> Through these fact sheets and a few speaking engagements they arranged at local medical schools, city clinics, and professional development meetings, other organizations and gay community members learned of the group, adding to its ranks

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<sup>45</sup> Chuck Renslow, *Interview by Author, August 14, (2007)*.

<sup>46</sup> Ostrow, *Interview*.

<sup>47</sup> *ibid.*

and reputation as an advocate for gay people in medicine. By the spring of 1974, as the group began to explore offering medical services to the gay community, nurses, medical technicians, and older and well-established medical professionals had eagerly joined the gay medical students group. One such doctor was Dr. Stanley Wissner who offered that the gay medical students could provide services under his medical license if they could find a space for a clinic.

In May of 1974, a gay social service organization in Chicago, Gay Horizons, offered the group the space they needed to expand their services to include testing and treatment. At that time, Gay Horizons was a relatively small and new non-profit organization with big plans for expansion. At the start of 1974, it consisted of a one-night per week coffee house, a collaborative program with the local gay teachers association to help gays and lesbians earn their GED, and a weekly business meeting open to the community.<sup>48</sup> Despite its relatively meager service offerings at the time, the mission and vision of Gay Horizons put the organization on a trajectory toward growth and a wide range of programs similar to the Los Angeles Gay Community Services Center, complete with “a Community Center and a professional Counseling Service.”<sup>49</sup> The stated purpose of the organization, “to promote understanding and healthy development through assistance to... Gay people in bringing about an awareness of themselves as human beings and acceptance of their individual lifestyles, and an upgrading in the quality of their lives through the active promotion and support of specific programs to meet

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<sup>48</sup> Gay Horizons, "Gay Horizons Handout," 1974, David Ostrow Papers, Chicago.

<sup>49</sup> Gay Horizons and Chicago Gay Medical Students, "Press Release on V.D. Testing Services," 1974, David Ostrow Papers, Chicago.

educational, emotional and social needs,” complemented the aims of the gay medical students group in wanting to improve health care and education in the gay community.<sup>50</sup>

While Gay Horizons and the medical students group were mutually beneficial for one another, they also had very different interests and methods. Gay Horizons was first and foremost interested in creating gay community, which its structure and programs reflected while the gay medical students were concerned with science, health, and medicine. Despite the culture difference between these two groups, the benefits of collaboration drew them to one another. Reacting to numerous requests and the gay medical students group’s growing reputation as gay medical advocates, Gay Horizons organizers asked if the gay medical student group would offer free testing and education during an organization sponsored weekly coffee house event where gays and lesbians could gather, read poetry, and mingle in a space rented by Gay Horizons. With Wissner willing to assume liability, the free coffee shop space, and a group of medical students ready to volunteer their time and services, the gay medical student group began offering weekly venereal disease testing. Even as the two groups had different, though complementary missions, a mutually beneficial collaboration grew out of Gay Horizons’ desire to expand into a full social service organization and the gay medical students group’s plan to provide venereal disease testing.

Like the early days in Boston’s Fenway Clinic and the Los Angeles Gay Community Services Center, the coffee house “clinic” reflected the need of the gay male community, the relaxed regulation of community health services, and the entrepreneurialism of gay health activists of the period. One of the gay medical students

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<sup>50</sup> *ibid.*

group's most active early members, beyond Ostrow, was Kenneth Mayer, a medical student at Northwestern University. As a student in just his second year of school, he jumped at the chance to work with patients and volunteered weekly to do exams and conduct testing. He commented in an interview, "In retrospect this was something we would never allow now... because my training was minimal, I was really early in my medical training and the level of supervision was really minimal but you kind of quick-study. It was a really incredible learning experience."<sup>51</sup> The casual, make-do approach to staffing permeated nearly every aspect of the clinic, which consisted of "a coffee pot, a portable kitchen table, [and] a room above an old grocery market."<sup>52</sup> Ostrow explained how the ethos translated in the health services:

Wednesday evening once a week... We were mostly medical students and a couple of residents and maybe a couple of actually licensed MDs. So we couldn't really officially be a treatment site but we would try to have a doctor there every Wednesday night and if there was a doctor there he would write a prescription for medication. But if we couldn't get a doctor there or the patient didn't have money for the prescription, we would actually pilfer the medications from the stockrooms at our hospitals where we were training.<sup>53</sup>

Mayer concurred, "there was a lot of begging, borrowing, and stealing," just as had been the case in Boston.<sup>54</sup> Federal and state funding for Chicago's city clinics, like in Boston and Los Angeles, required that they provide testing for all blood samples brought in regardless of the source. Consequently, with the pilfered supplies and a federal mandate

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<sup>51</sup> Ken Meyer, *Interview by Author, July 11, (2007)*.

<sup>52</sup> Howard Brown Memorial Clinic, *HBMC 25<sup>th</sup> Anniversary Timeline/Pamphlet*, Gerber Hart Library

<sup>53</sup> Ostrow, *Interview*.

<sup>54</sup> Ken Mayer, *Interview by Author, July 11, (2007)*.

that city labs had to test their samples for free, the gay medical students had created a modest but busy clinic in the Gay Horizons coffee shop. Within its first year of operation, the clinic treated over 1,200 patients while identifying and treating cases of both syphilis and gonorrhea at a rate more than three times that of the Chicago Board of Health clinics.<sup>55</sup>

Within months of its opening the gay health clinic also began to go by its own name, which reflected the medical roots of group members- the Howard Brown Memorial Clinic. Howard Brown had been the head of the New York City Health Services Administration in the mid 1960s, charged with managing dozens of hospitals and clinics and thousands of employees before he chose to step down rather than be outed by an investigative reporter in 1967. From there he went on to join the faculty at area medical schools before he announced his homosexuality at a lecture at an area medical school on October 3<sup>rd</sup>, 1973. His coming out made the front page of the New York Times and he became the highest profile gay medical professional in an era in which simply being homosexual was cause for medical concern.<sup>56</sup> He embodied the changing attitude toward homosexuality within medicine that gay health activists around the country worked toward throughout the 1970s.<sup>57</sup> In early 1975, shortly after the gay medical

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<sup>55</sup> Howard Brown Memorial Clinic, "Howard Brown Memorial Clinic Quarterly Report," 1975, Walter Lear Personal Collection, Philadelphia. This illustrates both the epidemic level of VD among the gay population as well as the gay community's aversion to going to the city run clinics.

<sup>56</sup> Marcia Chambers, "Ex-City Official Says He's a Homosexual," *New York Times*, Oct. 3 1973.

student's clinic began operation, Brown died at the age of 50 from a heart attack. The gay medical students unofficially named their coffee shop clinic the Howard Brown Memorial Clinic to pay homage to the greatest gay doctor activist of their time.

The Howard Brown Memorial Clinic grew, moving from its initial space in the Gay Horizons coffee shop above the grocery store in the fall of 1975 to an office in the La Plaza Medical Center that could accommodate increased hours of operation that spilled over into two nights per week.<sup>58</sup> Even with its successful diagnosis and treatment of hundreds of cases of venereal diseases, the work of the clinic was reactive in nature. Gay men came to the clinic because they were, or thought they were, infected with a venereal disease. However, the majority of the gay community did not come to the clinic and with his knowledge of social medicine from his time in the Getz lab, Ostrow knew that "if you want to rob, you go to banks because that's where the money is. So if you want to get people and test them and treat them before they pass on VD you go to places where they're congregating... and having sex... you have to go to where the people are rather than wait for them to come to you."<sup>59</sup> In order to make health care within the gay community more preventative, rather than reactive, and instill a concern for sexual health among the growing gay social and sexual culture, Howard Brown Memorial Clinic needed to provide services and build relationships beyond the walls of their new clinic space.

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<sup>57</sup> Beyond becoming a symbol of gay health activism, Brown became a hero and activist for the gay community at large, founding the National Gay Task Force. Brown, *Familiar Faces, Hidden Lives*.

<sup>58</sup> Clinic, "Clinic Quarterly Report".

<sup>59</sup> Ostrow, *Interview*.



Howard Brown Memorial Clinic's interest in outreach contributed to the bars and baths of Chicago becoming visible, if somewhat improbable, venues for gay sexual health in the 1970s. In fact, many of the city's gay bathhouses and bars in Chicago shared the clinic's interest in providing outreach services. Their interest in the sexual health of their patrons was two-fold. Health services were a business interest for bars and, particularly, bathhouses. Gary Chichester, long time manager of the largest bathhouse in the Midwest, Man's Country, explained how venereal diseases were bad for businesses built upon gay sex and sexuality: "if people are naked and had a [syphilis sore], they are not going to be parading around."<sup>60</sup> Providing these services meant that "people were actually on top of it and they actually appreciated the fact that we were doing something to help because the sex was good but we were protecting them also, opening up their minds, and giving them information."<sup>61</sup> However, business and profits were not the only forces at work behind the creation of gay health outreach programs in Chicago. Rather, the collaboration between bars and baths from the inception of these programs suggests that the historical role of bars and bathhouses as community centers for the larger gay community also played a motivating factor.<sup>62</sup> Man's Country owner and gay businessman Chuck Renslow explained, "this is family, my community, we're together... you can't just worry about

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<sup>60</sup> Gary Chichester, *Interview by Author, May 19, (2007)*.

<sup>61</sup> *ibid.*

<sup>62</sup> For more on the historic role of bars in gay culture see Kennedy and Davis, *Boots of Leather, Slippers of Gold*; Howard, *Men Like That*. Chauncey, *Gay New York*; Stewart-Winter, "Raids, Rights, and Rainbow Coalitions." Beemyn, *Creating a Place for Ourselves*.

your bar, you've got to worry about the total picture."<sup>63</sup> In the summer of 1975, as Howard Brown Memorial Clinic was preparing to move and expand their clinic hours, Chichester and Renslow created what would become the most important outreach program for Chicago gay health in the 1970s— the VD Van program.

The concept was simple: every couple months, local gay businesses, mainly bars and bathhouses, would financially contribute to renting a Winnebago van that would travel to each business and provide free venereal disease testing. Chichester later recalled in an interview, "my thinking was: it is something that is curable, it is something that is out there, let's talk about it, and let's take care of it."<sup>64</sup> Setting the groundwork for the program, Renslow and Chichester first approached a number of managers and owners of large bars and baths in the Chicago area to gain the necessary support of the business community. Having established an interest in the program, they reached out to the Howard Brown Community Health Clinic, by then already reputable despite having only been open a little more than a year, in search of volunteers capable of conducting the testing. This initiated a relationship between the clinic and the gay bars and bathhouses of the city that would continue for decades. Having all the necessary community support and staffing, Renslow rented a large van that volunteers then filled with testing kits, a cooler for blood work and samples, and a handful of knowledgeable medical staff. Participating businesses and local newspapers advertised the program, yet in July of 1975, "when the van first went out...we tested 4 people."<sup>65</sup> The lackluster turnout

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<sup>63</sup> Renslow, *Interview*.

<sup>64</sup> Chichester, *Interview*.

reflected the distrust the gay community had for mainstream medicine based on decades of persecution and mistreatment.

Breaking down the barriers between the gay community and medicine was crucial for the future success of the VD van program, the Howard Brown Memorial Clinic, and combating venereal diseases within the gay community more generally. In their everyday medical practice the Howard Brown Memorial Clinic volunteers, both at their clinic and in the VD van, showed that mainstream medicine and homosexuality were not mutually exclusive as they had been in the recent past. However, Renslow and Chichester provided an even more effective tool to building trust between the larger gay community and medical testing—entertainment. One drag queen from Man’s Country known as Wanda Lust agreed to take on another persona – Nurse Lust – and serve as the poster person for the VD van program. For much of the second half of the 1970s, a poster of the sultry Nurse Lust imploring Chicago gay men with her best Uncle Sam impersonation, “I Want You for a Free VD Test!” was ubiquitous in gay bars and bathhouses.<sup>66</sup> Nurse Lust was also often on the VD van as it made its stops, bringing with her the campy humor that came to epitomize the program, “She’d walk up to people coming out of the bar and say, ‘Come on sweetheart, get tested or I won’t let you screw me tonight.’”<sup>67</sup> Chichester remembered how businesses further added to the appeal of the program, “We made it kind of fun... we offered them cookies and milk and they would come on and get the

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<sup>65</sup> Renslow, *Interview*.

<sup>66</sup> VD Van Program, "I Want You for a Free Vd Test," 1976, Poster, Walter Lear Personal Collection, Philadelphia.

<sup>67</sup> Chichester, *Interview*.

blood test and [nurse] Wanda [Lust] would be there being Wanda, it was fabulous!”<sup>68</sup>

The VD van became something that many patrons looked forward to as it came to mean not only an act of sexual self-care, but also something fun. The program quickly became so popular that the VD van became a monthly occurrence and stopped at so many bars and baths that it quickly grew from a one-night start-up, to then a three-night process, until finally graduating to a week-long operation. Renslow remembered the program’s success and popularity, “before it ended, there were lines to get in to be tested.”<sup>69</sup>

By integrating testing with entertainment familiar to the gay community, the program played an important role in strengthening the relationship between the gay and medical communities in the 1970s. By providing a place for gay and gay-friendly medical professionals to meet and build trust with the larger gay community, the VD van program helped convince many gay men that not *all* doctors and health professionals were homophobic, ignorant, or judgmental. The fact that these initial testing experiences happened within gay bars and bathhouses, places that mainstream medicine historically vilified, gave crucial credence to the Howard Brown Community Clinic volunteers as different from condemnatory or ignorant mainstream medical professionals.<sup>70</sup>

Additionally, it helped solidify the clinic’s reputation among city and federal funding sources as legitimate by allowing the clinic to take much of the credit for staffing the VD

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<sup>68</sup> *ibid*

<sup>69</sup> Renslow, *Interview*.

<sup>70</sup> "New Vd Clinic in Gay Ghetto? Vd Bus Patronage Exceeds Goal," *The Chicago Gay Crusader* 1975.

van program and other bath outreach programs.<sup>71</sup> As the most effective modes of “prevention” at the time were to educate patrons about disease symptoms and provide access to free testing, the VD van program proved highly effective in containing and treating venereal diseases. Thus, the Howard Brown volunteers teamed with bathhouses and bars to educate the larger gay community and provide services without condemning sexual freedom and gay liberation. This integrated approach reflects the blend between the research-based medicine at the core of many Howard Brown Memorial Clinic volunteers’ training and their social medicine politics.

In addition to being good for business, effective in building trust between gays and medical professionals, and indicative of a larger awareness of sexual health within the gay community, the VD van program also helped break down racial, cultural, and geographic barriers to gay health care in the Chicago gay community. Making regular stops at bars and businesses across the city’s highly segregated geography, the VD van brought health services to racial minorities and groups with specific sexual interests that otherwise were often overlooked by city run health clinics, public health efforts, and even the Howard Brown Memorial Clinic which was located in a mostly white neighborhood on the city’s north side.<sup>72</sup> The VD van made regular stops at The Chain, a gay bar on the city’s far south side with a predominantly black clientele, as well as at the city’s most

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<sup>71</sup> "Use of Vd Clinic Run by Homosexuals Called Proof of Value," *Family Practice News* 7, no. 2 (1977).

<sup>72</sup> "Vd Van Cruises Again: Free Disease Screening Offered," *Gay Life*, August 31 1979; "Vd Van Is Back," *Gay Life*, May 13 1977. Bergeron, "Reader's Guide to the Gay Scene."; Marie Kuda and Michael Bergeron, "Reader's Guide to Gay Life," *The Chicago Reader*, September 26 1975; Bergeron, "Reader's Guide to the Gay Scene."

popular disco - the Bistro, leather bar - Gold Coast, and bathhouse - Man's Country.<sup>73</sup>

While some of the more elaborate and popular baths and bars drew a racially mixed crowd, the traveling van transcended the boundaries of race, class, and sexual practices sometimes segregated within smaller gay businesses.<sup>74</sup> In short, the VD van program bridged the racial divide in medical accessibility as gay bars and baths participating in the program represented the true diversity of the gay community. By bringing health services to them, the VD Van caught and treated cases of VD that would undoubtedly have gone undiagnosed in communities that otherwise went ignored.

The VD van program perfectly complemented the medical approach of the Howard Brown Memorial Clinic volunteers. The program allowed them to expand their services and patient base while also laying the infrastructure for future medical research. By going out into the community, the volunteers were incredibly efficient and effective in diagnosing and treating venereal diseases. One report from the program's sixth year explained, "over 5% of the patients tested in this bathhouse outreach program have

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<sup>73</sup> "Vd Van Is Back."; "Vd Van Cruises Again: Free Disease Screening Offered."; VD Van Program, "I Want You for a Free Vd Test"; "New Vd Clinic in Gay Ghetto? Vd Bus Patronage Exceeds Goal."; Clinic, "Clinic Quarterly Report".

<sup>74</sup> For more on segregation in Chicago politics and geography, particularly as it relates to sexuality see, Kevin Mumford, *Interzones: Black/White Sex Districts in Chicago and New York in the Early Twentieth Century*, (New York: Columbia University Press, 1997); Anne Enke, *Finding the Movement : Sexuality, Contested Space, and Feminist Activism*, (Durham: Duke University Press, 2007); John Hagedorn, "Race Not Space: A Revisionist History of Gangs in Chicago," *The Journal of African American History* 91, no. 2 (2006); Adam Green, *Selling the Race : Culture, Community, and Black Chicago, 1940-1955*, (Chicago: University of Chicago Press, 2007); Davarian L. Baldwin, *Chicago's New Negroes : Modernity, the Great Migration, & Black Urban Life*, (Chapel Hill: University of North Carolina Press, 2007); Chad C. Heap, *Slumming : Sexual and Racial Encounters in American Nightlife, 1885-1940*, (Chicago: University of Chicago Press, 2009).

resulted in new cases of syphilis or gonorrhea being detected.”<sup>75</sup> Integrating their dedication to scientific research and medical practice with their political belief in social medicine, the VD van program helped the Howard Brown Memorial Clinic effectively treat the medical needs of the community while also mending the relationship between the gay and medical communities. Furthermore, the early collaboration and strong working relationship between the gay business community and the Howard Brown Memorial Clinic proved vital to the clinic’s survival.

### **Becoming Official**

Within a year of the VD van program’s inaugural run, the Howard Brown Memorial Clinic tested the strength of its relatively new relationship with gay businesses and the larger gay community. For the first two years of its existence the Howard Brown Memorial Clinic was one of many programs sponsored by Gay Horizons, the largest gay social service agency in Chicago at the time. Initially the relationship between the clinic and the larger organization was mutually beneficial, as Gay Horizons provided the clinic’s initial space and helped advertise the testing services. Even as affiliates of the larger organization, the gay medical students group and the Howard Brown Memorial Clinic were largely autonomous. They scheduled their own volunteers to staff the clinic and VD van, managed patient “files” which consisted of hundreds of 4x6 index cards, and ferried blood samples to city labs.<sup>76</sup> As the self-sufficiency of the medical students grew with the clinic leaving the coffee house venue for a larger, more conducive space

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<sup>75</sup> McMillan, Harley *Letter to Commissioner of Health Hugo Muriel*. Box 8 Folder Board Meeting: Howard Brown Memorial Clinic Archives at Gerber Hart Library, 1982.

<sup>76</sup> Ostrow, *Interview*.

that could accommodate increased hours of operation, the priorities of Gay Horizons and the Howard Brown Memorial Clinic diverged from one another. The clinic focused on medical services and research, and it grew exponentially in its first two years in patient numbers, outreach possibilities, and potential for scientific study.<sup>77</sup> True to his training as both a medical doctor and a biochemist, Ostrow began conducting medical research, proposing large-scale studies, and, later, publishing his findings to advance knowledge about gay sexual practices, medical needs, and effective treatment methods shortly after the clinic opened.<sup>78</sup> Meanwhile, Gay Horizons' interests lay in building community and providing social services to Chicago gays and lesbians. They began in 1973 by creating a gay helpline and providing meeting spaces like the coffee house that also housed the clinic. Over the course of the next three years, the organization shifted its focus from building social community to also providing social support services like a youth program, peer counseling service, and creating a drop-in center.<sup>79</sup> The inclusion of the venereal disease testing in the coffee house in 1974 speaks to its move to provide more support services to the gay community during this period. By 1976, Gay Horizons, in its service

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<sup>77</sup> Howard Brown Memorial Clinic, "Meeting of the Board of Directors of the Clinic, May 25," 1975, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, Board Meeting Minutes Folder, Gerber Hart Library, Chicago.

<sup>78</sup> David Ostrow, "An Epidemiological Study of Venereal Disease among Male Homosexuals: A Research Proposal," 1975, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, STD Archives Folder, Gerber Hart Library, Chicago; et al David Ostrow, "Epidemiology of Gonorrhea Infections in Gay Men," *Journal of Homosexuality* 5, no. 3 (1980); David Ostrow and Dale Shaskey, "The Experience of the Howard Brown Memorial Clinic of Chicago with Sexually Transmitted Diseases," *Sexually Transmitted Diseases* 4, no. 2 (1977).

<sup>79</sup> Center on Halsted, 2011. "Center on Halsted Organizational Timeline," <http://www.centeronhalsted.org/cohhistory.html> (accessed April 12).



offerings, was reminiscent of, though smaller and without a large building of its own, the Los Angeles Gay Community Services Center. By contrast, the Howard Brown Memorial Clinic program edged closer to being a medical clinic and research facility. While the missions and future visions of Gay Horizons and Howard Brown Memorial Clinic clearly diverged from one another by 1976, disagreement over money and funding finally brought about a heated and hasty divorce between the two groups.

The unofficially named Howard Brown Memorial Clinic's expenditures fell into three categories: rent for the clinic's new space in the La Plaza Medical Center, medical supplies, and malpractice insurance. While the clinic offered free services, patient donations accounted for most of the funds required for the clinic with Gay Horizons occasionally supplementing funds when necessary.<sup>80</sup> Consequently, as in most other ways, for the first two years of its existence as a Gay Horizons program, the clinic was largely financially self-sufficient. However, in early 1976 the malpractice insurance crisis gripping doctors and hospitals across the country presented the clinic with a sudden and extreme challenge that compounded the growing disparity between the medical focus of the clinic and the social service interests of Gay Horizons.

While much of the national debate over health care in the 1960s and early 1970s focused on making healthcare more affordable for patients, by the mid-1970s doctors themselves struggled with the ballooning costs of malpractice insurance. The cause of the quick rise in the number of successful malpractice lawsuits in the early 1970s is unclear. Whether a result of changes in the judicial system regarding its awards for "pain and

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<sup>80</sup> Clinic, "Clinic Quarterly Report"; Howard Brown Memorial Clinic, "Meeting of the Board of Directors".

suffering,” an increase in doctors willing to testify against their colleagues, new and more difficult procedures and practices like plastic surgery, or simply the public growing more critical of doctors’ judgment and infallibility, patients were suing doctors for malpractice at unprecedented rates in the mid-1970s.<sup>81</sup> As a result, premiums for medical malpractice insurance were exploding for individual doctors as well as for hospitals, with one report showing that from 1975 to 1976 some Chicago-area hospitals saw malpractice premiums rise by as much as nearly 1000 percent.<sup>82</sup> A growing number of doctors and hospitals simply could not afford to practice medicine with so much of their profits going to insurance premiums. In addition, the spike in litigation and costly settlements made providing medical malpractice insurance unprofitable for insurance companies to the extent that many doctors and medical associations worried that companies would simply cancel policies and stop offering coverage at all.<sup>83</sup> While in 1975 and again in 1976, the Illinois legislature, like so many other state governments around the country, sought to strike a delicate balance between protecting doctors from skyrocketing malpractice premiums and patients’ rights to sue their doctors for bad care, the malpractice crisis posed its own threats to the Howard Brown Memorial Clinic.

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<sup>81</sup> For more on the malpractice crisis and history see, Kenneth S. Abraham, *The Liability Century : Insurance and Tort Law from the Progressive Era to 9/11*, (Cambridge, Mass.: Harvard University Press, 2008); Iain Hay, *Money, Medicine, and Malpractice in American Society*, (New York: Praeger, 1992); Panteleymon L. Hiltz, *Medical Malpractice : Issues and Law*, (New York: Novinka, 2004). For a contemporary discussion see, Ronald Kotulak, "Malpractice: A Real Threat to Health Care?," *Chicago Tribune*, Jan. 30 1975.

<sup>82</sup> James Pearre and Ronald Kotulak, "Hospital Malpractice Insurance: Ill Pay Premium," *Chicago Tribune*, Jun. 13 1976.

<sup>83</sup> Kotulak, "Malpractice."; John Elmer, "Malpractice Bill Okd with Arbitration Clause," *Chicago Tribune*, Jun. 22 1976.

Despite the casual nature of the formation and operation of the clinic, it still had to meet certain state and city requirements, which included paying malpractice insurance. As the clinic grew, patient numbers swelled, and volunteers became more numerous, Wissner's malpractice insurance became more costly and more restricted by the insurance company trying to protect itself from hefty malpractice settlements. Ostrow explained, "we had grown tremendously and the doctors who volunteered with us, we were paying them to get supplemental riders to their own malpractice to cover their work at the clinic. But the volume was getting to such a point, I mean it grew exponentially."<sup>84</sup> In 1976, with the support of recent state legislation, the few insurance companies in Illinois that offered medical malpractice insurance banded together and decided to stop providing supplemental riders like the one Howard Brown Memorial Clinic depended upon for coverage.<sup>85</sup> Consequently, the clinic had to get its own insurance at a cost of \$10,000, far more than doubling what the clinic had been paying out to individual doctors to cover the supplemental rider fees.<sup>86</sup> Thus, in 1976, the clinic faced a malpractice insurance crisis and found itself on the brink of closure.

The outlook was bleak as "\$10,000 was more money than we had ever seen and was certainly more money than any organization, gay organization, had raised in the city at any one time."<sup>87</sup> For help, Howard Brown Memorial Clinic turned to its relationships

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<sup>84</sup> Ostrow, *Interview*.

<sup>85</sup> Elmer, "Malpractice Bill Okd."

<sup>86</sup> "Chicago's Lincoln Park Lagooners Present Winter Carnival Benefit 1976," *Gay Life*, March 5 1976.

<sup>87</sup> Ostrow, *Interview*.

with gay businesses and the community at large built over the last two years through its clinic work and the VD van program. In response to the plea for help, a number of Chicago bar owners and community activists organized a fundraising event called the “Winter Carnival.” The Lincoln Park Lagooners, a gay social and fund-raising group, hosted the event, while gay community bars and businesses, all of whom had participated in the VD van program at least once, sponsored the fundraiser. The Sunday night event at the Aragon Theatre, a large concert venue in the city’s Uptown neighborhood, attracted 4000 attendees, the largest gay event in the city at that time aside from a Pride parade.<sup>88</sup> By night’s end, the Winter Carnival raised \$20,000, double the cost of the malpractice insurance premium.

While much of the advertising had focused upon the Howard Brown Memorial Clinic’s malpractice crisis, because the clinic was still a program of Gay Horizons, all the proceeds from the Winter Carnival went to Gay Horizons. Gay Horizons made clear and gained approval from all involved in the event’s initial planning that it planned to split the proceeds amongst its many programs, with the clinic getting only enough to cover the malpractice insurance. However, as the deadline for the malpractice insurance neared, Ostrow and others were shocked to learn that the director of Gay Horizons, a man named Bill Crick, without the approval of the Gay Horizons board or the board of the VD clinic, had chosen to spend all the money raised on a down payment for new community center instead.<sup>89</sup> Crick’s decision to abandon the clinic, and instead create a community center to house the other social service and support programs of Gay Horizons, reflected the

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<sup>88</sup> "Chicago's Lincoln Park Lagooners Present Winter Carnival Benefit 1976."

<sup>89</sup> Ostrow, *Interview*.

different visions of Gay Horizons and the gay medical students group that had existed from the start and that made a permanent collaboration unlikely.

Upon learning of the unauthorized purchase and the resulting inevitable closure of the clinic, many in the community were outraged. The frustration stemmed not only out of feelings of deceit on the part of those that had organized the Winter Carnival and contributed to the cause, but also out of loyalty to the clinic. Ostrow remembered the community response to the news of Crick's move: "it was a huge melee that broke out at the meeting. Fortunately there was no physical violence."<sup>90</sup> Under pressure from the gay community at large, the board of Gay Horizons voted to fire Bill Crick for having acted without their approval. They nullified Crick's attempts to purchase property for the organization and, having gotten the deposit returned, split the Winter Carnival proceeds according to the original agreement.<sup>91</sup> However, for Ostrow and others in the Howard Brown Memorial Clinic, the actions of Gay Horizons had done irreversible damage to their already strained and increasingly incompatible working relationship—they wanted to become their own, entirely separate organization.<sup>92</sup> The board of Gay Horizons agreed, voting to allow the clinic to become its own entity.<sup>93</sup> Having broken away from the financially struggling Gay Horizons and paid for their malpractice insurance, the medical students officially named themselves the Howard Brown Memorial Clinic. They

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<sup>90</sup> *ibid*; Tom Peters, "Clinic Splits from Gay Horizons," *Gay Life*, September 3 1976.

<sup>91</sup> Tom Peters, "Coalition Ponders Community Finances," *Gay Life*, July 23 1976., Ostrow, *Interview*.

<sup>92</sup> Peters, "Coalition Ponders Community Finances."

<sup>93</sup> Peters, "Clinic Splits from Gay Horizons."

continued offering free VD testing every Tuesday and Thursday night out of the La Plaza office, strengthening and expanding the VD van program, and building an even stronger relationship with the gay businesses and community that had saved it from financial ruin.<sup>94</sup>

In the wake of the disastrous debacle with Gay Horizons, the Clinic immediately created a clear set of policies and procedures. The Howard Brown Memorial Clinic employed a very structured and traditional organizational model with a set Board of Directors, to which people were nominated, including officer positions of treasurer, secretary, and medical director among others. The rigid and hierarchical organizational structure chosen by the Clinic contrasts dramatically with the Fenway Clinic's original structure in Boston. In fact, unlike in Los Angeles, there appears to have been very little debate of any other structure or alternative hierarchy for the Chicago clinic, illustrating the strong medical, rather than political, roots of the clinic and its volunteers.

In the place of concern and debate over organizational structures and everyday operations, the medical students and professionals of the Howard Brown Memorial Clinic, with Ostrow at the lead, almost immediately set its sights on medical research and quickly took up the mantle as the most research-focused gay community health clinic in the country. Ostrow and other medical students and young medical professionals like Ken Mayer created an ethos for the new organization that relied upon medical training and scientific research to address the medical needs of the gay community. Remaining true to the early political influence Quentin Young had on him, Ostrow and others made sure

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<sup>94</sup> Dale Shaskey, "Letter to Mr. Allen Kelson, September 8," 1976, Walter Lear Personal Collection, Philadelphia.

that the clinic continued to provide free and sliding scale services as a gesture to their shared political belief in socialized medicine. Mayer explained in an interview that he went to medical school, “to do social medicine.”<sup>95</sup> This strong set of guiding principles that focused on providing low-cost, quality medical care while furthering medical and scientific knowledge remained the driving force for the clinic as it grew throughout the 1970s.

### **Conclusion**

Howard Brown Memorial Clinic took a different approach to gay health than other gay –focused clinics that opened during the early 1970s. From its inception, the clinic epitomized the medical professionalism of its founders through its methods and services while also reflecting the richness of the larger local political context in that it operated from a social medicine perspective and served a politically marginalized population. Unlike in Boston or Los Angeles where gay and lesbian health activism grew out of other political causes that evolved to include health, Chicago activism had much stronger ties to health and medicine from its inception. In Chicago, gay medical professionals organized the larger community around health as opposed to in other cities in which political activists mobilized gay medical professionals to further their political causes. In short, gay health activism in Chicago was unique in that doctors, or soon-to-be doctors were the driving force and focused entirely on venereal disease treatment and prevention. The medical interests and programs of the Howard Brown Memorial Clinic focused intently on gay health issues, namely venereal disease. The ease with which

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<sup>95</sup> Meyer, *Interview by Author, July 11*.

medically trained volunteers could identify, treat, and study venereal disease in the gay community created an opportunity for the Howard Brown Memorial Clinic to become highly effective in its efforts with relatively low cost. This concentration on the needs of gay men quickly earned the clinic a well-deserved national reputation as a leader in gay health, in terms of treatment and research, but also excluded lesbians and their health issues from the organization.

By integrating a more socialized medicine approach that valued prevention, outreach, and community collaboration, Howard Brown Memorial Clinic proved highly effective in building trust with the larger gay community. Having grown out of an original gay medical students group that bonded over the ignorance and misinformation about homosexuality in their medical school training, the Howard Brown Memorial Clinic made great strides toward repairing the dysfunctional relationship between the gay and medical communities. By providing gay-friendly services, often in gay spaces and in gay ways, the volunteers of the clinic proved to the Chicago gay community that their complete distrust of mainstream medicine needed changing. The outpouring of support in terms of patient numbers, VD van patrons, and Winter Carnival attendees and donors speaks to the extent to which Howard Brown Memorial Clinic won the trust of the gay community. Upon that trust, Howard Brown built a consciousness of sexual health within the gay community and a strong base for the medical research needed to educate larger mainstream medicine about the illnesses of the gay community.



## CHAPTER VII

### SHIFTING THE MEDICAL GAZE AND BUILDING A GAY MEDICAL ESTABLISHMENT

Howard Brown Memorial Clinic quickly applied its blended medical and public health approach to the gay community to become the national trailblazer for gay medical research, challenging mainstream medicine's perception of homosexuality while also building a well funded, respected, and prolific medical research institution. Through medical research, the clinic made gays one of the many groups that challenged longstanding medical practices for specific communities during this period. In the early 1970s, the modern day disability rights movement began organizing around the idea that disabled individuals should have a voice in their treatment and the choice to care for themselves.<sup>1</sup> Debates over the effectiveness and efficiency of long-term institutionalization of both mental patients and prisoners also raged within various state legislatures and courthouses as prisoners and patients both demanded a say in their rehabilitation.<sup>2</sup> The efforts of American Indian activists and tribal leaders culminated in

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<sup>1</sup> Richard K. Scotch, *From Good Will to Civil Rights : Transforming Federal Disability Policy*, (Philadelphia: Temple University Press, 2001); Paul K. Longmore and Lauri Umansky, *The New Disability History : American Perspectives*, (New York: New York University Press, 2001); Doris Zames Fleischer and Frieda Zames, *The Disability Rights Movement : From Charity to Confrontation*, (Philadelphia: Temple University Press, 2001); Duane F. Stroman, *The Disability Rights Movement : From Deinstitutionalization to Self-Determination*, (Lanham, Md.: University Press of America, 2003); Ann Malaspina, *The Ethnic and Group Identity Movements : Earning Recognition*, (New York: Chelsea House, 2007).

<sup>2</sup> Norval Morris and David J. Rothman, *The Oxford History of the Prison : The Practice of Punishment in Western Society*, (New York: Oxford University Press, 1995)., 202-243. Ruth Wilson Gilmore, *Golden Gulag : Prisons, Surplus, Crisis, and Opposition in Globalizing California*, (Berkeley: University of California Press, 2007); Marie Gottschalk, *The Prison and the Gallows : The Politics of Mass Incarceration in America*, (New York ; Cambridge: Cambridge University Press, 2006); Gerald N. Grob, *From*

the Indian Self-Determination and Education Assistance Act of 1975, which granted tribes greater power and control over their medical care and education.<sup>3</sup> Within this larger context, the Howard Brown Memorial Clinic represents yet another group historically the subject of medical scrutiny that challenged the authority of mainstream medicine and lobbied for a systemic change in their treatment.<sup>4</sup> From this vantage point, the work of gay health activists in Boston, Los Angeles, and Chicago clearly exemplifies one manifestation of a larger debate over medical authority and its role in political oppression. However, the Howard Brown Memorial Clinic took a unique approach by employing medical research to argue their point, while many of the other movements and gay health clinics relied heavily upon political activism to gain a voice in their medical treatment.

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*Asylum to Community : Mental Health Policy in Modern America*, (Princeton, N.J.: Princeton University Press, 1991).

<sup>3</sup> United States. Congress. House. Committee on Interior and Insular Affairs. Subcommittee on Indian Affairs., *Indian Self-Determination and Education Assistance Act : Hearings before the Subcommittee on Indian Affairs of the Committee on Interior and Insular Affairs, House of Representatives, Ninety-Third Congress, Second Session, on S. 1017 and Related Bills*, (Washington: U.S. Govt. Print. Off., 1974); Jane Lawrence, "The Indian Health Service and the Sterilization of Native American Women," *American Indian Quarterly* 24, no. 3 (2000); Abraham Bergman and others, "A Political History of the Indian Health Service," *Millbank Quarterly* 77, no. 4 (1999); Troy Johnson, Joane Nagel, and Duane Champagne, eds., *American Indian Activism: Alcatraz to the Longest Walk*, (Chicago: University of Illinois Press, 1997).

<sup>4</sup> On the history of the medical gaze as it relates to homosexuality see Vernon A. Rosario, *Homosexuality and Science : A Guide to the Debates*, (Santa Barbara, Calif.: ABC-CLIO, 2002); Timothy F. Murphy, *Gay Science : The Ethics of Sexual Orientation Research*, (New York: Columbia University Press, 1997). Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society*, (Chicago: The University of Chicago Press, 1999); Vernon A. Rosario, *Science and Homosexualities*, (New York: Routledge, 1997); Vern L. Bullough, *Science in the Bedroom : A History of Sex Research*, (New York: BasicBooks, 1994); Kim M. Phillips and Barry Reay, *Sexualities in History : A Reader*, (New York: Routledge, 2002).

Howard Brown Memorial Clinic used medical research in many ways, with the ultimate goal of overhauling mainstream medicine's interaction with the gay community. First and most obviously, by focusing on disease prevention and treatment in the gay community, researchers at the clinic created a medical literature about homosexuality beyond that which predicated the innate mental illness of homosexuals. Scientific studies and journal articles educated mainstream medical professionals about the health needs of and effective treatments for gay men, pushing the medical community to reconsider topics ranging from modes of venereal disease transmission to the ways medical procedure reinforced or challenged social stigma.<sup>5</sup> While the larger shift of sexual norms resulting from sexual liberation of the late 1960s and gay liberation in the 1970s challenged mainstream medicine's treatment of homosexuality, the research of Howard Brown provided doctors with a more constructive, less pathologic alternative. In this way, the researchers at the clinic employed medical research to achieve the most basic step in changing the ways medical professionals interacted with their gay patients—by using it to inform them of gay health issues.

While educating doctors on gay health theoretically resulted in more effective diagnosis and treatment of illnesses among gay men, challenging the institutional homophobia within the profession required more than simply teaching doctors how to

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<sup>5</sup> Yehudi Felman and John Morrison, "Examining the Homosexual Male for Sexually Transmitted Diseases," *Journal of the American Medical Association* 238, no. 19 (1977); Yehudi Felman, "Homosexual Hazards," *The Practitioner* 224, no. (1980); Yehudi Felman and James Nikitas, "Epidemiologic Approach to Control of Sexually Transmitted Disease," *New York State Journal of Medicine* (1979); David Ostrow and Dale Shaskey, "The Experience of the Howard Brown Memorial Clinic of Chicago with Sexually Transmitted Diseases," *Sexually Transmitted Diseases* 4, no. 2 (1977); David Ostrow and Dale Shaskey, *The Vd Epidemiological Experience of the Howard Brown Memorial Clinic of Chicago*, in *American Public Health Association* (Miami Beach, Florida: 1976).

conduct thorough exams and obtain medical histories without assuming the heterosexuality of their patients.<sup>6</sup> Rather, research conducted and initiated by the Howard Brown Memorial Clinic illustrated the potential and value of the gay community to medicine at large. Taking advantage of the relationship with the Chicago gay community and the blood samples acquired through both the clinic and VD van, clinic co-founder David Ostrow and others at the clinic offered to share the information gathered from their patients with other researchers and laboratories to maximize research returns from their samples. As part of this effort, Ostrow created scientific studies and collaborated with a team of area researchers to confirm the earlier hypothesis among some doctors and gay community members that Hepatitis B was sexually transmittable.<sup>7</sup> Howard Brown Memorial Clinic, in collaboration with many agencies and organizations including the Centers for Disease Control and Merck pharmaceutical company, provided research for the creation, and then testing, of a Hepatitis B vaccine. Through these efforts, researchers at the clinic gained the respect of many in the medical profession, became well-versed in every step of the drug and vaccine production process, and solidified the clinic's growing reputation as a serious research institution.

This chapter charts the ways in which researchers at Howard Brown Memorial Clinic employed the methods of mainstream medicine to bring about change in the treatment of homosexuals and challenge the homophobia espoused by the medical

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<sup>6</sup> Felman and Morrison, "Examining the Homosexual Male."

<sup>7</sup> et al. K. S. Lim, "Role of Sexual and Non-Sexual Practices in the Transmission of Hepatitis B," *British Journal of Venereal Diseases* 53, no. (1977); Robert Fass, "Sexual Transmission of Viral Hepatitis?," *Journal of the American Medical Association* 230, no. 6 (1974); Wolf Szumuness and et. al., "On the Role of Sexual Behavior in the Spread of Hepatitis B Infection," *Annals of Internal Medicine* 83, no. (1975).

profession. The events at the clinic illustrate a different approach to critiquing the medical gaze than that used by other groups deemed ill or incompetent at the time. Through medical research, journals, and collaboration with government agencies, the staff at Howard Brown effectively gained a voice within mainstream medicine and recast the relationship between homosexuality and medicine. The success of Howard Brown Memorial Clinic in criticizing, appropriating, and shifting the medical gaze on the gay community's behalf lies in the medical focus, professionalism, and research abilities of the clinic's staff and volunteers.

While the previous chapters have framed the work of gay health activists in the 1970s as a way to explore other contemporary or historical factors like the lasting impact of the Great Society, the health care crisis, or gay liberation, this chapter is conceptually different. Here, I only provide a cursory analysis of how the actions of activists in Chicago reflect a broader shift in medical authority. The primary focus of this chapter lies in the creation of gay medical research and the working relationships produced in the process. Particularly in light of the AIDS crisis of the early 1980s, this work of Chicago gay health activists of the 1970s proves to be of great historical significance. From this vantage point, this chapter makes three claims, with the greatest emphasis on the third point. First, by using medical research, the clinic participated in a unique and effective way in a much larger shift of medical authority and individual agency that included many marginalized groups in the 1970s. Second, the clinic's efforts facilitated and represented a change in mainstream medicine's approach to homosexuality from one that historically had equated homosexuality with illness to one that treated illnesses among otherwise healthy homosexuals. Lastly, the research of the Howard Brown Memorial Clinic and the

working relationships it cultivated laid the groundwork for the first response to the AIDS crisis in the early 1980s. The scope, speed, and deadliness of the early AIDS epidemic highlighted every fault and weakness in mainstream medicine's (and government's) ability to respond to a health crisis. However, the pre-existing gay medical establishment, embodied and created in part by the Howard Brown Memorial Clinic in the 1970s, proved central to the early medical and scientific response to the disease. In the course of research and scientific studies, the doctors at the Chicago clinic initiated and nurtured collaborative relationships with the Centers for Disease Control, the National Institutes of Health, research universities, other gay community health clinics around the country, and numerous pharmaceutical companies. Each of these relationships became vital in the effort to identify, contain, and study what would become HIV/AIDS in the early years of the epidemic. Furthermore, the hybrid medical and public health approach at the heart of the Howard Brown Memorial Clinic proved both a rare and crucial component to creating strong communication between the gay community and the health profession during the early crisis.

### **Challenging the Gaze**

In the mid-1970s, the medical profession was under attack from seemingly every angle. Internally, the divide over a balance between quality care and profitability raged, inadvertently shaping the politics and medicine of the doctors at the Howard Brown Memorial Clinic. Beyond its own ranks, mainstream medicine found itself facing critiques from a growing list of groups and causes. In the wake of the news of widespread Medicare and Medicaid fraud, previously uncritical groups, like the elderly, as well as proponents for a government-run single-payer system joined in the condemnation of

mainstream medicine.<sup>8</sup> Their concerns added to a chorus of criticism coming from a plethora of other social and political movements. While the anti-Vietnam War movement slowed dramatically in the early 1970s until the signing of the Paris Peace Accords in January 1973, those involved in and informed by the anti-war movement went on to apply its central tenet, to question authority, to nearly every aspect of life, including the authority of medical professionals. Thus, in various identity-based movements of the late 1960s and early 1970s, many incorporated a critique of mainstream medicine into their politics. Groups like the Black Panthers, the feminist women's health movement, and gay liberation pointed to physical inaccessibility of clinics, poor quality of care, institutional patriarchy, racism, misogyny, and homophobia as proof of their larger oppression.<sup>9</sup> While many of these groups portrayed mainstream medicine as one of many accomplices to

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<sup>8</sup> Bob Olmsted, "Elderly Picket Ama Meeting, Hit Lack of Care," *Chicago Sun-Times*, June 26 1974; Jonathan Engel, *Poor People's Medicine : Medicaid and American Charity Care since 1965*, (Durham: Duke University Press, 2006); David G. Smith and Judith D. Moore, *Medicaid Politics and Policy, 1965-2007*, (New Brunswick, N.J.: Transaction Publishers, 2008).

<sup>9</sup> Many of these groups had specific medical concerns that not only fueled their political movement but also prompted a larger questioning of medical authority. For the black community, news of the Tuskegee experiment wherein the U.S. Public Health Services conducted experiments on 400 black men with late stage syphilis without their knowledge, symbolized the institutional oppression and hatred they were organizing against. See James H. Jones and Tuskegee Institute., *Bad Blood : The Tuskegee Syphilis Experiment*, (New York: Free Press, 1993); Susan Reverby, *Examining Tuskegee : The Infamous Syphilis Study and Its Legacy*, (Chapel Hill: University of North Carolina Press, 2009). The sterilization of women of color also proved a rallying point against medical authority. See Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*, (New York: New York University Press, 2003); Elena Gutierrez and others, *Undivided Rights: Women of Color Organizing for Reproductive Rights*, (Boston: South End, 2004); Lawrence, "The Indian Health Service and the Sterilization of Native American Women."

their larger political oppression, there was also a growing cadre of activists who argued that mainstream medicine was the main culprit for their political plights.

The disability rights movement, de-institutionalization efforts on the part of mental patients and prisoners, and gay health activism during the 1970s all hinged upon the oppressive effects of mainstream medicine's failings.<sup>10</sup> Although few if any actually used the term "medical gaze" in their critiques and organizing efforts, these movements made the concept implicit in their rhetoric. A term first coined by Michel Foucault, the medical gaze identified the common practice among medical professionals of separating a patient's body from the patient's identity.<sup>11</sup> While this approach protected medical professionals from the emotional strain of patient illness and mortality, it also dehumanized and disempowered patients as doctors reduced their patients' identity to illness, disability, or deformity. Furthermore, the medical gaze also resulted in a significant power imbalance as doctors had complete control over the ability to diagnose and treat illnesses while patients had little agency or input. As groups of those deemed ill

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<sup>10</sup> Sharon N. Barnartt and Richard K. Scotch, *Disability Protests : Contentious Politics 1970-1999*, (Washington, DC: Gallaudet University Press, 2001); Scotch, *From Good Will to Civil Rights*; Longmore and Umansky, *The New Disability History*; Stroman, *The Disability Rights Movement*.

<sup>11</sup> Michel Foucault first put the concept of the medical gaze forth in his work, translated into English in 1973 served as the theoretical foundation of the disability rights movement, the prison reform movement, and many other similar movements of the period. Foucault also is often considered the father of post-modernist theory. Michel Foucault, *The Birth of the Clinic; an Archaeology of Medical Perception*, (New York,: Pantheon Books, 1973).. Foucault's work in *The Birth of the Clinic* and his later Michel Foucault, *Discipline and Punish : The Birth of the Prison*, (New York: Pantheon Books, 1977). Michel Foucault, Paul Rabinow, and Nikolas S. Rose, *The Essential Foucault : Selections from Essential Works of Foucault, 1954-1984*, (New York: New Press, 2003).



or disabled began to mobilize politically in the early 1970s, a critique of the medical gaze, although never couched in those terms specifically, took center stage.

Within the realm of gay health activism, the negative effects of the medical gaze spanned from general distrust of the medical profession among gays to specific ineffective medical treatments. In addition to the long history of mistreatment of gay men at the hands of doctors, many of the city-run health clinics reinforced the fear and distrust many gay men had for mainstream medicine. Not only did gay men frequently face rudeness and mockery in these clinics, but they also had significant and warranted fears about their anonymity and confidentiality in clinics and doctors offices. Howard Brown Memorial Clinic co-founder, David Ostrow, recalled in an interview that the Department of Health was “very heavy handed in case tracking systems. We had tons of reports of doctors or public health [workers] who would say if you don’t give us a list of every single sexual partner and how to contact them for the last so many months, we’re not going to treat you.”<sup>12</sup> For many gay men, especially those not totally out, the prospect of having to reveal so much sensitive information and potentially have their sexuality exposed proved too great a risk. As a result, many avoided going to the doctor or clinic, which only worsened and complicated the effects of the venereal disease epidemic for the gay community.<sup>13</sup> Furthermore, when gay men did go to the doctor, there was a great likelihood that the doctor would not know how to give a thorough exam that would

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<sup>12</sup> David Ostrow, *Interview by Author*, (March 23, 2007).

<sup>13</sup> Merv Walker, "The Clap Trap: A Venereal Cath 22," *Body Politic*; D. G. Ostrow and N. L. Altman, "Sexually Transmitted Diseases and Homosexuality," *Sexually transmitted diseases* 10, no. 4 (1983); Centers for Disease Control and Prevention, "Tracking the Hidden Epidemics: Trends in Stds in the United States 2000," ed. Department of Health and Human Services (2000). <http://www.cdc.gov/std/trends2000/Trends2000.pdf>.

include all the sites of transmission common for gay men.<sup>14</sup> In short because of the historically narrow focus of the medical gaze on homosexuality as an illness, doctors literally didn't see the symptoms of actual illnesses in homosexuals that were right in front of them.

The response of various groups to the medical gaze took three main forms. The disability rights movement and the deinstitutionalization efforts of mental patients and prisoners challenged the medical gaze that disempowered and imprisoned them through legal means, seeking legislative reform and judicial intervention on their behalf.<sup>15</sup> As in the Los Angeles Gay Community Services Center, some activists simply denied mainstream medicine the ability to gaze upon homosexuals by creating their own medical services that operated, by and large, separate from mainstream medicine.<sup>16</sup> The Howard Brown Memorial Clinic took a different approach, using the tools of mainstream medicine to challenge the medical gaze and redefine the relationship between the medical

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<sup>14</sup> Survey responses from medical professionals that while few had an ideological problem with homosexuality, few felt educated or well trained in actually treating a homosexual. C.B. Golin, "Mds Assess Problems in Treating Gays," *IMPACT: American Medical News* (1978).

<sup>15</sup> Stroman, *The Disability Rights Movement*; Barnartt and Scotch, *Disability Protests*; Fleischer and Zames, *The Disability Rights Movement*.

<sup>16</sup> Feminists also employed this response to the damaging effects of the medical gaze as they sought to avoid the patriarchy and misogyny of mainstream medicine by building their own clinics and health services. See Nelson, *Women of Color and the Reproductive Rights Movement*; Kathy Davis, *The Making of Our Bodies, Ourselves : How Feminism Travels across Borders*, (Durham, NC: Duke University Press, 2007); Sandra Morgen, *Into Our Own Hands : The Women's Health Movement in the United States, 1969-1990*, (New Brunswick, N.J.: Rutgers University Press, 2002); Kimberly Springer, *Living for the Revolution : Black Feminist Organizations, 1968-1980*, (Durham [N.C.]: Duke University Press, 2005); Anne M. Valk, *Radical Sisters : Second-Wave Feminism and Black Liberation in Washington, D.C.*, (Urbana: University of Illinois Press, 2008); Judith A. Houck, *Hot and Bothered : Women, Medicine, and Menopause in Modern America*, (Cambridge, Mass.: Harvard University Press, 2006).

profession and the gay community. By appropriating the methods of mainstream medicine to alter the medical gaze of homosexuals, Howard Brown acted as both a medical insider and an activist outsider, pushing medical convention while also gaining trust and validity in the eyes of both mainstream medicine and the gay community.

The volunteers at Howard Brown Memorial Clinic had unique perspective on the medical gaze and its relationship to the gay community as a result of their own homosexuality and medical training.<sup>17</sup> Their own experiences as gay men and their conversations with others who called in response to the gay medical students group advertisement provided a critical analysis of existing medical and public health practices. As doctors, they used their knowledge of medicine and public health to meet the intents and purposes of existing protocols through methods that did not alienate, disempower, or overlook the gay community. The first, and arguably most important, change doctors at Howard Brown Memorial Clinic sought to make involved the venereal disease case-tracking procedures used by city health clinics. In order to build trust with the gay community, the clinic provided anonymity to all its patients, challenging the existing city protocols and upending the power dynamics between medical professionals and the gay community.

By the time Howard Brown Memorial Clinic opened in 1974, the Fenway Clinic in Boston and the clinic in the Los Angeles Gay Community Services Center had provided anonymity to their patients upon request for years. However, Howard Brown Memorial Clinic made it a universal practice used for all patients.<sup>18</sup> While this brought

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<sup>17</sup> Ostrow, *Interview*; Ken Mayer, *Interview by Author*, (July 11, 2007).

great comfort to the larger gay community and made great strides in building trust between the clinic and gay men in Chicago, it had the opposite effect on the city's public health officials who Ostrow later remembered, "of course they objected."<sup>19</sup> Without proper contact information, the usual epidemiological methods for disease tracing were useless and left doctors and public health officials relatively powerless in what had previously been a situation in which they had total control. However, the city officials could do little other than voice their concerns as the regulations regarding federal funding and community health clinics that grew out of the Great Society programs of the 1960s and continued to get approval during the Nixon and Carter administrations insisted that government laboratories test all samples brought in from community clinics.<sup>20</sup> Ostrow explained how the clinic strong-armed the state-funded laboratories into testing their anonymous samples:

the city clinics and the state operated health clinics got money from the [federal government] and they're obligated under those grants... to provide testing for any STD samples that came into them, whether they're from their own labs or from

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<sup>18</sup> In Boston and Los Angeles patients commonly used obviously fake or partial names without criticism or consequence. However, Howard Brown was the first to make it standard protocol to assign an anonymous "name" to each patient file with consisted of a combination of the patient's date of birth and mother's maiden name. Benjamin Teller, *Interview by Author*, (November 1, 2007); Donald Kilhefner, *Interview by Author*, (October 31, 2007); Mayer, *Interview*.

<sup>19</sup> Ostrow, *Interview*.

<sup>20</sup> For more on federal regulation and community health clinics see Engel, *Poor People's Medicine*; Bonnie Lefkowitz, *Community Health Centers : A Movement and the People Who Made It Happen*, (New Brunswick, N.J.: Rutgers University Press, 2007); Alice Sardell, *The U.S. Experiment in Social Medicine : The Community Health Center Program, 1965-1986*, (Pittsburgh, Pa.: University of Pittsburgh Press, 1988); John Dittmer, *The Good Doctors : The Medical Committee for Human Rights and the Struggle for Social Justice in Health Care*, (New York: Bloomsbury Press, 2009); Rosemary Stevens, *The Public-Private Health Care State : Essays on the History of American Health Care Policy*, (New Brunswick: Transaction Publishers, 2007).

doctor's offices or hospitals or whatever. So we said we're going to send you samples but you're not going to have names. You're just going to have a code by which we'll be able to identify who the person is and we'll give you their zip code so you can ... continue to keep statistics on rates of STDs by zip code but we're going to do the contact tracing.<sup>21</sup>

By this simple shift in procedure, the Howard Brown Memorial Clinic provided a sense of security for gay men as they came to the clinic and got tested. Furthermore, while the clinic informed patients of positive test results, it placed the onus to tell previous sexual partners of their disease(s) on the patients themselves, as opposed to on city health workers or clinic staff. Through standardized anonymous testing, the Chicago clinic did much to equalize the power imbalance that had long existed between the gay community and mainstream medicine as a result of the medical gaze. At Howard Brown respectful and informed doctors, who trusted patients to notify previous and future partners of any diseases, anonymously tested gay men. These were all major changes for gay health care in Chicago as, "prior to the clinic's founding, there was nowhere in Chicago a gay [man] could receive competent, confidential, and affordable healthcare for sexually transmitted diseases. Gay patients were occasionally subject to blackmail or overcharges, and frequently subject to disrespectful treatment in the form of contempt or "morality lectures.""<sup>22</sup> Establishing a reputation among the gay community as a knowledgeable and sensitive source of health care laid a strong foundation for future research at the Howard Brown Memorial Clinic.

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<sup>21</sup> Ostrow, *Interview*.

<sup>22</sup> Howard Brown Memorial Clinic, "History of Howard Brown Memorial Clinic," 1981, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 7, Gerber Hart Library, Chicago.

### **Becoming Established: Collaboration, Research, and Vaccines**

The quick rise of Howard Brown Memorial Clinic as a national leader in gay medical research resulted from the confluence of numerous factors. The interdependent relationship with the city's gay community lay at the core of the clinic's research success. Howard Brown offered quality, accepting, and free medical care to Chicago's gay community who in return provided two essential ingredients for conducting medical research: money and data. The \$10,000 raised at the Winter Carnival in 1976 for malpractice insurance illustrated a willingness among the community to support the clinic financially that would continue throughout its existence. Immediately following the Winter Carnival and the clinic's split from Gay Horizons, Howard Brown initiated a continuous major capital improvement fund-raising program that resulted in tens of thousands of dollars for the clinic by the end of the decade.<sup>23</sup>

While money allowed for improvements in the clinic and necessary medical equipment for doctors and technicians to conduct much of the clinic's research, the support of the community in the form of data was of even greater importance. As the clinic was one of the only places where gay men could find knowledgeable, friendly, and affordable care, patient numbers grew exponentially from roughly 50 patients a month in

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<sup>23</sup> "Chicago Gay Health Project Holds Annual Dinner on December 8th," *Gay Life*, October 30 1977; Howard Brown Memorial Clinic, "Minutes for the Board of Directors Meeting, April 8," 1978, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, Board Meeting Minutes Folder, Gerber Hart Library, Chicago; Howard Brown Memorial Clinic, "Board Meeting Minutes, January 2," 1978, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, Board Meeting Minutes Folder, Gerber Hart Library, Chicago; "Clinic Needs More Space," *Gay Life*, March 31 1978; "Howard Brown Clinic Month Set," *Gay Life*, August 17 1979; "Brief History of the Brown Clinic," *Gay Life*, September 7 1979.

1974 to over 1200 by 1980.<sup>24</sup> In addition to the number of samples such a large patient base provided, the concentration of specific diseases among the patients (due to the fact that the clinic only offered services related to venereal disease and to the fact that venereal diseases affected the gay community in different, often more severe, ways than mainstream society) made the clinic an ideal research site for many doctors studying a variety of health issues. Venereal diseases among gay men were often more prevalent and more advanced than in the general population- direct results of the distrust of the gay community for mainstream medicine and the lack of knowledge among medical professionals of how to diagnose and treat illnesses in homosexuals.<sup>25</sup> As a result, the clinic's patients offered a treasure trove for potential research and drew the interest of researchers focused on gay sexual health as well as others focused on sexually transmitted diseases more broadly, hepatitis (which at the times was only hypothesized to be sexually transmissible), liver function, and intestinal parasites to name a few. The clinic welcomed collaboration with researchers from beyond the clinic's small group of doctors and made partnerships a hallmark of its burgeoning research program. This approach would prove pivotal in making Howard Brown Memorial Clinic a trailblazer and national leader in gay-related medical research by the end of the decade.

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<sup>24</sup> Howard Brown Memorial Clinic, "Description of Howard Brown Memorial Clinic Research Site," 1978, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 3, Gerber Hart Library, Chicago.

<sup>25</sup> Szumuness and al., "On the Role of Sexual Behaviour."; Fass, "Sexual Transmission of Viral Hepatitis?."; K. S. Lim, "Role of Sexual and Non-Sexual Practices."; William W. Darrow and the Hepatitis Collaborative Working Group, "Hepatitis B Virus in Gay Men: Pretest Procedures and Results for San Francisco and Chicago (Hbmc)," 1977, report, David Ostrow Papers, Chicago; Education U.S. Department of Health, and Welfare Center for Disease Control, "Figures and Tables for "Profile of the Gay Std Patient"," 1976, Walter Lear Personal Collection, Philadelphia.

The success of the clinic's research efforts can also be attributed, in part, to the personal and professional relationships that resulted from the gay medical students group and medical committee for human rights. While the gay medical students group had been relatively short-lived as the clinic itself replaced the early social group, the social and professional relationships between the students and professionals of the group continued long after it disbanded. As medical students graduated and moved away for residency, a national network of highly trained medical professionals interested in furthering research on gay health issues emerged. Ken Mayer, a veteran of the gay medical students groups and Howard Brown Memorial Clinic, would go on to become the developer and backbone of the research efforts at Boston's Fenway Community Health Clinic in the late-1970s.<sup>26</sup> Many former gay medical students group members were also members of one of the many gay professional organizations that began to appear toward the end of the decade, opening up even more opportunity for networking and professional collaboration as the decade drew to a close.<sup>27</sup> In addition to this growing national gay

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<sup>26</sup> Mayer, *Interview*.

<sup>27</sup> In 1975, the American Public Health Association became the first major medical professional organization to create a formal gay caucus. By 1978, gays were formally represented in the professional organizations for guidance counselors, sex educators, therapists, medical students, nurses, and substance abuse workers as well as in the American Psychological Association, the American Psychiatric Association, and the National Association of Social Workers. Even the historically conservative American Medical Association had a caucus for gays and lesbians by the end of the decade. These caucuses joined together in late 1976 to form a 23-member National Gay Health Coalition. Gay People in Medicine, "First National Gay Health Conference: The Health Closet," 1978, Walter Lear Personal Collection, Philadelphia. Gay People in Medicine, "Gay People in Medicine Application Form," Walter Lear Personal Collection, Philadelphia. Gay Health Caucuses, "Gay Health Caucuses Form Coalition Press Release," 1976, Women's Community Health Clinic, Box 17, Folder 7, Schlesinger Library, Radcliffe Institute, Harvard University, Boston; National Gay Health Coalition,



health network, Howard Brown benefitted greatly from local relationships with medical professionals at local universities and pharmaceutical companies.

In 1976, when Howard Brown Memorial Clinic broke away from Gay Horizons and began to pursue medical research in earnest, the clinic's greatest limitation was its space and finances. Ostrow, who led the clinic's research efforts throughout the decade, was not able to conduct his own testing, due to a lack of physical space and equipment. However, he contributed to the growing medical literature about homosexuality by focusing on topics for which he did not need to conduct his own testing. He wrote and co-authored some articles on doctor-patient interaction and basic examination practices highlighting the idiosyncrasies of gay health and how slight changes in intake questions, examinations, and contact tracing resulted in much better quality of care for gay patients.<sup>28</sup> He also drew conclusions through quantitative analyses from the testing results of the clinic's patients offered by the city-run testing facilities. While creating research articles without the ability to conduct his own laboratory tests was not sustainable, Ostrow compiled enough evidence through tracking trends in the testing results to initiate

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"Untitled Grant Proposal " 1984, A grant proposal or organizational summary, Walter Lear Personal Collection, Philadelphia.

<sup>28</sup> Ostrow and Shaskey, "The Experience of the Howard Brown Memorial Clinic."; Howard Harrison, "Straight Talk from a Gay Doctor," *The New Physician* (1974); Tom Maurer, "Health Care and the Gay Community," *Postgraduate Medicine* 58, no. 1 (1975); "Gays Win Recognition at A.P.H.A Convention," *Gay Health Reports: Newsletter of Gay Public Health Workers, A Caucus of the A.P.H.A.* 1, no. 1 (1976); et al Kazal Henry, "The Gay Bowel Syndrome: Clinico-Pathologic Correlation in 260 Cases," *Annals of Clinical and Laboratory Science* 6, no. 2 (1976); Walter Lear, "Venereal Disease and Gay Men: Opening Remarks," *Sexually Transmitted Diseases* 4, no. 2 (1977); Golin, "Mds Assess Problems in Treating Gays."; Dorothy Riddle, "Relating to Children: Gays as Role Models," *Journal of Social Issues* 34, no. 3 (1978); "Use of Vd Clinic Run by Homosexuals Called Proof of Value," *Family Practice News* 7, no. 2 (1977); Felman and Morrison, "Examining the Homosexual Male."; Leon Speroff, "The Clinician and the Homosexual Patient," *Contemporary OB/GYN* 14, no. (1979).

working relationships with a myriad of local doctors, agencies, and businesses whose own research interests coincided with the offerings posed by the clinic's client samples. Howard Brown Memorial Clinic gained much through this collaborative approach to research. First, the clinic fostered the creation and dissemination of knowledge related to gay health among mainstream medicine. This research would not only pave the way to more knowledgeable medical professionals and better treatment for gay men in health settings, but would also help treat and prevent disease in the gay community. The local gay newspaper summed up the clinic's intent in an article: "The name of the game at Howard Brown is disease control—specifically, those diseases which are transmitted through sexual contact."<sup>29</sup>

Second, by inviting a variety of researchers to use the clinic's test results and samples, numerous research projects occurred simultaneously and related articles became fairly commonplace in medical literature.<sup>30</sup> While only a handful of these articles and

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<sup>29</sup> Charlie Mehler, "The Howard Brown Clinic: It's History and Range of Services," *Gay Life*, June, 22 1979.

<sup>30</sup> Harrison, "Straight Talk from a Gay Doctor."; Fass, "Sexual Transmission of Viral Hepatitis?."; Chris Coste, "Gay Doctors Edging out of the Closet," *The New Physician* (1974); Walter Merten and Sylvia Nothman, "Neighborhood Health Center Experience: Implications for Project Grants," *American Journal of Public Health* 65, no. (1975); Maurer, "Health Care and the Gay Community."; Szumuness and al., "On the Role of Sexual Behaviour."; Henry, "The Gay Bowel Syndrome."; Ostrow and Shaskey, "The Experience of the Howard Brown Memorial Clinic."; Lear, "Venereal Disease and Gay Men."; K. S. Lim, "Role of Sexual and Non-Sexual Practices."; Felman and Morrison, "Examining the Homosexual Male."; "Use of Vd Clinic Run by Homosexuals Called Proof of Value."; Golin, "Mds Assess Problems in Treating Gays."; Yehudi and James Nikitas Felman, "Sexually Transmitted Enteric Pathogens in New York City," *New York State Journal of Medicine* (1979); Felman and Nikitas, "Epidemiologic Approach."; Speroff, "The Clinician and the Homosexual Patient."; Daniel William, "Sexually Transmitted Diseases in Gay Men: An Insider's View," *Sexually Transmitted Diseases* 6, no. 4 (1979); William et al Janda, "Prevalence and Site-Pathogen Studies of Neisseria

studies were actually written by Howard Brown doctors, Howard Brown Memorial Clinic in many ways served as a national clearinghouse for gay medical research in part because of its willingness to work in partnerships and also because of its growing expertise.

Ostrow and other Howard Brown volunteers corresponded with many of those conducting research on gay health during this period, offering feedback, collaboration, or exchanging recent findings.<sup>31</sup> He and other former members of the gay medical students group served as the basis for what evolved into a national network of gay doctors, many of whom had research interests in gay health. Through these collaborative research studies and writings, the content of medical literature regarding homosexuals changed

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Meningitis and N Gonorrhoeae in Homosexual Men," *Journal of the American Medical Association* 244, no. 18 (1980); Felman, "Homosexual Hazards."; et al David Ostrow, "Epidemiology of Gonorrhea Infections in Gay Men," *Journal of Homosexuality* 5, no. 3 (1980); Robert Bolan, "Nonspecific Proctitis," *Journal of Homosexuality* 5, no. 3 (1980); Alfred Baker, "Chronic Type B Hepatitis in Gay Men: Experience with Patients Referred from the Howard Brown Memorial Clinic to the University of Chicago," *Journal of Homosexuality* 5, no. 3 (1980); Marshall Schreeder and others, "Epidemiology of Hepatitis B Infection in Gay Men," *Journal of Homosexuality* 5, no. 3 (1980); William M. Janda, "Sexually-Transmitted Diseases in Homosexual Men," *Clinical Microbiology Newsletter* 3, no. 3 (1981); William W. Darrow and others, "The Gay Report on Sexually Transmitted Diseases," *American Journal of Public Health* 71, no. 9 (1981); Daniel William, "The Sexual Transmission of Parasitic Infections in Gay Men," *Journal of Homosexuality* 5, no. 3 (1980).

<sup>31</sup> David Ostrow, "Letter from David Ostrow to Mark Bolan August 21," 1979, David Ostrow Papers, Chicago; David Ostrow, "Letter to Walter Lear," 1976, Letter, Walter Lear Personal Collection, Philadelphia; David Ostrow, "Follow-up Letter for August Hbmc Board Meeting," 1980, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 8, Board Meetings Folder, Gerber Hart Library, Chicago; Walter Lear, "Walter Lear to Friends," 1975, Walter Lear Personal Collection, Philadelphia; Harley McMillan, "Letter to Hugo Muriel, January 28," 1982, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, Correspondence Folder, Gerber Hart Library, Chicago; Harley McMillan, "Letter to Chuck Renslow, January 5," 1981, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, Board Meeting Minutes Folder, Gerber Hart Library, Chicago; Dale Shaskey, "Letter to Mr. Allen Kelson, September 8," 1976, Walter Lear Personal Collection, Philadelphia; Frank Pagenkemper, "Letter to David Ostrow, May 28," 1981, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 7, Gerber Hart Library, Chicago.

dramatically during the mid-1970s. In the decade immediately following World War II, research and journal articles about homosexuality overwhelmingly engaged homosexuality as an illness.<sup>32</sup> In the wake of the late 1960's sexual revolution and the more out-spoken and militant gay political activism of the early 1970s, discussion of homosexuality all but disappeared from medical literature, with the exception of news related to the removal of homosexuality from the Diagnostic and Statistical Manual in 1973.<sup>33</sup> Appearing in a wide range of medical journals, in numerous conference proceedings, and even book length studies, a handful of gay doctors, medical professionals, and academics began to fill in questions surrounding gay health in the second half of the decade.<sup>34</sup>

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<sup>32</sup> Irving Bernstein, "Homosexuality in Gynecologic Practice," *South Dakota Journal of Medicine* 31, no. 3 (1968); P. H. Heersema, "Homosexuality and the Physician," *JAMA : the journal of the American Medical Association* 193, no. (1965); "Genesis of Homosexuality," *Canadian Medical Association journal* 93, no. 19 (1965); Y. R. De Monch, "A Clinical Type of Male Homosexuality," *The International journal of psychoanalysis* 46, no. (1965); S. Gold and I. L. Neufeld, "A Learning Approach to the Treatment of Homosexuality," *Behaviour research and therapy* 3, no. (1965); G. R. Peberdy, "Homosexuality and the Law," *The Medico-legal journal* 33, no. (1965); K. Freund, "On the Problem of Male Homosexuality," *Review of Czechoslovak medicine* 11, no. (1965).

<sup>33</sup> American Psychological Association, "Memo Regarding the Status of Homosexuality as a Mental Disorder," 1973, Walter Lear Personal Collection, Philadelphia; "22,000 Psychiatrists Vote on Homosexuality," *Gay Community News*, Feb 16 1974; American Psychological Association, "Press Release," 1975, Walter Lear Personal Collection, Philadelphia; Jack Drescher and Joseph P. Merlino, *American Psychiatry and Homosexuality : An Oral History*, (New York: Harrington Park Press, 2007). Another important exception here is that in a handful of British and Australian medical journals were beginning to hypothesize the relationship between homosexuals and high incidence of Hepatitis B. Szumuness and al., "On the Role of Sexual Behaviour."; Fass, "Sexual Transmission of Viral Hepatitis?."; K. S. Lim, "Role of Sexual and Non-Sexual Practices.""

The clinic's ability to conduct its own testing and research improved significantly in the fall of 1978, when it moved into a new 4,000 square foot space in the heart of the emerging gay enclave on North Halsted Street that included 500 square feet of research offices and labs equipped for the processing of all standard sexually transmitted disease tests.<sup>35</sup> However, the clinic chose to continue collaborating with as many outside researchers and agencies as possible because of the many benefits of this approach. By teaming with Mason-Barron Laboratories, a private company located in a Chicago suburb that specialized in liver-related testing and research, Howard Brown was able to provide needed tests and related treatments for its patients with advanced liver damage due to various venereal diseases without having to bear the cost of the expensive laboratory equipment.<sup>36</sup> Despite the early disagreement over case-tracking and notification protocol, Howard Brown and the Chicago Department of Health went on to enjoy an incredibly productive relationship wherein Howard Brown identified and treated venereal diseases in a previously difficult and elusive community while the city provided advanced laboratory tests, grants, and other logistical supports.<sup>37</sup> By outsourcing its most expensive

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<sup>34</sup> For examples of the more prominent and influential articles see, Harrison, "Straight Talk from a Gay Doctor."; Maurer, "Health Care and the Gay Community."; Henry, "The Gay Bowel Syndrome."; Felman and Morrison, "Examining the Homosexual Male."; Lear, "Venereal Disease and Gay Men."; Ostrow and Shaskey, "The Experience of the Howard Brown Memorial Clinic."; Golin, "Mds Assess Problems in Treating Gays."; Felman and Nikitas, "Epidemiologic Approach."; Speroff, "The Clinician and the Homosexual Patient."; William, "Sexually Transmitted Diseases in Gay Men."; Baker, "Chronic Type B Hepatitis in Gay Men."

<sup>35</sup> "Clinic Needs More Space."; Howard Brown Memorial Clinic, "Description of Howard Brown Memorial Clinic Research Site".

<sup>36</sup> Howard Brown Memorial Clinic, "Description of Howard Brown Memorial Clinic Research Site".

and specialized tests and collaborating with a wide range of medical professionals and businesses, Howard Brown Memorial Clinic provided comprehensive care to its patients while building relationships with the larger medical community. Consequently, as gay medical research began to flourish in the second half of the 1970s, Howard Brown Memorial Clinic was at the forefront, often spearheading studies and forging new relationships with funding agencies and pharmaceutical companies.<sup>38</sup>

The greatest and most historically significant benefits of this collaborative approach to research were the relationships and working knowledge of the medical establishment gained by doctors at Howard Brown Memorial Clinic like David Ostrow and Ken Mayer. While each partnership and project added to this wealth of knowledge and expanded the web of professionals linked to the clinic, no project proved more

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<sup>37</sup> Ostrow and Dale Shaskey, *The Vd Epidemiological Experience of the Howard Brown Memorial Clinic of Chicago*; "City Recognizes Howard Brown Clinic," *Gay Life*, September 14, 1979; Howard Brown Memorial Clinic, "Meeting of the Board of Directors of the Clinic, May 25," 1975, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, Board Meeting Minutes Folder, Gerber Hart Library, Chicago; "New Vd Clinic in Gay Ghetto? Vd Bus Patronage Exceeds Goal," *The Chicago Gay Crusader* 1975; Minutes of the Fifth Board Meeting of the Howard Brown Memorial Clinic, "1977, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 8, 1977 Folder, Gerber Hart Library, Chicago; Howard Brown Memorial Clinic, "Minutes for the Board of Directors Meeting"; Howard Brown Memorial Clinic, "Board Meeting Minutes"; Howard Brown Memorial Clinic, "Description of Howard Brown Memorial Clinic Research Site".

<sup>38</sup> David Ostrow, "Research Director's Report, January 12," 1981, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 8, Board Meeting Minutes Folder, Gerber Hart Library, Chicago; David Ostrow, "Confidential Notes from Meeting with Gary Coslett from Abbott Laboratories, February 8," 1982, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 8, Gerber Hart Library, Chicago; Howard Brown Memorial Clinic, "History of Howard Brown," 1983, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 7, Gerber Hart Library, Chicago; Howard Brown Memorial Clinic, "Description of Howard Brown Memorial Clinic Research Site"; David Ostrow, "An Epidemiological Study of Venereal Disease among Male Homosexuals: A Research Proposal," 1975, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 5, STD Archives Folder, Gerber Hart Library, Chicago.

valuable and constructive than the Hepatitis B study. In an interview Ostrow recalled that, “very early on, I noticed [while] reviewing all the [test results] that a very high proportion of the men either were recovering from acute hepatitis or came in with symptoms of active Hepatitis... It was kind of known in the community... that it was an occupational hazard of being gay. But this had never been reported in the literature, it was just folklore.”<sup>39</sup> A handful of researchers in Australia and England had already noticed the relatively high incidence of Hepatitis B in homosexual men and were hypothesizing about it being sexually transmitted, but most of the medical field, certainly those within the United States, believed it could only be “transmitted through dirty needles, through blood donations, contact with blood. It was an occupational exposure for health care workers.”<sup>40</sup> In June of 1976, Ostrow wrote to a colleague he knew from his time as a student at the University of Chicago proposing a joint research effort on Hepatitis B transmission and prevalence among gay men.<sup>41</sup> Over the next several years, this collaboration grew to include Howard Brown, the University of Chicago, the Chicago Board of Health, the Centers for Disease Control, a handful of other gay clinics across the country, and Merck Pharmaceutical Company as the study evolved into the development of a Hepatitis B vaccine.

Within months, Ostrow and a handful of doctors at the University of Chicago, including Harold Jaffe, a recent graduate from the University of California at Los

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<sup>39</sup> Ostrow, *Interview*.

<sup>40</sup> *ibid.* Szumuness and al., "On the Role of Sexual Behaviour."; Fass, "Sexual Transmission of Viral Hepatitis?."

<sup>41</sup> David Ostrow, "Letter to Dr. Pierce Gardner," 1976, Letter, David Ostrow Papers, Chicago.

Angeles who was completing his training in infectious diseases in Chicago, had developed a comprehensive study to determine if Hepatitis B was transmitted sexually, and if so, by what sexual practices. In an effort to provide a broad and diverse sample for study, the research included patients from Howard Brown Memorial Clinic as well as from “a large public clinic patronized by many homosexual men” in San Francisco.<sup>42</sup> The project required patients who tested positive for Hepatitis B to complete an extensive questionnaire about their sexual histories and practices. After many rounds of perfecting the questionnaire, recruiting patients, and gaining support of all necessary people from individual clinics and city health departments, responses were compiled, analyzed, and presented in a journal article published in 1978, after nearly two years of work.<sup>43</sup> The findings proved that Hepatitis B could in fact be sexually transmitted and that sexual practices common among gay men were highly effective in transmitting the disease, making gay men a population ripe for further study of the disease, its treatment, and prevention. The lead researchers in the Hepatitis B project had long sought involvement from the Centers for Disease Control (CDC) in the hopes of expanding their research to include treatment and prevention for the gay community. As a Howard Brown Memorial Clinic staff update proclaimed in January 1978 after the release of the study’s findings, “our Medical Director [Ostrow] started these conversations with CDC officials two years

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<sup>42</sup> Darrow and the Hepatitis Collaborative Working Group, "Hepatitis B Virus in Gay Men".

<sup>43</sup> The research actually resulted in numerous articles over the next couple of years. Doanl Barrett Darrow, Karla Jay, Allen Young William, *The Gay Report on Stds*, in *107th Annual Meeting of the American Public Health Association* (New York, New York: 1979); Darrow and others, "The Gay Report on Sexually Transmitted Diseases."; Janda, "Sexually-Transmitted Diseases in Homosexual Men."



ago and finally we are seeing the CDC taking an active role in the health needs of the gay male.”<sup>44</sup> Ostrow summarized the situation, “the CDC came to me and said...Merck [pharmaceutical company] is developing a vaccine and they are doing their trials on hospital workers but we would love to see if the vaccine works in gay men because if it does then it will be the first vaccine against a sexually transmitted disease.”<sup>45</sup>

With the involvement of the CDC and Merck pharmaceuticals, the cast of characters involved in the Hepatitis project grew exponentially, reinforcing existing working relationships and creating many new ones.<sup>46</sup> In order to find enough participants for the vaccine trials, the CDC included five clinics, each with a significant gay clientele, in the study: Howard Brown in Chicago, the Los Angeles Gay Community Services Center, as well as public clinics in Denver, San Francisco, and St. Louis. While the project did not require interaction between researchers at individual clinics as the CDC acted as the project manager, many of the doctors and researchers already knew one another from previous research studies and regularly corresponded with one another.<sup>47</sup>

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<sup>44</sup> Howard Brown Memorial Clinic, "Staff Update, Volume 1, Number 2," 1978, David Ostrow Papers, Chicago.

<sup>45</sup> Ostrow, *Interview*.

<sup>46</sup> Centers for Disease Control Venereal Disease Control Division, "Operational Manual for Hepatitis B Study," 1977, David Ostrow Papers, Chicago; City of Chicago Department of Health, "City of Chicago Professional Service Contract," 1978, David Ostrow Papers, Chicago; Cedric Chernick, "Professional Service Contract between the University of Chicago and Howard Brown Memorial Clinic," 1978, David Ostrow Papers, Chicago; Howard Brown Memorial Clinic, "Organizational Flow Chart of the Hepatitis B Study," 1978, David Ostrow Papers, Chicago.

<sup>47</sup> David Bennett Merino Hernando, Franklyn Judson, and Thomas Schaffnitt *Screening for Gonorrhea and Syphilis in the Gay Bath Houses: A Comparative Study of Programs in Denver, Colorado, and Los Angeles, California*, in the 105th Annual Meeting of the

The Hepatitis Study simply reinforced those relationships and allowed for greater professional networking among many of the doctors concerned with gay health at the time. With the CDC as the principal manager of the entire study, Howard Brown gained access to CDC testing facilities and funding, but most importantly, built strong working relationships with many in the contagious and venereal disease divisions of the agency.

Beyond strengthening relationships between medical professionals working on gay health, the Hepatitis B study also added depth to the trust the gay community had in Howard Brown Memorial Clinic as the clinic solicited participants in a medical trial rather than simply analyzing test results and questionnaires. Flyers and pamphlets distributed in clinics and in gay businesses, bars, and baths appealed to potential trial participants as people wanting to contribute to the larger society on behalf of the gay community. One leaflet, after explaining the effect of Hepatitis B on the gay community and populations “in the third world” stated, “if the U.S. can make available thru the World Health Organization an effective Hepatitis vaccine we can help prevent thousands of deaths from liver cancer. Gay people will have played an important role in that effort.”<sup>48</sup> However, some calls for study participants focused more on the local community and the individual participants. One call for participants explained “you may help other people in the community be protected against Hepatitis B while at the same

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*American Public Health Association* (Washington, DC: 1977); National Coalition of Gay STD Services, "National Coalition of Gay Std Services Fact Sheet," 1979, Walter Lear Personal Collection, Philadelphia; David Ostrow, "Letter to Mark Behar, December 29," 1980, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 8, Gerber Hart Library, Chicago; Ostrow, "Follow-up Letter".

<sup>48</sup> Los Angeles Gay Community Services Center, "Press Release and Article for the Hepatitis Vaccine Study," 1979, Gay Community Services Center Papers, 104-101, ONE Institute, Los Angeles.

time benefiting yourself financially.”<sup>49</sup> A call for trial participants appeared in most gay media outlets in the city but these promotions also sought to ameliorate any anxieties within the gay community about being used in what amounted to a very well organized and funded medical experiment.<sup>50</sup> In almost every form of publicity that the trial organizers produced, potential participants were reminded that the “vaccine has been safely tested and the present trial is only to determine its efficacy. No-one is being used as a ‘guinea pig.’”<sup>51</sup> While an explanation of a trial’s purpose was common in most vaccine trials of the period, the added reassurance that the gay community was not being treated as “guinea pigs” reflects the tumultuous history between the gay and medical communities. It also illustrates Howard Brown’s conscious efforts to build constantly and reinforce trust with the gay community. The speed with which the trials filled in Chicago, as well as other participating cities, suggests that efforts on the part of gay health activists to foster trust had been largely successful. One project coordinator, Norman Altman, remarked that “the response from the community has really been fantastic. People have

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<sup>49</sup> Howard Brown Memorial Clinic, "You May Be Able to Prevent Hepatitis," Walter Lear Personal Collection, Philadelphia.

<sup>50</sup> Jeff Lyon, "Hepatitis May Have Found Its Match on Halsted Street," *Chicago Tribune*, January 21 1981; *ibid*; Howard Brown Memorial Clinic, "You May Be Able to Prevent Hepatitis"; Los Angeles Gay Community Services Center, "Press Release for the Hepatitis Vaccine Study"; Stephen Kulieke, "Chicago's Howard Brown Clinic Takes Aim at Hepatitis," *The Advocate* 1982; Lindsley F. Kimball Research Institute of the New York Blood Center, "Press Release Regarding the Hepatitis B Vaccine Trials, March 26," 1979, Walter Lear Personal Collection, Philadelphia; "City Recognizes Howard Brown Clinic."; Howard Brown Memorial Clinic, "Hep B Vaccine Patient Information Sheet," 1982, Walter Lear Personal Collection, Philadelphia.

<sup>51</sup> Los Angeles Gay Community Services Center, "Press Release for the Hepatitis Vaccine Study".

been very dependable about appointments and anxious to enroll in the program.”<sup>52</sup> Like many of its other collaborations, the hepatitis B study allowed the Howard Brown Memorial Clinic to strengthen its reputation and capabilities as both a research facility and a health care service provider for the gay community.

Through the vaccine trials and CDC study, Howard Brown Memorial Clinic, as well as the other clinics involved, became well versed in another important aspect of the medical establishment with which few had previous experience – drug and vaccine development and testing. In the vaccine trials, all participants received regular testing for Hepatitis B as well as a dosage of either the vaccine or a placebo. The CDC laboratories processed all the blood work and also determined which dose, vaccine or placebo, patients would receive. Participating clinics, including Howard Brown Memorial Clinic, were charged with recruiting and following-up with participants, drawing blood and shipping it to the CDC testing facility, and disseminating the proper dose to each participant. By comparing the infection rates over the course of a year of those who received the actual vaccine to those who received the placebo, the trials determined that the vaccine was an effective prophylactic for Hepatitis B. The Hepatitis B vaccine was groundbreaking in a few ways. First, neither the CDC nor any pharmaceutical company had ever worked so closely with gay community clinics or sought out gay trial participants for a vaccine for the general public. The vaccine itself was also a medical innovation. It was the first vaccine for a sexually transmitted disease.<sup>53</sup> Furthermore, it was the first to be derived from a pioneering new process that used the plasma cells from

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<sup>52</sup> *ibid.*

<sup>53</sup> Venereal Disease Control Division, "Operational Manual".

people recovering from acute Hepatitis B as the basis for a vaccine. Ostrow simplified the process when he explained, "The vaccine was being made from recovering people and acutely affected people."<sup>54</sup> The final vaccine was "a very expensive process involving a total of seven steps which take about 16 months" and limited by the "very few people eligible to donate blood for this purpose."<sup>55</sup>

The groundbreaking aspects of the vaccine and trials also resulted in some of the greatest problems. After the success of the trials, as the vaccine neared its approval and recommendation from the Food and Drug Administration in 1981, members of the gay community began to balk at the vaccine's projected cost of \$190.<sup>56</sup> Many gay men felt that the high cost was a slap in the face after the community's participation in research studies that had proven the disease was sexually transmittable and its active role in the subsequent vaccine trials.<sup>57</sup> In response to the complaints, Howard Brown Memorial Clinic created a Hepatitis Research Fund that would allow for a few vaccines to be available at a reduced cost. The frustration of the gay community and the clinic at the vaccine's cost, also led the clinic to explore "off the record" options for obtaining the

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<sup>54</sup> Ostrow, *Interview*; Lyon, "Hepatitis May Have Found Its Match."; Kulieke, "Chicago's Howard Brown Clinic Takes Aim; Los Angeles Gay Community Services Center, "Press Release for the Hepatitis Vaccine Study".

<sup>55</sup> Howard Brown Memorial Clinic, "Hep B Vaccine Patient Information Sheet".

<sup>56</sup> *ibid.* Chris Heim, "Hepatitis Vaccine Ready, but Cost High," *Gay Life*, July 23 1982; Thomas J. Leonard, "Hepatitis Program Running Smoothly," *Gay Life*, Aug. 2 1980; "'Safe' Hepatitis Vaccine Now Available at Howard Brown Clinic," *Gay Life*, Nov. 7 1980; Tom Myles, "Hepatitis Vaccine Test Program in the Works," *Gay Life*, Jan. 18 1980; "Hepatitis B Vaccine Program Begins at Hbmc," *Gay Life*, Mar. 21 1980.

<sup>57</sup> Heim, "Hepatitis Vaccine Ready."; Leonard, "Hepatitis Program Running Smoothly."; "'Safe' Hepatitis Vaccine Now Available at Howard Brown Clinic."; Myles, "Hepatitis Vaccine Test Program in the Works."; "Hepatitis B Vaccine Program Begins at Hbmc."

vaccine, including working with another locally headquartered pharmaceutical company, Abbott Laboratories, to recreate the vaccine at a lower cost.<sup>58</sup> However, before a substantial battle materialized over the cost of the Merck produced Hepatitis B vaccine, the Food and Drug Administration revoked its approval of the vaccine. The innovative production process that used plasma from people with Hepatitis B posed too great a health risk in light of the sudden emergence of AIDS. Ostrow recalled the concern, “Since the HIV virus wasn't discovered for four more years there was no way of knowing if [HIV] survived the purification process for the anti-hepatitis vaccine.”<sup>59</sup> Rather than risk transmitting AIDS to vaccine recipients, Merck shelved the vaccine, Abbott abandoned any interest in replicating the new process, and community frustration over cost became irrelevant.

Despite the failure to market the vaccine, the research and collaborations in its successful production and the larger Hepatitis B study were a great success for Howard Brown Memorial Clinic. The Hepatitis B work as well as other smaller collaborative efforts at the clinic fostered the growth of a gay medical establishment, complete with clinics, research abilities and laboratories, professional networks, and areas of specialization. Through the experiences of the 1970s, gay health professionals and activists in Chicago, gained experience navigating nearly every step of the research process from building trust among patients to designing research projects and from collaborating with national health agencies to dealing with pharmaceutical companies. Through the various research efforts of the Howard Brown Memorial Clinic, clinic

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<sup>58</sup> Ostrow, "Confidential Notes from Meeting".

<sup>59</sup> Ostrow, *Interview*.

doctors not only built a national reputation as a research institution but also constantly maintained the trust and support of the gay community. Mainstream medical professionals had an unprecedented wealth of research from which to learn about the illnesses and effective treatments for gay men. Meanwhile, by decade's end gay men in Chicago had access to quality healthcare and could claim pride and partial responsibility for creating research, protocols, and a vaccine that would help the gay community at large. In short, through using medical research, Howard Brown successfully bridged the long history of division and distrust that had often pitted mainstream medicine against the gay community.

### **Conclusion**

While the Merck Hepatitis B vaccine did not meet the expectations of those who helped in its creation, the project symbolizes the success of a much larger undertaking by gay health activists and medical professionals in the 1970s. Like many other groups who felt persecuted, oppressed, or disempowered by mainstream medicine, the gay community challenged the authority of doctors in the 1970s. While some gay health proponents, like those in Boston and Los Angeles, focused more on simply providing quality care to the gay community or fighting mainstream medicine's homophobia through political means, Howard Brown Memorial Clinic in Chicago employed the methods of mainstream medicine to create a new medical narrative of homosexuals. In doing so they created medical research that at first filled the very basic gaps in knowledge of homosexuality but went on to place homosexuals at the center of the creation of a vaccine that was innovative and had great significance to the medical profession as Hepatitis B was an occupational hazard of medicine. Early articles and

publications reveal just how little was known about the health needs of gay men at the time as many explored basic questions such as how to give a thorough medical exam to gay men and at what age gay men had their first homosexual experiences.<sup>60</sup> These findings were presented not only in a variety of forms, but also to an array of audiences. Heterosexual medical professionals could learn about gay health through published scientific studies in the *Journal of the American Medical Association* while bathhouse regulars might learn about sexual health via an article in the local gay newspaper or *The Advocate Guide to Gay Health*.<sup>61</sup> With gay doctors driving the medical discourse around homosexuality, discussion of actual health issues began to replace pathological assumptions of homosexuality on the part of individual medical professionals and distrust of mainstream medicine in the gay community.<sup>62</sup> In this way, the focus on medical

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<sup>60</sup> Felman and Morrison, "Examining the Homosexual Male."; James Spada, *The Spada Report: The Newest Survey of Gay Male Sexuality*, (New York: New American Library, 1979).

<sup>61</sup> Felman and Morrison, "Examining the Homosexual Male."; R. D. Fenwick, *The Advocate Guide to Gay Health*, (New York: Dutton, 1978); "Chicago Gay Health Project Celebrates Anniversary," *Gay Life*, January 12, 1979; "Vd Control: A Moral and Legal Dilemma for Homosexuals," *The Homosexual Information Center Newsletter*, April 1974.

<sup>62</sup> This medical research was also another form of the cultural record of gay liberation politics and communities gay and lesbian created in the 1970s. A wide variety of gay and lesbian groups and individuals created and dispersed political manifestos, novels, and newsletters all designed to define what being gay or lesbian meant politically, socially, and sexually. For some examples, see Rita Mae Brown, *Rubyfruit Jungle*, (Plainfield, Vt.: Daughters, 1973); Karla Jay and Allen Young, *Out of the Closets: Voices of Gay Liberation*, (New York: New York University Press, 1992); Radicalesbians, "The Woman-Identified Woman," in *We Are Everywhere: A Historical Sourcebook of Gay and Lesbian Politics*, (New York: Routledge, 1970); Wini Breines, "What's Love Got to Do with It? White Women, Black Women, and Feminism in the Movement Years," *Signs* 27, no. 4 (2002); Donn Teal, *The Gay Militants*, (New York: Stein and Day, 1971); Arthur Bell, *Dancing the Gay Lib Blues: A Year in the Homosexual Liberation*



research contributed to the successful reframing of the relationship between the gay and medical communities in the 1970s. The clinic's interest in research not only built trust and sexual health awareness in the gay community, it also helped shift mainstream medicine's view and treatment of homosexuals. Articles published in widely distributed journals educated medical professionals how to treat sick homosexuals and in doing so reiterated that homosexuality itself was not an illness. Furthermore, the Clinic's hybrid medical and public health approach granted medical authority to gay community members, bar and bathhouse owners, drag queen entertainers, clinic volunteers, and medical professionals as they all contributed in their own ways to the creation of medical research. Finally, the knowledge of homosexual illnesses and health as well as the relationships within the medical field built around gay medicine provided a basic infrastructure that would be relied upon and added to during the AIDS crisis of the 1980s.

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*Movement*, (New York,: Simon and Schuster, 1971); Nita, "Squish: Gay Male Liberation, Gay Women's Women's Movement," *Lavender Visions* 1970/71; "Schism in Chicago Gay Lib!," *Chicago Gay Liberation Newsletter*, October 1970; Del Martin and Phyllis Lyon, *The Socio-Sexual Experience of Homosexuality* ([n.p.]: Big Sur Recordings,), Sound recording.

## CHAPTER VIII

### EPILOGUE: THE GAY MEDICAL INFRASTRUCTURE AND AIDS

When the first AIDS cases appeared in 1981, the clinics in Boston, Los Angeles, and Chicago made up only a small part of a nationwide gay medical infrastructure. More than two-dozen gay community clinics existed across the country spanning from the Atlanta Gay Center to the Seattle Clinic for Venereal Health and from the Metro Detroit Gay VD Council to the Montrose Clinic in Houston.<sup>1</sup> Most of these clinics, similar to the initial services at the Los Angeles Gay Community Services Center and the Fenway Community Health Clinic, only offered limited hours of operation and on-site testing for venereal diseases.<sup>2</sup> Even with their limited capacities, these clinics, like those in Boston, Chicago, and Los Angeles, often had reputations among health departments and clinicians as “umpteen times better than any other public or private facility in town.”<sup>3</sup> In addition to clinic-based testing, a growing number of clinics had greater service offerings. Between the three gay health organizations operating in New York City at the dawn of the 1980s (Gay Men’s Health Project, St. Mark’s Health Center, and Robert Livingston Health Center), gay New Yorkers had easy access to venereal disease testing, treatment,

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<sup>1</sup> National Coalition of Gay STD Services, “Negstds Member Services ” *The Official Newsletter of the National Coalition of Gay STD Services* 3, no. 2 (1981).

<sup>2</sup> The Gay Community Services VD Clinic of Tucson actually opted to sever ties with state and federal funding just months before the start of the AIDS crisis because threats of funding cuts placed greater strain on the staff than simply operating on their own with limited hours of operations and volunteer staff. National Coalition of Gay STD Services, “Tucson’s Gay Vd Clinic Reopens,” *The Official Newsletter of the National Coalition of Gay STD Services* 2, no. 1 (1980).

<sup>3</sup> National Coalition of Gay STD Services, “Clinic Evaluations,” *The Official Newsletter of the National Coalition of Gay STD Services* 2, no. 1 (1980).

and education in clinic settings, through VD van programs, and even in testing facilities within the city's largest bath houses.<sup>4</sup> Health activists working at the Whitman-Walker Gay Men's VD Clinic in Washington D.C. and the Gay Community Center of Baltimore VD Clinic incorporated a mobile VD testing program, like the one started in Chicago and emulated in Los Angeles in 1975 and Boston in 1978, into their offerings by the end of the 1970s.<sup>5</sup> Gay community clinics in New York and Washington DC's Whitman-Walker also became important participants in gay medical research in the late-1970s, often teaming with area public health officials and researchers on studies and publications.<sup>6</sup>

In addition to services originating in the gay community, the gay medical infrastructure at the start of the 1980s also consisted of a number of city-run health clinics and outreach programs, illustrating the progress made in challenging institutional homophobia within mainstream medicine. In St. Louis, Denver, and San Francisco, city run health clinics with a predominantly gay clientele not only offered gay-friendly testing services and mobile VD van programs, but also participated in research, including the

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<sup>4</sup> National Coalition of Gay STD Services, "Ncgstds Member Services ".

<sup>5</sup> Los Angeles Gay Community Services Center, "Report on the Bath-House Project," 1975, Report, Gay and Lesbian Community Services Center Papers, 104-104, ONE Archives, Los Angeles; Ron Vachon, "Letter to Walter Lear, August 16," 1978, Walter Lear Personal Collection, Philadelphia.

<sup>6</sup> Yehudi Felman, "Homosexual Hazards," *The Practitioner* 224, no. (1980); Yehudi Felman and James Nikitas, "Epidemiologic Approach to Control of Sexually Transmitted Disease," *New York State Journal of Medicine* (1979); Yehudi and James Nikitas Felman, "Sexually Transmitted Enteric Pathogens in New York City," *New York State Journal of Medicine* (1979); Yehudi Felman and John Morrison, "Examining the Homosexual Male for Sexually Transmitted Diseases," *Journal of the American Medical Association* 238, no. 19 (1977); Tom Myles, "Hepatitis Vaccine Test Program in the Works," *Gay Life*, Jan. 18 1980.

Hepatitis B study, with other gay community clinics and the CDC.<sup>7</sup> In addition to these clinics and mobile testing programs, gay health activism also materialized in permanent testing facilities within a number of major bathhouses across the country including in the St. Mark's Baths of New York City, Chicago's Man's Country, and North Hollywood's Corral Club Baths.<sup>8</sup> Whether stand-alone clinics, mobile vans, or outposts within gay baths, these facilities were frequently, as was the case with the Fenway Community Clinic in Boston, the first in their city or region to come into contact with AIDS in the early 1980s.<sup>9</sup>

Health services were just one part of the gay health infrastructure built in the 1970s. A network of gay medical professionals also emerged during this period that connected people from all over the country and from numerous areas of medical specialization. Walter Lear initiated the development of a gay professional network that grew to include nearly two-dozen gay professional organizations by the end of the decade. Lear, who had been a founding member of the Medical Committee for Human

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<sup>7</sup> David Bennett Merino Hernando, Franklyn Judson, and Thomas Schaffnitt *Screening for Gonorrhea and Syphilis in the Gay Bath Houses: A Comparative Study of Programs in Denver, Colorado, and Los Angeles, California*, in *the 105th Annual Meeting of the American Public Health Association* (Washington, DC: 1977); David Ostrow, "Research Director's Report, January 12," 1981, David Ostrow and the Howard Brown Memorial Clinic Papers, Box 8, Board Meeting Minutes Folder, Gerber Hart Library, Chicago; Howard Brown Memorial Clinic, "Organizational Flow Chart of the Hepatitis B Study," 1978, David Ostrow Papers, Chicago; Gay Health Project, "Gay Health Project Information Sheet," 1975, Walter Lear Personal Collection, Philadelphia; Denver Department of Health and Hospitals, "V.D. Facts -- Take One," 1976, flyer, Walter Lear Personal Collection, Philadelphia.

<sup>8</sup> "Chicago Gay Health Project Celebrates Anniversary," *Gay Life*, January 12, 1979; "Midwest Baths Guide," *Gay Life* 1979; National Coalition of Gay STD Services, "Announcements," *The Official Newsletter of the National Coalition of Gay STD Services* 1, no. 2 (1979).

<sup>9</sup> Lenny Alberts, *Interview by Author*, (July 11, 2007).

Rights and dear friend to Chicago's Quentin Young, was Commissioner of Health Services for the Southeastern region of the Pennsylvania Departments of Health and Public Welfare in 1975.<sup>10</sup> The fifty-one year old had also just come out publicly as a gay man.<sup>11</sup> Free from the closet in which he had hid for over 20 years, Lear explained that "[c]oming out for me also meant both a political act and a service commitment."<sup>12</sup> Within weeks of coming out, Lear set his sights on creating a caucus of gay public health workers within the American Public Health Association (APHA) and getting the Association to pass a comprehensive gay rights resolution at its 1975 annual meeting in Chicago. The purpose of the gay rights resolution was to raise awareness and get formal support from the American Public Health Association for gay rights both within the organization and in the giving of care to gay and lesbians by Association members.

Describing his early attempts at building the caucus, Lear remembered:

First of all, I approached the public health workers I knew to be gay; all were closeted as there were no openly gay APHA members. These requests for help in getting the Caucus started were rejected—several even tried to persuade me to drop the project. So I recruited health workers through personal contacts in gay political circles and ads in the gay press.<sup>13</sup>

Despite early recruiting setbacks, the gay caucus that arrived in Chicago in November for the APHA's annual meeting consisted of roughly 20 members, a third being lesbians.

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<sup>10</sup> Walter Lear, "Walter Lear Resume," 2006, Resume, Walter Lear Personal Collection, Philadelphia.

<sup>11</sup> Lear later wrote, "I was shocked out of my closeted life-style by the death of my close friend Howard J. Brown in February 1975." Walter Lear, "Glpwrc Roots," 1990, Walter Lear Personal Collection, Philadelphia.

<sup>12</sup> *ibid.*

<sup>13</sup> *ibid.*

Equipped with printed brochures, an inviting booth, and even a hospitality suite, the caucus members lobbied hard during the three-day meeting until, on the final day, the APHA Governing Council adopted the entire gay rights resolution proposed by the gay caucus.<sup>14</sup> The APHA was the first large and mainstream professional medical organization to acknowledge and support its gay membership. With this major victory, the gay caucus of the APHA returned to Lear's living room in Philadelphia to continue its fight against institutional homophobia in the medical profession.

The sun-filled living room in Lear's large Victorian house transformed into a war-room of sorts, as it hosted the diverse membership of the caucus that included medical professionals and amateur health activists. In their battle to correct the failures of mainstream medicine in dealing with the gay community's medical needs, Lear's living room became a place of refuge and collaboration. Members of the caucus shared questions, research, funding ideas, failures, and success stories. The appearance of mobile or bathhouse-based venereal disease testing programs in a number of cities, including Denver, Baltimore, Minneapolis, and Pittsburgh can be traced back to conversations and relationships built in Lear's sun-filled space.<sup>15</sup> Participants brainstormed about how to build trust between the gay and medical communities, and ultimately to provide better care for the gay population. The official business of the caucus meetings focused more on improving the standing of gay and lesbian medical professionals within the larger

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<sup>14</sup> Walter Lear, "Walter Lear to Friends," 1975, Walter Lear Personal Collection, Philadelphia; "Gays Win Recognition at A.P.H.A Convention," *Gay Health Reports: Newsletter of Gay Public Health Workers, A Caucus of the A.P.H.A.* 1, no. 1 (1976).

<sup>15</sup> Merino Hernando, *Screening for Gonorrhea and Syphilis in the Gay Bath Houses*; Vachon, "From Ron Vachon to Walter Lear".

medical profession.<sup>16</sup> However, the conversations and collaborations that took place before and after meetings, between agenda items, and in letters and phone calls between caucus members engaged gay health in a very hands on, street-level way. The caucus provided a venue for gay health professionals and activists to communicate, strategize, and network. Consequently, the caucus formed in Lear's living room became a clearinghouse for the majority of gay health clinics, outreach programs, and other forms of gay health activism in the second half of the 1970s.<sup>17</sup>

The activism of the gay caucus of the APHA that met in Lear's living room was quickly replicated in other medical professional associations in the late 1970s, often under the direction of APHA gay caucus members. The result was a vast network of gay medical professionals and organizations. By 1978, gay caucuses also appeared within the professional organizations for guidance counselors, sex educators, therapists, medical students, nurses, and substance abuse workers as well as in the American Psychological Association, the American Psychiatric Association, and the National Association of Social Workers.<sup>18</sup> Even the historically conservative American Medical Association had

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<sup>16</sup> Gay Public Health Workers Steering Committee, "Meeting Agenda and Minutes, December 17-18," 1978, Walter Lear Personal Collection, Philadelphia; Gay Public Health Workers Steering Committee, "Meeting Minutes, February 25-26," 1978, Walter Lear Personal Collection, Philadelphia; Gay Public Health Workers Steering Committee, "Meeting Minutes, April 15," 1978, Walter Lear Personal Collection, Philadelphia; Gay Public Health Workers, "Meeting Minutes, July 8-9," 1978, Walter Lear Personal Collection, Philadelphia.

<sup>17</sup> As much of lesbian health activism during this time period intentionally occurred outside the medical mainstream and without medical professionals, whether in feminist self-help clinics or in other venues connected to the New Age movement, lesbian-specific health was not one of the major issues addressed in either the APHA's Gay Public Health Workers Caucus or the National Gay Health Coalition.

a caucus for gays and lesbians by the end of the decade.<sup>19</sup> As a result, discussions of gay health concerns expanded far beyond Lear's Philadelphia house and small gay community clinics. By the start of the 1980s, the annual meetings of many medical professional organizations included research presentations on gay health issues and proved important sites for battling institutional homophobia and building a stronger gay health infrastructure.

As well as permeating a full spectrum of pre-existing professional medical associations, gay medical professionals of the late-1970s created new organizations to encourage better communication and increased collaboration between those working on specific gay health issues. In light of the AIDS crisis, few of these new organizations would prove of greater value or importance than a coalition of gay venereal disease service providers formed in June of 1979. Chaired by Mark Behar, a gay doctor in Milwaukee, the National Coalition of Gay STD Services had a small number of objectives designed to improve sexually transmitted disease (STD) services for the gay community and slow the venereal disease epidemic in the gay community. The purpose of the Coalition was "to establish a communication network between the nation's gay STD services for sharing ideas about research, fundraising, patient and staff education, procedures and protocols, public relations, etc. [Also] to establish an ongoing liaison between representatives of the Centers for Disease Control (CDC) and all members of the

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<sup>18</sup> Gay People in Medicine, "First National Gay Health Conference: The Health Closet," 1978, Walter Lear Personal Collection, Philadelphia.

<sup>19</sup> Gay People in Medicine, "Gay People in Medicine Application Form," Walter Lear Personal Collection, Philadelphia.



Coalition.”<sup>20</sup> The National Coalition of Gay STD Services’ newsletters, meetings, and conferences created formal venues for information exchanges between gay STD service providers and a clear communication channel between the gay community and the CDC. Starting in 1980, the newsletter included a regular back-and-forth discussion between Coalition members and Dr. Paul Wiesner, Director of the Venereal Disease Control Division at the Centers for Disease Control, regarding various gay sexual health issues, including access to the then forthcoming Hepatitis B vaccine. These dialogues and the relationships built when Wiesner presented the keynote address at a conference sponsored by the Coalition in 1980 served as the basis for collaboration between gay community health and the CDC that would grow in the AIDS crisis.<sup>21</sup> By the end of the decade, the network of gay health activists spanned from bathhouse patrons and employees to major national medical professional organizations. The resulting infrastructure included individual service providers, clinics, outreach programs, and professional organizations that had regular and open communication with each other as well as with pharmaceutical companies and various government bodies including the CDC and the National Institutes of Health.

In addition to being expansive, the network of gay health activists, clinics, and organizations also infused gay sexual and political culture with a knowledge and concern

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<sup>20</sup> National Coalition of Gay STD Services, "National Coalition of Gay Std Services Fact Sheet," 1979, Walter Lear Personal Collection, Philadelphia.

<sup>21</sup> MD. Paul J. Wisner, "Response," *The Official Newsletter of the National Coalition of Gay STD Services* 1, no. 4 (1980); National Coalition of Gay STD Services, "Hepatitis B Virus & the Vaccine: Gay Clinic and the Cdc," *The Official Newsletter of the National Coalition of Gay STD Services* 1, no. 4 (1980); National Coalition of Gay STD Services, "Keynote Announcement," *The Official Newsletter of the National Coalition of Gay STD Services* 1, no. 5 (1980).

for sexual health in the period before AIDS. One newspaper's "Guide to Gay Life" in Chicago proclaimed that by "recognizing the problem of venereal disease and the special sensitivities of gay people about getting checked for it...health has also become a major concern of gay activities."<sup>22</sup> By recruiting help from gay businesses, newspapers, and entertainers, gay health activists educated gay men about disease symptoms, testing, and treatment while also mending the relationship between gays and medicine. This widespread concern for sexual health within the gay community challenges the portrayal of gay sexual culture in the gay liberation period particularly as it relates to health. Thus, while the modes of treatment and understandings of safe sex and sexual health all changed dramatically as a direct result of AIDS, the 1970s saw the greatest concern for gay sexual health of any prior period and gay health activists of the time proved highly effective in creating a gay medical infrastructure.

Marshaling numerous resources within the community, ranging from protest to publication of research, gay health activism of the 1970s inaugurated a significant change in the way the gay and medical communities interacted with one another. Gay health activists often rewrote the rules of public health and medical protocol, as in the cases of anonymous testing and exams that included anal and throat cultures for men, to create safer, more effective, and higher quality health care for gays. As a result, they began to mend the historically bad relationship between the two groups by rebuilding trust and improving care. However, they also went to great lengths to encourage the medical field at large to become more informed and understanding about gay health needs. Through collaboration, publication, research, and networking, gay health activists challenged

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<sup>22</sup> Marie Kuda and Michael Bergeron, "Reader's Guide to Gay Life," *The Chicago Reader*, September 26 1975.

mainstream medicine's understanding and approach to gay health, resulting in better lines of communication between the two communities and greater knowledge about disease transmission and treatment in gay populations.

The state proved a major, though often unintentional, benefactor for gay health activism during this period. Through federal, state, and municipal funding as well as various policy initiatives, the government often teamed with veterans of the New Left and torchbearers of gay liberation to create gay community health services and clinics. From this perspective, gay health programs can be added to the list of unexpected outgrowths of the Great Society. However, the state not only provided for the creation of gay health programs and clinics, but also shaped their development, often in controversial ways. Some gay health organizations struggled to choose between the radicalism of their origins and the professionalism demanded by state funding and upon which their future relied. The debates and dynamics that resulted from the state's involvement echoed similar struggles taking place in many of the radical movements born of the late 1960s and early 1970s as the national political climate grew more conservative over time and radicalism waned.

The political origins of the clinics in Boston, Los Angeles, and Chicago were wildly divergent from one another. Yet, state regulation, licensure requirements, and funding stipulations replaced each clinic's politics with narrow definitions of health and a focus on providing services in a highly medicalized environment, making them fairly similar by the end of the decade. The convergence of these three histories at the end of the period reflects the important role of the state in shaping gay health services and organizations during this period. Indeed by the end of the period, the clinics in Boston,

Los Angeles, and Chicago bore much greater resemblance to large social service organizations or medical research institutions than to their meager, more-ideologically based origins. However, the implications of this history extend beyond gay health as it speaks to the larger role of the state in coopting or defusing radical social movements, perhaps exemplified best by the women's health movement.<sup>23</sup> Furthermore, this history provides for a greater debate and discussion of the evolution of social movements during this period as the clinics' struggles between ideology and sustainability through state funding and involvement mirror the choices activists in many movements faced. Lastly, the study of gay health activism sheds light on the changing role of science and medicalization during this period as these clinics were born out of critiques of scientific authority but came to be important players in the scientific and medical establishment in the early AIDS crisis of the 1980s. This evolution reflects not only changes within the medical establishment that made it less offensive to the gay community, but also the shifting needs of the gay community in the AIDS crisis and those years immediately preceding the epidemic.

With the emergence of the AIDS crisis in the early 1980s, the gay medical infrastructure built over the 1970s would be tested and strengthened as it found itself unexpectedly on the frontlines of one of the deadliest epidemics in recent history. As these networks, organizations, and relationships were built to address the epidemic

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<sup>23</sup> Laura Kaplan, *The Story of Jane : The Legendary Underground Feminist Abortion Service*, (Chicago: University of Chicago Press, 1997); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*, (New York: New York University Press, 2003); Alonda Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination*, (Minneapolis: University of Minnesota Press, 2011); Sandra Morgen, *Into Our Own Hands : The Women's Health Movement in the United States, 1969-1990*, (New Brunswick, N.J.: Rutgers University Press, 2002).

proportions of VD within the gay male community of the 1970s, they were quickly strained by the magnitude and morbidity of AIDS, as were all health services. However, the individual relationships gay health activists and medical professionals had with one another as well as with pharmaceutical companies and government agencies like the CDC proved crucial in the early identification of AIDS and the immediate response. When AIDS emerged, Harold Jaffe, one of the key figures in the collaboration with Ostrow in the initial Hepatitis B study in 1976, had moved on to a position in the Contagious Diseases Division within the CDC. He, along with Paul Wiesner of the Venereal Disease Control Division, would become a key figure in the immediate response to the early AIDS crisis and frequent correspondent of many doctors serving the gay community. Ken Mayer, a member of the gay medical students group while in medical school at Northwestern, moved to Boston in 1978 for residency and became the driving force behind research at the Fenway Clinic as well as one of the doctors consulted when another Fenway doctor identified the first AIDS case in New England.<sup>24</sup>

Beyond these individual relationships, the past collaborations between organizations also proved central in the AIDS response. Gay professional caucuses and the newsletter of the National Coalition of Gay STD Services became important vehicles of communication among various health professionals, organizations, and government agencies as the AIDS epidemic took shape. Just as had been the case with Hepatitis B, the CDC turned to the networks of gay health activists and medical professionals to aid in their understanding of the disease, how it spread, and how to stop it. The trust cultivated over the course of the 1970s by gay health activists with the gay community also helped

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<sup>24</sup> Alberts, *Interview*.

mediate early discussions between bathhouse owners and public health officials over how to contain the disease.<sup>25</sup> While treatments took many years to develop in large part because of the slow identification of HIV, the retrovirus responsible for AIDS, the relationships with pharmaceutical companies and the knowledge of drug trials gained though the Hepatitis B vaccine would prove useful as AIDS activists fought to speed the approval process and demand affordable treatments. The work of gay and lesbian health activists in the 1970s was trailblazing and in many ways revolutionary for the relationship between the gay and medical communities. When placed in the context of the coming AIDS crisis, gay and lesbian community health activism and the creation of a gay medical infrastructure in the 1970s, stands out as an important, if almost entirely overlooked, preface to the larger AIDS history.

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<sup>25</sup> Chuck Renslow, *Interview by Author*, (August 14, 2007).

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- Wilcox, Melissa M. "Of Markets and Missions: The Early History of the Universal Fellowship of Metropolitan Community Churches." *Religions and American Culture: A Journal of Interpretation* 11, no. 1 (2001): 83-108.
- Theses, Dissertation, and Conference Papers
- D'Emilio, John. "Rethinking Queer History. Or, Richard Nixon, Gay Liberationist?" Paper presented at the Institute for the Humanities at the University of Illinois at Chicago, Chicago, Feb 9, 2010.
- Retter, Yolanda. "On the Side of Angels: Lesbian Activism in Los Angeles, 1970-1990." The University of New Mexico, 1999.
- Stewart-Winter, Timothy. "Raids, Rights, and Rainbow Coalitions: Sexuality and Race in

Chicago Politics, 1950-2000." University of Chicago, 2009.

#### Audiovisual

Silverman, Victor, and Susan Stryker. *Screaming Queens: The Riot at Compton's Cafeteria*. 2005

#### Online Sources

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# CATHERINE BATZA

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## EDUCATION

Ph.D., University of Illinois at Chicago, August 2011

History Department, Work Race Gender and the Urban World Concentration

Gender and Women's Studies Graduate Certificate

Dissertation: "Before AIDS: Gay and Lesbian Community Health in the 1970s"

Dissertation Advisor: John D'Emilio

M.A., Johns Hopkins University, 2001 - 2002

Thesis: "Comparative Study of the Washington, D.C. Mattachine Society and the New York Mattachine Society, 1961-1968"

B.A., With Honors, Johns Hopkins University, 1998 – 2002

Major: History, Minor: Anthropology

## WORK EXPERIENCE

*Visiting Lecturer*

2011 – 2012

History and Gender and Women's Studies Department, University of Illinois at Chicago

"American Civilization since the Late Nineteenth Century," "The History of American Women,"

"Gender in Everyday Life," "Sexuality and Community"

*Teaching Assistant*

2009 – 2011

Gender and Women's Studies Department, University of Illinois at Chicago,

"Global Perspectives on Women and Gender"

*Organizing Committee Member and Discussion Leader*

2009 – 2011

Model World Conference on Women and Girls Rights, University of Illinois at Chicago

*Visiting Lecturer*

2009, 2012

American Studies and History Departments, Dominican University,

"Gender and Urban Life"

*Graduate Assistant*

2008

Chancellor's Committee on the Status of Women, University of Illinois at Chicago

*Contracted Researcher*

2007

OUT at CHM series, Chicago History Museum

*Research Assistant*

2004 – 2008

Jennifer Brier, Assistant Professor at University of Illinois at Chicago

*Teaching Assistant,*

2004 – 2006

History Department, University of Illinois at Chicago, "African History," "Early Western

Civilization," and "Modern Western Civilization"

*Research Assistant*

2002 – 2004

John D'Emilio, Professor at University of Illinois at Chicago



## **PUBLICATIONS**

“From Sperm Runners to Sperm Banks: The Medical and Cultural Evolution of Lesbian Pregnancy in the United States, 1971-1983,” under revision for resubmission to the *Journal of Women’s History*.

“Foundation of the Los Angeles Gay and Lesbian Community Services Center,” “Reports of Karposi’s Sarcoma,” and “Randy Shilts Publishes And the Band Played On,” in *Great Events From History: Gay, Lesbian, Bisexual, Transgender Events*, eds., Faderman *et al.*, (Salem Press, 2007).

## **HONORS & AWARDS**

Point Foundation Scholar, 2006-2010.

Gender and Women’s Studies Graduate Prize, University of Illinois at Chicago, 2009.

Dean’s Scholar Award, University of Illinois at Chicago, 2008.

History Graduate Award, University of Illinois at Chicago, 2006.

Provost’s Award for Graduate Research, University of Illinois at Chicago, 2005.

Robert Remini Graduate Student Prize, University of Illinois at Chicago, 2005.

Best Graduate Paper Prize of the Society for the Study of Social Problems, 2004.

Chancellor’s Committee on the Status of Lesbian, Gay, Bisexual and Transgender Issues Graduate Scholarship, 2004.

Uncommon Legacy Foundation Scholarship, 1999.

## **CONFERENCES**

“‘I Want You for a Free VD Test’: Health, Identity, and Drag in Chicago, 1974-1981.” 126<sup>th</sup> American Historical Association Annual Meeting, Chicago, January 2012.

“Where the Neighborhood Ends and Community Begins: Gentrification, AIDS, and the Fenway Community Clinic, 1971-1990.” Queertopia 2.0, Chicago, May 2009.

Panel Commentator, “Reconstructing Gender in the 20<sup>th</sup> Century.” University of Illinois at Chicago Graduate Student Conference, Chicago, April 2009.

“Against Doctors’ Orders: Lesbian Motherhood and the Battle For Medical Authority in the 1970s.” Newberry Seminar on Women and Gender, Newberry Library, Chicago, January 2009.

“VD Testing in the Closet: The Beginning of Gay Health Activism in LA.” University of Illinois at Chicago History Brown Bag Series, Chicago, November 2008.

“Specula, Sperm, and Motherhood: Defining Lesbian Health and Identity in the 1970s.” Fourteenth Berkshire Conference on the History of Women, University of Minnesota, June 2008.

“An Overview of the Gay and Lesbian Community Health Movement of the 1970s.” First Annual Lavender Research Forum, University of Illinois at Chicago, March 2008.

“A Good Clean Bath: VD Prevention and Treatment in Chicago Baths, 1970-1981.” Invited Panelist, 29<sup>th</sup> Annual Mid-America History Conference, Oklahoma State University-Tulsa, September 2007.

“Marketing Sexual Health: the Howard Brown Memorial Clinic and the Gay Male Community in the pre-AIDS Era.” 29<sup>th</sup> Annual Meeting of the Social Science History Association, Chicago, November 2004.

“The Politics of Identity: Making Health Part of Gay Identity, 1974-1982.” Women's and Gender Historians of the Midwest Conference, Chicago, June 2004.

“Before AIDS: The Relationship between the Chicago Gay and Medical Communities, 1974-1982.” Missouri Valley Conference, Omaha, March 2004.

### **GUEST LECTURES & COMMUNITY EVENTS**

“The Medical Regulation of Sexuality and Gender.” Sociology of Gender and Sexualities, Concordia University, Chicago, November 2010.

“Howard Brown Clinic Town Hall Discussion: Giving Health a History.” Panelist, Gerber Hart Library, Chicago, June 2009.

“The Holocaust and Historical Precedents: Contextualizing the Nazis and the Holocaust.” Modern Western Civilization, University of Illinois at Chicago, April 2006.

“Liberation through Health? Gay and Lesbian Community Health as Political Activism.” Gerber-Hart Library, Chicago, January 2006.

“The Cold War in Africa.” History of Modern Africa, University of Illinois at Chicago, March 2005.

“Politics, Culture, and Diseases of the Pre- AIDS Gay Community.” AIDS, Politics and Culture, University of Illinois at Chicago, August 2004.

### **PROFESSIONAL AND COMMUNITY SERVICE**

Organizer and Discussion Leader, Model World Conference on Women and Girls, University of Illinois at Chicago, 2009-present.

LGBT Seed Grant Reviewer, Chancellor's Committee on the Status of Lesbian, Gay, Bisexual, Transgender Issues, University of Illinois at Chicago, 2009.

Operations Officer and Conference Planning Subcommittee Chair of the Point Foundation Scholar Subcommittee, 2007-2008.

Vice President of the University of Illinois at Chicago History Graduate Society, 2007.

Member of the Chancellor's Committee on the Status of Lesbian, Gay, Bisexual, Transgender Issues, University of Illinois at Chicago, 2005.

Chair of the University of Illinois History Student Faculty Organizing Committee, 2004.

Volunteer at the Gerber-Hart Library, Chicago, 2003-2006.

Member of the University of Illinois History Graduate Student Society, 2002-present.