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**Silence Equals Death: Discourses on AIDS and Identity
in the Gay Press, 1981-1986**

by

Karen S. Heller

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

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& Berkeley**



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For Harvey Maurer

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**SILENCE EQUALS DEATH: DISCOURSES ON AIDS AND IDENTITY
IN THE GAY PRESS, 1981 - 1986**

Karen S. Heller

ABSTRACT

This dissertation examines press coverage of AIDS in two gay newspapers in San Francisco and New York City between 1981-1986, when gay men first confronted the threat of a fatal disease in the context of major challenges to their personal liberties and sociocultural institutions. The ways in which they interpreted and responded to this disaster, individually and collectively, are visible in press accounts of three issues during that period: conflicts about closing gay bathhouses and restricting certain forms of sexual expression; the uses of HIV antibody testing; and the threat of quarantine.

Using interviews, participant observation, and content analysis of news, features, columns, editorials, and letters to the editor in the Bay Area Reporter and the New York Native, some elements in this process of sociocultural change in response to disaster were identified. Analysis of this discourse revealed that in the process of confronting and coping with AIDS, gay men forged a more complex social identity, founded on new bases of interaction with one another and the wider society. This process involved political action, through which gay people became recognized as a legitimate cultural minority group; personal and group changes in

behavior and priorities; and the shared experiences of stigma, prolonged crisis and profound losses. It is suggested that AIDS accelerated the evolution of American gay social worlds into communities of solidarity and memory and encouraged the development of a sense of gay ethnicity.

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INTRODUCTION

"Disease is a prism for cultural understanding."¹

This dissertation explores the impact of AIDS (Acquired Immune Deficiency Syndrome) on the sociocultural and political identity of homosexual men from 1981 through 1986 through an analysis of the coverage given to the epidemic in two gay newspapers in San Francisco and New York. During that period, when gay men first confronted both a new, unknown physical threat to their individual survival and concomitant assaults on their personal liberties and their social world, they were pressed to find new bases for interpersonal relationships, political action, and sociocultural identity.

From a nascent sense of "brotherhood" based on homosexual orientation and common interests in securing civil rights protections, since the early 1980s gay men have evolved a more fully-fledged consciousness of themselves as a political constituency and as a geographically dispersed, yet socioculturally distinct minority. This level of identification with one another sometimes resembles that of people sharing a common ethnicity, but one founded on sexual orientation, similar experiences of stigma, longstanding legal and social discrimination, a history of struggle for social acceptance, a language of codes and signs, institutions and

¹ Kenneth W. Payne and Stephen J. Risch, 1984

rituals fostering expressions of gay identity (Altman 1982, Weeks 1986), and through the shared experience of AIDS, membership in a "community of memory" (Bellah et al., 1985:153).

Barth (1969) suggested that ethnicity should be examined as a subjective group identification which people use to define themselves and their interaction with others, and that distinct ethnic groups persist in plural societies despite contact and interdependence with other groups through a process of boundary maintenance occurring both within the particular group and through interactions between the group and the wider society. In this respect, the American gay social identity may be characterized as a type of ethnicity, which has been elaborated and manipulated in certain ways, both through interactions among gay people as well as between gays and people in the wider, "straight" society and its sociocultural institutions.

DeVos and Romannuci-Ross (1975) have suggested that ethnicity may be best understood by taking into account the subjective experiences of those who claim a particular ethnic identity and the context and manner in which ethnicity is employed. An examination of AIDS coverage in two gay newspapers during the first five years of the epidemic provides the opportunity to do both, through an analysis of gay subjective experiences of AIDS as reflected in news and feature stories, editorials, obituaries, and letters to the

editor. These narratives are a form of primary discourse and public dialogue about AIDS, which bear witness to the impact of the epidemic on individual lives as well as gay politics and culture, and which helped to give it meaning. As Michael Denny observed, "the impact of any social disaster is mute until it is articulated in words, reflected in the imagination. Only then do we realize what is happening to us...." (Denny 1989:16).

For gay people, adaptation to the disaster of AIDS has involved an enormous amount of discussion and argument, both in private and in public, among themselves and with representatives of mainstream media, government, medicine, law, and other social institutions that have responded (or failed to respond adequately) to the disease. This ongoing dialogue, conducted in private homes, in community forums, public demonstrations, and through the mainstream and gay media, has been part of the dialectic of cultural adaptation to AIDS within both gay and mainstream society. The first five years of the AIDS epidemic in this country were a painful, fearful, and divisive period for gay men, during which they continually had to confront issues related to stigma, identity, and interdependency, as well as personal illness and loss. In the process, they have come to articulate a renewed sense of community and ethnicity, and forged a place for themselves in the political process as a recognized minority group.

This process will be explored here through an examination of gay press coverage of three issues arising from actions proposed to stem the spread of AIDS: testing blood for HIV antibody; closing gay bathhouses; and proposals to quarantine people with AIDS. Each of these issues called into question the nature and permeability of the boundaries between the sick and the healthy, and how and by whom those boundaries would be determined and maintained. Insofar as the categories of sickness, sin, and homosexuality were confounded in the popular imagination, each of these issues also constituted challenges to gay identity, social cohesion, and political power and provided occasions for gay people to articulate and defend the bases of their relationship to one another and to the larger society.

Conceptual Underpinnings for Gay Ethnicity and Community

Traditional views of ethnicity tend to conceptualize it as the adherence of a defined social group to its distinct cultural traditions (Muller 1981a). More recent approaches to ethnicity focus on its implications as a social identity under conditions of sociocultural pluralism, often resulting from migration (Barth, 1969; Buechler and Buechler, 1975; Sutton, 1975). Insofar as the American gay subculture has evolved within lifestyle enclaves (Bellah et al., 1985:335) created through the mass migration of homosexuals from all parts of the country to more tolerant urban centers in the 1970s, some of this research, as well as newer approaches to the concept

of community, may be useful in conceptualizing aspects of gay identity and how these may have shaped the gay experience with AIDS.

As Arensberg (1954), Ablon (1971) and others have argued, traditional concepts of community as a self-contained and geographically-bounded social unit are inadequate to describe the social organization of many ethnic populations and other groups in contemporary urban settings. Newer concepts of community refer to a social network, not limited territorially, sharing common meanings and values (Martindale and Hanson, 1969); a systematic interaction among individuals sharing a common world view (Minar and Green, 1969) or a "common destiny" (Howe 1964); or "any set of social relationships as defined by specific criteria" (Ablon 1971:76). Bellah et al. (1985:333) have defined community as

"a group of people who are socially interdependent, who participate together in discussion and decisionmaking, and who share certain practices...that both define the community and are nurtured by it. Such a community is not quickly formed. It almost always has a history and so is also a community of memory, defined in part by its past and its memory of the past."

Some social scientists believe that loosely organized groups of people demarcated by certain activities or attributes do not constitute true communities, but rather they are "lifestyle enclaves" (Bellah et al., 1985:335) made up of people who share some feature of private life, or they are said to share a "social world," bound not by territory or formal group membership, but "by the limits of affective

communication" (Shibutani, 1955; see also: Strauss, 1969). Bellah et al. (1985:335) note that many of what are called "communities" in the United States are in fact, lifestyle enclaves or in transition between lifestyle enclaves and true communities.

"Members of a lifestyle enclave express their identity through shared patterns of appearance, consumption, and leisure activities, which often serve to differentiate them sharply from those with other lifestyles. They are not interdependent, do not act together politically, and do not share a history. If these things begin to appear, the enclave is on its way to becoming a community."

Changes in the concept of community have accompanied a shift in the focus of community studies away from autonomous, often rural "little communities" (Redfield 1955) to geographically dispersed ethnic groups in urban settings (Ablon 1971), occupational groups (Pilcher 1978), institutions (Caudell 1958), and specific populations in delimited environments, such as therapeutic communities or retirement homes (e.g., Johnson 1971). Special populations defined by a particular set of attributes or forms of interaction, such as winos, the homeless, drag queens, and others bounded by shared "patterns of living" or common experiences, also have been referred to as communities with their own subcultures and their own criteria for entry, acculturation, and social movement through status hierarchies (see Clark, Kaufman and Pierce 1976; Newton 1972; Humphrey 1970; Spradley 1970). The limits and forms of community and subculture elaborated by these populations are often largely determined through their

status in, dependence on, and interactions with the larger society and the dominant sociocultural, political and economic institutions (see Spradley, 1970).

Ethnicity often serves as a boundary marker for non-territorially-bounded communities, as well as a means of demarcating or laying claim to geographic domains (as is happening all over Eastern Europe and in the Middle East). In the United States, when gay people refer to "the gay community" they may be designating all gay residents within a local, geographically situated area (e.g., the Castro district of San Francisco), but more often the term is used more broadly to refer to all people who identify themselves as gay, wherever they reside. Thus, references to "gay community" actually articulate a sense of shared identity and ethnicity among gay men. When conceived most broadly, gay ethnicity overrides divisions based on gender, race, religion, generation, or other characteristics, to include all homosexuals; indeed, in one of its most recent expressions, it may extend to all people (homosexual or not) who consider themselves to be "queer" (Patton 1985:109).

Berreman (1972) focused attention on the situational aspects of ethnicity and identity, pointing out that ethnic identification may shift as individuals participate in various social, cultural, and personal contexts. Different forms of interaction may elicit different expressions of ethnicity and different ethnic categories; for example, when rural migrants

return home, they may stress their rural home identity, but when in the city, they may stress urban behavior and identify as townsmen (Midgett 1975). Indeed, individuals often participate in multiple, overlapping social groups or communities, which affect personal identity at different times for different purposes, with different consequences (Strauss, 1969:72-3).

For gay men, these include membership in social groupings defined by birth (biological family), choice ("family" of lovers and friends), socioeconomic class, residence, occupation, education, political and religious affiliations, recreational outlets, sexual practices, and, with AIDS, even stage of illness. The latter conferred a new layer of identity as a "person with AIDS" (PWA), "person with ARC" (PWARC), or recently, "person living with AIDS" (PLWA) or even "HIV-er."² Illness sometimes brought with it a new career as an advocate for others with the disease; often the loss of some social statuses and relationships, and finding new ones; and participation in new social worlds related to the experience of illness or the fight against AIDS. However, identification with the sick role has had disturbing

² The last term refers to anyone infected with the Human Immunodeficiency Virus (HIV), now known to cause AIDS. HIV disease is the current medical designation for the continuum of disease beginning with HIV infection and progressing through stages of increasing immune system impairment, until one manifests one of the opportunistic infections, cancers, or other conditions used to define "full-blown" AIDS (Osmond 1990a).

resonances for gay men, because homosexuality itself was only recently declassified as a disease by the American Psychiatric Association, in 1973. Larry Kramer (1989:220) expressed the particular anguish this causes: "Oh, how I, as a homosexual, have always loathed that word 'disease,' and worse, 'caused by disease'."

Because homosexuality is stigmatized, and sodomy remains illegal in 23 states, gay people may be more or less closeted with regard to the various social groups in which they move, and may experience unsettling discontinuities of identity in their daily lives. Whether or not gay people live in states where homosexuality remains a crime, Watney (1987:61) asserts that "a legal gaze invariably surveys our lives, together with the marginally less obtrusive attentions of other agencies of moral regulation."

"Our lives are constantly the subject of fascinated disapproval, in our homes and on the streets, and are lived out in relation to powerful institutions which we rarely feel brushing past us in the course of everyday life, but nonetheless know are there."
(Ibid.:61)

In addition to other references of self-identification, therefore, gay people define themselves in terms of and under the disapproving or averted gaze of mainstream American society. Watney and some other gay writers reject the idea that gay men actually share any intrinsic common factor (such as a biological trait) other than sexual orientation; but he believes all homosexuals are subject to the "workings of power on the entire range of homosexual desire in all its variant

forms, which are unified only in their collective affirmations of value and validity." (Watney 1987:26). Invocations of "gay community" and appeals to a sense of gay ethnicity may offer such collective affirmations of value and validity.

The experience of self-continuity and wholeness across group affiliations and shifting layers of identification, Ewing (1990:258) suggests, is primarily emotional, the result of a semiotic process in which symbols, imagery, and metaphor bridge discontinuities in experience and self-representation. These representations of self and others are based on cultural constructs and are subject to constant negotiations in the course of social interactions (Crapanzano 1981:140).

Often, people manipulate the customs and symbols of their ethnic or cultural tradition in various situations to maximize rewards or minimize sanctions, to develop or maintain economic interests, or as a basis for political action (Cohen 1969, 1974). The strength or weakness of expression of ethnicity is influenced by the prevailing economic and political climate; government policies; the presence of competing ethnic groups; the strength of interpersonal ties among people sharing an ethnic identity and between them and their associates and friends "outside" the group; and the degree of inflicted (by virtue of law or stigma) or voluntary isolation of the group within the larger social community, among other factors (Muller 1981b:57-8).

The emotional experience of communitas (originally

defined by Victor Turner as an intense, transformative experience of social unity that disregards social structures, 1969:137) may also be elicited through ideological appeals to shared identity and may consist of shared responses to those appeals (Trosset 1988). Trosset notes that ideological appeals are made whenever people are addressed as members of some social category, often through "dominant symbols" which inspire identification with the group. Louis Althusser (1971:174) referred to the process of recruiting subjects to identify with a group or cause through appeals to some aspect of their identity as "interpellation," or "hailing". In recognizing and responding to the appeal, often through the emotions of sympathy or empathy, individuals acknowledge their shared bonds with others and may be moved to action on their behalf (Trosset 1988:174). When Larry Kramer (1989) hailed gay men with the words "Oh my people..." and James D'Eramo (A Roundtable 1984:15) referred to "our tribe," and Charles Ortleb (1984a) described gay men as a "nation-within-a-nation", each was relying on a sympathetic response in their readers, based on some recognition of shared ethnicity.

Part of the dynamic of coping with AIDS for gay men consisted of responding to hailings made in the gay press and other forums by physicians, activists, and various interest groups, which used symbols of gay ideology and ethnicity (as well as values widely held in American society) in their appeals in order to encourage mutual aid and compassion for

people with AIDS, to inculcate safer sexual practices, and to inspire political activism and group solidarity in combating outside threats to gay freedoms and social institutions which came into sharper focus as a consequence of AIDS. Appeals using the symbols of gay identity and ideology also were made by those seeking simply (perhaps cynically) to safeguard commercial interests vested in the freewheeling sexual lifestyle that had characterized gay social interaction since the early 1970s.

For many gay men, before the advent of AIDS, sexual behavior represented the materialization of gay liberation ideology in everyday life and the core of gay identity. When public health concerns caused a reappraisal of gay sexual practices, and gay men began to acknowledge and respond to appeals made through the gay press and other institutions to practice safer sex, the modifications in behavior summoned concomitant shifts in their beliefs and ideas about gayness, in a mutually reinforcing process. This was particularly apparent in the discourse about bathhouse closure in San Francisco and New York, which will be examined below in Chapter 5. It also was manifested in press coverage of attempts to screen out "bad blood" through antibody testing for the AIDS virus, which awakened gay men's fears that medicine, once again, would validate the stigmatization of homosexuals. In combating the attempt to impose quarantine on people with HIV, gays in California found new alliances with

other social groups, such as physicians and nurses, which helped them to succeed in defeating the LaRouche Initiative.

Each of the issues to be examined in this dissertation was framed in both the mainstream and gay press as efforts by medical and government authorities, political conservatives, and Christian fundamentalists to contain the virus by delineating clear physical and/or social boundaries to separate those who were infected (and infectious) from those who were not, and to make sure that the border zones were not crossed.

In unstructured settings or under fluid, or socially ambiguous conditions, people tend to orient themselves through reference to manifest signs of race, class, ethnicity, gender, or sexual orientation, using these characteristics as boundary lines on a "sociocultural map" which guides their behavior and attitudes toward others (Banton 1965:147; Schildkraut 1975). Social solidarity or fissure among groups of persons facing a threat or some type of outside intervention is often expressed in terms of these boundary lines, depending on the type of threat and its particular targets (Parkin 1969; Cohen 1969; 1974). In the case of AIDS, which at first appeared within groups demarcated by moral "fault lines," which stigmatized their sexual practices and illegal drug use, the permeability of sexual and social boundaries became an object of particular concern, both within and outside the groups most closely affected by AIDS.

The stigma associated with the groups in which AIDS was first diagnosed has shaped public and governmental responses to the disease in virtually every respect, from individual recognition of personal risk to the attitudes and actions taken with regard to those infected, to political battles over the appropriate means to prevent infection or control its spread, and finally, to ongoing struggles to protect the civil rights, confidentiality, employment, housing, insurance coverage, and access to medical care of those with HIV disease.

Chapter 1 describes the research methods. Chapter 2 provides some perspective on the ways in which stigma affected representations of AIDS and those at risk in mainstream news coverage between 1981-1986, based on a review of the literature. Chapter 3 provides background information about the migration and settlement of large numbers of gay men in urban areas in the 1960s and 1970s, and the sociocultural conditions of gay lifestyle which promoted the spread of sexually transmitted diseases. It also provides information about gay ideology and values, which influenced how the gay press has framed news about AIDS. Chapter 4 describes the growth of the gay press and some features of the two newspapers used in this study, the Bay Area Reporter and the New York Native. The next three chapters examine how these newspapers framed the issues of bathhouse closure (Chapter 5), antibody-testing and blood screening (Chapter 6), and

quarantine (Chapter 7). Chapter 8 describes how obituaries became an issue in press representations of gay identity, and played an important part in the development of a gay "community of memory." Chapter 9 offers some concluding observations about stigma, identity, and adaptation to disasters.

CHAPTER 1
RESEARCH METHODS

Research for the dissertation was conducted from 1986 through 1989 and had three basic components: 1) content analysis of newspapers; 2) interviews with reporters, editors, and news sources; and 3) participant observation in the community and in a medical environment where AIDS was being researched and treated.

A content analysis was done of news stories, features, obituaries, editorials and letters to the editor on the subject of AIDS in two gay newspapers: the Bay Area Reporter (B.A.R.) and the New York Native from 1981 through 1986. This analysis included coding and counting total number and percentage of articles by topic and by type (news, features, columns, editorials, letters). These newspapers were selected because they had similar formats and publication schedules (tabloids, published weekly or biweekly), and each was a well-known gay newspaper in its region (San Francisco or New York City), although the B.A.R. claimed a much wider local readership than the Native. The Native, as the first gay newspaper to cover AIDS in depth, was a resource for gay men in cities other than New York, as well as in some foreign countries. I also selected these newspapers because each was available locally, and back issues were available through private collections and through the San Francisco Gay and

Lesbian Historical Society Archive.

In addition, I collected newspaper clippings from the San Francisco Chronicle and The New York Times to use as background and as a basis of comparison with the gay press coverage of certain issues (e.g., the controversy about bathhouse closure in San Francisco in 1983-84) and to assess changes over time in the way in which AIDS was represented, as a disease, a sociopolitical phenomenon, and a personal and community crisis for gay men.

Interviews were conducted with 32 individuals, including 15 reporters, editors, and other staff on the two gay newspapers and at the San Francisco Chronicle and The New York Times. In addition, I requested interviews with 25 key news sources (individuals who were the named sources in 5 or more stories during the period of interest), of which 17 agreed to be interviewed. The people interviewed included physicians and researchers, gay activists, city health officials and politicians in San Francisco and New York. The interviews were conducted confidentially in order to obtain background about the major issues pertaining to AIDS that received attention in the gay and mainstream press between 1981-1986, and to better understand the role of the respondents in the newsmaking process. The interviews were tape-recorded and transcribed. Information from the interview transcripts has been used in the dissertation to fill in the background of certain news stories, events or issues.

My informants differed in their attitudes about preserving their anonymity. Although most of them were content to speak off the record (in particular, physicians and medical researchers), the journalists whom I interviewed were uncomfortable with the idea of anonymity, because of a strong news value placed on getting sources to speak "on the record" (Johnston 1987).¹

"Critical anthropology" and the "new anthropology" share the journalistic goal of providing information that can be used to critically evaluate political and social arrangements, and to stimulate political and social change (Rosaldo 1989). However, as a scholarly endeavor, anthropology is more concerned with being able to generalize from specific social situations and cultural patterns. Through understanding how people live in and interpret their physical and social world in particular ways under particular environmental and

¹ Journalists believe that allowing sources to talk on "deep background" or "off the record" affects the quality of information provided and may be an invitation for the source to exaggerate, slant the information, or take a cheap shot at opponents. They support their claim to objectivity in reporting by identifying sources, so that the reader is able to evaluate the bias or "truth" of the information by knowing who it came from. The argument also could be made, however, that news sources (particularly politicians) may be less likely to exaggerate or embellish their own part in a story if they are not quoted, because they do not need to be concerned about the impression they are making on the public. In any case, as I pointed out to my journalist sources when we discussed this point, although anthropology and journalism share some similar methods on the surface (interviewing people, analyzing and interpreting the information, and writing it in such a way that it meets the conventions of one's profession and offers a coherent narrative), the purposes of their writing are different.

historical conditions, anthropologists ultimately hope to shed light on the general ways in which the human species adapts and evolves. Thus, in doing anthropology, it may be less important to know an informant's identity as it is to understand the sociocultural position or vantage point from which s/he speaks.

In using the interview material in the dissertation, quoted material that is not attributed by name is used to represent a particular vantage point with respect to AIDS or AIDS reporting, e.g., to illustrate the viewpoint of "a gay reporter," "a medical researcher," "a public health official." A few of my informants were infected with HIV or had AIDS; thus, in addition to a professional vantage point on the epidemic, their interviews contained material that I may have used to represent the perspective of someone directly affected by HIV disease. If the identity of the person quoted could be deduced from the context, or if the validity of the point of view expressed would be enhanced by naming the source, I requested permission to identify the informant. During the interview, some informants volunteered their permission to be quoted.

The participant observation part of the research was unstructured and "opportunistic." By living in a city with a large, vocal, and politically influential gay population during the period of research, and by having many gay male friends, I could not help but be exposed to and share in their

anxieties about AIDS and its consequences for them individually and as a community. Their attitudes and beliefs about the disease and their search for accurate information and treatment have shaped my interest in the gay press and in gay identity.

Since I have known at least 20 people with AIDS, most of whom have now died, I have some personal experience with the anger and anguish such losses engender. Some of these men were AIDS activists, some were fun-loving friends with no particular interest in how politics, culture, and disease intermeshed. From all of them, I have learned much about the impact of AIDS on individuals and about the ways in which larger sociocultural and political issues affect private lives.

In addition, in 1986 I learned directly about AIDS medicine, research, services, and policymaking as a participant-observer at San Francisco General Hospital, where I worked as the editorial coordinator of a computerized textbook on AIDS, later published in hard copy (Cohen, Sande, & Volberding, eds., 1990). I was fortunate enough to work with some of the major actors in AIDS research, medicine, epidemiology, nursing, and public policy in San Francisco and had the opportunity to witness their engagement in the process of developing medical knowledge, systems of medical care, and health and social policies related to AIDS.

These experiences as a participant observer have no doubt

colored my understanding of the events, attitudes, and opinions expressed in mainstream and gay press coverage of AIDS, and inevitably, the ways in which I interpreted the content of the news. By attending primarily to the testimony of gay male writers in discussing the gay experience of AIDS, however, I have confined myself in this analysis almost wholly to their versions of reality, which were influenced by journalistic conventions and "news values" as well as gay ideological and subcultural perspectives. The dissertation gives greater emphasis to the San Francisco experience, because that is where I did my fieldwork. The New York data were used primarily to confirm, or contrast with, patterns and trends found in the San Francisco material.

CHAPTER 2

CONSTRUCTION OF AIDS IN THE MEDIA

Mainstream Media Coverage Of AIDS

Of all those who have suffered from the physical, social, economic and political impact of AIDS, gay men have received the greatest media attention because they were the first to be diagnosed with this disease, and the first to demand government resources and medical research to combat it. The mainstream media, taking their cue from the first names given to the disease by epidemiologists (e.g., Gay-Related Immune Disorder, or GRID), labelled the epidemic the "Gay Plague." The association between homosexuality and the threat of epidemic disease has indelibly affected the nation's response to AIDS. As Dennis Altman observed:

"...the central dilemma in thinking about AIDS is that while it is medical nonsense to think of it as a 'gay disease,' it is the gay experience of AIDS, rather than, say, that of drug users, hemophiliacs, or Zairians that has shaped the perceptions and politics of the epidemic." (Altman, 1986:191)

As the primary source of public information about AIDS, the news media have had a powerful influence on the kind and degree of attention paid to the disease by government and other institutions, by the public at large, and by those at highest risk for infection (Shilts 1987a). The role of the news media in shaping the public's understanding about AIDS, and its impact on the politics of AIDS funding, research, prevention, and control has been the subject of unusually

intense scrutiny by gay commentators, other journalists, and social scientists (e.g., Albert 1986; Alter 1985; Baker 1986; Brecher 1988; Cathcart 1987; Check 1986, 1987; Diamond 1986; Diamond and Bellito 1986; Diamond and Kroll 1988; Freudenberg 1988; Fumento 1986; Goldberg 1990; Henry 1987; Kinsella 1989; Leff and Adolf 1986; Linde 1986; Patton 1985,1990; Schwartz 1984; Shilts 1987a, 1989; Stein 1985; Stokes 1985, 1988; Watney 1987; Winsten 1985).

Mainstream media coverage of AIDS during the early years of the epidemic has been criticized for being too little and too late; for virtually ignoring AIDS until it affected heterosexuals or infants; for sensational and stereotypical coverage of homosexual men and intravenous drug users, which inflamed public opinion against them by implying that they were responsible for spreading the disease to "innocent victims"; and, by unquestioningly conveying the views of various government agencies and other "experts," for failing to serve as a watchdog for the public. Shilts, for example, has claimed that AIDS was "allowed to happen" because an array of institutions, including the media, failed to perform their appropriate tasks to safeguard the public health (Shilts 1987a:xxii).

"Newspapers and television largely avoided discussion of the disease until the death toll was too high to ignore and the casualties were no longer just the outcasts. Without the media to fulfill its role as public guardian, everyone else was left to deal - and not deal - with AIDS as they saw fit" (Shilts 1987a:xxiii)

Virtually all the analysts of mainstream media coverage of AIDS have documented that newsroom homophobia and widespread social stigma against the groups who were first affected by AIDS were important factors accounting for the dearth of media attention before 1985, as well as for the ways in which the story was framed by the news media when it was covered (Albert, 1986; Baker, 1986; Linde 1986; Schwartz, 1984; Shilts 1987a; Watney, 1987). Donald Berreth, the federal Centers for Disease Control (CDC) public information director, has acknowledged that the CDC could not give away stories about AIDS while only homosexuals, blacks, and intravenous drug users were dying (Schwartz 1984; Shilts 1987a). AIDS was not covered by the Wall Street Journal, the largest circulation daily newspaper in the country, until February 1982, a year after the first cases in homosexual men were reported, even though the reporter had been pressuring his editors to run the story since 1981 (Shilts 1987a:126).

The New York Times, this country's premier newspaper of record, came in for particular criticism because of its inordinate influence on other news media, politicians, and policymakers nationwide, particularly when it comes to validating issues and the legitimacy of claims made by groups seeking a place on the public agenda (Baker 1986; Shilts 1987a, 1989; DeStefano, 1986:115). Until the mid-1980s the Times gave only spotty attention to gay issues and to AIDS (Baker 1986). By 1986, however, the quality and frequency of

Times coverage of AIDS and gay-related concerns had markedly improved, in part as a result of pressure from gay organizations, a change in editorial leadership of the newspaper, and the growing impact of the epidemic nationwide (DeStefano 1986:44). ¹

At first AIDS was reported primarily by science writers, whose stories also were influenced by the reluctance of their editors to print information about homosexuality. Don Berreth said that science writers kept asking the CDC for information about AIDS that did not involve gays. "The science writers insisted their editors wouldn't hear of writing stories about gay disease and gay sex. They needed an angle that was, well, legitimate." (Shilts 1987:136). Check (1987) pointed out that by focusing on the epidemiology of AIDS in the absence of much other available scientific information about this new disease,

¹ A major bone of contention between gay advocates and the New York Times was the newspaper's unwillingness to use the word "gay" rather than "homosexual" as a descriptor, although the other New York dailies and many newspapers nationwide routinely did so and even though the Times used the self-designations of other minority groups. Geoffrey Stokes, the Village Voice media critic, argued that the Times' nomenclature was "inseparable from its refusal to recognize gay people as a legitimate minority group. Activists argue that homosexual, the paper's preferred appellation, signifies only sexual behavior, while gay designates a social and political identity based upon sexuality." (DeStefano 1986:113). Virginia Apuzzo, then executive director of the National Gay Task Force, stated: "Self-definition is much more than a symbol... It's a fundamental issue. We have the right to be called what we call ourselves." (DeStefano 1986:113) As a result of gay lobbying and other developments which put AIDS on the national agenda, in June 1987 the Times changed its policy and now uses the word "gay."

even articles that were primarily medical reinforced perceived social boundaries between "risk groups" and "the general public" by focusing attention on "who" was infected or at risk, rather than "what" the disease was or specifically "how" it was acquired. In so doing, the mainstream press "circled the wagons" around the general public, leaving the risk groups outside (Albert 1986:172). By focusing on the deviant lifestyle characteristics of those at highest risk for AIDS, the news media further distanced them from the "general public;" indeed, Linde (1986) noted that the press often covered AIDS "as if they were writing about the Third World."

Before 1986, news media attention to AIDS peaked twice: in 1983, following the report of an infant infected through a blood transfusion, and in 1985, following the news of Rock Hudson's illness. The sudden bursts of media attention following the earlier characterization of AIDS as a gay disease and the paucity of coverage until infants, heterosexuals and a movie star were infected all served to increase public anxiety about the nature and extent of the risks of contracting AIDS and to reinforce their fears of those already infected (Shilts 1987a; Schwartz 1984). "In this sense, AIDS remained a fundamentally gay disease, newsworthy only by virtue of the fact that it sometimes hit people who weren't gay, exceptions that tended to prove the rule." (Shilts 1987a: 213).

This kind of news coverage not only raised the level of

public alarm, but also gave tacit credence to the idea that AIDS was a threat which could only be contained through Draconian measures, such as quarantine (Alter 1985; Stokes 1985; Singer and Rogers, 1986, Winsten 1985). The lack of sustained, critical news coverage also was blamed for the slow response of the federal government to AIDS during the early 1980s, insofar as government authorities remained virtually free from media pressure to keep AIDS on their agendas (Shilts 1987a; Stein, 1985).

Early science reporting on AIDS also was criticized for superficiality, for allowing the "fascination" factor of a story to override its scientific significance or relevance (e.g., stories about mosquito transmission, or the apparent transmission, later disproved, between an elderly couple who no longer had sexual relations) (Check, 1987; Shilts 1987a). Check (1986, 1987) suggested that reporters should have done more to help readers distinguish between valid and invalid theories about AIDS, and less willing to print opinions of medical people who were inexperienced in AIDS treatment or research. By providing insufficient rationale in news stories to help the public evaluate the validity of different points of view, the press encouraged the public perception that AIDS was largely a mystery and scientists "didn't really know," even after a great deal had been learned about the disease.

News about disease and disaster is often reported in terms of a formula, "new hope or no hope" (Cohn, 1983) and

AIDS was no exception. Stories about scientific breakthroughs in treatments for AIDS often exaggerated the significance of preliminary, incomplete findings by crystallizing as fact what was only suggested by the data or by hyping early results which subsequent experience did not bear out. This kind of reporting was blamed for undermining public confidence in medical and scientific knowledge about the disease (Stein 1985; Rodgers, 1986; Krim 1986; Winsten 1985).

Reporters and editors for general circulation, "family" newspapers and broadcast media were reluctant to provide explicit details about the sexual routes of disease transmission for fear of offending the sensibilities of their readers. Public health officials and reporters alike used euphemisms such as "bodily fluids," which obfuscated the ways in which AIDS could be transmitted and ultimately added to public concern about possible transmission through "casual contact" (Diamond, 1986; Diamond and Bellito 1986; Diamond and Kroll, 1988; Leff and Adolf, 1986).

Shilts (1987a), Winsten (1985) and Check (1986, 1987) have pointed out that reporting on AIDS was influenced in large part by journalistic news values, e.g., people (and names) make news, clearcut events make news. In addition, AIDS coverage was affected by routines of news-finding, including a tendency to rely on government authorities, press releases, and readily identifiable, quotable sources rather than undertake expensive investigative reporting; routines of news

production, including the pressure of deadlines, the need for brevity and a story peg or angle; and conventional story plots and formulas, e.g. "new hope or no hope," conflicts between rival factions, or tales in which breaches of moral or social order eventually appear to be repaired by the proper "authorities," who reinforce "topical" or "enduring values" and the prevailing social boundaries (see: Gans, 1979:41-42)).

Gans (1979:68) pointed out that although journalists are not very interested in ideology, the way in which they report the news tends to promulgate it through the "reality assumptions" and values that guide their interpretation of events. Journalists rarely point out flaws in the structure of social institutions or the assumptions underlying social values; rather they tend to focus on individual actions and actors, whose success or failure in their roles is often attributed to personal characteristics (Nelkin, 1985).

Although Shilts (1987a) blames an "array of institutions" for failing to respond adequately to AIDS during the early years of the epidemic, his book is less a critique of the systems of medicine, public health, politics, or media as it is a classic example of the way in which journalists frame a story around individuals, whose personal motives and actions are used to explain events. Stokes (1988), for example, believes Shilts did not pay enough attention to the "huge inertial factor built into any large organization," and suggests that the standard operating procedures and routines of bureaucracies,

including news organizations, may have had as much to do with their inadequate early response to AIDS as with any conscious or unconscious homophobia (See also: Winsten 1985; Check 1986).

Gay Newspaper Coverage of AIDS

Shilts (1987a) criticized the gay press for responding too slowly to the epidemic and for deflecting the attention of gay male readers away from what he believes would have helped to contain the spread of the disease onto issues of civil rights, which he believes may have been counterproductive. Other critics have faulted gay newspapers and magazines for promoting in their advertising policies and imagery the kind of sexual practices that were cited in the news sections as very high risk for HIV transmission. The editors of gay newspapers justified these contradictions on civil libertarian grounds, out of a desire to avoid censorship of sexuality and to preserve the reader's right to make autonomous choices, as well as on the grounds of economic necessity.

Not surprisingly, gay newspapers frequently rely on gay sources, both inside and outside the establishment, who tend to interpret events in ways consistent with gay ideology and community behavioral norms, just as mainstream press sources, who tend to be of the establishment, interpret events according to mainstream values (Freudenberg 1988). In addition to relying on gay physicians for medical information, gay newspapers also published news provided by "unauthorized"

sources about alternative means of preventing or treating AIDS (e.g., through Vitamin C therapy, or drugs not yet approved or available in the United States). Because of the avid interest of gay readers in finding out the latest information about AIDS, the gay press has often provided more complete and more technically detailed coverage of particular medical/scientific developments.²

One study comparing press coverage of AIDS in mainstream and ethnic minority newspapers (including gay publications) between 1987 and 1988 found that although overall ethnic newspapers provided less AIDS news than the mainstream press, they provided 30-50% more coverage of news related to AIDS prevention (Stone, Wilkes, & Berreth, 1988). After 1983, gay newspapers have had AIDS news in virtually every issue. Albert (1986:155,fn) noted that readers of gay publications have often had firsthand experience with AIDS or people with AIDS, whereas readers of the general circulation press usually know about AIDS only through media representations of it. Bolognese and Johnson (1986:244) found that the degree to which people

² The New York Native published some comprehensive articles on AIDS treatments during this period, as did two gay newspapers in San Francisco: The Sentinel, which published a regular column on AIDS treatments by John James, who now produces AIDS Treatment News as a separate publication, and Coming Up!, which provided good medical information through a column by Michael Helquist. Other information was available through a variety of other resources, including the AIDS hotlines, and particularly through the efforts of such gay-run organizations as Gay Men's Health Crisis in New York City and the San Francisco AIDS Foundation and Project Inform in San Francisco.

saw themselves to be personally at risk for AIDS influenced their desire to seek accurate information about it. As gay men increasingly came to recognize their risks, and to feel the impact of AIDS on their own lives, they have put pressure on gay publications, as well as the mainstream press, to provide useful and timely information about all aspects of the disease.

News, Agenda-Setting, and Stigma

Newspapers, by definition, are involved in the selection, interpretation, and communication of what is novel or current: events, ideas, innovations. Reporters and editors evaluate and select what is "newsworthy" in the continuous stream of human activity and other phenomena, and decide how to interpret, package, and present these items in ways that their readers will find meaningful, useful, interesting, and often, entertaining. In doing so, they constitute certain events and actions as "facts," and construct social and political realities for the reader, putting a "spin" or "angle" on them to aid the reader's understanding. Inevitably, however, this also delimits the reader's view of the original events that gave rise to the news (see Tuchman, 1978). Thus, through providing selected versions of reality, news producers (reporters and editors) constrain as well as expand the public's knowledge and understanding of their world. News sources, through the process of claims-making (Spector &

Kitsuse 1977; Nelkin 1985) in the media, also broker information in ways that promote their interests in achieving particular goals.

The role of the news media in shaping public awareness and influencing the politics of health has been of interest to sociologists of media at least since the 1950s (e.g., Kriehbaum, 1955).

As Dorothy Nelkin has observed:

"Journalists act, in effect, as brokers, framing social reality and shaping the public consciousness about biomedical events. Through their selection of medical news they set the agenda for public policy. Through their disclosure of medical discoveries they affect personal behavior. Through their style of presentation they lay the foundation for public attitudes and actions. Media coverage of medical events has implications for the distribution of scarce resources; access to media can bring in research funds and even body parts. Media interest in medicine also has implications for privacy... [and] for political and personal choice." (Nelkin, 1985:642-3)

Readers of newspapers and other media "consumers" rely on the news for assistance in surveilling the physical and social environment to defend against possible threats and to identify potential resources. In so doing, they must be able to orient themselves within the fields of meaning used in the news and feel that the reality presented reflects their own lives. Insofar as the news provides a knowledge base for decisionmaking in many areas of personal and political life, the representations of reality and the values expressed through the news media ultimately feed back into the real world, as individuals and groups make judgments and take

actions based on the information and meaning conveyed through the news.

In analyzing the role of the news media in politics and other aspects of human life, particularly since the social movements of the 1960s and 1970s, social scientists, journalists, and others have emphasized that how people are represented in the news media may have direct bearing on their life chances. As Richard Dyer observed:

"The political chances of different groups in society - powerful or weak, central or marginal - are crucially affected by how they are represented, whether in legal and parliamentary discourse, in educational practice, or in the arts. The mass media in particular have a crucial role to play, because they are a centralized source of definitions of what people are like in any given society. How a particular group is represented determines in a very real sense what it can do in society." (Dyer 1982:43).

The ways in which news media represented AIDS and its victims and the groups at greatest risk for HIV infection has direct bearing not only on political and social actions taken to deal with the disease, but also, by influencing the politics of resource allocation and by reinforcing stigmas, news coverage may affect the physical survival of individuals infected with HIV and those at risk. For example, gay organizations, such as the Coalition United Against Violence, have reported increases in gay-bashing following increased news media attention to AIDS (Gutis 1989).

The agenda-setting role of the news media has been widely documented (McCombs and Shaw 1972; Tuchman 1978; Johnston

1979), as well as the role of the media in diffusing prevailing ideologies and cultural norms, and reinforcing cultural hegemony (Gans 1979; Gitlin 1980; Waitzkin 1979). Simon Watney (1987), among numerous critics of early news media coverage of AIDS, has noted that information about AIDS was most often framed in terms of a prior agenda of social values, including most of the shibboleths of "family values" and family politics, which include a strong anti-homosexual bias. Watney concluded that it was impossible to isolate the representation of AIDS or people with AIDS in the news media from this contingent set of values and debates. AIDS was used as a pretext to articulate profound social anxieties within "a dense web of racism, patriotism, and homophobia" and to justify calls for increased regulation of those considered to be socially unacceptable.

Gans (1979), and others have suggested that mass media are a primary source of information about the normative contours of the society in which they are produced; indeed, Gans sees news media as framing events in terms of a society's "enduring values". Events which seem to threaten the moral or social order have enormous news value and sometimes give rise to "moral panics", often media-induced or reinforced, in which something or someone emerges and is defined as a threat to societal values and interests (Watney 1987). In the news media, the nature of a threat is usually presented stereotypically, often articulated through the mouths of

"authorities" (e.g., politicians, religious leaders), who are depicted as striving to defend or restore the "natural" order of things.

Many gay commentators on mass media treatment of AIDS were influenced by this theory of moral panic (e.g., Weeks 1985; Rubin 1984; Altman 1986). Watney, however, believes that moral panics are too ephemeral to account for the ways in which gay people and AIDS are depicted in the news media. "Moral panics seem to appear and disappear, as if representation were not the site of permanent ideological struggle on the meaning of signs." (Watney 1987:41). Rather, he sees news media representation of gays and AIDS as an example of "ideological confrontations across the whole field of public representations," especially about the body and "human nature." Such stories provide images with which readers or viewers are encouraged to identify their deepest interests, fears, and anxieties. He suggests that the mass media is an "agency of collective fantasy" in which homosexuality was constructed as intrinsically threatening and monstrous, and AIDS was frequently assimilated to that image.

The existence and experience of homosexual desires, let alone gay identities, when presented at all in the mass media, appeared heavily coded and hedged by "normal" categories to protect the "general public" from images or ideas that might destabilize the social or moral order (Watney, 1987: 42). In such constructions, gays, intravenous drug users (and

frequently, racial and ethnic minorities, and the homeless) are made to stand outside this reified "general public", and are often depicted as threats to its cohesion and safety. Because AIDS was framed from a heterosexual point of view as a gay plague, and early coverage focused on the risks of sexual promiscuity, Watney (1987:10) described news coverage of AIDS as "a literature of containment, endlessly policing sexuality."

Much of the rhetoric of gay liberation, and later, activism related to AIDS, is couched in terms of rebellion against the mainstream values and institutions which systematically exclude homosexuals from "the general public," and in particular, against the news media, which by ignoring or distorting gay experience reinforces their social rejection and isolation. The press accomplishes this in part, Watney suggests, by providing readers with a steady diet of sexual scandal and xenophobic patriotism. Scandal titillates and shocks because it presents occasions of transgression against or challenges to the social and moral orders. However, scandal stories expose these situations not to elicit thoughtful discussion of the validity of what is considered to be "normal," but rather to be rejected as examples of moral failing and to reinforce the overriding strength of the values and institutions that were flouted.

" The 'general public' thus emerges as a highly abstract category, which is united across all divisions of class, age, party political

affiliations, and gender, by recourse to extremely narrow moral criteria." (Watney 1987:83-4)

Much news media reporting on homosexuality, Watney contends, treats it as "a permanent scandal" and frames it as an aberration to be condemned, punished, avoided, or reformed.

Reinforcement of Identity and Enduring Values in the Gay Press

News in the gay press also is framed in ways that tend to reinforce community standards and "enduring" and "topical" values, both those of the wider society and those of the gay subculture. The behavioral norms and values reflected in and reinforced by the gay press are congruent with gay liberation ideals and to a certain extent, those of the 1960s-70s counter-culture. These values were shaped by the personal and group histories of gay men who "came out" during the social movements of the late 1960s and 1970s, and migrated to urban settings where they began to associate openly and to form cultural and political institutions specific to gay interests and needs.

Among the more "topical" values of gay liberation ideology that influenced gay news coverage of AIDS are: sex is good, and homosexual freedom to have sex in whatever way they find pleasurable must be protected; and the civil rights of homosexual men to express their sexuality must be claimed and established wherever they remain illegal and vigilantly maintained wherever they have been won. Corollaries to these values include promoting recognition of the full citizenship

and civil rights of homosexuals in other, non-sexual arenas as well, such as the perceived rights of "domestic partners" to the same social and health benefits granted spouses; explicit rights to equal employment opportunities and protection against discrimination in housing, insurance, and other areas; and full protection of the law against violence and harassment of homosexuals.

Like the mainstream press, the gay press selectively keeps track of violations of the gay social and moral order, emphasizes actors over abstract institutions, and often explains events in terms of motives (see: Gans 1979:60). The reporters and editors of the Native and the B.A.R. saw themselves as muckrakers and guardians of the gay social and moral orders. In exposing the failures of government, medicine, and other institutions to meet the needs of gay men, gay reporters often frame these actions (or inactions) as scandals or outrages. These stories often are told from the perspective of an oppressed minority group. In addition, the gay press often comments on and reframes mainstream press stories which represent gays as agents of social or moral disorder. In the gay press, such stories sometimes are told from the perspective of the unjustly accused, who is always having to defend or explain himself.

However, violations of deeply held American cultural values also frame social and moral disorder stories in gay newspapers, since these values are the substrate of gay

liberation ideology. They include principles of justice and fairness; the right to individual life, liberty and the pursuit of happiness, defined in gay terms (which includes playing with gender roles and masks, and the free, unlimited pursuit of sexual pleasure); the right to privacy and other civil liberties; an emphasis on personal autonomy and individualism, including the right to define oneself in one's own terms; materialism; and an ethnocentrism colored by social class, race, sex, and other distinctions.

These values are evident in the ways in which the Bay Area Reporter and the New York Native framed AIDS news, and will be discussed further in Chapter 4.

CHAPTER 3

GAY COMMUNITY AND IDENTITY BEFORE AIDS

Gay liberation and lifestyle

From the 1950s to the 1980s, the social, psychological, and cultural worlds of homosexuals were profoundly transformed, in part in response to the black civil rights movement, the women's movement, and the sexual revolution of young people in the mid-'60s through mid-'70s (Gagnon 1989). The oft-commemorated, defining moment of gay liberation occurred on the night of June 27, 1969, when police invaded New York City's Stonewall Inn, a gay bar on Christopher Street, and were repulsed by drag queens throwing beer bottles, shoes and bricks. This began a riot that lasted for two nights and marked the first time that gays fought back for the right to assemble and behave as they chose. Word of it spread rapidly to college campuses nationwide.

In the 1960s, young homosexual college students were involved in and inspired by the antiwar, black power, civil rights, and feminist movements and borrowed some of the rhetoric and many of the political strategies of other radical groups to promote the cause of gay liberation. These included an attitude of militancy and confrontation to achieve a social revolution rather than seeking acceptance through accommodation to existing societal and sexual norms of behavior.

"The rhetoric of oppression, consciousness and revolution came naturally to them, and they had, as well, a sense of impending apocalyptic change. They were not out to persuade and educate [as earlier homophile societies had done]; they were out to shock the society into a sudden 'change of consciousness.'" (Fitzgerald 1986a:51).

Whereas in the 1950s, groups such as the Mattachine Society had counseled quiet self-acceptance and sought to improve the image of homosexuality by appealing to clergy, psychologists and sex researchers, gay liberationists called on homosexuals to openly avow their sexual identity, and by so doing, to change the consciousness of others about who they were. "Coming out symbolized the shedding of self-hatred, but it was also a political act, directed toward society." (Fitzgerald, 1986a:51).

During the 1960s and 1970s, social scientists and psychiatrists challenged theories of individual deviance, which labeled homosexuality as a mental illness (Bayer 1981). They claimed that homosexuality was at least in part socially constructed, expressed in ways determined by history and culture, rather than based solely on biological factors or early childhood experiences. "Whatever psychological difficulties gay men and lesbians might have, they were the consequences of oppression (later 'homophobia'), ...rather than the pathologies thought to be associated with same-gender desire" (Gagnon 1989: 52). In 1973, the American Psychiatric Association removed homosexuality from its list of mental disorders and in 1979, the U.S. Surgeon General ruled that the

Public Health Service would no longer certify homosexuals for purposes of the Immigration and Naturalization Service, so that they could no longer be barred from the country on that basis.

By the early 1970s, as thousands of young homosexuals "came out" and migrated to more tolerant urban centers, gay male society in U.S. cities began to evolve from social worlds characterized primarily by sexual forms of association into more or less independent communities with their own politics, commercial institutions, housing patterns, cultural life, and new relations to the wider communities in which they were embedded.

"Central to the development of this new [gay] community and identity was an openness of sexual expression and a new cult of manliness" (Gagnon 1989:53). By the 1970s, the stereotype of the drag queen, which had been popular in the 1950s, was ceding to a new macho image among gay men, with new costumes (from leather to uniforms to jeans and plaid shirts), and new forms of sexual expression, including increased interest in anal intercourse and more exotic, sometimes violent sexual practices, such as fisting, rimming, and sado-masochism (Stambolian 1982). Anal intercourse became so popular that in 1981, a sex manual about it written for gay men was included in a review of books for Christmas gift giving in the Bay Area Reporter (Howell 1981).

By unfortunate coincidence, the retrovirus HIV entered

this population of highly sexually active young men sometime in the 1970s. The increase in sexual partners coupled with increased practice of anal intercourse and intravenous injection of methamphetamine contributed to the widespread HIV infection among gay men in major urban centers, in particular, New York, San Francisco, and Los Angeles (Gagnon 1989).

Population size and settlement patterns

No national estimate of the U.S. homosexual population has been made since the 1948 study by Kinsey, Pomeroy, and Martin (Kinsey, Pomeroy & Martin 1948). The Kinsey report, based on a study of 5,300 white males between 1938-1948, estimated that 10% of all males are more or less exclusively homosexual throughout their lifetimes.¹ Extrapolation of the data from the original Kinsey report have yielded wide ranges of estimates of the numbers of homosexual men in the United States, from a low of 2-3 million to a high of 10 million (Institute of Medicine 1986:58).

The belief that one in ten males is gay is widely held by gay men, but no satisfactory sample survey has been done and no accurate figures are available (Gagnon 1989:52). Demographic studies by Bell and Weinberg (1978) suggest that the percentage of male homosexuals in the U.S. population has remained stable, overall, but that their numbers in urban

¹ Gagnon and Simon (1973) re-analyzed data from the Kinsey study for 1,900 males under age 30 and attending college. They found 3% with exclusively homosexual history and 3% bisexual.

areas have increased as many homosexuals migrated to these areas as part of the gay liberation movement.

In the mid-1980s, the total population of New York City was ten times that of San Francisco, 7.1 million compared with 735,000. In terms of ethnic diversity, 45% of New Yorkers were black or Latino, compared with 25% of San Franciscans. In addition, both cities were home to numerous other racial, ethnic, and cultural groups, including large numbers of gay men. (New York City Department of Public Health 1987). In the early 1980s, estimates of the numbers of homosexual/bisexual men in New York City ranged from 500,000 to 1 million, compared with estimates of 50,000 to 150,000 in San Francisco. (New York City Department of Public Health 1987). In 1988, in reassessing its estimates of HIV-infected people, New York City lowered its estimate of the size of the male homosexual/bisexual population to 150,000 (Perrow and Guillen 1990:76). However, gay groups in New York contest this figure. The estimate most often given for San Francisco's male homosexual/bisexual population is 70,000. (Fitzgerald 1986a:34; Shilts 1987a).

Although homosexual men had been migrating to large urban centers since the end of World War II, a major surge in this migration occurred in the 1970s as a consequence of gay liberation. The impact of this both for gay men and the wider communities may be appreciated by examining the migration and settlement patterns of gay men in San Francisco.

Gay settlement in San Francisco

It has been estimated that one-third of San Francisco's gay male population in 1984 had migrated to the city between 1974-78 (Ramirez 1989). Although the city's population dropped 5% overall between 1970 and 1980, the number of people between the ages of 25-34 increased more than 25% (Israels 1989). A 1984 market research survey of 529 gay or bisexual men showed that 78% had arrived in San Francisco after 1969; 80% lived in predominantly gay neighborhoods, with one-half residing in the Castro area. Half the survey sample were professionals, managers, or owned their own businesses; 43% made \$25,000 or more per year (compared with 28% of San Franciscans overall). Those living in the Castro district were more affluent: 39% made \$30,000 or more. The vast majority of the respondents lived in one or two-person households and just over half were living in a primary relationship with another man. (Fitzgerald, 1986b:48).

Real estate transactions in the Castro rose 700% between 1968-1978 and prices rose sharply along with the high property turnover. In 1977, when Harvey Milk ran for Supervisor, he estimated from precinct counts that 25,000-30,000 people had moved into the Castro that year. (Israels 1989). By that time, it was a gay "ghetto," and the center of gay life in San Francisco. By 1984, however, migration of gays to San Francisco dropped off, in part because of anxiety about AIDS (Fitzgerald 1986b: 48).

Before the 1970s, homosexuals had been migrating to San Francisco in smaller numbers for many years. In the 1950s, homosexual men settled primarily in the Tenderloin, a neighborhood of bars and cheap hotels, bordered by a business and theater district. Later dubbed "The Valley of the Queens" by the Bay Area Reporter's columnist Mr. Marcus, the Tenderloin offered a sexual theater for both gays and straights, featuring drag queen shows, female strippers, and a thriving sex industry, which serviced sailors and other travelers to the city. Also during the 1950s, gay bohemian writers and artists, such as Allen Ginsburg and Lawrence Ferlingetti, whose work protested literary, social and political conventions, created a small community in the North Beach neighborhood.

In the 1960s, young gays attracted by the counter-culture movement came to San Francisco along with their straight brothers and sisters to join the hippies, find free love and cheap drugs, and a city relatively tolerant of unconventional lifestyles. Many young gay men settled in the Haight-Ashbury neighborhood. During this period, some gay bars moved into Polk Street. "The Valley of the Dolls," as Mr. Marcus called it, became a haven for runaways and youthful street hustlers, both gay and straight.

In the 1970s, the South of Market area ("The Valley of the Kings") was a low-rent warehouse district with few residents. It became the location of numerous "leather" bars,

so-called after the fashions and fetishes of their gay male clients. Mr. Marcus became a major booster of this area, and its bar life, in his newspaper column.

The majority of gay settlers in the 1970s, however, came to the Castro neighborhood, part of the Upper Market district of the city. By 1978, the Castro neighborhood

"given the homogeneity of its inhabitants,...had quite quickly and spontaneously evolved a new kind of politics, a new style of dress and behavior, new forms of couple relationships, and new sexual mores. It had an ideology rather different from that of gay groups on the East Coast and it had what the sociologists call institutional completeness." (Fitzgerald, 1986a: 54).

The Castro has been called "a great hive where everyone knew everything that happened every day." In the 1980s, Fitzgerald, looking from the outside at this urban village, found it to be "self-preoccupied and claustrophobic" (Fitzgerald 1986a:58). It also was associated with elitism, racism, sexism, and ageism, and what some saw as a snobbish cult of beauty and beautification, which went along with gentrification of poor neighborhoods by white, educated, middle class gay men. (Fitzgerald 1986a:59)

Mr. Marcus had a name for the denizens of this neighborhood, too: the Clones of Castro, so-called for their uniform dress and lifestyle in the 1970s and early 1980s. During this period, the clone look was more or less macho; it generally included short clipped hair, mustaches, jeans, plaid shirts, leather vests, bomber jackets, boots, muscle shirts, keys dangling from the belt loop, and colored pocket

handkerchiefs worn in the right or left back pocket to signal preferences in sex practices. Shilts saw the pervasive adoption of this costume as a type of compensation for the "nellie" roles that gays used to play (at least partially in response to expectations from straights) during the 1950s and 1960s (Shilts 1987b). The hostile mimicry of women, "bitchiness" as an attitude and rhetorical style, and an exaggerated sense of vulnerability had characterized the gay presentation of self in the 1950s and 1960s. By the 1970s, this was becoming outmoded and was being replaced by a gay image that manifested strength, sensitivity, dignity, self-reliance, autonomy, and empowerment (Fitzgerald 1986a:59).

By the mid-1980s, the residents of the Castro displayed a variety of styles, and the word "clone" had become a slur used by gay men to designate a stereotype: the young, white, middle-class or affluent gay male, who cruised, boozed and used drugs as sexual stimulants, patronized gay businesses, and conformed as much as possible to a commercialized ideal of attractiveness in looks and dress.² An outspoken critic of

² B.A.R. editor Paul Lorch believed that the use of "clone" to express discontent with gay conformity in appearance, rhetoric, and ideas expressed "self-contempt" about being gay. "The camp usage of Clone increasingly took on a derisive connotation. It began to stand for everyone else on Castro - but the 'me.' It applied to anyone who looked and behaved like everyone else....I never heard it applied to ethnic Gays....The word was never applied to Lesbians. Today the cliché is a slur - revealing the same self-contempt in the way that 'she' was used in place of 'he' and 'nellie faggot' and 'queer' were bandied about before the current surge to the masculine" (Lorch 1982a).

the clone lifestyle and the materialistic value system it came to symbolize, Arthur Evans is often credited with coining the term "clone". As a veteran of early radical gay activism in New York City, he remembered "...shattering experiences,

riots behind barricades in the streets, friends being maced and beaten by police, my own six arrests, and takeovers of public buildings with disruptions of offices, government bureaus, and TV stations. In those days, we questioned everything within and without and took nothing for granted...we were creating ourselves" (Evans 1981:7).

But like many straight former radical activists, he later became disheartened and demoralized by the changes associated with the yuppie materialistic me-generation of the mid-1970s and early 1980s. He deplored

"...the collapse of the social network provided by the Gay movement and its replacement by cartels of bars and baths, the discrimination practiced by many of those businesses among other Gay people because of their race or appearance; the widening circle of conformity and of mindless consumerism, deliberately fostered by fantasy merchants; rising alcoholism and drug abuse; and the spread of sadistic sexual practices." (Evans 1981:7)

A B.A.R. reader criticized the gay newspaper for including photos and advertising that catered to the clone image: "...the Castro Man look is used almost exclusively for all sexual and image-related appeals." He thought the B.A.R. was hypocritical for taking mainstream advertisers to task, as Lorch had done in an editorial, for not catering to gays, while the B.A.R. itself rarely appealed to other than the gay mainstream (Gengler 1982) Others were annoyed that the "prettification" of gay neighborhoods, such as the Castro,

together with the cleancut clone image had come to be synonymous for many in San Francisco with the gay community.

One reader wrote:

"As a Tenderloin resident I really resent the Gay 'image' being exclusively that of the Castro Street middle class...The picture presented of comparatively prosperous, comfortable people eerily recalls the Moral Majority's claim that Gay rights is not a civil rights issue because Gays, contrasted to ethnic minorities, are not an oppressed group, but merely seeking public approval of a questionable 'lifestyle.'" (Koofer 1982)

Some gay critics said the materialistic lifestyle fostered in the Castro encouraged racism, sexism, and socioeconomic divisions among homosexuals. In 1982, Black and White Men Together, a gay organization to combat racism, conducted a study of 99 gay male bars, which found that they were highly segregated in terms of employment and patronage (White 1982).

Several letters to the editor of the B.A.R. in the early 1980s complained about racist, sexist, and snobbish attitudes in the gay community and in that newspaper.³ One writer even protested the use of race markers (e.g., "GWM", gay white male) in the classified personals ads in the B.A.R., and the descriptors such as "goodlooking, young GWM seeks same" (Connally 1981). Another writer thought that prejudice

³ The B.A.R. had no women on its staff until the mid-1980s. Lesbian life was reported only rarely, and then usually with reference to gay men, as when lesbians held blood drives in 1984 to make up the blood donations that gay men voluntarily were withholding to protect the blood supply. The subculture of impoverished, gay speed users was almost never mentioned.

against a person's looks was the greatest form of discrimination among gay men (Dowell 1984) and another pleaded for more sensitivity to aged and disabled gay men:

"The importance of good looks to the gay scene (as overplayed by the gay press) is a terrible threat to the deformed, the amputees, and/or the visibly handicapped. It is indeed regrettable that human relationships are not higher on the priority list, where the disabled and senior gay might score better" (Dollak 1983).

Although primarily a neighborhood of gay men, a few lesbians also moved to the Castro because they found it to be a safe neighborhood. Most lesbians, however, settled in the bordering neighborhoods of Noe Valley, the Haight, Duboce Circle, and parts of the Mission.

By the 1980s, the gay community had become "more and more articulated and distinct" from other ethnic and cultural communities in the city. In addition to gay settlement patterns, which resembled those of ethnic groups, they tended to act like a highly organized ethnic group in other ways. "It now had not only its own political leaders, but also its own habits and customs and its own holidays - Gay Freedom Day, Halloween - and the Castro Street Fair," which attracted thousands of mostly male gay tourists (Fitzgerald 1986a:53). In 1978, San Francisco gays persuaded the city to give their Gay Freedom Day Parade the same money it gave to ethnic parades to encourage tourism.

Gay male cultural institutions

As the numbers of gay men and women grew in the city, so did gay-focused social and cultural institutions and activities. At first, gay male social life was largely situated in bars. In the early 1960s, there were 30 gay bars in San Francisco, many of which were raided regularly by the police (Fitzgerald 1986a:44). One longtime San Francisco gay activist told me that in the early 1970s, dances at the Alice B. Toklas Lesbian and Gay Democratic Club were "the biggest things going in the gay community," until the city's Alcohol and Beverage Board allowed dancing in bars, and then the social life shifted almost entirely to bars. This focus encouraged a high rate of alcoholism among homosexual men in The City: approximately 20% of gay men, compared with 10% of the national population, was estimated to be alcoholic (Evans 1982a).

By 1978, San Francisco had approximately 90 gay bars and 150 gay organizations, including church groups, social service groups, and business associations, 9 gay newspapers, and 2 gay foundations (Fitzgerald 1986a). The gay bathhouses also became very popular in the 1970s as places for sex and the society of other, sometimes still closeted, homosexual men. In addition to encouraging high alcoholism and drug use among gay men, the intense bar and bathhouse scene promoted the spread of sexually transmitted diseases.

Sexually Transmitted Diseases Among Gay Men

By 1978, the Castro was an active cruising area. "The scene was mind-boggling to newcomers: the openness of it and the sheer turnover." (Fitzgerald 1986a: 59). One gay activist quoted by Fitzgerald said "It was like opening up a treasure chest and rummaging through it in some hysterical way." One of my gay informants described it this way:

"I think a lot of people were just so overwhelmed by being in a city where there was this total, open freedom, especially because most of them were from somewhere else, from environments that were so unfriendly. They just acted like kids in a candy store....They tried to express themselves as gay people to make up for all the time that they had been in Peoria, Illinois or wherever it was they came from. You know, to them it was heaven."

Increased specialization in sexual practices (anal intercourse, fisting, rimming, sadomasochism) led to increased numbers of injuries and sexually transmitted diseases. Syphilis and gonorrhea were epidemic. Public health authorities reported that homosexual men accounted for 50-55% of all early syphilis and gonorrhea cases nationwide (Fitzgerald 1986a:64). In addition, there were dramatic increases in hepatitis and intestinal infections in young gay men between 1975 and 1978. In 1980, the San Francisco Health Department found that 60-70% of gay men had hepatitis B virus (Ibid).

In 1981, San Francisco ranked number one in cases of syphilis and number two in gonorrhea cases among major U.S.

cities.⁴ Because most STDs were curable, they tended to cause little concern.⁵

Several authors have proposed that homosexual men had higher rates of STDs than heterosexual men and women because gay men tended to have larger numbers of different sexual partners, more often engaged in furtive sexual activities, and more frequently had unprotected anal intercourse (Darrow, Barrett, Jay & Young 1981; Owen 1980; Dritz 1980; Judson 1977; William 1979).

Several studies have documented that gay men in the late 1970s had very high numbers of sexual partners; a significant percentage reported more than 500 lifetime sexual partners (Bell & Weinberg 1978; Darrow, Barrett, Jay & Young 1981). A 1970 survey of gay men and women in San Francisco found that more than 40% of white males and 33% of black males interviewed said they had had at least 500 lifetime sexual partners; 28% said they had had over a thousand. Women, on the other hand, had relatively few sexual partners: more than half

⁴ The B.A.R. reprinted the S.F. Health Department's Statistical Report of Certain Communicable Diseases for the Month Ending November, 1981. According to the table, there had been 15,191 cases of gonorrhea, 1,602 cases of hepatitis B, 1,697 cases of syphilis, 699 cases of amebiasis, 506 cases of shigellosis, and 355 cases of tuberculosis in the City that year (Bay Area Reporter 1981).

⁵ The high prevalence of STDs in the early 1980s even inspired a couple of satiric poems: "Penicillin Pals" by B.A.R. columnist Woolly (1981) and "A Poem for VD Awareness Month, Gonorrhea on My Mind" by Ronnett (1982), which was a sidebar to a satirical story about "Gonorrhea Gertie" by "Carrier John" (1982).

had less than 20 partners; they tended toward a heterosexual model of serial monogamy (Bell & Weinberg, 1978). A 1977 survey of a nonrandom sample of 4,329 gay men from every state, the District of Columbia, two territories, eight Canadian provinces and several foreign countries found high rates of infection with a variety of STDs, including pediculosis, gonorrhea, nonspecific urethritis, venereal warts, syphilis, hepatitis, and herpes (Darrow, Barrett, Jay & Young 1981). The best predictor of these diseases was the number of lifetime sexual partners.⁶ High rates of disease were related to large numbers of different partners, frequent exposures with anonymous sexual contacts, and anal intercourse. Furtive sexual activities, especially frequent exposures in the baths, and frequent contacts with male prostitutes were significant correlates of hepatitis infection and syphilis; the latter was also correlated with those who most often engaged in anal intercourse and rimming. Another study in 1980 showed that a sample of bathhouse patrons tended to have more sexual partners and more STDs than the sample from gay bars or in clinics (Altman & Ostrow 1980).

In 1981 and 1982, the B.A.R. printed several articles and news items about sexually transmitted diseases and ways to prevent and treat them. Although no one could then foresee how

⁶ In this study, the number of different lifetime sexual partners ranged from "over 1,000" to fewer than 7, with a median of 49.5 (in San Francisco the median was 200.3 for 195 white men); 12.5% reported over 500 different sexual partners (32.7% in San Francisco).

vitaly important and relevant this information would become in relation to AIDS transmission and prevention, some of these articles perhaps "inoculated" the B.A.R. readers with ideas that were reiterated and reinforced later when AIDS was understood to be sexually-transmitted. The San Francisco City Clinic ran a regular series of brief reports on health, "Health Shorts," which included information about various health problems afflicting gay men, including alcoholism and drug abuse. In addition, in 1981 a two-part article by Dr. Robert K. Bolan, an internist, and secretary of the Bay Area Physicians for Human Rights, offered guidelines for healthful sexual activity (Bolan 1981). Although the articles were not given prominent play (they appeared far back in the entertainment section), they were placed near articles on bar life and the classified ads for sexual services, where they may have caught the eye of people at highest risk for STDs. The guidelines were very similar to those offered a few years later to help gay men prevent HIV transmission, and included recommendations to know one's partners, use condoms during anal intercourse, and practice good hygiene. He also evaluated sexual practices in terms of high, medium and low risk, and other criteria later used to assess risks of various kinds of sexual behavior for HIV transmission.

Gay Organizations, Gay Politics

San Francisco developed a variety of organizations that addressed the social status and civil rights of gay men. The

Mattachine Society, founded in Los Angeles by four homosexual members of the Communist Party, moved to San Francisco in the late 1950s. By that time, the leadership of the organization was no longer associated with any political party. A sister organization, the Daughters of Bilitis, was founded by lesbians in San Francisco. The presence of these homophile organizations prompted a 1959 mayoral candidate, Russell Wolden, to charge that the incumbent mayor George Christopher and police chief Tom Cahill had allowed "sex deviates" to establish their national headquarters in the city. (Fitzgerald 1986a; San Francisco Examiner 1989:A15).

The Mattachine Society rejected direct political action in favor of improving the image of gays through education and appeals to clergy, psychologists and sex researchers. "So eager were the members to demonstrate their respectability that they would have nothing whatever to do with the people who went to the bars. As a result, their members were extremely small and had remained so into the sixties." (Fitzgerald 1986a:46)

The aims of the Society for Individual Rights (SIR), founded in San Francisco in 1964, differed from those of the homophile groups by focusing on the needs of gay men, rather than on what the larger community thought about homosexuality. At its peak, it attracted 1,200 members, and it dealt comfortably with the bar world in which much of gay social life revolved (Fitzgerald 1986a: 46).

In light of later gay politics during the 1980s, it is interesting that the B.A.R. and much of the local gay press arose not out of the homophile movement, but out of the gay bar scene or the politics of gay liberation, and promulgated a militant gay identity, not an eagerness to assimilate or act pleasing to straights. From 1964 to 1971, reporter George Mendenhall edited SIR's magazine, Vector; later, he also wrote for the B.A.R..

In the 1970s, the political impact of the city's gay population began to be felt through their voting behavior and primarily Democratic party affiliation. In the 1960s, the city's economic base had shifted from manufacturing and industry (which moved away from San Francisco to the suburbs) to finance, tourism, and white collar office and service jobs. By the mid-1970s, only one of the city's 11 voting districts had a majority of conservative, blue-collar Democrats (Fitzgerald 1986a).

Gays in San Francisco, who vote in several electoral districts, have tended to vote overwhelmingly for liberal and leftist candidates and causes. According to surveys, 1 in 4 San Francisco voters identifies him or herself as gay, making gays and lesbians the single most formidable voting bloc in the city. (Shilts 1987b:50). David Binder, a San Francisco pollster and political analyst, has estimated that in a presidential election year, 20% of San Francisco's total votes are gay. In special elections, the percentage of gay votes is

even larger. (San Francisco Examiner 1989:A19).

By the early 1980s, the gay community in San Francisco was clearly a special interest group, which was ardently wooed by politicians for local, state, and national elections. The endorsement of the B.A.R. also became important to some politicians, although some of my gay informants have told me that a B.A.R. endorsement never influenced their vote one way or the other. Nevertheless, from the B.A.R.'s point of view, politicians' position on gay rights was far more important than their positions on other issues, and the newspaper advocated gay support for politicians only to the extent that they forwarded the cause of gay liberation. Editor Paul Lorch explained:

"Our primary questions must always be, 'What have you done for the Gay liberation movement?' 'What are you doing now?' and 'What will you do for it next season - after the election?' Then depending on the race, we can put the questions of where they stand on issues from the Medfly to nuclear disarmament to downtown development." (Lorch 1982b:6).

With help from gay voters, liberal politicians who professed some support for gay rights were elected to the Board of Supervisors, the State legislature, Congress, and the Mayor's office. In 1969, in the California Legislature, Assemblyman Willie Brown (Democrat) made the first of several attempts to repeal state statutes proscribing various forms of consensual sex; in 1975, he and fellow Democrat George Moscone, then majority leader of the State Senate, got it passed.

(Fitzgerald 1986a: 53). By 1975, gays were an important part of the coalition that elected George Moscone mayor of San Francisco and kept Brown in office. In 1971, Richard Hongisto, a civil rights and antiwar activist in the San Francisco Police Department, who had worked to improve relations between gays and the police, was elected to be San Francisco's Sheriff. Later, his election to the Board of Supervisors also was assisted by the gay vote. In 1979, Dianne Feinstein and Quentin Kopp competed intensely for gay votes in seeking the office of mayor, which she won.

By the mid-1970s, gays had a candidate of their own to work for. In 1977, Harvey Milk from the Castro district was the first gay man elected to the Board of Supervisors. Milk ran four times for supervisor, winning after a referendum changed the electoral laws so that candidates for supervisor ran only in their own districts, not citywide.

By the end of the 1970s, there were three gay Democratic clubs and one gay Republican club in the city. These were the Alice B. Toklas Lesbian and Gay Democratic Club, the Harvey Milk Gay and Lesbian Democratic Club, the Stonewall Gay Democratic Club, and the Concerned Republicans for Individual Rights. Each group shares a strong commitment to gay liberation and civil rights, but they have often disagreed about particular issues or candidates and the means to achieve their objectives. The Alice B. Toklas Gay and Lesbian Democratic Club, which has become the largest Democratic club

in California, evolved from the political committee of the Society for Individual Rights (SIR), founded in 1964 by Jim Foster and six other gay men. In those days, as Paul Lorch later recalled, "the most enlightened (progressive) thinking was: make friends with straight politicians and let them carry the queer agenda" (Lorch 1982c:6). In 1971, Foster put the Alice club to work for Democratic presidential candidate George McGovern. At the Democratic National Convention, Foster was invited to speak by the California McGovern Committee, and made the first major speech on gay rights in a national arena. It was the first time that gays could claim that a mainstream political party recognized homosexuals. (Fitzgerald 1986a: 55).

Much gay political activity in the 1970s and early 1980s has been directed toward perceived and actual assaults on their rights by right-wing Moral Majoritarians. The presence of a clear enemy generally has coalesced the diverse and often fractious gay community into a united front, which has tended to express itself in noisy street demonstrations. The rhetoric and style of AIDS politics in the 1980s was rooted in that of the 1960s and 1970s. And, as Gagnon observed, "The difficulty certain political leaders and segments of the gay community had in recognizing the dangers of the AIDS epidemic rested at least in part on the important role that sexual liberation had played in personal and political liberation" (Gagnon 1989: 53). One of my informants explained the resistance of gay men

to changing their sexual behavior in these terms:

"It was very confusing, because most people from the outside didn't realize it. I guess feminists would understand how hard our sexual liberation was psychologically and socially. That what people were calling promiscuity was [to most of us], 'Are you kidding? You don't know how hard I have fought to have sex with whom I please, guilt-free.' You know, it's like 'Get off my back!... No, I'm not going to throw my sexual liberation out the door...on the basis of some vague scientific theory [that promiscuity was a factor in AIDS transmission.]"

Two major confrontations between gay men and political conservatives occurred in the late 1970s, which set the tone for later demonstrations of outrage against those who used AIDS as a pretext for condemning homosexuality. In June 1977, in response to Anita Bryant's successful campaign to repeal a gay rights ordinance in Dade County, Florida, 3,000 gays gathered on Castro Street to protest. Gay Supervisor Harvey Milk, called in by police to help defuse a possible riot, led the protesters on a march through the city, ending up at Union Square, where he told the marchers that opposition to Anita Bryant would create a national gay force.

In 1978, California State Senator John Briggs gathered enough signatures in the state to put a proposition on the November ballot mandating dismissal of any school teachers who advocated or encouraged homosexuality; he put out pamphlets associating homosexuals with pornography and child molestation (themes frequently picked up by imagery in the mainstream tabloid press, which made their appearance later, when AIDS was covered, as well). Gays counterattacked. At the Gay

Freedom Day Parade, placards of Anita Bryant, Jerry Falwell and Briggs carried warnings that they wanted to put gays in concentration camps. Harvey Milk spoke at the parade and rally: "We are not going to sit back in silence as three hundred thousand of our gay brothers and sisters did in Nazi Germany. We are not going to allow our rights to be taken away and then march with bowed heads into the gas chambers" (Fitzgerald 1986a:64). This rhetoric invoking the Holocaust would resurface when the gay community felt itself in mortal danger again, in the 1980s, from AIDS.

Milk took the defeat of the Briggs Initiative as a personal triumph, but three weeks later, on November 27, 1978, he and Mayor George Moscone were assassinated by Supervisor Dan White. Forty thousand gay men carried candles in a memorial march to City Hall. This was the first of an annual ritual, the Candlelight March, that later served to mourn not only Milk, who has been called a gay martyr, but also those who have died of AIDS.

This commemoration has inspired another, collaborative art form, conceived by Cleve Jones at a Candlelight March on the night of November 27, 1985. The thousands of marchers, as always, carried the names of those they mourned on pieces of cardboard and paper. When they reached City Hall, they taped the names to the wall, unintentionally creating a patchwork. Jones thought of his childhood quilt, which his grandmother had recently given him, and realized that it was an image that

would communicate subconsciously to all who saw it that this was the legacy of a family, the individual pieces, the artifacts of lost lives, reworked into a new, unified whole. The Names quilt now has more than 20,000 panels, each unique, each made by hand, by individuals from all over the world to remember those who have died. It commemorates gay and straight men and women, youth and children, and has become a dominant symbol of a worldwide community of memory created by the epidemic. Yet, at the same time, the quilt remains very much a symbol of the gay community, connecting them to the past and future, and to one another, through the yearly Candlelight Marches and the multiplying names of the dead as the epidemic continues to take its toll.

The Search for Community and Identity in the Early 1980s

Discontent with the materialistic, fast-lane, endless party gay lifestyle began even before concern about AIDS became widespread among gay men in San Francisco and New York City. By the early 1980s, many gay men were feeling uncomfortable within the confines of the social and sexual roles (and stereotypes) that had been available to them in the 1960s and 1970s. They began to question some of the more extreme expressions of their sexuality, both the super-macho, sadomasochistic imagery of the leathermen and the exaggerated camp theatricality of the drag queen. Some felt oppressed by the conformity of the "clone" lifestyle, the materialism and narcissism of the "Me-generation," and the knee-jerk negative

reactions of many in the gay community to any criticism of their social institutions (bars, bathhouses) or sexual behavior. Many of those on the disco, drugs and sex merry-go-round were becoming jaded, bored, and physically debilitated. The babyboom generation was aging; for gay men in their thirties and forties, partying was becoming less appealing as a way to spend every night and weekend. Some began to question aspects of the gay lifestyle and the sources of their own identity and community.

Numerous letters to the editor about the nature of gay identity and community, and the self-image and social image of gay men appeared in the gay press in the early 1980s. The B.A.R.'s "Open Forum", which featured editorials and letters to the editor, was one medium in which San Francisco's gay men could articulate their discontents and appeal to others to help them redefine themselves as gay and as a community. Letter writers complained that cruising and one-night stands were emotionally and spiritually unsatisfactory; that many were lonely and seeking a relationship or a sense of community with other gay men rather than simply a sexual outlet. One letter to the B.A.R. in July 1981 addressed the pressures of conformity to prevailing norms of gay life:

"I am told that being gay I need not conform to 'straight society.' When I came out, I had no concept of the trappings of gay life: no levis, plaid shirts, leather, etc. Gay people were just like straight people, except they loved people of the same sex. Going to bars and such were new to me. What was most startling was that few people spoke to me. It wasn't until one man dresses me in

leather that others began to feel comfortable with me. Now, I am attacked for 'butch conformity' and am informed I must find my true self... I am being over-run with dogmatism. Must politics become so important to us that they make our private lives public?" (Maxwell 1981).

Yet politics and private life were intimately linked in the consciousness of most gay liberationists, and in the way they defined themselves and their place in the world. In fact, for many gay men, self-definition was the essence of gay liberation.

Michael Denny, in a letter to the editor in the same issue, suggested several propositions about being gay that linked gay politics "to our primary experience of ourselves and the world." "Being gay," he wrote, "is a more elemental aspect of who I am than my profession, my class, or my race"⁷ (Denny 1981:12).

Denny acknowledged that being gay was not his sole claim to identity, "but it is of enormous significance to how I find and feel myself in the world." He pointed out that homosexuality and gay are not the same thing: "Gay is when you decide to make an issue of it." He also proposed that gays, insofar as they are gay, are ipso facto different from straights, contrary to the liberal view which asserts that gays are essentially the same as everybody else. Denny found the latter view to be "absurd" and an example of repressive

⁷ However, Randy Shilts, for example, has often said he identifies himself more as a journalist than in terms of his gay identity.

intolerance, because by denying the difference between gays and straights, "at bottom, it denies that they exist as gays....if we are not different, why all this fuss in the first place?" His third proposition was that the central issue of gay politics is sexuality. "It is sexuality that makes us homosexuals; it is the affirmation of ourselves as homosexuals that makes us gay" (Denneny 1981:12).

Not all readers accepted Denneny's distinctions. One objected that the only difference between the concepts of homosexual and gay was that those who would refer to themselves as homosexuals allowed others to define them. For this writer, control over the terms and names, self-definition, was the key issue (Morris 1982).

This theme appears in much gay writing addressing the history of homosexuality, and how it differs from gay identity. The idea that the homosexual was a distinct type of person, defined primarily through particular sexual acts, emerged in the 19th century, in the context of many overlapping taxonomies organizing sickness, hygiene, contamination, and human physical and moral evolution and devolution, in order to explain conditions related to industrialization, urbanization, widespread migration of ethnically and culturally diverse peoples, and rapid social change (Watney 1987:49). Homosexuality was perceived to be the "most concrete evidence of the results of indecency, depravity, and uncleanness. The category of 'the homosexual'

personified such concerns, revealing an unhealthy sexual appetite in an unhealthy body, doubly threatening because not so readily identifiable as the other agents of filth and degradation - prostitutes, the poor, the mad, blacks, the physical and moral delinquents of every slum in Europe and America." (Watney 1987:49).

The remedies for homosexuality were similar to those used on all the other social outcasts, and involved both the medical and legal systems. Homosexuality historically has been regarded as a sin, a criminal vice, and an illness. The association between sickness and homosexuality was not abandoned until 1973, when the American Psychiatric Association removed it from its categories of mental illness. However, the society at large had not yet rejected the notion that homosexuality was an inherited weakness, an illness, or a sin, which are some of the essential characteristics that the far right continues to attribute to homosexuality. Gay men, however, were struggling to free themselves psychologically, socially, and legally from this view and to redefine themselves in new terms. According to Watney (1987:18):

"Gay culture in the 1970s offered the grounds for the emergence of a social identity defined not by notions of sexual 'essence' but in oppositional relation to the institutions and discourses of medicine, the law, education, housing and welfare policy, and so on....It has also enabled...the development of a wide variety of cultural forms and social formations, in relation to which at least two generations of young people whose sexuality is predominantly homosexual have 'come out' into a

previously unimaginable social identity. It is this new and fragile (if confident) gay identity which is now particularly at risk, not from AIDS as such, but from the crisis of representation surrounding it. This new gay identity was constructed through multiple encounters, shifts of sexual identification, acting out, cultural reinforcements, and a plurality of opportunity (at least in large urban areas) for desublimating the inherited sexual guilt of a grotesquely homophobic society."

Yet many gay men still felt that homosexuality was not a matter of choice, it was something "essential" rather than an optional lifestyle. By the 1980s, the belief that being gay was a social identity essentially different from that of straight people, rooted in fundamental and possibly biological differences rather than simply constituting a choice of group affiliation and a lifestyle option, began to be expressed. Thus, in claiming that their homosexuality should not be a basis for denying them jobs, housing, military service, insurance, medical care, and other benefits, gays have sought protection under state and federal laws which protect people from discrimination on the basis of other "essential" differences, such as race, gender, or national origin.

However, some gay writers see a danger in a notion of gay identity based on essential differences between homosexuals and heterosexuals, rather than on historically and socially determined differences in values and culture (e.g., Watney 1987: 21). Jeffrey Weeks, for example, rejects the idea of a natural, unitary essence of homosexual desire: "The forces that stage and mold the erotic possibilities of the body vary from society to society." (Weeks, 1986:73). Watney (1987:56)

cautions that "isolationist fantasies about the possibility of our own complete autonomy...merely echo, in reverse, the dominant wishes of a vicious, ignorant, and hypocritical concupiscent social order." A letter to the New York Native addressed the ways in which concerns about identity influenced some men's attitudes during this period:

"It is our sexuality that merits the term 'homosexual' and an attitude toward it that merits the term 'gay.' Our sex lives lie at the core of our gayness and the integrity of the entire gay community can be undermined by threats to the shared sexuality upon which it rests."
(Michael:1985:5).

This writer said that the realization of this linkage between sex and politics fueled both efforts to overturn sodomy statutes and to formulate safer sex guidelines; but he believed the latter, as an "evisceration of sex...smacks of appeasement."

A B.A.R. reader saw a new form of repression emerging in the distinction being drawn between "homosexual" and "gay" identities.

"The word 'homosexual' defines a sexual preference. The word 'gay' defines a set of social, economic, and political standards that have nothing to do with sexual preference. A homosexual man who does not live up to these standards cannot be a part of gay culture. Gone are the days when homosexual men would embrace each other simply because they were homosexual" (Speck 1981).

He further objected that the standards of gay culture were not set democratically, by the mass of homosexual men, but by those who gained financially from promulgating a certain lifestyle, namely, the gay bar owners, and all those

who profited from the social life associated with cruising in bars. He included among these "clothes merchants, muscle merchants, media merchants, accessory merchants," and the pornography industry. Gay men were pressured to attain a certain level of purchasing power to become successful participants in the gay lifestyle, he alleged.

"Attaining this purchasing power links the homosexual man, through gay culture, with the American economic system. Gay culture does not allow any serious criticism of this system in its media or its conversations. It is forgotten that the Mattachine Society, which was the vanguard of the gay movement, was founded by a communist. I often wonder how tolerant the American system would be of gay culture if it was not so economically profitable...." (Speck 1981).

A gay man writing to the New York Native in 1985 recalled that the gay world he entered five years earlier was not yet a community:

"If you didn't sleep around it meant you probably had something wrong with you....And, like most of my peers, I knew I had to experience everything at least once. It was my duty as a liberated, enlightened New York homosexual....But in my attempt to be different, I see now that I was just conforming to the ideal of being gay, wanting to be accepted. I saw no community then. Just separate evenings with no-name people....This is what I had been taught was...the lifestyle of the urban gay male. Not only the straight media taught me this, but - and actually more convincingly - the gay media: the personals, the ads, the porn movies, the bars, the baths, the gyms, the talk - all designed for that one perfect fuck, the white knight on his shining steed." (Ward 1985:34)

A writer to the B.A.R. thought

"... we as a community have become so occupied with finding the perfect mate that we've sidetracked from our original purpose of banding together to form a supportive community....How many times does

it need to be said? We are selling out for the love of money. We no longer think of brotherhood. We only think of how his (Mr. X) insecurities can be capitalized on. I'm ashamed of the lifestyle the gay community as a whole projects to the world" (Basch 1981).

By the mid-1980s, however, as part of the process of coming to terms with AIDS, the heavy investment of gay identity in the sexual marathon that characterized gay life in the 1970s and early 1980s changed dramatically for the majority of gay men in San Francisco and New York City. As they learned more about AIDS and became enmeshed in the political and sociocultural debates the disease provoked, and began to work out the multiple problems that AIDS posed for them individually and collectively, gay men became empowered with a new sense of community and identity.

Feelings of solidarity among gay men against a common enemy were reawakened and refocused as they faced the threats of a fatal disease as well as the fears and discrimination of the wider society. An emerging sense of nationhood among gay people was rooted in part in their experience of AIDS as a form of "genocide," another Holocaust rooted in the indifference of major social institutions to the wellbeing and survival of a despised minority. It also resulted from communal responses to grief and loss, as young men saw hundreds of their friends and acquaintances sicken and die. In addition, it arose from the involvement of gay men and lesbians in fundraising; creating and staffing community-based institutions to provide needed education and services not

being provided by government agencies; from individually volunteering to care for the sick; from revitalizing grassroots political action to demand government accountability in dealing with a major health threat; and from their successes in creating alliances with health care professionals and others in order to form a political constituency that could secure resources for AIDS research, treatment, and prevention. In addition, it arose out of their strong sense that their needs would not be met by others and that they had to take care of themselves and out of their growing recognition of risk, which in turn fed a developing sense of interpersonal obligation and interdependency.

In any case, gay political rhetoric and the voices of reporters, editors, and readers of the gay press appealed to gay men to identify themselves as a "people," a minority similar to other ethnic and cultural minorities, to unify in order to combat the devastation of AIDS. For some gay men, the concept of shared ethnicity has led to the conclusion that a separate, self-sufficient society was the only environment in which they might be safe and thrive (Watney 1987:24-5). For others, the idea of being a minority group led to feelings of common cause with other groups founded on racial and ethnic identities, and suggested the desirability of building coalitions with them in order to achieve common goals. For still others, the sense of being marginal to mainstream values rather than sexual orientation per se is forming a new social

and political identity, that of the "queer nation."

Payne and Risch (1984:23) suggested that the urban gay communities in which AIDS was first recognized were "pre-adapted" to deal with the disease, because of the level of education, political awareness, income, multiplicity of organizations, and avenues of communication, including a vital community press, of gay men and lesbians, which enabled them to respond forcefully and quickly. Even so, there were many obstacles which slowed the response to the threat of AIDS among gay men and in the larger society (Shilts 1987a). In the following chapters, some of these factors will be explored, primarily as they were addressed by the gay press.

CHAPTER 4

IDENTITY AND COMMUNITY IN THE GAY PRESS

The Gay Press: Some History and General Observations

Gay analysts of American gay cultural and political history have emphasized the influence of the mass media on their sense of collective and personal identity. Altman (1982:136) observed that "it is one of the ironies of our time that oppressed minorities must rely on the mass media to mobilize their own supporters, despite the creation of alternative communications networks."

Altman and others have drawn attention to the complex interrelationship between the growth of the gay press, the gay political movement, gay culture, and the emergence of the notion of a "gay people" (see: Altman 1982:155; Jay 1979). "With neither common territory nor language, the most basic characteristics of nationality, to bind us together the role of culture becomes particularly important." (Jay 1979:50).

As even a cursory glance at the gay press and other gay writings reveal, gay people are preoccupied with working out questions of identity and how to live happily in a society which systematically discredits homosexuality. Since the gay liberation movement of the 1970s, gay culture has moved away from codification and concealment, which were the hallmarks of "camp" and "drag," to a confrontational, aggressive stance

that demands equal rights for gay people on their own terms and affirms gay identity, relationships, and sexual expressions as legitimate alternatives to mainstream sociocultural values and institutions, which support heterosexuality. This has led them to demand greater and more sensitive coverage of their issues in the mainstream media.

One of the most effective ways in which mainstream society has excluded gays (and until the 1960s, African-Americans and women) and other minorities from full participation in political and cultural discourse is by ignoring them, what Christopher Isherwood called "annihilation by blandness" (Altman 1982:136). Thus, a major focus of gay political action in the 1970s and 1980s was to obtain greater mass media attention to their issues and to reframe the ways in which the media tended to portray homosexuals when they did report about them (see: Pierce 1973). This became a particularly urgent problem with respect to obtaining news coverage of AIDS-related issues, insofar as the media was not inclined to cover the story so long as they perceived it to be marginal to the interests and concerns of mainstream society (Shilts 1987a; Patton 1985; Watney 1987). Attention to gay issues in the mainstream media, as Altman and others have pointed out, gives homosexuals a means of identifying and affirming themselves as recognized members of American social and political life. This may be particularly important for homosexuals living outside the gay enclaves in large U.S.

cities, because they may have less access to gay newspapers or other gay institutions (Altman 1982:154)

Media watchers and critics have been a regular feature of many gay newspapers, including the Bay Area Reporter and the New York Native. These critics pay particular attention to negative stereotyping of gays in the mass media, and the potential impact of those stereotypes on reinforcing social stigma, or inciting various forms of discrimination or violence against gays. San Francisco's Community United Against Violence (CUAV), which monitors assaults against gays, has often reported increased attacks against gay people following negative or sensationalistic media portrayals of homosexuals.

In the early 1980s, gay media criticism often reflected the tension and self-consciousness within gay society and culture about their collective public image, which reflected deeper divisions among gay men about the extent to which gays should try to be accepted within mainstream society "just like everybody else," or should emphasize the sexual and sociocultural bases of their distinctiveness. In 1981, Konstantin Berlandt, the self-professed "media queen" in the B.A.R., panned a three-part series on gay life that had appeared in a weekly San Francisco newspaper for detailing what went on between gay men in sex clubs and public parks.

"It's not hard to imagine a Middle American housewife in the Sunset, crunching her burnt toast into crumbs over the newspaper as she [reads]...down the front page in disgusted

amazement. She may not immediately turn to writing her Representative to do something, but wait till the Moral Majority sends her a questionnaire!" (Berlandt 1981)

Letters to the editor mainly supported Berlandt's view, although some acknowledged that the portrait painted had been accurate. However, another writer commented,

"...when the only articles about Gays that ever appear in a publication are all about fucking in Buena Vista Park, the 'T-room trade, customary use of public toilets for homosexual encounters,' glory holes... etc. and portray Gays in a demeaning way, one begins to wonder what the intent of the editors might be" (Wickliffe 1981).

This became a point of concern for many gay men when "lifestyle factors" related to transmission of the AIDS virus were reported in the mainstream press. On the one hand, mainstream reporters were criticized for obfuscating the routes of transmission by not being explicit; on the other, they were criticized for giving gay men a bad image by detailing exactly what sexual practices were the most risky, even if the more exotic practices (such as fisting or "water sports") were participated in by only a small percentage of gay men.

One paradox of gay liberation in the 1970s and early 1980s was that although the movement sought to assure freedom to choose whatever sexual practices might be pleasurable, and continually affirmed sexuality as a foundation of gay identity, in general the sexual practices of gay men remained a private matter, which was only rarely addressed in their own press. Some of my gay informants drew a distinction between

the exercise and expression of gay identity and that of practicing homosexuality, in terms of a distinction between a public vs. a private arena of action and self-identification (see Patton 1985).

Gay people frequently have objected that they were presented in the mainstream media as little more than sexual beings (and deviant, at that), and their positive contributions to the financial, cultural, political, and professional life of the city tended to be ignored (Levy 1981). The antidote to negative press coverage about gays appeared to be more active involvement in the news-making and news-production process, by having gay reporters working on mainstream newspapers, by educating editors and reporters about the problems of stereotyping and exclusion, by pointing out the relevance of gay issues for mainstream American life, and the importance of respecting gay self-definitions, including use of the term "gay."¹ As San Francisco gay Supervisor Harry Britt observed in 1981:

"Part of the process of our emergence as real human beings in the press is their awareness of our numbers and of our economic power. Part of it is the result of years of interaction between working members of the press and active Gay people in

¹ In 1984, the National Gay and Lesbian Task Force contacted thousands of print and broadcast reporters in an effort to establish itself as a resource for the mainstream media, both as a voice for gay and lesbian viewpoints and a clearinghouse and referral agency for reporters seeking information about their issues. By 1986, NGLTF had become the organization most called on by reporters with respect to gay and lesbian issues and concerns.

politics and other fields. Another great help to fairness in the media's treatment of us is the presence of Gay people in the straight media" (Britt 1981:12).

Gay newspapers have been an important means of facilitating communication among gay people, those sharing a local community as well as those in more remote locations. By printing a range of opinions among gay people about issues which concern them, they provide a portable community forum for readers, and an opportunity to obtain information useful for decisionmaking, particularly with regard to political issues. Gay newspapers also offer readers written and visual representations of themselves as gay-identified sexual and social beings; promote gay business, social, and cultural institutions; reinforce the ideology of gay liberation; encourage support for gay political agendas; and foster a sense of community and common ethnicity. ²

Until the 1980s, most reporters for the gay press were unpaid free-lancers, who wrote more from dedication and the desire for a by-line than for financial gain. Over the years, the journalistic standards and production values of gay newspapers have become more professional, but these papers

² Outside the United States, in countries in which homosexuals may have made less of a separate society, gay publications may be a major vehicle for communication among gay men, and for creating common cause to advance their political and social movements. Some of these publications include Fiori (Italy), Lampiao (Brazil), and Le Gai Pied (France). The Canadian newspaper, Body Politic, founded in 1971, has many American readers, and its writers have influenced the views of gay reporters and editors in the United States.

rarely aspire to objectivity and balance in reporting. Rather, as one gay reporter explained, they see themselves as espousing a minority, ethnic viewpoint which is not meant to be fair, but to support the worldview they assume that the reader shares with them. In this way, the gay press tends to reinforce the prevailing topical and enduring values of gay culture, but without relying as heavily on the filters of bias (such as the standards of objectivity and balance) employed by mainstream journalists and news traditions. A reporter for a gay newspaper told me:

"I don't think fairness in an ethnic newspaper is justified when you're dealing with the enemy. When the enemy is known and your newspaper and the tone of the newspaper and the reason people are reading your newspaper is because you have a special viewpoint that supports the person reading it in that viewpoint."

Like the mainstream press, the gay press also serves as a border sentinel for its readers, alerting them to threats from "enemies" of various sorts, which menace the interests and wellbeing of gay people and their sociocultural institutions. The gay reporter explained the difference in treatment a Moral Majoritarian might receive in a mainstream as opposed to a gay newspaper:

"...if I wrote an article on Jerry Falwell [for a mainstream newspaper], I would probably give Jerry Falwell a fairer shake than I would in a gay liberation newspaper, where I mention [him] briefly and immediately almost everybody who reads that newspaper is mindset into who I'm talking about, what I'm talking about, who he is and what his philosophy is and immediately would be hostile to him....Then, I can go on and continue about other things, our view of what we're doing about him, and

so forth, but I don't give him a full shake...."

Thus, the gay press treats certain subjects and individuals as symbols used to orient the reader in an ideological terrain, to stimulate certain emotional responses, and to arouse feelings of group identity and solidarity either for or against the positions they represent or the implications of those positions. Although the mainstream press also tends to treat certain individuals or groups (including homosexuals) as symbols and arouses public emotion and action by the ways in which they are manipulated or represented, the values of objectivity and balance tend to prevent the outright advocacy found in both reporting and editorials in special interest newspapers.

Gay newspapers have been published in the United States at least since the 1940s, and possibly earlier (Jim Kepner, Curator, International Gay and Lesbian Archives, personal communication, Fall, 1988). Most of these have been for and by gay men; however, some of the earliest newspapers were produced by lesbians (Altman 1982:164). Two of the best known gay publications started in the 1950s were The Mattachine Review, published by the homophile Mattachine Society, which was one of the first organizations to conceive of gay people as parallel to an ethnic minority, and One magazine, which was published continuously until 1972. In the 1960s and 1970s, gay publications blossomed as a focus for articulating the views of gay liberationists and disseminating the news of an

emerging gay subculture. Many, like the Bay Area Reporter, were originally "bar rags," with a limited and sometimes secret circulation, which focused on the bar life that were the hub of the gay social world well into the 1980s.

The Advocate, founded in 1967 as a liberation movement newspaper, is today a slick magazine which targets the "guppie" (gay upwardly mobile professional) reader. It is the best known gay publication among mainstream readers, and often serves as a source of information to mainstream press reporters. Its circulation was estimated at 75,000-90,000 nationwide in the 1980s. The Advocate and Boston's Gay Community News are among the main sources of national news for gay readers, including other gay publications, in the United States (Altman 1982:164). Since 1976, Christopher Street has become the most important American gay literary magazine, and the main arbiter and disseminator of gay "high culture" and cultural criticism.³

A recent critical overview of current gay newspapers categorized them as 1) "flagship weeklies," characterized by "the regular presence of timely, original and reasonably professional writing by a diversified and (at least somewhat) stable staff;" 2) "progressive-collective" newspapers, usually

³ The success of the New York Native, which was started in 1981 to support the financially ailing Christopher Street enabled the publisher to launch two new publications in 1987: Theater Week, a magazine for a general, not necessarily gay, readership, and N, a compendium of the best articles from the Native.

monthlies, "often initiated as an alternative to local, established conservative gay weeklies," which tend to espouse inclusivity and community involvement; 3) "bar rags," slick, small tabloids, which offer comprehensive and current information about the local bar or club scene, as well as sex-oriented advertising; 4) "one-person Pravdas," in which "every word printed must promote the publisher's (typically) delusionary and/or exploitive worldview;" and 5) The Advocate, in a class by itself because it is "just about the only queer publication that the mainstream recognizes." (Botkin, 1992:21).⁴

Today, there are approximately 160 gay weeklies, biweeklies, monthlies and quarterlies in the United States, most devoted to local events and news, many distributed free and some sold by subscription and at newsstands. Some of the more recent publications seek to reach a cross-section of gay readers, including lesbians, and even some of the longstanding gay male newspapers now include women on their staffs. In addition, newspapers by and for lesbians have a strong market. Some newer gay magazines, which have toned down the

⁴ Among the flagship weeklies, the author listed the B.A.R. (San Francisco), the Windy City Times (Chicago), the Gay News (Philadelphia) and the Blade (Washington, DC). Among the "progressive weeklies" (or biweeklies) are Equal Time (Minneapolis), Bay Times (San Francisco), and Gay Community News (Boston), which also qualifies as a flagship weekly. Many of these evolved from "bar rags." Examples of "One-person Pravdas" include Gaze (Minneapolis), the New York Native (New York City), and the Sentinel (San Francisco). (Botkin 1992:21).

confrontational attitudes and raunchy imagery of the older gay publications in order to draw national advertisers, also seek a wider readership, including heterosexuals. The perception that the gay press is now "claiming a place in the mainstream" probably got them their front-page coverage in a recent issue of the New York Times (Carmody 1992:A1,C9).

Because market surveys showed that gay men and lesbians tend to be much better educated and earn much higher incomes than the national average, national advertisers began to show interest in the gay market in the early 1980s. However, AIDS temporarily discouraged them from seeking this market through ads in the gay press, because they feared that the stigma of both the disease and homosexuality would cause them to lose heterosexual customers. By 1990, however, a firm representing 175 gay and lesbian publications, adult magazines, and local newspapers was placing \$1 million worth of ads in the gay press, and more than \$2 million in 1991 (Carmody 1992:C9).

The commercial interests of gay businesses and other advertisers in the gay press is reflected in the selection of images they present to readers with regard to gay identity (e.g., as masculine "clones" or feminine "queens") as well as the "gay community". For example, the B.A.R. and the New York Native have tended to represent the behaviors and values of young, primarily white, middle-class or working-class males, mostly well-educated, with sufficient income to afford regular attendance at bars, discos, bathhouses, restaurants, and

theaters.

The gay press has changed and extended its representations of gay identity and "community" as the interests of its readers have changed, as gay institutions have multiplied in multiple locations, and as the range of issues they confront, such as those arising from AIDS, has involved gay people in new arenas, at national and international levels. Local newspapers, such as the "flagship weeklies," still place primary emphasis on the local scene, but these may now include coverage of a region rather than simply a city (e.g., the B.A.R. now covers San Francisco, the East Bay, and the South Bay, as well as more distant parts of northern California), and most local papers have columns on national and international news.

Gay newspapers and magazines also reflect the growing realization that the "gay community," however circumscribed, cannot stand apart from other minority groups nor from society as a whole, because the concerns of any segment of society ultimately impinge on or are affected by other segments and by their various visions of the whole. AIDS and its social and political ramifications, in particular its impact on the U.S. health care system, helped to expand the focus of gay political interests to wider, systemic issues in U.S. society, as well as helping to extend the boundaries of gay community and collective identity to embrace gay people of both genders and all ethnicities, in this country and abroad. At its outer

boundary, this sense of community sometimes is extended to other minority groups, at least for purposes of political action (see Bush 1983).

The following sections describe the two gay newspapers from which I gathered the stories which are the raw data of this dissertation, in order to provide some perspective on the ways in which they selected, framed, and disseminated news about AIDS in the context of broader concerns with gay liberation and gay identity.

The Bay Area Reporter

The Bay Area Reporter (B.A.R.) was started in 1970 by Bob Ross, a chef and restaurateur, and Paul Bentley, a bar owner. After some differences with his partner during the first two years of operation, Ross bought out Bentley, and financed the paper largely by himself until 1981. Although at first, the B.A.R. was similar in format to an advertiser (its front page was an ad), it was not until 1981, when Ross began to run the B.A.R. more as a business than a hobby, that revenues from advertisements increased enough to support the newspaper.

The biweekly tabloid was intended to provide news by, of and for the rapidly developing gay male community in San Francisco. Ross, a longtime member of the Tavern Guild, a charitable association of San Francisco bartenders and restaurateurs, at first found news in bars, bartenders, bar contests and drag entertainment, which were very popular in the late 1960s and early 1970s. The acronym B.A.R. was not

accidental: the paper was at first distributed in gay bars. As its first editor Paul Lorch remembered, when the B.A.R. was started, most homosexuals were closeted, patrons of gay bars gave false names and dared not reveal where they were employed, and police raids on gay bars were still common. "It was a furtive time, but a time when one by one strong men, or stalwart men or (as seen by most) reckless men were popping their heads out of that subterranean world and into the firing line....A Gay bar was as fragile and as sinister as a venus fly trap, and the word 'Gay' was an underground adjective applied only for its irony - the vast discrepancy between reality and expectation" (Lorch 1982g). The B.A.R. itself was "a clandestine broadside as subversive and incriminating as any Tom Paine Federalist paper of 1770. All the writers used pseudonyms and the paper was hidden under the bar, and readers spirited it away and never let it lie about. At its best, it was low camp" (Ibid.)

In the 1970s, as the gay population expanded in San Francisco, gay institutions and sociocultural and political activities proliferated. The B.A.R.'s news coverage expanded to reflect many of the growing community's changing concerns and interests. These included, in particular, news concerning gay civil rights, incidents of discrimination or violence against homosexuals, and the community's political interactions with the wider society at local and later, state and national levels. A longtime activist and reporter for

several gay newspapers in San Francisco credits the B.A.R. with giving the city's gay men a sense of their emerging community.

"The gay community does not appreciate that there was no community until there was the Bay Area Reporter. We didn't know there was a gay community. There was an organization here, there was a dance there, there was a contest, there were all kinds of things going on, but we had no way of knowing it. We had no calendar of events so we couldn't track things down. Until Bob Ross, this young guy out of the Navy, came to San Francisco, decided he wanted to stay here and started up the newspaper, there wasn't any communication...it was signs being put up in a bar saying there was gonna be a barbecue at another bar! And then the baths. The baths were another form of communication, although primarily sexual. Other than the bars and the baths there was not much going on."

In September, 1981, the first of several bankruptcies of The Sentinel, a competing gay newspaper in San Francisco, encouraged Ross to make the B.A.R. a weekly newspaper and to expand its advertising base. Advertisements, including classified ads, soon wholly supported the production and distribution of the paper. The paper is free to readers, except for those who choose to subscribe and get their copy delivered by first class mail.⁵ Most San Franciscans pick up their free copy of the B.A.R. at street boxes, in bars, liquor stores, or other venues around the city.

The B.A.R. began weekly publication on October 22, 1981. Although not the nation's first weekly gay publication, by

⁵ In 1982, the subscription price for 26 issues was \$30.; for 52 issues, \$55.00.

1980, the B.A.R. was estimated to have the largest circulation of any gay weekly in the country, a position held to this day.

As a biweekly, in 1976 the B.A.R. had a press run of 8,000 copies. By April 1982, one and one-half years after it went weekly, 25,000 copies were printed each week. By the late 1980s, this had increased to 35,000 copies. For many years, the B.A.R. did not audit its circulation. Readership was estimated using the assumption that 2-3 people read every newspaper; thus, with a print run of 25,000, the B.A.R. claimed in the early 1980s that 70,000 people read the paper each week. (This was equivalent to the entire estimated male homosexual population in the city at that time). In 1984, the estimate expanded to 90,000 gay readers.

The B.A.R. only recently began to pay for circulation audits and market research, as it has increased its subscriptions in other cities and began to bid for national advertisers. Based on paid audits, in 1990 the B.A.R. claimed a weekly readership of 112,350 in 35 cities nationwide and several foreign countries. By comparison, the gay magazine The Advocate, its largest competitor, has a national readership of 75,000.

The B.A.R. has grown in page size over the years, with space divided roughly 50-50 between copy (news and entertainment features) and advertising. From October 1981 through 1985, the average number of pages per issue ranged from 32-36/week to 40-44/week, although one or two individual

issues reached more than 50 pages. The content and layout of the tabloid has changed several times over the years. Like most newspapers, B.A.R. places the "hard news" and news features in the front part of the paper; arts news and news of gay social and sporting events appear in the second section. Page one, even with two or three "hard" news stories, often displays spicy photos of semi-nude or otherwise alluring men, or sometimes drag queens, to attract readers. Columns about drag queens, beauty contests, the leather scene, and pornography have been placed in various locations in the paper, as reader interest in these facets of gay social and sexual life has waxed and waned over the years. By 1986, most of these topics were placed in a second section of the paper, devoted to entertainment. In 1983, a weekly calendar was placed in the center of the paper, dividing the news from entertainment. As readership expanded into the greater Bay area, a column, then a full page news section, was added to cover gay events in the region.

Unlike many small publications, the B.A.R. policy has been to add pages to the total publication as advertising increased, rather than crowding more ads into news space on the existing pages. Larger business ads appear in the front section of the paper, usually placed beneath or as borders to news stories. The classified ads are in the back of the second section of the paper, part of the "B.A.R. Bazaar." In the early 1980s, each issue of the B.A.R. included 4 or 5 pages of

classified ads; by 1990, classifieds filled 7-9 pages and contributed on average 20% of the paper's revenues and probably a larger share of its notoriety.

Graphic invitations to purchase sexual services of various types (escorts, massage, etc.), and personal ads specifying sexual tastes and practices were at first presented in the same pages as classified ads for other types of businesses and services. When sex ads and personals were separated from the general business classified ads in the late 1980s, the revenues from each increased. Although a good source of income, the sex ads have stimulated many complaints from readers, disappointed consumers, and other advertisers over the years. Many of the ads for "escorts," or "massage" were actually for prostitution. Some B.A.R. staffers have claimed that after gay men became alerted to the dangers of unprotected sex in transmitting the AIDS virus, little "hardcore" sex was performed by those advertising it, "no matter what they're saying in the ad." However, other former staff members disagreed. Although bathhouses, bars and adult bookstores advertised in the B.A.R., according to the publisher, they were not a major source of revenue for the paper.

Until 1976, all of the writers for the B.A.R. were unpaid volunteers and until the mid-1980s, all were amateur journalists. Paul Lorch, then a college teacher of Humanities in Sacramento, began as an unpaid writer for the B.A.R. in

1973, and worked for six months without pay when he became fulltime editor in October, 1976. In 1976, when George Mendenhall was offered \$50. per issue to write all the news stories in the B.A.R., he became the first reporter to be paid by a gay newspaper in San Francisco. Like many of those reporting for the B.A.R. in its early years, he supported himself through another full time job; by working on his lunch hour and weekends, he managed to turn out 4 or 5 news stories per issue. By 1980, other B.A.R. reporters began to be paid as well, usually \$15-25 per article.

Paul Lorch sought to make the B.A.R. into an entertaining and literate advocacy newspaper, which would fight for gay liberation and explore all facets of gay culture. He wanted the paper to reinforce gay men's sense of self worth and help them build a community. As publisher, Bob Ross has handled the business side of the B.A.R., leaving the editing and news content largely in the hands of his editors. Lorch enjoyed considerable freedom to edit the paper without much interference: "I have never been told what to write; I have never been told what not to write. Much the same has been the case of those who have written for the paper for twelve years. We have allowed people to say things and have repeatedly gone to and will continue to go to the wall defending their right to say it" (Lorch 1982g).

Although he sometimes wrote editorials, Ross rarely got involved in editorial decisions or news selection or

production. However, he sometimes would vociferously criticize an issue after it was published. Over the years, Ross has heard both praise and blame about the B.A.R.'s coverage of political and other issues, notably AIDS. In an editorial in Oct. 1982, he explained how he approached his job:

"Being a publisher of a Gay publication is an interesting if somewhat dubious position, oftentimes being praised when editorial statements or content suit those to whom they apply or ... being vilified because they don't. As in any advocacy press, we are constantly 'damned if we do and damned if we don't' depending on which side of the fence we're on.... We have had more people trying to manipulate this paper and its policies during the last two months than since its inception more than 12 years ago. To set the record straight, once and for all, Paul Lorch is the managing editor of this publication, and as such the editorial content is his milieu. His column or editorial 'Viewpoint' is just that, his opinion on myriad subjects of concern to this community. Running a business as large as this requires definite divisions of authority.... While Mr. Lorch and I disagree over many issues, we are both too adult to take each other to task publicly and wish that others would grow up as well" (Ross 1982).

In 1982, as the B.A.R. entered its 13th year, Paul Lorch wrote an editorial about the paper's history, in which he noted that Ross had "rubbed more noses on the sandpaper of life than I would dare to count." Lorch claimed this was because of Ross's uncompromising nature:

"In confrontation, he hit first and let someone else pick up the pieces. He was nobody's toady and he never abandoned his friends nor forgot that the first freedom fighters were the drags and the Emperor/Empress sissies. He came up out of the Tenderloin, North Beach, and South of Market - he would never forget it, nor would he ever be let to forget it."

Ross's loyalties were reflected in B.A.R. coverage of the San Francisco gay community. Although in the 1980s the B.A.R. tended to focus in its advertising and articles on issues and events of interest to young "Castro clones" and some of the tonier "A-list" gays, it did not neglect other, older segments of gay society, such as the drag scene and Imperial Court, covered in a column by "Sweet Lips," or the leather bar scene South of Market, covered by Mr. Marcus, a fellow member of the Tavern Guild.⁶ A tireless fundraiser for gay causes, with connections in virtually every segment of San Francisco gay society, Ross was in a position to pack "considerable grass-roots wallop" in the city's politics (Shilts 1987b). He was one of three people named in assassinated gay Supervisor Harvey Milk's will as a possible successor on the Board of

⁶ Some of the "fixtures" at the paper during its first 15 years were Mendenhall; Mr. Marcus, who has written a column on gay bar life since the B.A.R. began, primarily about the leather scene South of Market; Sweet Lips, who wrote about the Imperial Court and the city's drag scene; Allen White, who produced news and features about the "tonier" gay social and fundraising scene, among other things; Mike Hippler, a columnist who focused on the everyday experience of young gays in a lively, ingenuous manner; and Wayne Friday, an influential political columnist. Friday has been called one of San Francisco's most powerful gay men, the gay community's unofficial "fixer" with the political powers-that-be (Shilts 1987b). Friday started building his political clout when he befriended Harvey Milk in the mid-1970s, introducing him at drag queen balls, and later promoting Milk's candidacy for Supervisor in his B.A.R. column. As Milk's stature grew, he introduced Friday to some of the city's most powerful people and Friday's column began to have "the best political gossip in town." (Shilts 1987b). His columns became must reading at City Hall, and his endorsement was valued in any local political campaign.

Supervisors. Lorch praised him as someone who had "never been a silent partner in the movement" (Lorch 1982g).

By April 1982, the B.A.R. employed 9 management and production staffers and 54 freelance writers. A year later, 77 paid writers, photographers and technicians worked for the paper. Entertainment editor John Karr managed more than 30 contributing writers and photographers to cover that department. Lorch received contributions from 40 news writers and photographers. In 1984, Brian Jones was hired as Assignments Editor for the front section. Later that year, after Lorch was fired,⁷ Jones took over as News Editor.⁸ In 1985, Ray O'Loughlin was hired as Associate Editor, to coordinate the Open Forum section, which included editorials and letters to the editor. In mid-September 1985, O'Loughlin replaced Brian Jones as News Editor and held the job until

⁷ In 1984, Ross became increasingly disenchanted with Lorch and his handling of information about the AIDS crisis. As a member of the board of the KS Foundation, and active in many social circles in the city, he heard and was increasingly sensitive to widespread complaints about the B.A.R.'s coverage of AIDS. Fed up with the acrimony stimulated by Lorch's editorials and with his personal relationship with Lorch deteriorating, in May 1984, Ross sent a letter to Lorch, firing him while he was on vacation.

⁸ As editor, Brian Jones, an experienced writer, continued Lorch's tradition of iconoclasm and support for gay civil liberties and personal choice-making, but he also provided readers with specific information about ways to prevent AIDS, such as safer sex techniques. He was also more self-revealing in his discussions of the impact of AIDS on his own sexuality and other aspects of gay life. He was editor from June 1984 through mid-September 1985, and then continued for a time as a contributing editor.

April 1987.⁹

Like much of the gay press, the B.A.R. was (and is) unashamedly biased in much of its reporting. As one of its reporters observed, the B.A.R. had a distinct perspective.

"It was always pro gay liberation and we always knew who the enemies were.... Everybody knew that Jesse Helms was the enemy and that's all there was to it. You don't have to explain that. You don't have to interview Jesse Helms to get his viewpoint because you know his viewpoint. So, there's a lot of one-sidedness in the gay press."

Lorch acknowledged, "The paper shamelessly bloodied and gargantuized enemies and cosmeticized heroes. Anita Bryant was a journalist's dream enemy; she and Dan White provided reams of copy" (Lorch 1989:2). In the early 1980s, readers were not bothered by this; on the contrary, they found it exhilarating to have a newspaper that would advocate in defense of their sexual rights. One reader wrote to the B.A.R. (Kaye 1982): "The fact that I can read news stories which are obviously slanted is something I expect in all journalism, since everyone's view of the world is different." However, as time went on, most B.A.R. reporters saw the need to provide balanced reporting.

As one reporter told me,

"Even with one-sidedness, there has to be a certain amount of credibility in reporting in a broader

⁹ Ray O'Loughlin was a professional journalist who had worked on mainstream newspapers. His news decisions were guided by a strong sense of gay history and gay liberation, which tended to shape his editorials and the framing of stories.

perspective. If you do nothing but the onesidedness, people get bored with it and they won't read it....some of the early writers that came on the B.A.R. tried to establish some credibility by ...also calling the other side and giving their viewpoint."

As editor, Lorch wrote all the headlines, many of the articles, and most of the editorials. His personality, taste, opinions, biases, and sometimes mordant humor are evident on virtually every page during that period.¹⁰ He thought that if the paper was not entertaining and fun, no one would read it, and thus, he often said he didn't mind a bit if people thought the B.A.R. was "a sleazy rag." As he often reminded readers in his frequent "Editor's notes" in response to their letters, he would rather be the National Enquirer than the Wall Street Journal. When readers occasionally urged Lorch to widen the B.A.R.'s news focus from strictly gay community concerns to more broadbased issues in the city and the nation, he would usually counter their suggestions in these terms:

"...we are not Mother Earth; we are not Cosmopolitan, Better Homes and Gardens, nor Junior

¹⁰ When Lorch occasionally turned to reporting, he often editorialized in his news stories. For example, in a report on the city's "Knock Out Hepatitis" campaign in July 1982, Lorch's language betrayed his distrust of the effort underway to produce and market a vaccine against Hepatitis B, which involved drug companies paying for what he called the "bad blood" of those already infected in order to make the vaccine. At the conclusion of the story, Lorch summarized this effort by saying: "The only way to cure carriers is by manufacturing the vaccine. The only way to produce the vaccine is from buying the tainted plasma from the carriers. Until synthetics are discovered, carriers will be selling their scourge and buying back their good health - who knows, maybe with their very own transmogrified viruses." (Lorch 1982h).

Scholastic Magazine. Certain debates are better left to other forums - not that Gay people are not interested with nuclear power plants, or bilingual voting, or fluoride or the demise of the nation's topsoil" (Lorch 1982d)

In this editorial, he noted that since the B.A.R. went weekly,

"We have been charged with more 'crimes' in the past six months than we have in the past six years. 'Why don't you have a comics section?' 'We insist you drop your sex features...' 'Banish your "less than savory" advertisers.'...In each instance our reformers remind us of our responsibilities and obligations to somebody or other - and yet least of all to ourselves" (Ibid.)

Lorch did not feel that the primarily gay focus of the gay press was necessarily eternal and looked forward to the day when "we'll eventually be co-opted by the mainstream press - when the battle for Gay liberation has been won, and being Gay becomes as controversial as being left- or right-handed" (Lorch 1982i). However, until that day would be reached, he was adamant that B.A.R. was "a Gay publication - by, for and about Gay people. All else is secondary" (Lorch 1982e).

When he began as editor, Lorch wanted the B.A.R. to be admired, but more important, he wanted "the sine qua non of journalism: 'To be read.'" (Lorch 1984a). To appeal to his audience, Lorch realized, he had to have sex, and hunky guys on page one; he had to have news about drag queens, and later, leather men; and he had to attack the "enemies" of gay liberation without quarter and with gusto. In an editorial marking the change to weekly publication, Lorch wrote:

"The Bay Area Reporter is as classy as it ever will be, and I am committed that we be as trashy as we ever forgot we were. We are the paper of the San

Francisco Gay community from its most doctrinaire to its most bizarre. I've never fretted over it if people didn't approve of us, only if they ignored us. If someday the B.A.R. could be characterized I would like it to read: brazen, comical and competent" (Lorch 1981a).

He was immensely proud of his product. On each anniversary of the B.A.R.'s publication, he praised the "unheralded teams" of reporters and production staff who were "the ears, eyes and mouths in truly the front lines of the Gay revolution... slugging away exercising our most precious of all rights - the right to say it!" (Lorch 1981b)

This applied in particular to the right to articulate the full range of sexual expression and interests of gay men. Lorch wrote in 1984: "The paper has always stood by the self-invented phrase that if one takes sex out of sexual liberation, there's no liberation left." (Lorch 1984b) As one of his reporter's emphasized: "In B.A.R., sex is (and always has been) part of Gay liberation." (Mendenhall 1982).

This conjunction between freedom of sexual expression and the gay liberation agenda would be a major influence on the B.A.R.'s coverage of AIDS, in particular in 1984 during the controversy about whether or not to close the gay bathhouses (see Chapter 5). Unlike most Bay Area and national gay publications, which placed black dots over penises in photographs of nude men and rarely discussed sexual practices, the B.A.R. has always defended on libertarian grounds its features on pornography and its graphic classified sex ads. "Porn Corner", a regular feature by John Karr which reviewed

pornographic films and other materials, was popular in the early 1980s. Karr saw his column as not only entertainment, but also as political: it meant that gay men could be open about their sexuality, in general. When some readers criticized the column, he scoffed that such readers were still "slightly in the closet." The column was discontinued, however, when Karr left the B.A.R. in 1984 (Lorch 1984a).

B.A.R. publisher Bob Ross believed that the B.A.R.'s openness about sex did not hurt the B.A.R.'s (or gay men's) image; at City Hall, the B.A.R. was snapped up every week. For a long time, therefore, the B.A.R. resisted the criticism of some readers and business advertisers of the photos of frontal nudity with which some young men advertised their services. Some businesses objected to the photos because they interfered with their ability to take tear-sheets from the B.A.R. to show to their clients; it was embarrassing to turn over the tear-sheet to find a penis on the back. In 1981-82, several readers wrote to complain about the penis pictures, with concerns ranging from embarrassment about what straight readers might think to fears about how the Moral Majority would use such material, to finding them an unnecessary distraction "that detracts from the otherwise high quality" of the B.A.R.. For example, one reader pointed out that "I would certainly be offended by hetero-porn in the Chronicle or L.A. Times" (Cameron 1982). Another felt that the pictures of penises supported the "sexual objectification and self-

victimization" of gay men (Myers 1983). Some lesbians objected on feminist grounds: there were no nude photographs of women in the B.A.R. (nor did women usually advertise sexual services there, either).

Moreover, because the graphic sexual imagery challenged the mores of the wider, "straight" society, some gay readers who sought acceptance on equal terms in the community at large felt tainted by such representations of gay lifestyle. One male reader wrote to the editor: "I feel I can no longer bring the B.A.R. to work because it is beginning to resemble some of the hardcore pornography publications" (Walla 1982). The reader thought such pictures were an embarrassment to co-workers, relatives and other straight readers and thwarted his desire to share "his" paper with them.

"I don't believe this is the best way to educate them about gay communities. Photographs such as [these]...only serve to reinforce the stereotypes of gay people held by the Moral Majority and other groups of religious fanatics. You may find that the spokespeople for groups such as the M.M. [Moral Majority] use that photograph to discredit your fine reputation for quality journalism."

Another reader thought more was at stake than the B.A.R.'s credibility. She complained,

"I can easily see why the population at large despises us when they can pick up your free paper on the street, see only the blatant trash, and then submit it to groups like the Moral Majority as evidence of how sex-crazed and perverse we all are, reaping upon ourselves dreaded diseases as a result" (Miller 1983)

Lorch's reply to such complaints usually were along these lines:

"The education you speak of is more acutely needed by the very people who would be offended by any depiction of the human body. It's for them to catch up with us, not for us to return into the closets for their approval. We are a Gay publication - by, for and about Gay people. All else is secondary."
(Editor's note, in Walla 1982)

A reader disputed Lorch's position: "I don't think it is unreasonable to expect the same standards of professional journalism from your press as are expected from any public newspaper." (McGinley 1982). Lorch retorted in an Editor's

Note:

"Because we do not conform to what straight newspapers do makes us different - not lesser. You're trying to pass off private, moralistic values as journalistic standards....The B.A.R. is committed to fighting for Gay liberation; why would our critics have us abandon our goals? To suit whose purposes? Theirs or Ours."

Another reader seemed to agree with Lorch; he wrote:

"IF B.A.R. can be legitimately criticized, it must be for one fact alone: you have tried, with no small degree of success, to present the broadest possible overview of a 'community' which defies definition....Would your critic castigate the Roman Catholic Monitor for its necessarily 'parochial' view? Or the Wall Street Journal for its 'business community' slant? Or even...Ebony for the distinct ethnicity...?" (Edwards 1982)

Some readers suggested that B.A.R. print a separate pullout section for the racier material, but although this had been tried at one time, Lorch felt that this was dishonest, a type of closeting of the tastes of some readers. Lorch respected the sensibilities of others with regard to other public exhibitions of gay sexuality, however. In March 1982, a flurry of correspondence appeared in the B.A.R. on the

subject of sex among gay men in public places, including the YMCA and local parks. In this instance, Lorch took the position that this type of activity could no longer be tolerated, even though a few years before, he had "thundered loud and long" against the police sending decoys to lure men into sex in public and then arrest them for it. In 1982, however, he felt that playgrounds, doorways, and YMCA showers were "by no stretch of the imagination" private spaces and that citizens had the right to complain and police the responsibility to respond. Lorch, in this case, felt that civil liberties were not the issue: "...we have fought hard and long to provide those places wherein one can take care of such urgencies," among them gay bathhouses, the existence of which he would defend against all comers in a couple of years (Lorch 1982a).

In light of the AIDS epidemic's toll in the gay community by 1984, Lorch decided to de-emphasize "sexual hijinks" in the B.A.R. for awhile.

"We won't abandon the concept, but neither will we promote it with Gay abandon. We sense that most Gay men have their sexual license on ice - some for the duration, some for longer than they are yet ready to admit." (Lorch 1984b)

That year, Lorch began to emphasize health and fitness, and to expand coverage of gay sports.

The concerns expressed by B.A.R. readers about pornography in the first years of the 1980s revealed the changing attitudes among gay men about the "gay lifestyle,"

which occurred during this period. It also reflects older concerns, prevalent among homophile movement supporters in the 1950s, with gaining tolerance from heterosexuals by appearing "acceptable," an attitude rejected by gay liberationists who sought social justice for homosexuals as a right, regardless of how "outrageous" they might appear to mainstream society. Thus, the rather mild debate about pornography in the B.A.R. in early 1980s became something of a symbolic issue, foreshadowing in some respects the boundary issues raised again during the bitter controversy about bathhouse closure among San Francisco's homosexual men in the mid-1980s.

B.A.R. readers have criticized the paper on many fronts over the years, from its overall journalistic competence, editing, and spelling and grammar, to its representativeness of the diversity among San Francisco's homosexual population. One reader complained, shortly after the B.A.R. went weekly, "Hate to say it, people, but some of B.A.R.'s ongoing contributors are strictly bush-league. Charming, maybe; folksy, perhaps...but c'mon!" (Heimforth 1981).

Racism and sexism in the B.A.R. have been criticized, when they cropped up by commission or omission: e.g., for many years, the virtual absence of female reporters, lesbian news or perspectives; and the sexist and racist attitudes sometimes expressed by writers and editor. When Lorch referred in an editorial to the San Francisco Chronicle's only Chinese-American reporter as a "female oriental" and "panda reporter,"

Randy Shilts, the Chronicle's openly gay reporter, protested "the overall bigotry" of the remarks (Shilts 1982).

The B.A.R. also had loyal supporters among its readers, who praised the paper for providing thought-provoking articles, for defending gay rights, and for reflecting the diversity of San Francisco's gay community. One wrote: "It's wonderful to be a part of a community so diverse, creative and expressive. Thank you for the hard work and courage it takes to even attempt to represent us all" (Demian 1983).

B.A.R. reporting on AIDS:

In the late 1970s and early 1980s, the B.A.R. printed several stories calling attention to the soaring rates of sexually transmitted diseases among gay men in the City. Lorch claimed to be acutely aware of this development, but did not editorialize on it because he thought urging restraint in sexual expression "reeked of moralizing." This attitude would constrain his approach to AIDS, as well.

At first, Lorch and reporters at the B.A.R. thought that AIDS would be like a lot of news stories, a passing phenomenon. One gay reporter remembered:

"It was something that was here today and gone tomorrow and all of the hullabaloo about AIDS, it may be like the common cold, something we could live with. We didn't know how devastating it would be; we didn't know how many people were going to die. We didn't know how to report it....I didn't know what all the right sources were. Everybody was very sensitive about this being handled properly, but no one knew what it was. After about a year or two years of reporting it, there was a meeting of the National Press Association in San Francisco, and I said, I'm more afraid of reporting AIDS than

getting AIDS. That was a quote in every gay newspaper in the country cause the reporters who were there felt the same thing."

Like reporters in the mainstream press during the early years of the epidemic, gay press reporters also felt constrained in their coverage of the story by the sensitivities of people with AIDS, the fears of gay men about the disease, and the possibility that information about risk factors would create a backlash against homosexual men. One B.A.R. reporter told me,

"...you can't say that they're victims, they're really people with AIDS, and it's just like calling the quote handicapped person the physically challenged, you have to go through all that. And then you have to go through what is it, how do you treat it, and how big a story is it, and if you make it front page headlines every day are people going to continue to read the newspaper, are they going to be burned out on it?"

In addition, no general assignment B.A.R. reporter at the time felt he understood the medical aspects of AIDS or wanted to deal with it, and many were uneasy about the issues of mortality that it raised. A B.A.R. reporter acknowledged:

"I had a lot of trouble adjusting to [AIDS], as a reporter, but as it began to develop as a civil liberties issue, then I had less trouble with it because then there was something that I could put a hook on, but just death and dying wasn't something I could put a hook on....I was grasping for stories that would tie to civil liberties."

Thus, the AIDS story was assimilated to the pre-existing news frames of gay liberation. This made it difficult for the editor or his reporters or readers to consider the disease and its implications for gay men independent of the civil rights

issues, and this would influence their coverage of virtually every aspect of the disease. In addition, several gay reporters told me they resented the equation in the mainstream press coverage of "AIDS with gay and gay with AIDS," and tried to cope with the implications of that emotionally and politically by stressing that AIDS was just a "passing phase."¹¹

In July 1982, the B.A.R. published a press release announcing the opening of the Castro Street offices of the new Kaposi's Sarcoma Research and Education Foundation, a nonprofit created to provide support for patients with Kaposi's sarcoma, pneumocystis carinii pneumonia, and related diseases; to launch a public education and information program; and to raise funds for medical research into the causes and treatment of AIDS. Marcus Conant, MD, co-director of the UCSF Kaposi's Sarcoma Clinic, was Foundation president, and the treasurer was B.A.R. publisher Bob Ross. Despite Ross' presence on its board, the Foundation apparently had no influence on the B.A.R.'s coverage of AIDS.

The B.A.R.'s AIDS coverage from December 1981 through May of 1984 was almost entirely Paul Lorch's responsibility and a

¹¹ When AIDS was all over, one gay reporter told me, "we're still gonna have the problems that we had in 1965 when I entered the gay movement...when all is said and done, we're still gonna have to fight for our rights that won't be involved with AIDS." However, in the process of fighting for civil liberties protections for people with AIDS, gay men would make strides in realizing their earlier political agenda.

reflection of his view of events. With many theories emerging about what caused AIDS, but no clear consensus, Lorch cautioned his writers to stay away from editorializing about the disease in their columns or stories, and he wrote no editorials about it until 1983. Lorch recalled attending a small meeting, possibly in 1982, of health department personnel, local media personalities, editors and writers, called by Selma Dritz, MD, then chief epidemiologist for the SFDPH. Dritz explained the seriousness of the AIDS epidemic, and the need to conduct extended interviews with gay men with AIDS to clarify what was going on. "I can remember her saying we can't let these men panic and shut us out. And so she asked us to refrain from hysteria and to work to curb its development in the community" (Lorch 1989:3).

Lorch was so impressed by this message that he went back to the B.A.R. and told his writers "that they were to no longer write about the sickness, or to speculate on its cause, spread, or other horror stories. In a word, don't write about something you know 'nothing' about." He claimed to have excised from gossip columns, sports columns, and letters to the editor "inflammatory" rhetoric about AIDS. (Even so, much remained, some of it from his own pen.) To his credit, he also sought out "credentialed medical writers," such as Dr. Robert Bolan of the Bay Area Physicians for Human Rights, to periodically update readers on the disease. However, none of the AIDS physicians at San Francisco General Hospital or the

University of California, San Francisco ever wrote an AIDS update in the B.A.R. during the period of this study (1981-86).

In 1983, people started coming into the B.A.R. offices with ideas for "products, cures, products of wellness, all seeking publicity," Lorch recalled. "It was not my role to determine who was genuine and who was a flim-flam artist...for every good-intentioned person, I sensed another kind. Those with ready cash turned to advertising (and nobody screened the operation or the copy)" (Lorch 1989:3). The ads reflected a new preoccupation with boosting one's immune system and ridding the body of parasites of all types: ads for vitamins, health foods, high colonic treatments, massage, spiritual paths, and other measures began to appear.¹²

Lorch did not handle advertising, but claimed that "as the determiner of who got what space and coverage, I felt, more and more, the awesome nature of my role. There was no handbook to turn to for direction of [the] media's role" in the epidemic." He was concerned about the development of an

¹² For example, HIM, a vitamin and mineral supplement, was pitched as a virtual cure-all for all the ills gay men feared. The HIM ad claimed the product maximized the immune system to fight infection; maintained sexual vitality and potency; aided in preventing herpes virus conditions; supported the nervous system "combating stress in all of its forms; provided "nutritional insurance against degenerative disease"; and prevented the aging process at the cellular level (Introducing HIM (advt.), Bay Area Reporter 12 (16):17 (April 22, 1982)). Later that year, an ad for H Plex, touted as a "Herpes Breakthrough" was printed; H-Plex was a "totally natural" vitamin and mineral product that guaranteed relief from herpes.

"AIDS industry," which he saw emerging in the city, bringing new players into the arena of gay politics.

"I sensed that a new road to the top of calling the shots for the Gay community was opening. He or she who scrambled to the top first, defining the calamity in their especial terminology would be the new czar. The Gay political clubs, the Gay businesses, the Gay organizations, the Gay media would be replaced in importance as the community turned to health and lack of it as the commanding interest." (Lorch 1989)

Like much of the gay community, he was worried that this process would somehow threaten gay liberation. He noted that the physicians and AIDS organizations began to define the terms of response to the crisis, what the disease and those sickened with it would be called, and how they would be treated. He was concerned about "carpetbaggers," those who would cash in on the epidemic, exploiting the fears of gay men and the society at large. Although he sought what information was available about AIDS, even traveling to Dallas to attend an AIDS Forum sponsored by the National Gay Task Force, National Gay Health Coalition, and National Gay Health and Education Foundation, he was distracted by debates about semantics and seemed to miss (or dismiss) the essential point that physicians were trying to make: that gay men were at risk through their sexual behavior and that behavior had to change.¹³

¹³ Lorch reported his experience at this forum in an editorial. Several times he found himself in acidic exchanges with prominent Gay doctors. At a session on the media's role, he felt heard criticism of the press coverage of AIDS. "How the press had been irresponsible, reporters insensitive, headline writers sensationalist. The medical people had a laundry list of complaints - how reckless for anyone to call

Certainly, for a long time Lorch actively resisted any suggestion that gay men should restrain their sexuality, or practice safer sex, or in any way curtail the lifestyle that exposed them repeatedly to the disease. At the Dallas AIDS Forum, he said he asked Dr. James W. Curran what he wanted people to do: "What is the simple message?" According to Lorch,

"His tart answer was that there was neither a message nor something for people to do. Another doctor suggested that the press' obligation was to keep people informed. I said once done, then what? I was told, 'do it again, every week if need be...' I grew testy and countered, 'if that's what's called for, we're no longer talking about news, we're talking about propoganda, maybe advertising.' They weren't amused." (Lorch 1989)

He told them the message seemed to boil down to "Take care of your health," which he could run over and over, and "what is any different about that than what we have ever said before and before that." His unwillingness to be a mouthpiece for

it a Gay disease or refer to it as a Gay plague. Everyone had heard of some outrage but no one had the specific evidence in hand." When Lorch pressed the issue, no one could offer an example of irresponsibility in the Gay press nationally, and even with regard to the straight press, he said the critics seemed to speak more about the specter of bad press than actual examples. What bothered him most was that "before I think they knew it, a few medical people were inching over the double yellow line of a controlled press" by recommending the formation of a select list of national experts, who would be the only ones entitled to speak on the epidemic. Lorch debunked this idea, claiming that it would only trigger reporters to "look behind the barn door." Certainly, he was open to using medical and other sources of information that were not on anyone's "approved list" in the months to come. (Lorch 1982c)

the medical establishment was due in part to his determined independence from any "interest group" but that of gay liberation; but he also expressed a difference in perspective shared by other journalists in the mainstream press, who have felt pressured by physicians and AIDS activists to "get on the team" in their reporting on the disease (Tuchman 1978:152).¹⁴ Journalists see themselves not as educators, but as suppliers of factual information in a timely fashion (Blakeslee 1976).¹⁵ In the absence of what he understood to be concrete facts to report, or fact-based recommendations to make, Lorch thought he could only offer his readers the message:

"If you're sick, see your physician. If you're Gay, see a Gay doctor. Chances are he'll be up to date. And, as with anything else...keep your powder dry."
(Lorch 1989)

¹⁴ I heard Laurie Garrett, then a news reporter for National Public Radio, twice mention her concern about the pressure she felt from physicians to "get on the team," when she spoke at sessions on the news media at two AIDS conferences in 1986-87.

¹⁵ This point is frequently mentioned by journalists, particularly with regard to pressure from health educators and physicians who want journalists to provide information about health matters in a sustained way, so as to reinforce the message they are trying to convey. Journalists resist this, because they do not see that as their role. An editor at the New York Times said: "The press is not a university." Blakeslee explained journalists' views: "We inform; thereby we educate. But we are not a classroom. We would lose readers and attention if we kept repeating the same thing about STD, the energy crisis, inflation, political dilemmas. We can be alert to new developments, to the continuing story of how best to deal with STD. The mass media are concerned also with hundreds of other subjects and challenges." (Blakeslee 1976:254).

In response to this editorial, a reader wrote to ask B.A.R. to report "the best information you can obtain, checking all facts and labelling any speculation or hearsay as such. Rumor and falsehood are nearly as dangerous to the health of our community as the diseases themselves" (Badurski 1982). He also suggested that B.A.R. send its AIDS reports to other gay papers across the country, avoid introducing political bias into their reporting, and encourage support of the KS Foundation and educational efforts.

In February, 1983, Lorch received a phone call from Larry Kramer, the New York screenwriter and essayist. Kramer was seeking wider coverage for his essay, " 1,112 and Counting," which would be the cover story in March in the New York Native. He wanted Lorch to publish it in B.A.R., as well. Lorch encouraged him to send the manuscript, which became "the launching vehicle to transform the paper's AIDS coverage." It was published on the front page of the March 13, 1983 issue of the B.A.R..

At the same time, Lorch began a series of editorials about AIDS, pointing out that no one was immune to it, it was fatal, and there was no cure in sight. "At best, one could only take charge of his own life, prepare for the worst, and beware of charlatans and false prophets." But he had no remedy to offer, except the cryptic: "Pack a little bag." In addition, he began to run stories about the illness experiences of people with AIDS, and sought out more medical

material on experimental treatment and explanations. These were largely "alternative" therapies, however. For example, he never ran an article explaining the rationale or method of immune modulation therapies, such as interferon, or chemotherapy, then being tried to combat KS. The rival gay newspapers in San Francisco, the Sentinel and Coming Up!, sought out and published much more detailed information on a regular basis about drugs being tested in clinical trials, as well as medications available underground or in other countries.¹⁶

In 1984, Lorch decided to publish obituaries as a formal feature in the front part of the paper, in order to "personalize death" for readers. Some who worked with him, however, felt that Lorch had particular discomfort in dealing with death and dying, and that this prevented him from reporting on AIDS successfully in the B.A.R..

Other former B.A.R. reporters have said that Lorch felt the only thing gay people have in common is not lifestyle, but sexual orientation; thus, the fight is always for the right to

¹⁶ Gay men, through the efforts of organizations such as ACT-UP, have been in the forefront of efforts to secure wider access to drugs that might have some effect on HIV, and were instrumental in getting the Food and Drug Administration to allow "compassionate use" of many drugs still in clinical trials, to speed up testing of many drugs, and to create community-based clinical trials that would be able to enroll more people than conventional clinical trials. They also were successful in getting Burroughs-Wellcome Corporation to lower the price of zidovudine (AZT), which until recently was the only retroviral drug available with demonstrated effectiveness against HIV.

have sex with someone of the same sex, and not for a particular lifestyle. Lorch feared that the consequences of AIDS would be that sexual rights of gay men might be taken away: that closing the baths would lead to closing the bars, and then to closing all other gay institutions and returning to sexual repression.

He and Ross were particularly incensed that any gays (e.g., Randy Shilts, the Harvey Milk Club people) would be involved in an effort that might lead to the end of gay sexual rights; he labeled it "homosexism", or internalized homophobia. The bathhouses were symbols of that sexual freedom. Their fears were not abstract; they were old enough to remember raids on gay bathhouses and bars in San Francisco in the 1960s. And they believed that the baths could have been made AIDS education centers, with condoms and safer sex information available. Contrary to some rumors at the time, Bob Ross did not have any financial interest in the bathhouses; he fought the bathhouse issue on civil libertarian grounds.

Lorch alienated many B.A.R. readers and others in 1984 because of his response to the bathhouse controversy, during which he is said to have kept a list of "enemies" in his desk drawer, among whom were prominent gay leaders who advocated for major changes in sexual behavior (Shilts 1987a:445). It is unclear whether Lorch ever really understood why people objected to the B.A.R.'s AIDS coverage. He believes that the

health care providers criticized the coverage on the grounds that "people would panic" and that people with AIDS objected because he was not giving "primary interest to the 'protection' syndrome," i.e., protecting people with AIDS from stigma or shunning by other gay men. Lorch:

"I was aware that the paper might be overly heavy on the sensibilities of those afflicted, but I knew they were being cared for and had someone to turn to for aid and counsel. I also knew that many had not changed their behavior one iota. Their fear was more in being identified than from the ailment. Their ally was silence and the ignorance of the people they sought out for sex. To many of the AIDS volunteers, 'protecting' those afflicted became their major effort and interest." (Lorch 1989: 4).

Ironically, his views coincided with those of the Moral Majority, who also painted people with AIDS as indifferent or malevolent in spreading the disease to others. Lorch saw himself at the time as something of a muckraker, blowing the whistle on "AIDS pimps" and profiteers, which he saw in all forms, "from UCSF doctors, to traveling road shows, to aging actresses." He saw the role of the gay media as dual: as an advocacy press, "like Paul Revere" (his image), it bruted warnings to gay men about the imminent dangers of the disease. On the other side, through its advertising revenues, "it made a lot of money off the calamity of thousands of lives." He saw himself as somewhat of a tragic hero, caught in the meshes of history:

"As bringer of the bad news, the messenger, as in Greek myth, becomes the target of the anger and frustration of more and more of the special interests" (Lorch, 1989:5).

Lorch wrote that his only regret was that he didn't "start blowing the whistle earlier and louder. I wish at times Larry Kramer had come along earlier. On the other hand, I don't envy where he has ended up, endlessly shouting and shrieking the same message, only louder and sadder" (Lorch 1989:6).

The New York Native

The New York Native was launched as a biweekly tabloid newspaper in the Fall of 1980 by Charles L. Ortleb, the publisher since 1975 of the gay literary magazine Christopher Street, which was continually in debt. The Native was started as a means to keep Christopher Street financially afloat. Its revenues (which totaled about \$1 million by 1983) came mainly from advertising, subscriptions, and newsstand sales. In late August 1985, the Native began weekly publication.

With the Native, Ortleb sought to publish a gay newspaper that would address a wide variety of gay interests in New York City, be both entertaining and intellectually stimulating, and support the gay liberation movement. The Native's major competitors in New York were and remain The Advocate, and the liberal New York weekly, The Village Voice. Like those publications, it found readers mainly among liberal or left-leaning, white, fairly affluent and well-educated young to middle-aged gay men and lesbians. However, Ortleb claimed that he didn't want the Native to reflect only one kind of gay reader; rather, he sought to attract readers of all political stripes and to reflect the diversity of the New York gay

community (Ortleb 1984a:17) ¹⁷ An ad in early 1981 to attract readers to the Native listed numerous questions to which readers might want answers. The only health-related question was: "Is Flagyl even remotely safe?" Flagyl was used to treat amoebiasis, a common intestinal infection among gay men. AIDS, still only a distant rumor to most gay New Yorkers, was not even mentioned.

The Native's contents were organized into Features, News, and Columns. The "News" section has been subdivided in various ways over the years, into sections on metropolitan, national, and international news, AIDS news, and other news subsections. The "Columns" section has included editorials; letters; "Carbon Copies" (copies of letters written usually to government officials, other publications, and organizations about gay issues); book, film, theater, and dance reviews; science; the night club scene; sex; consumer affairs; astrology; and other columns on various topics. The back part of the newspaper, following the "Columns," included classified ads, and a "Second Section" of ads for sexual services, lovers, and other personals.

¹⁷ A 1981 ad to attract subscribers listed a range of topics that he thought would appeal to diverse gay interests in New York at that time; e.g., "Should gays start a political party in Manhattan? Are Koch's friends your enemies? ... Does New York need to be redesigned? Are the new drug crackdowns anti-gay? Are the schools homophobic? How can violence against gays be stopped? Is the moral majority Neo-Nazi? ... Is sex hard to get in New York City? Do gays censor gays?... Is bisexuality the wave of the future? ... Should gay men and lesbians have children? Should every neighborhood have a gay statue? ... Do all gay people vote?...."

During the early 1980s, the Native attracted advertisers by claiming its readership was 100,000 nationwide; however, its print run was only 14,000 and it is likely that its readership was less than that of the B.A.R. (estimated at that time to be 70,000). Although it was read by gay men and lesbians in New York City, many of its subscribers and much of its influence were outside New York, in other U.S. cities and even some foreign countries. In the early 1980s, the Native had a wider geographic focus than the B.A.R. in its reporting; for example, it ran several stories on how other cities in the United States and foreign countries were responding to AIDS, including France, Holland, Sweden, and Africa. In Great Britain, as in the United States, the Native was a primary source of AIDS information for gay men in the early 1980s, but it had to be smuggled into the country by diplomatic pouch to elude Britain's obscenity laws (Watney 1987).

By 1986, the Native had a paid staff of 26, and a stable of 50 freelance writers who contributed regularly. Readers often praised the Native for publishing a variety of views, whether or not they conflicted with editorial positions. Unlike at the B.A.R., several regular contributors to the Native were women; e.g., Ann Guidicci Fettner, who reported on AIDS in the "Science" column from 1982 through 1985. The greater number of women and children with AIDS in New York than in San Francisco, as well as the presence of women reporters at the Native, may have accounted for the Native's

greater attention in its coverage to the impact of AIDS on women and children. Unlike some other gay publications, including the B.A.R., the Native emphasized repeatedly that AIDS was not a gay disease, and reinforced this by presenting articles about women, IV drug users, children with AIDS in school, and AIDS among minority groups. This reflected the epidemiology of AIDS in New York City, where 68% of cases were among homosexual men, compared with 98% of cases in San Francisco. (New York City Department of Health, 1987:31).

By 1983, AIDS had become the newspaper's top story and major beat. Ortleb, who was both publisher and editor-in-chief, felt that AIDS provided his newspaper with a historic challenge, to tell "the truth" about the epidemic, and by so doing, to bring it to a rapid conclusion. In an editorial, he acknowledged that the central focus of AIDS in the Native's news coverage had sometimes frustrated writers on other subjects, who felt crowded out, and had risked offending readers.

"We can only say that if one doctor was able to help one patient earlier as a result, or one researcher was encouraged to continue, we consider the balance to be weighted in favor of our extensive coverage - the only such coverage outside of medical journals in the world" (Ortleb 1984b: 3).

Until 1984, the Native was the only gay newspaper regularly publishing comprehensive medical articles about AIDS. The Native also was an often unacknowledged source of AIDS information for mainstream press reporters, and was read

by some New York City health officials, Mayor Ed Koch (who occasionally wrote a column or a letter to the editor), and members of his staff. The Native was the first mass media publication (gay or mainstream) to list high risk behaviors associated with AIDS; to discuss in some detail the potential dangers (both social, political, and medical) associated with postulated viral transmission of the disease; to report on Luc Montagnier's discovery of the retrovirus, LAV, which was later shown to be the same virus as HTLV-3; and to list organizations and physicians to contact who could help people with symptoms of the disease.

Unlike the B.A.R., which focused almost exclusively on alternative treatments for AIDS when it did publish occasional treatment news, the Native printed several stories about antiviral drugs and immune boosters to combat AIDS (including some by John James, who was then writing about approved and unapproved AIDS treatments for The Sentinel in San Francisco). Like the B.A.R. and some other gay publications, it also published stories on macrobiotic diet, Vitamin C, and other alternative treatments being used by people with AIDS in New York, Paris, Israel, and elsewhere. Like the B.A.R., it also pursued early clues to possible causes of AIDS related to elements of the gay lifestyle, including poppers and chronic parasitosis (Mass 1981e; D'Eramo 1983).

At the same time, like other gay publications, the Native continued to derive income from ads for gay bars and

bathhouses, and classified ads offering high risk sex acts. Neither Ortleb nor Ross, publisher of the B.A.R., was greatly troubled by the contradictory messages given by the news stories and features in the newspaper's front section and those provided in the ads in the back. In contrast to the B.A.R., however, in 1987 the Native ceded to criticism and discontinued the raunchier sex ads. But like the B.A.R., the Native balked when it came to pornography. Until late 1986, the Native published a regular column, "Sex," which contained graphic descriptions of unsafe sex acts. Some readers wrote to protest this and to suggest that the column provide erotic material that would educate readers about safer sex. In his reply, the editor contended that reading about unsafe sex was not the same as having it, and that if readers who protested such material could resist imitating the activities depicted in the column, why do they assume everyone else is "a mindless copycat?" (Ortleb 1986a:4). The Native's position was

"that informed persons can make responsible decisions about their own health. We are proud that our readers can consider themselves well-informed, because the Native presents the most truthful and comprehensive coverage of facts about AIDS and health-related issues of importance to gays in the world." (Ortleb 1986a)

Health News in the Native:

Before AIDS became the overriding health concern of gay men in New York, the Native published information about sexually transmitted diseases (STDs). In 1981, for example, several columns headlined "The Ross Report," by Dr. Harold S.

Ross, a Manhattan dermatologist in private practice who specialized in STD treatment, focused on some STDs that were prevalent among gay men, including herpes, venereal warts, and scabies. The columns used explicit language, and provided information about symptoms, transmission, prevention, and treatment in a question and answer format. The recommendations for prevention focused primarily on hygiene and did not mention condoms. To prevent herpes, Ross suggested close inspection of a sex partner's genitals for lesions; to prevent venereal warts, he recommended avoiding sex with an infected individual and washing as soon as possible after sex (Ross 1981a; Ross 1981b). It is unfortunate that the role of condoms in STD prevention among gay men was not seriously considered nor promoted until AIDS appeared; had that been an important part of STD prevention messages earlier, it is possible that AIDS transmission among gay men would have been slowed. "The Ross Report" seems to have been discontinued in May 1981, about the time that Dr. Lawrence Mass began writing articles about AIDS for the Native.¹⁸

¹⁸ Lawrence Mass, M.D., began writing for the gay press in 1979, as part of a personal process of coming to terms with his gay identity. This involved an effort to bridge two social worlds in which he participated: medical science and gay life. He became interested in what science understood about homosexuality, and later, about AIDS. Although he believed in and trusted the scientific process, he knew that science and medicine, particularly the field of psychiatry, had historically been involved in labelling homosexuality as an illness and in trying to "cure" or "rehabilitate" homosexuals. However, he still believed that science offered the best means for understanding human functioning, meeting human needs, and evolving as human beings.

Mass's earliest interest in writing about gay issues in the late 1970s focused on the scientific understanding of homosexuality. He became particularly interested in the growing body of research on human sexuality, and soon found himself writing about a wide range of phenomena that fell under that category, including sexually transmitted diseases.

In his reporting about AIDS, Mass sometimes faced a conflict about two beliefs he held simultaneously: 1) that sexuality and affirmation of sexual equality for women, gay men and lesbians is of great importance; and 2) that sexually transmitted diseases, including AIDS, were a major practical problem accompanying the free expression of sexuality, which might necessitate behavioral constraints in order to prevent disease transmission. He wrote from both perspectives: affirming sexuality, while at the same time reporting accurately on what he recognized to be a major, serious epidemic, yet he found himself to be constantly at odds with the people in the gay community who saw any suggestion that high risk sex expression might need to be curtailed as the beginning of fascism. However, unlike Randy Shilts, and others who tried to warn the gay community about the need for behavior change to control the epidemic, he was never denounced as a "traitor" in the gay press.

In January 1981, Ortleb started to hear about gay men in New York who were dying of Kaposi's sarcoma (KS), pneumonia, and other opportunistic infections and asked Mass to start

writing about these new diseases. Mass's first article on AIDS, "Disease Rumors Largely Unfounded," reported that New York City Health Department officials' denied that a wave of disease was sweeping through the gay community (Mass 1981a). His story was the first in the nation, scooping the first report published by the Centers for Disease Control in MMWR on June 5 (Centers for Disease Control 1981:250-2; Altman 1981).

On July 13, basing his story on the one in The Times, Mass reported that over the past two years, 41 gay men in New York and California had been stricken with Kaposi's sarcoma and 8 had died. (Mass 1981b). As in the Times article, he quoted Dr. James Curran of the CDC as saying that the best evidence against this being a contagious disease was that it had not yet occurred in women or in men who were not homosexual. The characteristics of the "victims" were given: multiple and frequent sexual encounters with different partners; use of amyl nitrite and LSD; a history of venereal diseases. Giving the story a local focus, Mass provided information about three patients with KS, two of whom had died, who had been cared for by Dr. Alvin E. Friedman-Kien, professor of Dermatology and Microbiology at New York University Medical Center. Dr. Friedman-Kien had reported some of the first AIDS cases to the CDC. Mass also mentioned that of the eight cases nationally who had died, one had been associate editor of the gay newsmagazine, The Advocate.

For his next report, Mass contacted the CDC for further information. His first page one AIDS story in the Native was July 17-Aug. 9, 1981, "Cancer in the Gay Community," which reviewed all of the hypotheses then being considered about what caused the disease, and was accompanied by graphic photos of KS lesions (Mass 1981c). The theories included a slow-growing virus infecting individuals with a particular genetic or immunologic makeup; cytomegalovirus (CMV) or pneumocystis carinii (PC), both of which had been found in men with KS; and other coexisting infections with organisms such as herpes simplex, candida, cryptococcus, and toxoplasma gondii. Parasitic infections and the use of poppers also were mentioned, as well as the possibility of iatrogenic immunosuppression from flagyl. Behavioral theories included "traumatic sex," including "fist-fucking," which Mass acknowledged might predispose a person to spread of enteric pathogens into the bloodstream through abrasions. The current consensus, he reported, was that multiple factors were involved in the outbreak of KS among gay men. However, he concluded that "the single overriding risk factor for developing infectious diseases and KS" was multiple sexual partners and frequency of contacts. He made clear,

"This is not to say that sexually responsible individuals can't get the same diseases, nor does it imply that sexually active individuals are going to contract these conditions because of immorality. It simply means that the more venereal contacts one has, the more likely one is to contract STD's (sexually transmitted diseases.)"

Thus, in the absence of effective treatments or chemical prophylaxis for all STDs, he implied that the prudent course would be to reduce the number of sexual partners. The story was accompanied by an interview with Dr. Alvin Friedman-Kien, accompanied by a boxed plea from Mass for contributions to fund NYU's research on Kaposi's sarcoma. Mass himself, like many physicians, suspected that a virus might be the underlying cause of the immune deficiency, but he was cautious about overstating the case before more evidence was in.

The following month, Mass provided the human interest side of the story through an interview with a person with Kaposi's sarcoma, in which the unidentified man explained how he felt since being diagnosed with KS. His responses are similar to those reported in subsequent articles in the gay and mainstream press, in which people with AIDS expressed fear about being stigmatized because of reports of promiscuity associated with the disease. The man stated that new media reports that the victims had been extremely promiscuous "made me feel terrible, as if I had been doing worse things than normal or respectable people do, as if I had gotten my just deserts (sic)." He pointed out that he had intermittently enjoyed "recreational sex," but also had a lover and was a "fully employed, tax paying, law abiding person" (Mass 1981d).

Mass, who often wrote from plural identity perspectives, as a gay male, American, Jewish, physician, New Yorker, and so forth, was interested in the identity issues facing people

with AIDS. He asked the man about whether his new identity as a cancer patient was as distinctive as his other identities. The man replied that it was, but his new identity as a cancer patient was less powerful than that of someone who may be facing death. He said that he never regretted being gay, but would have liked to have been surrounded during his illness by "an idealized nuclear family." "But I can't regret being gay any more than I can regret being Jewish, American, or human. Gay is what I am" (Mass 1981d:13).

He hoped that if gay men could "embrace the community concept, if we can engage our collective intelligence, courage and maturity, our emphasis will be on the overcoming rather than on the suffering of this disease," which would be one positive outcome. Another would be the opportunity to study KS, which might "help us, as members of the greater human community, to overcome all cancer." The patient also remarked on how helpful he found communication with others with KS to be. "As more of us come together, the more positive that influence will be."

At the bottom of this article was a boxed "Personal Appeal from Larry Kramer," which pleaded for funds for Dr. Friedman-Kien's research at NYU Medical Center, where the majority of New York's KS patients were being treated, as well as to pay for treatment of those who had no money or medical insurance. As he did many times, Kramer couched his appeal by hailing gay readers on the basis of their affiliation with one

another as a "community," albeit a frequently divided one, and urged them to take responsibility for the disease and one another:

"This is our disease and we must take care of each other and ourselves. We have often been a divided community in the past; I hope we can all get together on this emergency, undivided, cohesively, and with all the numbers we in so many ways possess" (Kramer 1981).

The calls for unity, community, in the sense of committing resources, knowledge and sentiment in a common cause that would benefit each and all, were a frequent theme in the rhetoric of gay men with AIDS and activists throughout the 1980s, but particularly in the early years, as people struggled with the isolation and loneliness their illness often created in their lives.

In August, 1981, when the number of cases of KS and/or PCP had risen nationally to 120, Mass interviewed Dr. Friedman-Kien again, to provide an update on these diseases and the underlying immune system disorder. In his preface to the interview, Mass stressed "there's a lot that we don't yet know." However, in response to a request for clarification about the contagiousness or infectiousness of these diseases, Friedman-Kien noted that contagion from one individual to another, despite clusters of cases that were appearing, "is not given much credibility at this time," because "if these diseases were truly infectious, we would expect to see them developing in the relatives, friends, physicians (like myself), and other medical personnel who are in daily contact

with these patients. That's not happening, of course, and we have no reason to suspect that it will." Rather, he was inclined to believe that the people who became ill shared some underlying immune system disorder, possibly with a genetic basis. Use of chemotherapy and radiation in immunocompromised individuals was also briefly discussed (Mass 1981f).

In September, Mass wrote an article for Christopher Street magazine, which examined some of the metaphors associated with the epidemic among gay men, particularly in scientific and lay press reporting about the association of sexual frequency with multiple partners with KS and PCP. He noted:

"To date, the media have declined the temptation to draw explicit associations between the cancer epidemic and social politics....But if the history of thinking about the whys and wherefores of diseases is any indication, moral extrapolations should be anticipated" (Mass 1981g).

Throughout 1982, Mass continued to provide the Native with detailed, carefully researched reports on the immune deficiency in gay men and its associated diseases. In February, he interviewed Dr. David Sencer, the recently appointed commissioner of New York City's Department of Health (Mass 1982b). Mass also tried to reach the gay readers of the Village Voice, which was providing very little coverage of the epidemic. He wrote an in-depth piece for the Voice, "The Most Important New Public Health Problem in the United States," which they declined to publish. The story then appeared on page one of the Native as "The Epidemic Continues..." (Mass

1982c). Mass's reporting throughout 1982 until Spring, 1983 covered a wide range of topics related to AIDS, both medical and political. In January, he made "The Case against Medical Panic," in which he countered the assertion of Michael Lynch in the Canadian gay newspaper Body Politic that AIDS was going to remedicalize homosexuality (Mass 1983a) . In April, 1983, Mass reported that although AIDS cases were still rising steeply, the rates of syphilis and rectal gonorrhea had declined dramatically during the first two months of 1983 (Mass 1983b) .

As the epidemic continued, however, Mass became exhausted and depressed, and by late Spring, 1983, he stopped writing about AIDS for the Native. The story was picked up by other writers, including Ann Guidicci Fettner and James D'Eramo, who wrote extensively about AIDS science and medicine, and the political and social implications of the disease for gay men.¹⁹

¹⁹ Although most of Mass's AIDS information had been presented through feature articles, Fettner and D'Eramo reported on AIDS primarily through the "Science" column. Unlike Mass's carefully objective presentations, theirs often included their personal opinions and news analyses. Through 1986, both Fettner and D'Eramo tended to express some skepticism about whether or not LAV/HTLV-III was the cause of AIDS, consistent with the views expressed by publisher and editor Ortleb; both writers, however, eventually appeared to part company with Ortleb about the role of African Swine Fever Virus or syphilis in AIDS causation, and to accept that the LAV/HTLV-III retrovirus was the necessary (if not sole and sufficient) cause of the disease. Eventually both stopped writing for the Native, primarily because they found better paid jobs elsewhere.

By 1985, Ortleb himself had become deeply involved in overseeing AIDS reporting and editorializing about the focus and politics of AIDS scientific research. When federal researchers seemed uninterested in investigating leads which sounded so promising to him, and as each new treatment touted by the media proved to be disappointing, and as more and more people with AIDS sickened and died, Ortleb's editorials reflected his frustration and rage. He asserted that the government was "lying" about AIDS (Ortleb 1986c) in order to keep the general public from panicking. His editorials began to discredit the research foci and intentions of U.S. government scientists, particularly Dr. Robert Gallo and the CDC, with respect to AIDS. Although he initially reported favorably about Gallo, whom he interviewed for the Native, he soon became disenchanted with him, as well as with Dr. Anthony Fauci of NIH, and the CDC. Expressing doubt that HTLV-3/LAV (HIV) caused AIDS, Ortleb pushed for research into other possibilities, especially African Swine Fever Virus and syphilis. He championed several non-government research scientists, including Jane Teas, Ph.D.; Dr. Mark Whiteside of Belle Glade, Florida; Dr. Stephen Caiazza of New York City; and later, Dr. Peter Duesberg, all of whom were suggesting that something other than HIV caused AIDS.

Although a detailed analysis of Ortleb's reasoning about the causes of AIDS is outside the scope of this paper, suffice it to say that he was motivated in part by a journalistic

interest in watchdogging "big government" and "big science" and by strong cynicism about the good intentions of the federal government and medical science regarding the health of minorities, based on such evidence as the Tuskegee syphilis experiments. Above all, Ortleb feared what the government might do with the information gathered in the course of research on gay men's health and sex lives, which he believed would lead ultimately to remedicalization and/or recriminalization of homosexuality, and possibly, to internment of gay men with AIDS or at risk for the disease in concentration camps. Lawrence Mass and Larry Kramer also were genuinely concerned that things might get really bad for gay men as a result of AIDS, with concentration camps a distinct possibility. In their views, each small parry against gay freedoms led ultimately to their repression and incarceration.

Ortleb, an admirer of Hannah Arendt, was frankly anti-authoritarian. He has been compared to a small-town publisher who mistrusts government "experts" and anyone outside his own small community (Kinsella, 1989:47). Unlike many gay advocates in New York, however, Ortleb believed Mayor Ed Koch was an official whom gay men could trust to stand up for human rights and justice, in contrast to federal or state officials, about whom he felt much misgiving. In May 1985, the Native endorsed Koch for re-election as mayor, as well as an openly gay candidate for the City Council, David Rothenberg, who had

written a column on media coverage of gays for the Native in 1981.

However, Ortleb mistrusted Koch's Health Commissioner, Dr. David Sencer, because Sencer had once headed the CDC, where he had inherited the fallout from the Tuskegee syphilis experiment and was responsible for the disastrous swine flu vaccine program in the 1970s. Ortleb also mistrusted Sencer's successor, Dr. Stephen Joseph, who also had worked at the CDC and took over as New York's Health Commissioner in 1986. Ortleb felt that the New York Health Department under both men's leadership had done nothing positive to prevent AIDS; rather, he perceived their efforts to inform the public about AIDS, particularly those of Joseph, to be largely a public relations campaign that only scared people.

He also criticized the New York State Health Department's response to AIDS, comparing its plan to provide counselors to assist people who tested positive for antibodies to HTLV-3 to Nurse Eunice Rivers, who gained the trust of participants in the Tuskegee syphilis experiments in order to get them to continue to cooperate with the researchers (Ortleb 1985b). He suggested that counselors, like Nurse Rivers, would create an "illusion of medical care when there is no plan for treatment."

Ortleb's primary interest was in pushing government researchers to find a cure for AIDS, not in emphasizing education to change the behavior of gay men in order to avoid

infection. In another editorial in the same issue of the Native, he criticized Jeff Levi of the National Gay Task Force for stressing the importance of education, instead of demanding the development of effective treatments for AIDS (Ortleb 1985b). Although by the end of 1986, the Native had published several articles about safer sex, Ortleb considered most of the recommendations to be self-evident. Emphasizing the tenets of safer sex and reshaping gay social life around them, he believed, played into the program of right-wingers, who wanted to stifle gay sexuality. In this, he and B.A.R. editor Paul Lorch concurred. However, for several years, the Native donated free ad space for Gay Men's Health Crisis, which provided education and a variety of services to people with AIDS in New York City, and in 1985, the Native also printed paid ads with AIDS education messages from the San Francisco AIDS Foundation.

Ortleb, a 31-year-old poet who had majored in English in college, made up for his lack of science background with abundant confidence in his own intelligence and ability to comprehend what he read. He became the major champion of the theory first suggested by Jane Teas, in Lancet (Teas 1983), that African Swine Fever Virus (ASFV) caused AIDS. Ortleb believed that swine fever entered the U.S. in the 1970s and spread rapidly, causing a variety of health problems, including AIDS and chronic fatigue syndrome, which emerged in the mid-1980s and which also seemed to be caused by a virus

(attributed at the time to Epstein-Barr Virus or possibly a new retrovirus).

In 1985 and 1986, Ortleb reported the efforts of Teas and others, including Dr. Mark Whiteside in Belle Glade, Florida, to test the ASFV theory. In addition, Ortleb personally met with some federal and state researchers to urge them to pursue this lead, and generated some mainstream press interest in the story. All of this pressure finally persuaded the CDC to test the blood of AIDS patients for the presence of ASFV. Although the number of samples tested was quite small, the fact that one tested positive and a couple of others were borderline greatly encouraged Ortleb in his belief that he was on the right track.

In July 1985, the Native began its weekly statistics on AIDS cases with the headline "Cases of AIDS or African Swine Fever Virus?" (New York Native 1985:12). By 1986, the word "AIDS" had been eliminated altogether, leaving the headline "Cases of African Swine Fever Virus???" In response to criticism from readers suggesting that he was overemphasizing ASFV, Ortleb wrote:

"Despite the necessity of dwelling on Swine Fever so that it wouldn't be neglected in research, we have kept an open mind about this epidemic, and will continue to do so. Anyone who thinks that there is a blinding party line in this paper doesn't appreciate how many points of view we have published in the past. And will continue to publish" (Ortleb 1985c).

However open-minded Ortleb claimed to be, Jane Teas's difficulty in getting government funding to pursue research on

ASFV and AIDS fed his suspicion that government scientists were lying about the "real" cause of AIDS to protect the U.S. pork industry. The Native's reporting on ASFV was heavily biased in the direction of linking it to AIDS, by whatever means possible. For example, in a May 1986 report on Teas' and James Hebert's research in Belle Glade, Florida, where they discovered a pig farm with 60-80 "sickly" pigs, the headline reads: "Pigs in Belle Glade Test Positive for Antibodies to HTLV-III. Animals May Be Cause of Florida's AIDS Spread." All that supports this headline in the story is the following:

"Are the pigs infected with African Swine Fever Virus? While that remains to be determined by the U.S. Department of Agriculture (USDA), the Native has received an unconfirmed report that the pigs in Belle Glade are testing positive for antibodies to HTLV-III" (Ortleb 1986b).

By 1986, Ortleb also had become interested in a theory advocated by Dr. Stephen Caiazza in New York, that AIDS was actually tertiary syphilis (see Coulter 1987). Integrating this theory with the one that ASFV caused the underlying immune deficiency in AIDS, Ortleb reasoned that the combination of infection with ASFV and syphilis led to full-blown AIDS; without syphilis, infection with ASFV alone caused chronic fatigue syndrome. The syphilis theory may have been particularly appealing to him because an effective treatment (penicillin) was already available and easy to obtain. His main concern then became convincing readers that untreated syphilis was causing AIDS and urging people with AIDS to be tested and treated for syphilis.

Ortleb hoped that the New York Native's assiduous reporting on ASFV and syphilis would eventually reveal not only the true cause of AIDS, but evidence that the government concealed it because they wanted to prevent a public panic more than they wanted to prevent gay men from dying; indeed, that they wanted them to die. He regarded most government health officials and researchers as "liars" (Ortleb 1986c). Ortleb mistrusted Dr. Robert Gallo, and suggested that he and his colleague Dr. Max Essex were "incompetent" researchers, guilty of fraud in pushing HTLV-3 as the cause of AIDS (Ortleb 1985a).

Although Ortleb had interviewed Gallo and initially had reported favorably about him, later he decided that Gallo was homophobic, and more a media star than a scientist, and as such, was fair game for his editorial barbs. To emphasize the scandalous aspects of what he perceived to be the ineptitude of Gallo and Essex and their cover-up of the real causes of AIDS, he headlined his editorial on them "AIDSGATE." This alienated many readers, however, who felt he was being "hysterical" and that his preoccupation with Gallo and Essex, and ASFV was damaging the credibility of the Native (see, for example, Anonymous 1985; Lambert 1985).

In 1985-86, Ortleb and "Science" columnist Fettner persistently criticized researchers at the CDC and NIH. In an article in August 1986, Fettner called for a Congressional investigation of the CDC. She criticized the categories they

used for AIDS cases and risk groups; their surveillance definition of AIDS, for excluding many people with lifethreatening illnesses (then defined as ARC, AIDS-related conditions); suppression of certain avenues of research (e.g., ASFV); and alleged sabotage in CDC laboratories (Fettner 1986a; Fettner 1986b). Complaints about case and risk group categories and the narrowness of the surveillance definition of AIDS were being made by many others at the time, as well, and were being reported in the mainstream press, with some results. In 1986, the CDC broadened its surveillance definition to include other lifethreatening conditions (Osmond 1990a) and in 1992, it did so again.

The Native's crusade against Gallo and the CDC was not supported by many of its readers in New York, who wrote telling Ortleb to get off the soapbox and "get with the program" - that LAV/HTLV-3 caused AIDS, that AZT could be beneficial, and that safer sex was the best prevention. Although the Native lost many readers in 1985 and 1986, Ortleb had reasons to feel justified in his positions and proud of his "little soapbox that roared." Among other things, he could point to the fact that eventually the CDC decided to test ASFV, and the mainstream press began to criticize the government's response to AIDS and Gallo's claims to have discovered the retrovirus that caused the disease.

CHAPTER 5

SYMBOLIC SPACES AND SEXUAL BOUNDARIES: BATHHOUSE DEBATES

Few issues stimulated more discussion or acrimony in the San Francisco gay community in the early 1980s than the possibility that the Department of Public Health would close gay bathhouses or regulate sexual activities taking place there in an effort to control the spread of AIDS. The subject elicited 151 letters to the editor of the B.A.R. between 1981-1986 (125 letters in 1984 alone), 42% of all the AIDS-related letters published over that 5-year period. In 1984, when the controversy about closing bathhouses was at its height, the B.A.R. published 95 letters opposing closure or regulation of sexual activity at the baths, and 13 favoring such steps. The B.A.R. covered the issue in 66 news articles, features, and editorials between 1981-1986, with an additional 3 stories devoted to Dr. Mervyn Silverman, the Public Health Director at the fulcrum of the controversy.

In New York, the threat of bathhouse closure also prompted ferment among gay men. The New York Native published 41 news articles and columns, and one editorial on bathhouse closure, between 1981-86. The majority of these (28) were in 1984-85 (14 each year), when most of the action to regulate sex in bathhouses and other locations was taking place in both cities. The politics of bathhouse closure differed in New York and San Francisco, but the types of arguments made pro and con

were similar in each place, and both gay newspapers gave particular attention to the views of gay activists opposing bathhouse closure and regulation of sex.

The events leading up to closure of the gay bathhouses in San Francisco and New York City have been well-documented (Shilts 1987a; Fitzgerald 1986b; Bayer 1989; Perrow & Guillen 1990). The following discussion will focus primarily on the discourse in the gay press related to the issues of government regulation of sexual activity, with particular attention to the baths, rather than detailing the full sequence of events which resulted in bathhouse closure. This discourse clearly manifests the changing attitudes of gay men during the period 1983-85 about the centrality of sexual activities in defining their social and personal identities and reveals how appeals to identity were used to inspire changes in sexual practices. It reveals the process of claims-making by opposing gay factions using the mainstream and gay press to elicit support for their positions. It also reveals an emerging sense of community that went beyond the rhetoric of gay politics; beyond aggregate celebrations of gay sexuality, e.g., at Gay Freedom Day Parades; and beyond support of gay commercial and business institutions. The new gay community, formed out of a "community of fate" (Barton 1970 (1969):245) facing a common disaster and caring for its victims, reflected the changing life experiences of gay men who daily saw their friends and lovers sicken and die and who were forced to re-examine their

values and the bases of their identity. This process muted the symbolic resonance of the bathhouses and the sex-and-drugs lifestyle they had fostered, and shifted their emotional power as vehicles of gay identity to other objects and activities.

The major issues for gay men related to bathhouse closure had to do with their anxiety about jeopardizing hard-won civil rights to privacy and sexual freedom of expression through a return to government censorship of homosexual practices; suspicion of medical and government authorities, and fears about remedicalization of homosexuality; and concerns about the locus of control of health decisions related to behavior change and risk - whether this should be left to individual decision-making or mandated by law or government. Opponents of bathhouse closure frequently argued along the logical plane of the slippery slope: closing bathhouses would be the beginning of the end of gay freedom of sexual expression because after that, it was only a matter of time before the government would move to close gay bars and other gay institutions, and then recriminalize homosexual behavior in one's own bedroom. For these reasons, even though only an estimated 5% of San Francisco's gay population were regular bathhouse patrons, the issue had enormous symbolic significance for the gay community as a whole.

One argument against bathhouse closure frequently made by bathhouse owners and some gay spokespersons was that they provided an opportunity to reach the most sexually active gay

men (assumed to be those at greatest risk for AIDS) with information and education to prevent disease transmission. If the baths were closed, some gay physicians and others argued, this opportunity would be lost as people practicing high risk sex went "underground." "Out of the tubs, into the shrubs!" was a slogan used frequently in 1983-84 in San Francisco to express this view.

Randy Shilts commented on the irony in this situation:

"For the past decade, spokespeople of the gay rights movement had held endless press conferences to argue against the stereotype that gay men were sex fiends wholly preoccupied with getting their rocks off....many of these same spokespeople were now arguing that bathhouses must stay open because gay men were such sex fiends that they would be screwing behind every bush if they didn't have their sex clubs." (Shilts 1987a:316)

Bathhouse owners in both New York and San Francisco at first resisted health officials' orders to put up educational posters or distribute brochures and condoms because they felt it would be depressing for customers looking for a good time and would reduce their profits. Only the threat of closure from lack of business or government regulation forced bathhouse owners make their premises more hygienic and to provide AIDS information and condoms. A survey of bathhouses in March, 1984 in San Francisco, however, found only partial compliance with health department regulations (Perrow and Guillen, 1990:31). In New York City, a reporter for the Native described a depressing absence of safer sex going on in the gay bookstores, sex clubs and bathhouses he visited in

January, 1984 (Castigliano, 1984).

In both San Francisco and New York City, the directors of public health, Dr. Mervyn Silverman and Dr. David Sencer, opposed closing bathhouses by government fiat, believing that a more effective public health strategy would be to educate gay men to change their high risk sexual activities wherever they occurred. Along with many gay leaders and physicians, they hoped that gay men would vote on the issue with their feet and shut down the bathhouses for lack of business.

Silverman has stated many times that his goal was not to close bathhouses, but to stop the spread of AIDS (e.g., Shilts 1987a:316). He recognized that although a very small percentage (perhaps 5%) of gay men went to bathhouses, a much larger percentage was having unsafe sex, and he hoped that through education and peer pressure, gay men themselves would abandon risky sexual practices and the frequent, anonymous sexual contacts which bathhouses promoted.

Bayer (1989), Shilts (1987a) and others have criticized public health officials in both New York and San Francisco for timidity and vacillation in their approach to the bathhouse issue. Bayer believes they failed to appreciate the ways in which early intervention by health officials could encourage a "public culture of sexual restraint and responsibility." Although he agreed with Silverman and Sencer that this culture could not be imposed from outside, but must take hold and be reinforced among those at risk for AIDS, he believes that

bathhouse closure would have sent a symbolic message that should have been delivered earlier about the importance of self-protection and the protection of others. (Bayer 1989:85).

In fact, that cultural shift may have been boosted by the intense debate in the gay press and community forums about the issues related to bathhouse closure, enabling both observers and participants to thrash out the merits of claims put forward by all sides and to reach a genuine consensus that safer sexual practices and AIDS education were necessary not only to save individual lives, but to safeguard the "gay community." Gay political organizations and the gay press promoted voluntary compliance with safer sex recommendations and more widespread education about AIDS in an effort to forestall government regulation of sexual practices in bathhouses and sex establishments. Gay physicians' groups appealed to ethnic pride and community solidarity in their ads promoting safer sex techniques. Because the call for unity and social responsibility was conveyed from virtually all gay political and cultural pulpits (albeit for different reasons), peer pressure to change behavior was enhanced.

Widespread changes in the sexual behavior of gay men did occur in the early 1980s, through increased recognition of personal risk, as the cases increased and more men knew personally someone who had AIDS; through distribution of safer sex recommendations by gay physicians' groups; through demonstrations of condom use and discussion of gay sexual

practices at some bathhouses, bars, and other community forums; and through the attention given to issues of gay lifestyle, the bathhouse controversy, and safer sex techniques in gay newspapers. Although the behavior changes were not reflected directly in the numbers of AIDS cases recorded, because of the long latency period of the virus, one oft-cited surrogate index of change was the rate of rectal gonorrhoea, which plummeted by 75% in San Francisco between 1982 and 1984 (Silverman, 1986:4) and by 59% in New York City between 1980 and 1983 (Judson 1983). However, as AIDS cases continued to increase despite educational efforts, public health officials faced increasing public pressure to "do something" about it. Although several gay bathhouses and other sex-related businesses had already shut down for lack of business, the mayors of San Francisco and New York City, among others, demanded that public health officials close commercial establishments that promoted "aggressively promiscuous" sex, as New York Governor Mario Cuomo put it (Adkins 1985a:11)

In San Francisco, the bathhouses were closed in 1984 by Silverman, and then reopened in 1985 by court order, but with requirements that bathhouses modify their physical facilities and monitor the sexual activities of patrons so as to discourage high risk sex and assure compliance with safer sex guidelines developed by the San Francisco AIDS Foundation. In New York City, public health officials decided to comply with and enforce regulations drawn up in 1985 by the state Public

Health Council on the recommendation of the New York State Commissioner of Health, Dr. David Axelrod. The regulations barred all bathhouses (gay and straight) from allowing high risk sexual activities (defined as anal intercourse and fellatio) on the premises. Commercial establishments allowing such activities would be regarded as public health nuisances and subject to closure and fines. Because the Public Health Council regulations did not restrict vaginal intercourse, which was a known route of HIV transmission among heterosexuals, and cited fellatio, which had not been clearly shown to transmit HIV, the regulations were denounced not only by gay men, but also by several politicians and health officials in New York City, as ineffective in stopping HIV infection and discriminatory against homosexuals. In the New York Native, Darrell Yates Rist argued that by ignoring the risks of unprotected sexual intercourse among heterosexuals at straight sex clubs, the regulations allowed HIV transmission among heterosexuals to continue unabated (Rist 1985:19). Gregory Kolovakos, chair of Manhattan's Gay and Lesbian Anti-Defamation League wrote to Axelrod that by outlawing in certain environments the only two means of male homosexual intercourse, while ignoring the risks of vaginal intercourse, the Public Health Council made clear its intention to suppress homosexuality itself. (Kolovakos, 1986:7).

Although some gay bathhouses were closed in New York City for violating regulations of sexual activities, most closed

because of lack of business. In San Francisco, no bathhouses remain open officially, but some sex clubs have reopened clandestinely, and in both cities a small segment of the gay population continues to engage in high risk sexual activities despite years of education.

Bathhouses as a dominant symbol for gay men:

In the late 1960s and early 1970s, with the rise of the women's movement and the gay movement, sexuality began to be perceived positively as an identity marker not only for individuals but for classes of people. Both straight women and lesbians became conscious of and articulate about the ways in which their gender and sexuality served as a social boundary, keeping them from equal jobs, equal pay, and equal rights in many areas of life, including intimate personal relationships. Similarly, gay men began to publicly delineate and protest the ways in which their sexual orientation served to keep them from full equality with straight men in terms of civil rights and social acceptance. During this process, gay men transformed the meaning and symbolic significance of several formerly negative aspects of their collective experience, making what had been a source of shame a source of pride. Part of this involved a change in self-presentation and social and political style, from the effeminate image of the drag queen and the self-deprecating satire of "camp," which had predominated during the 1950s and 1960s to the strong, muscled

cowboy, and leather-clad biker and "clone" images of the 1970s and 1980s. This gay self-image reflected a new toughness, activism, and self-esteem, which emerged after the Stonewall Riots, out of the experience of the Vietnam War, in which many gay men fought, and out of the protests which brought the war to an end.

Part of the transformation in style also involved "sleaze," a term which described certain sexual practices and attitudes, as well as a type of disco dancing which combines sex and dance. The use of the word as a noun marked a shift of consciousness among gay men about their sexuality and a new attitude that what had been "bad" was now good (Stambolian, 1982:11). Such reversals may reflect a general process of collective self-affirmation arising out of efforts by stigmatized or disenfranchised populations to become recognized and empowered. In the 1960s and 1970s, for example, Blacks began to use the word "bad" to mean "really good"; recently, young gay and bisexual people transformed the former pejorative "queer" into a positive term of self-identification.

In his analysis of sleaze, Stambolian acknowledged that most gay men in the United States were no more devoted to sleaze as a style than they were to the camp of drag queens, but the term signified experiences to which most of them could relate, if only through imagination based on mixed feelings about their sexuality. For many gay men who came out in the

By necessity, sleazy sex in tearooms, backrooms of bookstores, alleys, and other places, was usually silent: neither partner spoke to one another except to establish what was to be the nature of the exchange. Revealing names or engaging in ordinary, friendly conversation, made the transaction too personal, too dangerous. When the merely sleazy became transformed into the sexual theater of "sleaze," anonymous sex became a positively valued genre of sexual interaction. Hence, the refinements of "glory holes" in bathhouses, where one partner could be serviced by another without ever seeing his face. However, even before AIDS made such contacts life-threatening, anonymous sex was becoming politically incorrect for other reasons.

"Anonymous sex is widely condemned, even by many who engage in it, because it supposedly creates a division between our sexual existence and our existence as full human beings. Since such a division long existed in gay life because of our fear of exposure, anonymity is doubly suspect. It may even be that the silence that once served to protect our identity now serves primarily to protect our fantasies." (Stambolian, 1982:13-14).

Thus, even as gay men were "coming out" in greater numbers and revealing their homosexual identities more openly in the social and political arenas, impersonal forms of sexual contact (glory holes, anonymous "orgies," serial and multiple partners at bathhouses, and "dirty dancing") were still prized. Stambolian suggests that this was "because it is understood that the intrusion of individual personalities would change the nature and diminish the intensity of the

experience.... This kind of transcendence of the personal seems also to be a real human need" (Stambolian, 1982:14).

The transcendence of the personal and merging with others with whom one identifies as "one" underlies many forms of religious experience, including cult indoctrination and practice, as well as the bonding that takes place through secular rituals and practices designed to reinforce group ideology, identity and cohesion (Trosset, 1988; Ewing, 1990; Turner 1969:198). Anonymous sex in places where homosexuals could congregate freely without fear, such as bathhouses, allowed for the transcendence of the personal burden of being gay in a society that accepted homosexuality only conditionally and grudgingly, if at all. Just as members of a cult or soldiers in a cadre are united in a sense of common identity and purpose through special practices and emotionally charged group experiences, in bathhouses both the dangers and thrills of anonymous, "sleazy" sex were shared with and among many. For a sexually based collectivity, the icons (and weapons) were the sexual organs. Thus, for many gay men, anonymous sex in a communal setting, such as a sex club or bathhouse, had become a kind of dominant symbol (Turner, 1969:28), which linked them together impersonally, yet profoundly, through an experience of *communitas* (Turner 1969:137).¹ Trosset believes

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"Communitas is an experience of unity because that aspect of their identity which they share is being communicated to people and experienced by them so strongly that they lose all consciousness of any other aspect of themselves." (Trosset, 1988:178)

For gay men, communitas could be experienced in a few other collective activities, such as participation in the annual Gay and Lesbian Freedom Day Parade, street demonstrations for gay civil rights, and memorial rituals, such as the march to commemorate the death of gay Supervisor Harvey Milk. But bathhouses offered a more direct, collective affirmation of sexual identity. This may explain, in part, why the issue of closing gay bathhouses was so emotionally charged. Not only was it politically threatening to the freedom of sexual expression gained by the gay liberation movement, it also threatened some gay men with a loss of emotional security insofar as bathhouses were one of the few settings in which they felt spiritually connected (albeit through physically ecstatic experiences) to other people like themselves. Although the majority of gay men did not patronize bathhouses nor regard them as zones of safety, the experience of repetitive sexual "cruising" and sex with multiple partners was understood and shared by most gay men who came out in the 1960s and 1970s. As Carol Trosset (1988:177) observed, ideology requires certain behaviors of its believers: "...thus behaviors become the material forms of beliefs and ideas."

The repetitive re-enactment of one's homosexuality (not shared. (Turner 1969:137).

simply the acknowledgement that one was gay) through multiple sexual encounters was a rite of self-affirmation and reference group identification for many gay men, an experience perhaps made more graphic in a group setting (such as a bathhouse), or through group sexual experiences, such as "orgies." Self-identification as a gay person (someone openly homosexual) was therefore facilitated and reinforced in bathhouses, at the same time as personal privacy was preserved through relative anonymity of the sexual encounters.

The social claim to a gay identity, effected through the personal ritual of "coming out," usually involves a loss of anonymity, both through making oneself known to other gay people and through acknowledging one's homosexuality to heterosexuals, risking the stigma that may involve, and recasting oneself as "gay person." Attending bathhouses to engage in homosexual practices with and among others like oneself did not necessarily involve one's public identity. In fact, the markers of those other "selves" (including clothing, occupation, accent, or social class) could be shed or hidden, and other identities adopted through fantasy. What was gained in the privacy of bathhouses was the possibility of losing oneself in relative safety, in pleasurable ways, losing the stigma of a public identity and finding affirmation of one's sexual identity apart from the public's censorious gaze. Thus, protecting sex clubs, bathhouses, and the activities which took place there appeared to many gay men, even those

who never or rarely attended a bathhouse, to be central to preserving the right to free expression of homosexual desire (see Padgug 1987:39). The bathhouses became the beachheads of a battle to conserve the gay subculture created in the 1970s, as well as gay civil rights.

AIDS prompts re-evaluation of gay sexual practices

The issue of shutting down gay sex establishments was raised intermittently in articles and letters in the gay press almost as early as the first reports about AIDS were being publicized and the possibility of sexual transmission was raised. As early as July, 1981, the New York Native's medical writer, Dr. Lawrence Mass, raised the issue in an interview with Dr. Alvin Friedman-Kien, professor of Dermatology and Microbiology at NYU Medical Center, and one of the first physicians to diagnose and care for people with AIDS (Mass 1981c:20). Friedman-Kein said he didn't see gay establishments being closed "unless it could be shown that there were a specific communicable disease being spread from a specific location because of that location. The frequent sexual exposures that may take place at some baths or bars with back rooms are unquestionably a factor in venereal disease transmission. But the location itself is not the issue." (Ibid.). This would become an important debating point for those trying to preserve gay bathhouses in the years ahead.

By 1982, gay men had already begun to accept the possibility that something in their lifestyle was associated with the spread of AIDS. Various multifactorial theories first posited by epidemiologists and physicians were discussed in the gay press, including multiple sexual contacts, drug and alcohol abuse, and the debilitating effects of little sleep, poor diet, and careless hygiene. The general theme was that AIDS resulted from excess, explained as a cumulative breaking down of the immune system under the onslaught of multiple infections (sexually transmitted diseases) or exposure to too much sperm from too many bodies, or too many chemical exposures (to poppers, speed, or other drugs), and a failure to restore and renew the depleted body through rest, proper nutrition, and lowered stress. In the absence of anything more specific to offer to prevent AIDS, physicians advised moderation of the hectic disco-sex-drug lifestyle.

The focus on lifestyle factors raised the hackles of gay men who thought this smacked of "blaming the victim," and who were mindful that discussion of gay lifestyle in the mainstream press reinforced the association between homosexuality, sickness, and debauchery in the public imagination. However, the theory of excess offered the possibility that AIDS could be prevented solely by reducing the numbers of anonymous sexual contacts, multiple exposures to semen, and other "bodily fluids." Some gay men took this to mean specifically fecal matter, and became preoccupied with

colon hygiene, a fad promoted through ads and letters to the editor in the B.A.R. until late 1984 (see: Perkins 1982). In addition, chronic untreated intestinal parasitism was explored as a possible cause of AIDS in several B.A.R. columns. Intestinal parasites were widespread among gay men, and like other sexually transmitted infections, were regarded by many to be like a hangover, a predictable consequence of late night partying. The parasite theory was briefly endorsed by editor Paul Lorch, who printed several boxed messages urging gay men to get diagnosed and treated if they had symptoms (see Pearce 1983a, 1983b; Lorch 1983d).

However, serious questions about the health consequences of the gay lifestyle were raised only sporadically in the gay press in 1981-82. As Randy Shilts (1987) pointed out, much of the early rhetoric about AIDS was designed to "curb the panic", urge gay men to take care of their health, and keep the government from interfering in gay sexuality. At first, any attempt to make discussion of promiscuity or drug use part of the public agenda was met with the argument that they were "blaming the victims" and giving comfort to the enemies of gay liberation, the "Queer Baiters" and Moral Majoritarians (see Straight 1983).

In late August 1982, in the first B.A.R. editorial to raise the issue of changing gay lifestyle, Wayne Friday asked, "Is the Party Over?" (Friday 1982:6). Worried that Kaposi's sarcoma and *Pneumocystis carinii* pneumonia were "probably

going to do more damage to the image of Gay people than they will ever do to their health," Friday urged gay men to take a hard look at themselves:

" A constant treadmill of drugs, sex and partying will burn anyone out...[but] our main concern now shouldn't be trying to find out who's susceptible and who's not, but why these diseases suddenly found such a comfortable home in the urban Gay community. Maybe we need to look at ourselves, at what we're doing and why we're doing it."

He framed the question squarely in terms of gay identity: "Are the bathhouses and sex clubs, the poppers and MDA, and the assemblyline of 'tricks' and 'lovers' really what being Gay is all about?" Like others considering what to do at the time, he did not advocate abolishing any of that, just "not on a constant basis... a way of life." In early September, in a letter headlined "Lethal Lifestyle", Arthur Evans warned: "You can't disco and popper your way to Gay liberation. The lifestyle we have created for ourselves is as lethal to us as the Moral Majority" (Evans 1982b:7).

The first mention of bathhouse closure in the B.A.R. was in a letter to the editor in the last issue of 1982. Warning readers that AIDS might become a devastating epidemic, the letter writer urged gay men to disavow sex club memberships and gay publications to restrict advertising by these establishments. "Let's face the facts, men," he wrote, "Our club activities are breeding grounds for a possible leper colony." He also called for a "campaign to close the baths," which he acknowledged was a "radical move" but in the best

interests of gay men. (Concerned 1982:8). Paul Lorch replied in an Editor's note:

"Until we know how, where, when and why AIDS is transmitted, we feel your suggestion is presumptuous and penalizing. Would we next want to close down Gay restaurants and Gay churches if we discovered the virus passed via the common cold?" (Lorch, in Concerned 1982:8)

This argument by logic of the slippery slope would be repeated again and again by those resisting bathhouse closure.

In the same issue, B.A.R. published an unscientific survey of gay bathhouse owners, who reported no decline in bathhouse attendance and two reported an increase (Kraus, 1982:16). However, by mid-1983, business was down and to improve attendance, some bathhouse owners began to profess concern about their patrons' health. In March, 1983, the Caldron advertised its "J/O parties" in the B.A.R. by reassuring patrons: "You don't have to become a monk...." The ad invited patrons to spend more time with fewer partners, to "clean up well after playing each time," and to "discover how hot and satisfying sex can be without the exchange of bodily fluids." It urged patrons to get checked for parasites, "love yourself, get plenty of rest, exercise, and good nutrition, and cut down on your recreational drugs" (Bay Area Reporter 1983). The bonhomie was lost on at least one BAR reader, however, who protested that the ad was not only in bad taste, but "One person in a club like that with KS (that doesn't care - or know) is dangerous to your health and life." (Damann 1983). A similar ad from another bathhouse in June, 1983, also

stressed hygiene as a safety measure against AIDS, and offered customers condoms, douches, surgical scrub soap in the showers, germicidal mouthwash, sterile linen and towels, and bunks cleaned with germicidal detergent. The ad claimed that the connection between AIDS and sex was only suspected. In a guest column in B.A.R., the Caldron's owner acknowledged that its attendance was down, and that two other bathhouses were closing. "Most bathhouse and sex club owners, being human, are feeling very threatened. Not only do they have their own health to think of, but their economic positions are threatened as well." (Slate 1983:14). However, he claimed that his bathhouse had changed from a "sleazy club" to a place where better hygiene was encouraged, and risk reduction techniques were publicized. Similar claims were made by bathhouse owners in New York City.

Several of my informants alleged that gay bathhouse owners cynically manipulated the symbols and shibboleths of gay liberation and identity to protect their lucrative economic interests vested in the gay sexual marketplace. For example, at a meeting between bathhouse owners and physicians at San Francisco General Hospital's AIDS clinic, one bathhouse owner remarked to a dismayed Paul Volberding, MD: "We're both in it for the same thing...money. We make money at one end when they come to the baths. You make money from them on the other end when they come here" (Shilts 1987a:421). This type of attitude made health officials and physicians skeptical

about the sincerity of bathhouse owners in enforcing safer sex activities on their premises.

In a provocative essay in the Native in December, 1982, entitled "We Know Who We Are," Callen and Berkowitz rapped the notion that talking about gay promiscuity was equivalent to "blaming the victim" (Callen and Berkowitz 1982). Rather, they urged gay men to give serious consideration to changing behavior if they were to survive, including the possibility of closing the gay baths. They were promptly denounced as "sexual Carrie Nations," in the Letters column, and by a columnist Charles Jurrist, who rebutted their argument by saying that there was no proof that AIDS was caused by an infectious agent that could be sexually transmitted (Jurrist, 1982).

By 1983, however, gay men were facing the strong likelihood that AIDS was caused by a transmissible agent, probably a virus. Early epidemiologic research showing that clusters of people with AIDS had had sexual relations with one another were strongly suggestive that this was a sexually transmissible disease (Centers for Disease Control 1982a). By the end of 1982, cases of AIDS had been reported in hemophiliacs and an infant who had received a blood transfusion (Centers for Disease Control 1982b, 1982c, 1982d), lending further support to the idea that AIDS was caused by a transmissible agent and raising concerns among health officials, publicized in the mainstream press, that it might

be "spilling over" into the general population. Gay men had mixed feelings about what social repercussions for them might devolve if a single, transmissible agent causing AIDS were identified. The potential repercussions included "the specter of quarantine and testing which permits blood donor programs to stigmatize all gay men and all members of the affected groups with 'bad blood' status." (Mass 1983b:19) Furthermore, gay men feared that their sexual freedom would be threatened:

"It is the CDC's 'authoritative' endorsement of the likelihood of a new germ which poses the greatest threat of the bathhouses being shut down. By linking the powerful and emotional issue of 'innocent' infant deaths and 'bad' gay blood in the public's imagination, the CDC and certain unwitting researchers may be handing the conservative forces in our country the most powerful political weapon since Judaism in Nazi Germany or communism in McCarthy's America. Those who fear linking promiscuity with the present epidemic should consider the far more dangerous implication already circulating in the national media: that gay men are carrying and spreading a fatal, cancer-causing virus." (Callen and Berkowitz, in Mass 1983b:19)

However,

"... some of us must also admit that the single-agent theory has seemed seductive because it may work more successfully (in the long run) against public stereotypes of AIDS victims as pleasure gluttons than does the multifactorial theory. In the multifactorial perspective, promiscuity is the critical factor. In the single-agent perspective, promiscuity is also a critical factor, but the disease is more easily rationalized as bad luck." (Ibid.)

Focusing on promiscuity and popper use countered the idea that all gays were infected (and potentially infecting) to the populace; it theoretically protected the majority, while subtly suggesting that the minority who were ill were

"responsible" in some way for their disease. This reasoning enabled some gay men to rationalize that only the fast-lane gays were getting AIDS and therefore, only those who persisted in it deserved to be stigmatized.

Avoiding People With AIDS: Stigma within Stigma

The effort of some gay men to distance themselves from people with AIDS, both to avoid the disease and its stigma, took several forms, ranging from numerous incidents of abandonment or rejection of people with AIDS by lovers and roommates, to a reluctance by organizers of the Gay and Lesbian Freedom Day Parade to include people with AIDS among the speakers until 1983. It was also evinced in several letters to the editor in the B.A.R. complaining about sightings of people with AIDS at gay bathhouses and sex clubs. In September, 1982, rumors began to surface that people with Kaposi's sarcoma had been seen at San Francisco bathhouses. A letter to the B.A.R. urged the editor: "Please acknowledge this information so that we attending such places can at least make an aware choice as to our possible exposure" (Claremont 1982a:8). Editor Paul Lorch acidly replied: "We acknowledge the writer's concerns. As for the answer to the dilemma - one can always move back to Chico or wherever viruses don't live." In the next issue, the same letter writer wrote again to complain about Lorch's response: "The public, e.g., gay brothers, should be aware and make choices as to their

exposure to baths and glory holes. Also, an open letter to KS men addressing their sexuality would be helpful" (Claremont 1982b:7). (The very term "KS men" underscores this writer's interest in designating them a separate species.) In November, another B.A.R. reader demanded:

"What in hell kind of community do we have anyway when our KS victims go fucking at the baths and sex rooms?? Is that representative of gay love or liberation? That's not even basic human concern. If that's gay lib then I'd rather be in Chico than S.F.... Maybe someday we will all be more caring and even learn to have sex WITH each other instead of AT each other. This may take some time, and if we don't fuck ourselves to death first - hope to see you around." (Dan 1982:7)

Stories about AIDS patients cruising in bathhouses and bars around the city eventually took on the quality of an urban legend during this period, the same stories repeated over and over again, with only small changes in setting and characters. After columnist Herb Caen reported in the San Francisco Chronicle that three AIDS patients had been caught in a bathhouse by their doctor, a reader wrote to the B.A.R. editor demanding that the gay community

"...do a better job of policing their own image and safety via issuing their own form of a 'scarlet letter' to identify those who possess AIDS - maybe a big red "A" on their forehead (or organ) or to place them in exile similar to the old leper colonies until more has been learned about the disease and a cure...has been found for it." (Heisterkamp 1983:7).

As late as 1985, the New York Native's editor, Charles Ortleb, reasoned that bathhouses actually protected the majority of

gay men from those who were infected through "auto-quarantining":

"By closing down the baths won't the homophobes and the gay do-gooders actually let loose men who are more likely to be HTLV-III positive into the midst of a population of gay men who are less likely to be HTLV-III positive?" (Ortleb 1985d)

Some argued, however, that expelling people with AIDS from the baths or closing bathhouses would create a false sense of security, because many gay men probably had the disease without knowing it. Furthermore, "If we believe that AIDS patients are a threat to us, it can only be because we believe that we are a threat to ourselves, that we believe ourselves to be incapable of acting with aware purpose and appropriate restraint" (Kelley 1983).

Promoting safe sex offered a "clean" image of homosexuals for public consumption, at the same time as it offered a practical form of prevention, regardless of whether promiscuity or a transmissible single agent was the cause of the disease. Callen and Berkowitz emphasized that being the victim of a disease does not preclude the possibility that personal habits may encourage the development of certain diseases. They wrote:

"The analogy we would propose for AIDS in gay men is a smoker who develops lung cancer. It would be pointless to 'blame' the smoker for his disease or for the smoker to waste time feeling 'guilty;' but it would not be inappropriate to state that the smoker must bear some responsibility for his condition." (Callen and Berkowitz, in: Mass 1983b:19)

This modest proposal that gay men take some personal responsibility for health-related behavior was reiterated in a tirade by Larry Kramer, printed on page one of the Native, the B.A.R., and other gay newspapers nationwide, which asserted that although AIDS cases now numbered "1,112 and Counting...", everyone concerned had their heads in the sand (Kramer, 1983). In a jeremiad that galvanized thousands of gay men into political action and self-examination about their risks for AIDS, Kramer condemned all and sundry, from politicians who neglected gay issues to gay men "who think with their cocks," "guys who moan that giving up careless sex until this blows over is worse than death," to closeted gays, gay physicians, the gay press, and all who told him not to create a panic (Kramer 1983:16).

"If we can't get our own papers and magazines to tell us what's really happening to us, and this negligence is added to the negligent non-interest of the straight press (the New York Times took a leisurely year and a half between its major pieces; the Village Voice took a year and a half to write anything at all), how are we going to get the word around that we're dying?" (Kramer 1983:16).

In an editorial in the same B.A.R. issue in which he placed Kramer's article on page one, Paul Lorch acknowledged that despite urgings from health professionals, "This space - for that matter the entire paper by editorial fiat - has been sparse in its coverage of what we have come to know as AIDS" (Lorch 1983a:6). "The one position we have taken is to portray that each man owns his body and the future he plots for it. And he retains ownership of the way he wants to die..."

However, he said now the B.A.R. would "up the noise level on AIDS." His editorial stance, however, remained much the same:

"In deadly earnest, only one message seems worth passing on. The time has come for each Gay male to take responsibility for his own life. By that I mean it's totally up to 'me' what I do with, about, for, to, or against myself." (Lorch, 1983a:6)

In another editorial later that month, he extended this by stating that the gay community should be primarily responsible for itself: "One sentence repeats itself in my thoughts: 'It's our disease (our sickness and dying) and how we deal with it is our business. What's more, it's our business to deal with it.'" (Lorch 1983b:6). Larry Kramer went further: "This is our disease and we must take care of each other and ourselves. In the past we have often been a divided community; I hope we can all get together in this emergency, undivided, cohesively, and with all our numbers we in so many ways possess" (Kramer 1983:17).

This articulation of ownership related to AIDS, reiterated many times by gay activists in the years that followed, marked a small shift from a reactionary, defensive posture to one that offered the beginnings of empowerment. By defining the situation in terms congruent with gay liberation ideology, Lorch made it possible for himself and his readers to identify the disease as an arena for personal and political action, similar to other struggles they had experienced, to be fought on similar terms. This explanatory model was emotionally reassuring and re-orienting for those bewildered

about how to combat a threat of then uncertain origin, and it influenced both the conflict about bathhouse closure and the success of appeals for "safer sex", which relied on personal responsibility, as a means of preventing HIV transmission among gay men. Lorch went on:

"The plague doesn't belong to the University of California Medical Center, nor does it belong to the Department of Health. And least of all is it the property of the Center [sic] for Disease Control in Atlanta. These people are there to advise us, to suggest treatments, to keep statistics....It isn't as it once was when the medical men housed the knowledge, and the patient housed the ignorance. Similarly, the answer to the plague doesn't lie with the government - be it local, state, or federal....Likewise, this plague (a word we've been advised not to use, except that it fits) doesn't belong to this newspaper. It doesn't belong to the bathhouses It's all too easy to start pointing the finger - and out of our fear to bellow, 'Over there! They're the ones' and we find ourselves directing our wrath on a somebody, an anybody." (Lorch 1983b:6)

This editorial set the tone for Lorch's position on the bathhouse controversy: the gay community should deal with it, not government, and the way to deal with it was through personal responsibility for one's own actions; however, he never took the next step, which would have involved endorsing safer sex practices - that smacked too much of a paternalistic "new moralism" which he saw lurking behind advice about hygiene and modifying sexual behavior.

"Everyone...knows the AIDS stakes. If they don't or they don't care, that's their fault and their business. The baths, it seems to me, will take care of themselves. If they serve no function, they will wither and die out....I might hate what may be the result of what goes on in the baths, but I will

fight to the death for their right to do it."
(Lorch 1983c).

This stance also underlay his willingness to publish a range of information and opinion related to AIDS, all of which he did not necessarily endorse, including the views of those calling for cooperation with government authorities to enforce standards of sexual behavior in bathhouses. But he considered them to be "homosexist," "collaborators with the enemy" and traitors to the cause of gay liberation (Lorch 1989).

Lorch opposed closing bathhouses by political fiat, labelling that a strategy of the Women's Temperance Union: smashing the bar as a response to alcoholism. At the same time, he was disinclined to battle to save the baths, because he saw many of the bathhouse owners as "socially irresponsible profiteers" (Lorch 1989:5). Although he shared with Silverman the belief that educating gay men about their risks could put the bathhouses out of business, he did not assist Silverman's educational objectives through his editorials. Like Charles Ortleb, the Native's editor, his suspicion of government health officials and his interest in maintaining "objectivity" as a journalist prevented him from taking a position directly supportive of safer sex guidelines. Lorch and Ortleb, like some mainstream reporters, resisted efforts of physicians to get them "on the bandwagon" by endorsing their messages about AIDS. This was not only because they mistrusted a profession which had classed homosexuality as a disease, but because as

journalists, they did not want to be seen as vehicles of propaganda for any viewpoint. Of course, this was disingenuous in a way, because in editorials they propagandized their own views, which tended to be idiosyncratic, but consistent with gay liberation ideology.

As Ronald Bayer (1989) has observed, gay political thought tended to be libertarian, as a result of bitter struggles (not yet ended) against statutory prohibition on homosexuality and socially sanctioned patterns of discrimination against homosexuals. "Indeed, despite the language of community that filled the columns of the gay press, a radical, almost asocial individualism inspired much of the early rhetoric about bathhouses." (Bayer 1989:84).

"The dominant voice projected by the gay press was antistatist. It was hostile to claims that the defense of public health by government officials might rightfully entail restrictions on commercial establishments serving the sexual desire of their gay clientele, hostile to the suggestion that the gay community act to force changes in the institutions providing the setting for anonymous sexual encounters that could lead to the spread of AIDS" (Bayer 1989:83-4).

A gay reporter explained to me the libertarian gay's dilemma about people who engaged in high risk sex, as follows: "If a person wants to commit suicide, they should be allowed and there shouldn't be any law against it." However, endangering someone else's life through such activities was problematic, because "killing someone else is the violation of the civil liberties of another person. If you violate your own

civil liberties, that is a private matter. If you ignore education [about safer sex], you could say that a person with a penis is like carrying a gun, and you could outlaw all penises, but realistically, that's not going to happen. I think it comes down to a matter of choice."

Thus, "ultimately each individual is responsible for himself" was the philosophical stance most often taken by gay opponents to bathhouse closure, including gay physicians' organizations. As stated by Dr. Neil Schram, president of the gay American Association of Physicians for Human Rights, doctors had an obligation to educate and warn about high risk behavior, but neither they nor the state should enforce behavioral standards. "Repeating the leitmotif of virtually every pronouncement in the organized gay medical community, Schram concluded that though he and his associates sought to discourage sexual behavior that might increase the risk of AIDS, 'we cannot and will not support any effort to enforce that viewpoint'" (Bayer 1989:84). Jon Howard, MD, a gay physician writing in the Native in December, 1982, urged gay men to make their own health policy decisions instead of leaving it to the CDC or other government agencies, because if gay men didn't do this, the CDC would (Howard 1982).

Encouraging Lifestyle Changes Through Appeals to Ethnicity and Community

In May, 1983, the B.A.R. published a strongly-worded letter from gay activists Ron Huberman, Bill Kraus, and Cleve Jones, which said that despite the suffering of so many AIDS patients and the pleadings of physicians, "there are those who insist on believing that there is no relationship between AIDS and sexual contact."

"Are we so insecure about homosexuality that we don't understand that telling the theories about sexual transmissibility will save Gay people's lives, but implies nothing bad about being Gay at all? Don't we understand that the fact that this disease agent is loose among us is no more a condemnation of being Gay than keeping people out of the ocean during a severe undertow is a condemnation of swimmers?" (Huberman, Kraus, & Jones 1983).

Citing the growing numbers of AIDS cases nationally, and the number of people they knew personally who had died, they appealed to readers to think less about a possible backlash from straights if gay men acknowledged the possibility of sexual transmission, and more about spreading the news to "our people so that we can protect each other.[my emphasis]" The letter was both a rallying cry and plea, which made reference to important symbols of gay men's personal and social identity in order to invoke in the readers feelings of common destiny and communal responsibility.

"This difficult time will bring us closer together, and it will help to forge a Gay community which has been developing over decades of struggle. As individuals and as a community, we have survived

all of the crises which have confronted us in what is still a homophobic society. We have fought it alone, in our private lives, in coming out; and we have fought it together, in the streets when they killed Harvey and on the ballot when they tried to take our rights away. And out of that shared pain and triumph, and the overwhelming desire to be free, we have built a community. Now that community will sustain us - and, ultimately help lead us to another victory - in this crisis which is more grave than all the other crises" (Ibid.).

After presenting their personal credentials as gay liberationists, who had lived the same lifestyle as other Gay men and faced the same choices, they modeled a new behavior:

"We have stopped going to baths and similar places....We have decided to listen to the doctors who say that the risk of transmission of AIDS is through bodily fluids - urine, semen, blood, fecal matter - and to avoid sexual practices that involve contact with or ingesting these fluids."

The letter ended by reassuring readers that they shared something deeper than quick and easy sex, and that they could survive if they took certain personal and political actions, outlined in the final four paragraphs, each beginning with the positive predicate "We can...." Among these actions were: insist that AIDS not be used as a pretext for homophobia; communicate that gay men could take care of themselves, but cooperate with others to end the epidemic; continue to be "proud of who we are" and insist on maintenance of gay rights; and "spread the word to our people that might help save their lives" (Ibid.).

The common denominator among gay men, this letter suggested, was not simply sexual attraction and sexual

expression; it was time to shift perspectives to other emotional, altruistic bonds, viz., community spirit, self-preservation and preservation of others through responsible actions. This, as Bellah et al. pointed out, bespeaks identification with a "community of solidarity," in which the individual does not act simply in his own self-interest, but behaves as a citizen who fulfills his public identity through civic action of various kinds (Bellah, et al., 1985:160). For gay men, the AIDS epidemic provided numerous opportunities for civic action, from volunteerism on a broad scale to raise funds, provide services to people who were sick, educate peers and the wider society about AIDS and the experience of illness, forge alliances and coalitions with other groups to secure adequate attention to the needs of those at risk and infected, and extend political activism into new arenas (Altman 1986). The appeals to gay identity and community sounded by Larry Kramer, and later by Huberman, Kraus, and Jones became a cornerstone of AIDS activism in the years ahead. As Lawrence Mass observed,

"For the foreseeable future, those of us who will continue to cherish principles of sexual freedom, tolerance, and fulfillment will not have the luxury of taking for granted associated health risks. Even if miracle cures were suddenly to be made available by a utopian medical establishment for every known sexually transmitted disease (STD), new STD's would arise. For the foreseeable future, STD's will remain a health risk for those men and women, straight, bisexual, and gay, whose lifestyle preferences include many different sexual partners. For the immediate future, this risk is likely to increase" (Mass, 1983a:23).

CHAPTER 6

"BAD BLOOD": BOUNDARY MAINTENANCE THROUGH ANTIBODY TESTING

Fears of new stigmata

In July, 1984, almost as soon as an antibody test for HTLV-3/LAV (now HIV)¹ was developed but before it was generally available, the gay press began to report that physicians and researchers were uncertain about what a positive antibody test result meant, in terms of the likelihood that those testing positive might progress to AIDS. In light of this uncertainty, and with no vaccine or antiviral treatment yet available, testing seemed to offer no assistance to those who were infected, but plenty of ammunition for those who wanted to draw boundaries around them.

Concerned that if positive antibody test results were made known, it would be used as a surrogate marker for homosexuality, a means of screening out homosexual employees or denying them medical or life insurance, gay men opposed taking the test unless it were done anonymously. Another danger was the possibility that men who tested negative might retreat from safer sex practices, believing themselves no longer to be at risk for AIDS. Therefore, whether test

¹ In 1986, the International Committee on Taxonomy of Viruses renamed the retrovirus which causes AIDS the "Human Immunodeficiency Virus" (HIV). In this chapter, however, I use the term "HTLV-3" for the sake of consistency with terminology used in quoted material, which pre-dates the name change.

results were positive, negative, or unknown, the advice given to gay men was the same: practice safer sex and try to maintain a healthy, stress-free lifestyle. Taking personal responsibility for protecting oneself and preventing infection of others remained the primary strategy against AIDS promulgated by gay physicians, AIDS organizations, and increasingly, gay newspapers.

As with the issue of bathhouse closure, much of the gay press coverage of HIV-antibody testing was framed in terms of protecting gay men's rights to privacy. At the same time, gay reporters tried to help readers sort out the scientific issues related to the test.

Some attention also was given to the human interest angle, the personal impact of knowing one was positive for HIV antibody. These stories make clear that testing was regarded as a transformative event in personal and group identity, which forced status changes. A positive test result involved "coming out" into another stigmatized category, with unknown consequences. Among the possibilities that were most feared was that those who tested antibody-positive might be quarantined, which was framed in the gay press in terms that echoed of the Holocaust, when homosexuals and others classed as social undesirables were rounded up and murdered. Later calls for mandatory testing of certain classes of people, and the use of the test by the U.S. military to screen recruits, as well as reports about incidents of violence and

discrimination against men who had tested positive for the antibody, all reinforced the message of many gay advocacy groups: "Don't take the test."

The New York Native coverage of the HTLV-3 antibody test began in 1985, when 44 news stories and columns were given to the topic; the following year, 19 stories and columns covered antibody testing issues. The Bay Area Reporter began covering antibody testing in 1984, with 10 articles; 23 stories were printed in 1985, and in 1986, 20 stories were devoted to issues of confidentiality of antibody testing. Reader interest, in terms of letters to the editor, was highest in 1985, when the Native published 2 letters and the B.A.R. published 12.

Validating Claims and Counter-claims about Antibody-Testing

At first, gay press coverage of HTLV-3 antibody-testing devalued its utility and tried reduce its implicit threat by underscoring the meaninglessness of test results and casting doubt on the expertise of medical scientists. In July, 1984, for example, Brian Jones, newly appointed editor of the B.A.R., tried to clarify for his readers that the antibody test was not for AIDS, the disease, but for the "AIDS virus," and what having the virus might mean. (Jones 1984a). His page one story evinces the mistrust and ambivalence expressed by gay men throughout the early years of the epidemic about relying on the expertise of medical scientists, and the subtle

and not so subtle ways in which they undercut that expertise in their rhetoric. Physicians, after all, were the ones whose expertise for so many years defined homosexuals as mentally defective. As many gay people reiterated to one another about medical scientists during this early period, "they don't really know," so one must rely on oneself and one's own judgment. Thus, the news was framed in ways consistent with their expectations, based on past experience, and the values of personal autonomy and freedom of action embedded in gay ideology.

In his story, Jones referred to a report that HTLV-3 antibody tests on the stored blood from a sample of gay men who had participated in a CDC study of hepatitis B showed evidence of antibody to "a leukemia virus." "But what did that mean? No one knew - especially not the scientists," he wrote. (Jones 1984a:2). Tests of the blood samples, obtained in 1978 and then frozen and saved, showed that 1% of the men had antibody for HTLV-3 at that time; by 1982, 24% had it.

Jones reported that Dr. Jay Levy, of the University of California, San Francisco, had had similar findings in a study of 300 blood samples from San Francisco gay men. Jones wrote: "He was quoted as saying the antibody to HTLV-3 is 'prevalent' in the sample. But what does that mean?" He also pointed out that Dean Echenberg, head of the San Francisco Bureau of Communicable Diseases, SFDPH, had been quoted as saying "We don't know what this test means," and that Dr. Herbert

Perkins, director of Irwin Memorial Blood Bank, had said he didn't know if it was good or bad news.

Jones went on to dismiss the possibility that an "AIDS virus" had indeed been found, since neither HTLV-3 nor LAV (the French term for the retrovirus) had yet met the standards of Koch's postulates for proving that a suspected agent causes a disease. Jones concluded, "Until - or unless - that happens, there is no 'AIDS virus.'"

He also claimed there was no AIDS test, although there were tests to detect HTLV-3/LAV in blood samples, but it was not generally available and until those viruses were confirmed as the AIDS agent, there would be no point in making them available. He challenged the conclusion that CDC tests of stored blood from San Francisco gay men documented rapid spread of a "suspected AIDS virus," arguing that the studies showed high incidence of antibody to HTLV-3, "not a high incidence of the virus itself, which is a different thing entirely."

Jones reviewed the biology of antibody formation for his readers, noting that antibodies remain in the blood after a virus is eliminated, to prepare the body to respond to that virus should it be exposed to it again. Thus, he reasoned, finding antibody to HTLV-3 in the blood of the sample group meant simply that those men had been "exposed" to HTLV-3 at some time. "It does not mean that the HTLV-3 virus is still present. As a matter of fact, it is most likely that most of

those with the antibody no longer harbor the HTLV-3 virus. But no one is sure yet." Taking his cue from Dean Echenberg, who said that if AIDS was analogous to hepatitis B there was no cause for extreme concern, and from Dr. Perkins, who said "What we are likely to see is a profile in which only a few of those exposed to the disease actually get the disease," Jones concluded that the results of these studies were not cause for alarm.

In the meantime, without a vaccine or antiviral treatment available, he wondered what purpose the test would serve and what it meant to have been "exposed" to the virus, or what share of those "exposed" would get AIDS. He ended the story by reiterating the message being given by Echenberg and other public health spokespersons at the time: knowing whether or not one had the antibody to the AIDS virus should not matter so far as taking precautions were concerned; avoid the exchange of "body fluids," and Jones cautioned, "Don't believe everything you read in the paper."

By October, however, following reports that a woman had been infected through a blood transfusion, and the blood had been traced to a donor who had developed AIDS, Jones was convinced that HTLV-3 had been proved to cause AIDS. (Jones 1984b).

The significance of forming antibodies to HTLV-3 was readily misinterpreted in the absence of real knowledge about the retrovirus. An ad for high colonics placed by Steve

Perkins ("Hygiene and Play \$50"), stated "...recent tests indicate that most Gay men are already immune to AIDS." In an Editor's note at the end of the Letters section a week after the ad appeared, Brian Jones corrected this information: "The statement is false." He explained:

"THE PRESENCE OF ANTIBODIES FOR THE HTLV-3 VIRUS IN ONE'S BLOOD HAS NO CURRENT MEDICAL SIGNIFICANCE. [capitals in the original]. It is unknown whether the presence of such an antibody indicates the person is likely to become ill with AIDS or is likely to resist exposure to AIDS. Either option is a possibility" (Jones 1984c).

For further information, he referred readers to a statement on the significance of the test by the Bay Area Physicians for Human Rights, which appeared elsewhere in that issue.

On August 16, 1984, the B.A.R. printed two columns on the meaning of the antibody test, one by medical researchers involved in a study that used the test to ascertain prevalence of the virus in gay men (Lyman & Sandholzer 1984), and the other a personal view from a volunteer in a study of men at high risk for AIDS, who had recently tested positive for HTLV-3 antibody (Andrews 1984). The columns appeared together on the same page. Both conveyed the same message: knowing one's test results will not be of prognostic value and will probably only make one unnecessarily distressed.

Lyman and Sandholzer began with the statement: "IF you have the HTLV-3 antibody, does its presence mean that you are now infected or will develop AIDS? Probably not." In hindsight, with greater knowledge of the natural history of

the virus and AIDS, this statement is inaccurate; at the time, it was an interpretation of hope based on limited experience with the virus. The authors suggested that co-factors might be important in the development of AIDS, and recommended that good nutrition and "limiting practices that promote acquiring sexually transmitted diseases," as well as regular testing and appropriate treatment of parasites might prevent AIDS, "even if you were exposed to the primary causative agent." They referred to a forthcoming study in Science which supported the theory that AIDS was caused by a transmissible agent, and commented: "Study results also show that exposure to the virus is more common than AIDS itself among these high risk populations."² They also itemized a spectrum of clinical manifestations which physicians suspected were caused by the virus.

The authors explained that the implications of the antibody test for an individual were unclear:

"A positive test in a person from a high-risk population most probably means that the person has been infected at some time (italics in original) with HTLV-3. Based on the antibody test alone, it is not known whether the person is infected at the time the test is done or whether the person is immune to HTLV-3. In fact, the HTLV-3 has been isolated in both persons with and without the HTLV-3 antibody. The frequency of active virus infection

² The word "exposure", often used but rarely explained, may have suggested to many that the disease was transmissible merely through being in the same room with someone who had the virus or the disease; it also did not accurately reflect the process of antibody production or infection.

in persons with HTLV-3 is unknown" (Lyman & Sandholzer 1984:4.)

Moreover, for those with the antibody and mild or no signs and symptoms of disease, the future was unclear, because the incubation period for severe manifestations of AIDS was then thought to range from one to four years. The authors reiterated the assertions of many public health officials that there was no evidence for casual transmission of the virus and that it could be contracted "so far" only through sexual contact "in which fluids have been exchanged," through contaminated, shared needles, or "quite rarely," through transfusion of blood or blood products.

The first personal perspective on testing positive for HTLV-3 antibody was given by Bob Andrews in a column reprinted from Boston's Gay Community News. He described his odyssey toward becoming someone identified as having the antibody. A volunteer in a longitudinal study of asymptomatic, self-identified men at high risk for AIDS, Andrews was examined every three months and his blood, urine and semen were tested in various ways. That fall, he wrote, he began to see some changes in test results on his T-cell levels, which caused him to start to worry about himself, and to become acutely aware of his responsibility to others. As a result, he developed "a safe sex lifestyle." However, his blood tests showed additional abnormalities and over the next two months he began to develop some symptoms. In May, he found out he was positive

for HTLV-3 antibody; shortly afterward, he was diagnosed with ARC (AIDS-Related Complex, or AIDS-Related Conditions).

"Suddenly my life made a quantum change. Just as 'coming out' 20 years ago changed my self-perception and gave me new options, being labeled ARC changed me. The issue of coming out all over again brought back much of the old anxiety. Who do I tell, how do I present it, what exactly do I say, how will my friends react?"

One night, while dining with a friend, he fainted. "...I scared myself and hyperventilated. I realized that I was assuming the role of a sick person, that I was suddenly developing all the symptoms I associated with the disease."

Based on his experience, he advocated that the gay community become more assertive: "...we need guarantees that our rights will be protected...assurances that confidentiality will be maintained." He said more emphasis needed to be placed on developing a cure than on "culling out the exposed" through widespread testing. He made the point that knowing his antibody status had given him a "sense of doom."

"My reaction to the results of my screening is that I have not been given any information that helps me personally. The direct impact is, in fact, just the opposite...I take the same precautions to protect others as I did prior to my diagnosis. I don't take the best care of myself, however, and I feel more stressed."

He believed this was ultimately harmful and advised readers not to "submit" to HTLV-3 antibody testing at that time. Rather, he concurred with those who advocated continuing to take care of oneself, learn about and practice safe sex, and

see a physician they knew and trusted if they had any questions or symptoms.

In December 1984, Brian Jones again reviewed the possible significance of a positive test result in an article about plans for the first generally available HTLV-3 antibody testing, in Sacramento, California:

"A positive test result may mean the person harbors active virus which will lead to a full-scale case of Acquired Immune Deficiency Syndrome. It may mean the subject is healthy and won't get AIDS, but could infect others. It may mean the subject was once exposed, but is no longer infectious or in danger himself" (Jones 1984d).

The Sacramento AIDS Foundation advised those who sought the test to be careful, because they believed the test conferred no benefit; rather, it might have serious negative consequences.

At a special hearing held by the San Francisco Board of Supervisors in February, 1985, the major reasons why gay men should avoid the antibody test were presented in the form of a draft resolution to help community AIDS agencies form policy about the test: 1) it did not tell if someone had AIDS, only if "you have been exposed to the virus;" 2) after exposure, it takes time before antibody can be detected in the blood; 3) the test was not 100% accurate; 4) not all test results could be protected from third party access, risking of loss of insurance, jobs or other rights; and 5) even though a positive result could not predict AIDS, it might nevertheless cause

enormous personal anxiety and psychological harm (Friday 1985a).

In an editorial that month in the B.A.R., Brian Jones reiterated all the things that were as yet unclear about the antibody test and AIDS itself. He acknowledged that the blood transfusion-associated cases of AIDS had made clear that HTLV-3 could cause the "deadly form of the syndrome," but he asserted,

"In no known disease does everyone who is exposed become infected or ultimately sickened. The disease process has three steps: exposure, infection, and illness. Each step is a barrier...the invading virus must leap - and a barrier which protects many from ever succumbing to the attacks of viruses."
(Jones 1985a).

To the reader, such distinctions had psychological and social resonance, not simply medical ones. If one were "exposed but not infected" it implied that one was not in imminent danger, one had had a close call but had emerged unscathed; caution was in order, but there was no challenge to how one defined oneself: one was in no way "infected," i.e., having the potential to become sick and to cause sickness in others. "Infected" was psychologically distressing, but ignorance of the relationship between the viral infection and the disease AIDS (i.e., whether the virus was the necessary and sufficient cause of the disease) still provided a barrier for those infected against the problems of assuming the identity of a sick person, someone who was capable, in turn, of tainting the identity and wellbeing of others. At the time Jones wrote,

only 10-30% of antibody-positive cases were believed to progress to frank AIDS, but as the years went by, evidence accumulated that it was likely that most of those infected would progress eventually to AIDS unless treatments were developed that might halt that progression (Osmond 1990b:1.1.7). Once again, Jones put across the message:

"This is a test for the antibody to the HTLV-3 virus, not a test for the virus itself, and certainly not a test for AIDS. This test cannot tell you if you are carrying the AIDS virus. It cannot tell you if you are infectious or non-infectious to others. It cannot tell you if you are likely to get sick and die, or live to be 87. All it can tell you is whether you have, at some time, been exposed to the HTLV-3 virus." (Jones 1985a:7)

Thus, one's antibody status was "worse than worthless to know if you are a Gay man worried about AIDS." Jones also argued that most gay men were already doing healthier things like eating better, getting more sleep, jogging; thus, taking the test would only add to stress:

"Anxiety causes stress and stress produces chemical changes which can weaken the body. So the test could make you the worried sick." (Jones 1985a:7)

A negative test result also was not a real reprieve, he suggested: it, too, had the potential for creating false identities that might not protect. Concerned that a negative result might cause some men to abandon safer sex practices, he warned: "Do you hit the circuit - cruising only for others with the hanky that identifies them as other 'negatives'? Ooops. Guess what. Some people lie" (Jones 1985b).

Opposition Delays Release of the HTLV-3 Antibody Test

As of February 11, 1985, 102 of 8,314 cases of AIDS nationally had been attributed to blood transfusions; another 56 cases were among hemophiliacs who got it from blood products (France 1985a). The HTLV-3 antibody test was supposed to help protect the blood supply, but until some technical problems were worked out, the ultimate utility of the ELISA antibody test remained in question. According to the Conference of State and Territorial Epidemiologists, screening at blood banks would result in an estimated 200,000 false positives per year, and only 20,000 true positives; false negatives also would be a problem. Since the ELISA test had a false negative error rate of 5-30%, infected blood might slip through the screening process, and become banked and later transfused. Health officials also worried that if the test were available only at blood banks, high risk individuals who had prior to that time refrained from donating blood would do so in order to be tested. Therefore, physicians, epidemiologists, and some gay organizations urged the federal government to set up alternate test sites (France 1985a). The issue of transmission of the AIDS virus through blood transfusions appeared more urgent early in February when the San Francisco Chronicle reported the death of a nun who had got the disease from a blood transfusion (Jones 1985c).

Following strongly worded opposition to the antibody testing procedure from gay organizations, some medical groups,

and the Association of State and Territorial Health Officials, in February U.S. Secretary of Health and Human Services Margaret Heckler announced that federal licensing of the ELISA test would be postponed for several weeks. Critics of the test called on state and local authorities to require separate licensing requirements for the use of the test apparatus, and to limit the availability of the test to blood banks and departments of health. The additional time before release of the test would allow the development of protocols to handle the needs of people found to be antibody-positive, including counseling and longterm followup (France 1985).

In February, the gay organization, Lambda Legal Defense and Education Fund, filed a petition to prevent the FDA from licensing the ELISA test pending verification of the test's accuracy and a guarantee that test labeling would insure its limited and proper use (Ortleb 1985e).

In addition, the Native reported that one of the French discoverers of the retrovirus, Dr. Luc Montagnier, stated that the HTLV-3/LAV antibody test should not be used outside of research laboratories because he believed infection with retrovirus alone was not sufficient to cause disease; rather, more understanding of co-factors and interactions of different viruses was needed to explain AIDS (Beldekas 1985b).

Several health departments opposed widespread use of the antibody test, including those in Philadelphia and Illinois. (Stadler 1985a, 1985b). Dr. David Sencer, New York City's

health commissioner, also opposed licensure of the ELISA test at that time and sought an injunction for the City of New York to prevent the test results from being given to blood donors for one year. Dr. Mervyn Silverman, director of health in San Francisco, echoed Sencer's fears about the danger of the test and said at that time risks outweighed benefits of using it. "We need money for prevention and education," he was quoted as saying, "not a test kit to make money for the government."

Thus, the issue of antibody testing was framed in gay press coverage as follows: since knowledge of test results would not mean anything, since behavior should be modified in any case, the scandal was not that gay men were tainting the blood supply, but that the Reagan administration intended to cut AIDS research funding, yet held the patent rights on the test kit, which meant "... the U.S. government is making money from the dead and dying." Reporter John Beldekas editorialized: "DON'T TAKE THE TEST, and don't feel guilty about protecting your civil rights (Beldekas 1985b)." ³

Among the many gay and lesbian organizations which opposed antibody testing except at an anonymous test site were two of the three Democratic clubs in San Francisco, and

³ In New York City, Gay Men's Health Crisis took out ads, which said: "The test can be almost as devastating as the disease." They stated that the test told one little about one's health but could threaten one's job, health insurance, and home. "So, if you do take the test, make sure you get a guarantee in writing that your name and the results of your test won't ever be released to anyone" (France 1985b).

Mobilization Against AIDS (MAP), a grassroots activist organization. At a gathering of reporters in early March called by MAP at the Holocaust Memorial at the California Legion of Honor Museum, chair Paul Boneberg urged gay men not to take the test for all of the reasons stated by the other opponents of testing. In addition, employing the rhetoric and imagery so often used by gay activists during the AIDS crisis, he claimed that "Computer lists will be made. Lists were used before against us - in Germany under Hitler." The Holocaust Memorial site was chosen advisedly, Boneberg stressed: "We were rounded up - Gay people were listed for health reasons and then placed in concentration camps." The Reagan Administration was compared to the Nazis. Boneberg and John Wahl, a lawyer and spokesman for MAP, argued that even with state confidentiality safeguards, the federal government might supercede the states in using the lists for some dire purpose, most likely quarantine. Boneberg voiced the frustration of many gay people when he pointed out that millions had already been spent on research, and instead of a cure, they ended up with "a very questionable test." Therefore, not taking the test would constitute an act of protest against the way the government was spending its resources for controlling AIDS. (Mendenhall 1985).

On March 2, 1985 the FDA granted a license to Abbott Labs for production and sale of the ELISA test for HTLV-3 antibody. Shortly afterward, the DHHS Secretary Heckler announced that

up to \$12 million would be available to the states to set up alternate test sites in high risk communities so that individuals in high risk groups would not donate blood to find out their antibody status.

Maintaining Confidentiality of Test Results

When it became apparent that widespread HTLV-3 antibody testing would soon begin, the issue of protecting the confidentiality of test results came to the fore on the gay political agenda.

In December 1984, Bay Area Physicians for Human Rights had recommended that gay men involve themselves only in research studies that used an Assurance of Confidentiality, issued by the National Institute of Justice, which protected researchers from subpoena and prohibited them from disclosing identifiable research data (Bay Area Physicians for Human Rights 1984). They also urged the state legislature and Congress to enact laws to allow these to be granted for AIDS research. In general, they concluded:

"Given that the test provides very little information, and given that the potential abuse of such information is high, we strongly urge those involved to consider whether or not it should be done. Considering the current social and legal climate we recommend that the test not be done unless results and patients' confidentiality are protected by an appropriate research study and an Assurance of Confidentiality."

In the same issue of B.A.R., some members of the Gay Rights Chapter of the Northern California American Civil

Liberties Union also advised caution: "Think before you give blood; remain anonymous" (Northern California ACLU 1984). They suggested that men had every reason to fear that those who tested antibody-positive may lose their jobs or medical insurance, or be subject to quarantine.

"Even more frightening is the risk that public panic, armed with a court order, could force the mass disclosure of confidential blood test results held by blood banks, research scientists, or medical laboratories."

Given the possibility that a test might be falsely positive or negative, the emotional trauma of a positive test, and concerns about confidentiality of test results, they concluded: "Who needs the hassle?"

Paul Popham, president of Gay Men's Health Crisis in New York City, saw the potential use of the antibody test by insurers, employers, and government agencies as leading to several serious dangers, which threatened to "screen Gay men out of society" (Popham 1984). He wrote to the heads of several national gay organizations urging them to take this opportunity to put aside differences and factionalism in order to commit themselves to creating "a true national gay agenda", which would promote legislation at all levels of government to provide protection against this threat. Appealing for unity, he claimed: "We can weld ourselves together, or we can continue divided and unequal to the challenge."

As anxieties about the ability of government agencies, insurers, or others to gain access to HTLV-3 antibody test

results increased in late 1984 and early 1985, researchers who needed the cooperation of gay men in order to conduct the epidemiologic studies necessary to understand the factors that predisposed people to develop AIDS and to track further spread of the virus in the population became worried that they would lose research participants. Indeed, some gay men decided to drop out of such studies and others became reluctant to participate. Several epidemiologists wrote to the B.A.R. to reassure potential and present research subjects that their confidentiality would be maintained at all costs (Moss 1984:9; O'Malley 1985:6).

In July, 1984 the first case of insurance dumping related to AIDS was disclosed in New York City. Concerns about this prompted meetings between gay rights groups and federal authorities to discuss confidentiality of information gathered during research studies funded by the government, and resulted in the negotiation of a standard consent form, which the Public Health Service urged researchers to use. The form assured subjects their antibody test results would be kept strictly confidential, and no identifying information would be distributed to any third party without prior consent (Jones 1984e). However, as Brian Jones pointed out, the proposal contained some "significant loopholes" which raised concern that the test results might later cause job and insurance problems for research participants because the form stated: "It is possible that in the future, I will be asked about a

positive test result by such organizations as insurance companies and/or employers." After controversy erupted over a proposed federal registry of those who were HTLV-3 antibody positive, Dr. Edward Brandt, then head of the PHS, distributed the consent form more widely.

In September and October 1984, following news stories in the San Francisco Chronicle and B.A.R. about the CDC considering the creation of a registry of people who tested positive for HTLV-3 antibody, the principal investigators of the San Francisco Men's Study, a longterm study designed to trace the natural history AIDS in San Francisco, feared that the news would frighten away the very people they needed to recruit as research participants. UC-Berkeley professor Warren Winkelstein, Jr., MD, wrote to the editor of B.A.R. to reassure readers about the investigators' ability to keep research results confidential (Winkelstein 1984). In the same issue of B.A.R. was a full page ad placed by the study investigators which described the study, and assured potential participants:

"Our contract with the National Institute of Allergy and Infectious Disease, National Institutes of Health, specifically forbids releasing participants' names to any outside group - not even to the sponsoring agency. We cannot and will not provide names or other identifying information about our participants to anyone outside our staff."

However, Brian Jones believed that by listing the endorsers of the project in the ad, it may have raised more distrust than it quelled (Jones 1984f). Among the endorsers was Mayor

Dianne Feinstein, who in May 1984 had ordered police officers into gay bathhouses to "spy on" patrons' sexual activities there, and Dr. Mervyn Silverman, director of public health, who ordered private investigators to do the same thing in September. For some of those concerned about the intrusion of government and other agencies into private life, the endorsement of the study by these individuals was not reassuring.

In October, Brian Jones interviewed James Wiley, the study's co-investigator, and Dr. David Lyman, the project director, for a news story in which he reported that the study might be cancelled because gay men were refusing to take part, distrustful of the federal government and fearful that confidential information might find its way to employers or insurance companies (Jones 1984f). Dr. Lyman, who had earlier co-authored an article on antibody testing for the B.A.R., said he would burn his raw data rather than produce it, if ever ordered to do so. In this article, Jones seemed to be convinced of the sincerity of his sources. The tone of the story was highly positive, almost appearing to sell the study to his readers.

Jones pointed out that most research until then had focused on AIDS etiology, but little had yet been learned about "the path" of the disease. "For the Gay man who wants to keep his health, knowing the pathways of AIDS is probably more important than knowing its cause," he wrote. Although he

acknowledged that for prospective participants there were many reasons to refuse to join (time, tests, personal questions, lingering doubts about confidentiality), he concluded: "...for the Gay community, the study is undeniably a needed one."

However, because the significance of the antibody test results for individual behavior or progression to disease remained unclear, Wiley stated that there was no reason for anyone to want to know one's results. "We will tell the subject if he really wants to know. But, if that's the case, we tell them personally - not their physician."

The B.A.R. published letters from two readers who remained unconvinced by these reassurances. One reader wrote that he wouldn't care to put his job and his life savings on the line for the UC-Berkeley study because the guarantees offered "will crumble like dry leaves before a court order," or even a university administrative order. "As long as the records contain our identities, we have no reliable protection" (Ingersoll 1984).

This statement reveals a deepseated sense of vulnerability in being identified with the disease, a desire to remain closeted. In fact, confidentiality protections deliberately created a closet for research participants, from which only they might choose to exit. No one else could "out" them, under the law. But until legal and other protections against discrimination of all types were in place, few were

willing to tell others about their HTLV-3 antibody status.

This reader observed:

"Our cooperation is essential [to research] but it can no longer rest on goodwill. The price we must exact for it is that the government fight AIDS and not us. Otherwise, cooperating is not altruistic but self destructive. Guarantees of privacy depend on the good faith of the authorities, but every issue of the Bay Area Reporter brings us new evidence of their hostility and bad faith....".

A reader's letter to Dr. Andrew Moss was reprinted in B.A.R. in December, informing him that he intended to withdraw from Moss' research study, not because he did not believe the researcher's reassurances, per se, but because of fallout from the conflict over bathhouse closure he did not trust the any medical or government authorities (Nicholas 1985).

"My reasons center around closing of the baths and private clubs by Mayor Feinstein. I am not willing to trade my human rights for the possibility of an end to AIDS."

He compared closing bathhouses to "giving Hitler Czechoslovakia," just the first assault in what he felt would be an all-out war on gay rights. He said that the support of the medical establishment for "the political assault by Mayor Feinstein on my community's rights...[was] more than adequate reason to withhold my assistance." He said he had withdrawn from other AIDS research projects for similar reasons.

Although this writer said he had recently lost a friend to AIDS and was as anxious as anyone to see an end to the disease,

"I feel that the Mayor has presented my community with the choice of dying free (by not contributing

to AIDS research and continuing to ignore her archaic morality) or living enslaved by Falwellian political restrictions in exchange for health services."

Native editor Charles Ortleb was skeptical about the participation of gay men in epidemiologic research.

"We must make it clear to the research preppies that gay people are not interested in becoming the theoretical playthings of academic epidemiology, some of which is just old-fashioned homophobic pseudo-science. We need to be reassured that the national AIDS agenda includes effective treatment sooner rather than later." (Ortleb 1985f).

For Ortleb and some other gay observers of this phase of AIDS science, the lack of treatment coupled with the interest of epidemiologists in longterm monitoring of gay men's health in order to understand the natural history of the AIDS virus reverberated too strongly with the disturbing echoes of the Tuskegee syphilis study. In that study, federal researchers followed up poor, black men with syphilis for years without providing them with treatment (which was available in that case) in order to understand the natural history of that sexually transmitted disease.

As a result of these kinds of concerns, by Spring 1985, steps were taken to assure confidentiality of antibody test results. The Centers for Disease Control (CDC) required departments of health to apply for federal money to conduct HTLV-3 antibody testing, to prove that their plan would provide appropriate and nonjudgmental services for gay men, and to maintain maximum confidentiality of all records relating to counseling and lab results. The National Gay Task

Force (NGTF) recommended that antibody testing be done anonymously, without any recordkeeping of results linked to individual names (France 1985b). A short time later, NGTF and Lambda Legal Defense and Education Fund received assurances from the FDA that the test would be labeled so as to minimize the possibility that it would be used to discriminate against people who tested positive. The language stated: "It is inappropriate to use this test as a screen for AIDS or as a screen for members of groups at increased risk for AIDS in the general population" (Bay Area Reporter 1985j).

In April 1985, the California Assembly passed legislation to protect the confidentiality of research test results. The Agnos-Roos bills allocating \$5 million for free, anonymous HTLV-3 antibody testing at alternate test sites passed both houses of the legislature in late March, with wide bipartisan support, and the Governor indicated he would sign them. The Roos bill (sponsored by Assemblyman Mike Roos, D-LA) required California counties to establish free antibody testing at alternate sites; the Agnos bill (sponsored by Assemblyman Art Agnos, D-SF) protected confidentiality of test results and imposed civil and criminal misdemeanor penalties for unauthorized disclosure of results (Baker 1985a).

In May, the California State Senate Health and Human Services Committee approved a bill by Republican Senator Milton Marks (SF) that guaranteed confidentiality to individuals participating in AIDS-related research; it

required researchers to resist subpoena and provided penalties for release of confidential information without the subject's approval; and prohibited use of confidential information to deny employment or insurance to a research subject. (Bay Area Reporter 1985e).

Antibody Test Reframed As An Aid to Safer Sex Education

On July 1, the antibody test was offered at alternative test sites in San Francisco (Bay Area Reporter 1985i). The B.A.R. printed questions and answers about the test excerpted from a guide developed by the San Francisco AIDS Foundation. For the first time, the information provided did not say a positive test result meant that one had been "exposed" to the virus, but rather that antibodies were produced following "infection" with the virus. In August, the B.A.R. reported that the demand for the test was lower than expected, although about 150 people per week were undergoing the free antibody screening at Health Center #1 in San Francisco (Linebarger 1985a). In that article, the meaning of the test was made more clear, in terms of whether or not one was infected and infectious, although whether or not one would become ill was still uncertain.

Once anonymity was built into the plan to do HTLV-3 antibody testing at alternate test sites, the San Francisco AIDS Foundation, which originally advised gay men not to take the test, shifted position and decided to use the occasion to

provide education about the test and AIDS. Their message was "You decide," and they published a brochure to assist people in making the decision. (San Francisco AIDS Foundation 1985). Since the local gay press, gay political establishment, gay physicians and many city health department personnel had publicly recommended against taking the test, many were surprised by the AIDS Foundation's switch in policy. (Baker 1985b).

In the New York Native, Dr. Bruce Voeller also advocated taking the test anonymously at alternate test sites in order to have a reason to stick to safer sex guidelines. "Like smokers who have long heard of the dangers of their practice but only change when they have a spot on their lungs, most of us only half-heartedly stick to safer sex guidelines." Voeller was among the first gay health care providers to put forward the idea that knowledge of one's antibody status would motivate more healthful behavior. Voeller was the first to present information in the gay press about ways to clean sex toys, needles, and contaminated surfaces with bleach, alcohol, or heat as means of killing the virus (Voeller 1985).

By July 25, all California blood banks were screening blood donations for HTLV-3 antibody and 43 clinics were offering the antibody test; 24 of 31 local health jurisdictions in the state required to set up alternative test sites had done so. The total number of sites, which became operational over the next few months, was 53. The State health

director, Dr. Kenneth W. Kizer recommended that all organ donations, including sperm, be tested for HTLV-3 antibodies.

By late July, of approximately 500 antibody tests performed on blood, about 22% were positive for antibodies to the AIDS virus (Bay Area Reporter 1985l). On August 1, the San Francisco Dept. of Health reported that 33% of the 745 antibody tests given during the first month of testing were positive (Bay Area Reporter 1985k). Although nothing could be inferred from these results about the population of gay men, since the sample was self-selected, as more information accumulated through research studies, by 1986 it became clear that approximately 50% of gay men in San Francisco and other urban centers were infected with the virus.

The Specter of Registries and Quarantine

In August 1985, the B.A.R. ran a story by a Colorado AIDS activist that his state was considering creating a registry of people testing HTLV-3 antibody-positive (Nash 1985). The following month, Colorado's Board of Health unanimously approved adding HTLV-3 to the list of 30 diseases that health care providers and laboratories were required to report; name, address, telephone number and sexual preference were to be part of the information recorded.

Colorado's health director gave the following reasons for the action: health officials saw no justification for not reporting test results for HTLV-3 when they already reported

them for other diseases, and making results reportable would give seropositive people immediate access to antiviral therapy when it became available and would provide more epidemiologic information about the progress of the virus through the population. In addition, the CDC had indicated that people who test positive must assume they were infected and infectious to others; therefore, making the disease reportable would assure the public that everything was being done that could be to control the disease. The health director insisted that his department's system of confidentiality addressed concerns raised by health and civil rights activists. Many gay activists disagreed with this approach, however, claiming that widespread prevention education was the best way to control spread of the disease.

Colorado's action exacerbated fears of gay people in California and elsewhere that it was only a short distance from making lists of antibody-positive individuals to quarantining or incarcerating them. Other reports from around the country also fed their fears. In December, 1985, for example, the B.A.R. reported that the executive director of the Association of State and Territorial Health Officers, addressing a National Conference of State Legislators, had urged the states to pass laws that would "demand the confidential records of people who test positive for AIDS" (Snyder 1985a). In New Jersey, an Assemblyman sponsored legislation that would require all adult bookstores to keep

the names, addresses, and social security numbers of patrons to be made available to the state Department of Health for one year, and which would make the owners liable to customers or third parties if anyone contracted AIDS or other STDs "as a result of being in the store." (Snyder 1985b).

In September 1985, Charles Ortleb editorialized in the New York Native that the antibody test had no other purpose but to start a registry of gay men in order to deprive them in various ways of their civil rights and freedom, the most extreme expression of which would be quarantine or some form of incarceration (Ortleb 1985g). His editorial was constructed in such a way as to undermine the validity of the test by questioning its accuracy, and to undermine the legitimacy of testing as a public health enterprise by raising questions about whether or not the virus itself was the cause of AIDS. If they were testing for the wrong causal agent, HTLV-3 antibody testing had no redeeming value whatsoever, then or in the future. Ortleb was to follow this line of argument, that HTLV-3 (now HIV) was not the cause of AIDS, for years, seeking to delegitimize the government as a reliable and trustworthy source of medical knowledge.

Ortleb put "AIDS" itself in quotes, as a way of signalling his belief that the disease had not been adequately or accurately named, and he followed the logic of the slippery slope in outlining the possible consequences of antibody testing for gay men:

"It is time to feel afraid, not of 'AIDS', but of the political consequences. We are now being told that the disease 'AIDS' is caused by a virus, HTLV-3; even though this has never been proved. This virus is spread by blood and sexual contact. The school boycott [in Queens, New York] due to fear of 'AIDS' is a major example of how fear of casual contact can shred the social fabric of any setting....The military is screening recruits and may plan to screen all military personnel for exposure to HTLV-3. Originally, we were told that the test was good only for screening blood and not people. Slowly but surely, we have come to accept the use of the test for screening people. How long will it be before the test will be used to determine which people should be questioned about their sexual contacts? How long before the alternative testing centers throughout the country become the centers in which those individuals who test positive end up on lists in the hands of government agencies?...." (Ortleb 1985g).

In a direct appeal to gay identity issues, Ortleb urged his gay readers to unite against the test:

"Once you have been identified as positive or notified that you have been exposed to HTLV-3 by one of your sex partners, your life will be changed forever. You will be living in fear of disease and government interventions into your life....I think many of you will lose your jobs, some of you will be driven from your apartmentsIncreasingly, you will be vulnerable to discrimination at all levels. If a society is capable of responding to children who are ill but who pose no risk to others the way they have been responding in Queens, how will they respond to gay men and IV drug users? I suggest they will respond very poorly. Please prepare yourselves" (Ortleb, 1985c).

In November 1985, Ron Baker, who wrote for the Native from San Francisco, as well as for the B.A.R. reported that the California AIDS Strategy Commission, a panel of physicians and state of officials, had recommended celibacy and a plan to divide Californians into HTLV-3 positives and negatives (Baker 1985c).

The Commission's recommendations were to be forwarded to the governor and legislature in January, and were intended to serve as a model for county governments in dealing with AIDS education. At a panel on October 5, the 10 physicians and state officials, including San Francisco's Dr. Marcus Conant, outlined a series of recommendations. These included strong advocacy of antibody testing, an end of "denial" by gay men about infection with the AIDS virus, and scare messages to accelerate this process, such as "We are losing the battle against AIDS," and telling individuals that HTLV-3 infection would have a "profound, terrible impact on your life."

According to a member of the panel, a factor that entered into the recommendations was the fear that unless gay men and other high risk individuals voluntarily took the test, they might eventually be required to do so. This was similar to the rationale gay physicians and others had used in trying to persuade gay men to change their sexual behavior voluntarily in bathhouses or risk intervention by health officials.

The panel proposed that California develop a strategy for state and county surveillance of AIDS/ARC cases and antibody-positive individuals (a recommendation guaranteed to sow alarm among gay men) and discussed the need to encourage expanded antibody testing among high risk groups in order "to keep uninfected people uninfected." They acknowledged the possibility of dividing the population into positive and negative "camps", but thought such a program might stimulate

vaccine development and antiviral drug trials. In the meantime, they said that anonymous testing at alternative test sites must continue, however, with counseling for seropositives. One of the panel's AIDS prevention messages was to avoid sex, be celibate, or have safe sex with partners who were antibody negative; however, no advice was offered on how people could be sure of their sex partners' antibody status, given that anonymous testing meant they must rely on their partner's honesty in reporting test results.

San Francisco AIDS experts and organizations reacted to the eight-page memo containing the recommendations with disbelief and anger. Dr. Donald Abrams, associate director of AIDS Activities at SFGH told B.A.R.: "Such policies would create what the New York Times called 'the new apartheid,' pitting antibody negative individuals against those who are antibody positive." Dr. James Dilley, director of UCSF's AIDS Health Project, called the celibacy message "awful," one which would be viewed as anti-sex and anti-gay, and that doomsday predictions about the meaning of HTLV-3 infection would lead gay men to resignation and futility, not positive protective action. Jeff Amory, director of the San Francisco Department of Public Health AIDS Activity Office, said the proposed messages conflicted with existing messages formulated and supported by the Department of Public Health. Dr. Tim Wolfred, director of the San Francisco AIDS Foundation, said the Foundation was "absolutely opposed" to any policy that used

antibody testing to isolate gays, bisexuals, and members of other high risk groups from the general population. Other views also were presented, but all opposed the panel's recommendations. In a sidebar, the State AIDS Plan messages were given:

"To avoid AIDS...avoid sex. Be celibate. Have safe sex with antibody negative partners. Antibody negative individuals who won't practice safe sex should find an uninfected partner. HTLV-3 infection will have a profound, terrible impact on your life" (Baker 1985c).

The sidebar, coupled with the denunciations in the accompanying article, could only alarm the reader and make it clear that if followed, the Commission's recommendations would have a "profound, terrible impact" on his life.

Prudence or "paranoia"? : New claims about the test

In September 1985, Randy Shilts wrote a special report to the Native in which he commented on the range of policies related to use of the antibody test in different parts of the country (Shilts 1985). At one extreme was Dr. David Sencer, New York City's Health Commissioner, who had used his emergency powers to forbid all laboratories licensed in New York City to conduct the antibody test because he thought it was inaccurate and was concerned about misuse of the test to discriminate against gay men. Sencer had ordered that testing be done only at research centers or in the city's own laboratories at the health department. Although physicians could send blood samples to the city labs to be tested,

Assistant Health Commissioner Marvin Bogner said the city had not yet released any of the results because they had not been confirmed by Western Blot tests, which increased the accuracy of results obtained through the ELISA test.

At the other extreme, Colorado's policy was to maintain lists of all those who tested antibody positive; as a result, many gay men were giving false names and addresses at alternative test sites. Shilts commented:

"Throughout the country, the rush to construct policy around the HTLV-3 antibody test has become a regulatory quagmire. Authorities in various states are taking dramatically different attitudes toward the uses of the test, even as the politics of AIDS among the autonomous jurisdictions constantly redefine the terms with which the public policy debates are argued."

The controversy underscored problems facing gay leaders "assigned to protect the interests of a community which, for the first time, can ostensibly be dragged out of the closet by ten cubic centimeters of blood."

Further complicating the situation was the rapidly changing scientific knowledge about the virus. "The assumptions which gay leaders held so dear just six months ago are now obsolete; homophile rhetoric has not been able to keep pace with scientific realities." When the test was first licensed for use in blood banks in March, health officials thought it was of questionable accuracy and were unsure about the meaning of the presence of antibodies. However, studies presented at the International AIDS Conference in Atlanta in June, 1985 began to clarify what the presence of HTLV-3

antibodies signified. Shilts pointed out that at least 60-80% of people carrying antibodies were now believed to be currently infected with the virus itself and that the virus would be found in everyone with AIDS. In one of the few times in the gay press during this period that the connection between infection and antibodies was made, Shilts pointed out:

"Of those infected - and if you have antibody to HTLV-3, you have been infected with the virus, not merely 'exposed' - at least 10% to 20% are expected to contract AIDS. Perhaps another 20% will show signs of ARC."

As it became clearer about what the presence of the retroviral antibodies meant, physicians wanted to use the test in a variety of ways. One was to monitor the conditions of patients who appeared to be in the early stages of AIDS or were manifesting symptoms of AIDS-Related Complex (ARC). Dr. Stephen Caiazza (who earlier had adamantly opposed gay men taking the antibody test) was quoted as saying the test had legitimate diagnostic uses in conjunction with other tests. Knowledge of her antibody status would also help a pregnant woman artificially inseminated with sperm from a man who developed AIDS to decide whether or not to abort. Other physicians wanted to use the test to decide whether patients should be treated with immunosuppressive drugs or to determine the likelihood that minor, persistent infections represented early AIDS. Shilts reviewed developments in several states, including California, where legislators endorsed strict confidentiality guidelines and the right to choose whether or

not to be tested, and provided anonymous testing at alternative test sites.

Shilts acknowledged that the Department of Defense had discharged more than 14,000 suspected homosexuals between 1974-84 and that the implications of the military using the antibody test was "most unsettling." He also acknowledged the concerns of gay leaders about calls in some quarters for registries of names of those who tested positive, which might fall into the hands of anti-gay groups or might lead to quarantine. However, he pointed out that "for their part, health officials are growing more impatient with such fears and are making more forceful arguments that the gay community needs to stop interpreting every public health initiative against AIDS as the ground-breaking of a new Dachau" (Shilts 1985:46). Shilts quoted one gay organizer involved in national level AIDS policy:

"I'm hearing from CDC people, more and more, that we can't have it both ways. On one hand, we ask for AIDS to not be treated as a gay disease and instead be handled as a general public health emergency, and, on the other hand, we ask that the government not take public health measures against it and treat it instead as a gay disease."

Public health officials also argued that gay men in areas where HTLV-3 was not yet epidemic had a responsibility to take the test.

"Though Reverend Jerry Falwell, the only national figure of note to call for quarantine, may be a powerful figure in the darker fantasies of gay men, he does not seem to be a

particularly influential person in public health circles," Shilts remarked. He said that when quarantine was mentioned to health authorities to whom he talks, it was treated as a "hysterically paranoid" notion.

"Most health officers think that a lot of gay anxieties about testing are, well, crazy. Gay people need to keep up with the changing science of AIDS if they are to maintain their credibility in health circles" (Shilts 1985).

He quoted Dr. James Chin, chief of the Infectious Disease section of the California Department of Health, as saying that because there was no treatment yet available, there was no pressing need for a registry of infected people; however, development of effective treatment for AIDS might lead health authorities to make the virus infection reportable nationwide. For Dr. Chin, treatment was desirable not so much as a means to cure AIDS patients as it was to inhibit their ability to infect others: "If we had a treatment that could render a person non-infectious, we would have a responsibility to identify the people who are infectious and give them that drug," Chin said.

In a letter to the Native, B.A.R. editor Brian Jones took issue with Shilts for criticizing gay leaders who urged caution about taking the antibody test. He said the Shilts article gave the impression that gay leaders were blocking needed measures to protect public health, whereas they had been urging gay men: "Everyone should act 'as if' and take measures to ensure they neither pass nor expose themselves to

the AIDS-related virus." He cited the plummeting gonorrhoea rate among homosexual men as evidence that this advice had worked and stated that 80% of gay men said they practiced safe sex (Jones 1985d).

In particular, Jones criticized Shilts for omitting to mention that Dr. Chin had authored a quarantine proposal for people with AIDS who refused to "follow orders" concerning sexual behavior. "Most of us are not so naive as Shilts," Jones wrote. "We know what such a policy of government intervention into our lives would lead to. We ought to. It is how we all were forced to live until just 15 years ago."

Attempts to Extend Use of the Test

Numerous stories appeared in the B.A.R. about efforts in other states, as well as California, to institute HTLV-3 antibody testing of prostitutes, prisoners, Hollywood actors, foodhandlers; immigrants; and for pre-employment screening (McDaniel 1986; Kulieke 1985; Agnos 1985; Linebarger 1985b; Bay Area Reporter 1985m; Dallas Voice 1985).

In the fall of 1985, Lyndon LaRouche's organization began a leafletting campaign in Washington DC, which called for laws to require HTLV-3 antibody testing of food handlers, service workers, and elementary and secondary school teachers. The B.A.R. labelled the LaRouche campaign an "anti-gay blitz." (National/World News 1985a). A reader expressed his outrage at this in a letter to the editor, in which he recommended

that an appropriate response (and a gesture of solidarity) would be for gay people to eat only in gay-owned and operated establishments (Hansen 1985). This sentiment signalled to other gay people that gay separatism is a feasible and appropriate response to discrimination from the wider society.

At the same time, the Native carried a story headlined "Mandatory HTLV-3 testing ordinance introduced to Houston City Council by Democratic Party" (Fall 1985a). This was in fact an ordinance drafted by an organization fronting for LaRouche, the National Democratic Policy Committee, which used a name resembling that of the Democratic party to confer credibility and legitimize its claims with the public. The Native headline writer apparently also was fooled; however, the impression left on the gay readership was that somehow the national Democratic party was behind an effort to bar employment in "touch-contact public service capacities" to people known to have AIDS and to require all those in these kinds of jobs to be screened for "AIDS antibodies" (another error, since the antibodies were not to AIDS but to the virus).

In the Spring of 1985, a San Francisco gay man attending a Gay Freedom Day Parade in San Diego bit a policeman during a struggle in which the cop was trying to subdue him. The District Attorney then sought to have the man's blood tested to establish whether or not he was infected with HTLV-3. This development appeared on the front page of the B.A.R. as a "late bulletin" of "potentially gave import for the gay

community" because it was the first time the D.A. had tried to "force a citizen" to take the test (Bay Area Reporter 1985d). The assailant's lawyer argued that the antibody test was not proven to be an effective means of determining whether a person had AIDS (Snyder 1985d). The case eventually was argued in court on the grounds that it violated the assailant's confidentiality (White 1986a, 1986b).

In another instance, a gay father was refused visitation rights with his children unless he consented to being tested (Douthwaite 1986a). Eventually, a judge overruled this and cancelled the order for the test (Douthwaite 1986b). Two developments most alarmed the gay community with regard to use of the test for purposes other than screening blood donations: one was the Pentagon's decision to screen military recruits and request the names of antibody-positive personnel who donated blood at civilian and military blood banks, and the other was the effort by insurance companies to screen out high-risk applicants by requiring them to take the HTLV-3 test. Throughout 1985 and 1986, these stories got a great deal of attention in the B.A.R..

Military Use of the Antibody Test

Concerns about the military's blood screening began in May, 1985, when the Pentagon issued a directive that military and civilian blood collecting agencies should provide the military with the names of those who tested positive when they

donated blood. (Jones 1985e; Bay Area Reporter 1985h). When the Red Cross, many blood banks, gay activists, and some politicians objected to this, the military at first reconsidered, but then reached a compromise with most blood banks that names could be given to them if military personnel signed and informed consent form acknowledging they understood that this would happen (Sanders 1985; Bay Area Reporter 1985g; National/World News 1985b). In California, Senator Alan Cranston and Rep. Barbara Boxer urged the military to revoke its directive because of possible abuse of the information, in light of the fact that AIDS was most often found (at that time) in homosexual/bisexual men and could thus be used as a marker for homosexuality, and that homosexual conduct was grounds for criminal prosecution under the military code of justice and grounds for dismissal from the service (Bay Area Reporter 1985f).

With respect to the Pentagon's plan to screen military recruits, the National Gay Task Force and Lambda Legal Defense and Education Fund pointed out that this would violate the conditions specified by the FDA on the test's label, would constitute the first widescale requirement of the test as an employment screening tool, and would set a bad precedent for its use by private businesses. In their press release, printed with some editing in B.A.R., they also warned the government that they were prepared to use all means at their disposal to

assure that the test was not misused (Bay Area Reporter 1985h).

As of October 1, however, the military began to screen recruits (O'Loughlin 1985a). The B.A.R. obtained copies of internal documents detailing the procedures to be employed by the U.S. Military Entrance Processing Command (USMEPC) in testing new recruits for HTLV-3 antibody, which would affect an estimated 25,000 recruits per month for all branches of the Armed Forces. A positive test result, which would be confirmed through the use of Western blot, would disqualify someone from entering the Armed Forces. Ray O'Loughlin reported that the USMEPC would eventually have in its database more than a million records with HTLV-3 antibody results, a prospect which horrified gay men at that time.

Their worst fears, that the military would use the test to help it eliminate gay men and women from the service, seemed justified late in 1985. The B.A.R. reported (based on an article in the Washington Blade) that the Pentagon planned to discharge those who admitted during an AIDS screening test procedure that they had had any type of homosexual sex; and that these individuals would be expected to provide the names of their sexual contacts. The story cited a Lt. Col. Peter Wyro for the claim that those who were gay or who had "gay sex" would be guaranteed an honorable discharge either on grounds of medical disability or "for the convenience of the government." But those on the lists of names of sexual

contacts provided might face bad conduct or general discharges under Pentagon regulations, or even a court martial. The B.A.R. noted that his interpretation of the military's policy might be in error. Jeff Levi, of the NGTF, was quoted that the policy "will guarantee that when people test positive they will not be honest with health officials about how they may have come in contact with the virus" (National/World News 1985c).

One reader concluded from all of these developments that the HTLV-3 screening test was "a biological warfare device" being used by the military as a "final solution for its gay problem." He alleged that HTLV-3 antibody positive people were being held in concentration camps throughout the country by various military branches and subjected to "inquisitions" about their personal habits and sexual proclivities. He urged:

"We should band together and make all preparations necessary to liberate the victims of this body fluids witch hunt, and move with resolve to directly intervene to interrupt the spread of this hysterical quarantine of bigoted, genocidal intent" (Anonymous 1985b)

This reader managed to make use of the major metaphors used by gay men to express their fears of oppression and injustice all in the same sentence: the Holocaust, genocide, witch hunts, bigotry, and quarantine. Although such reactions were expressed in the extreme in this letter, the dire imaginings and level of anxiety and outrage were widely expressed by gay men at that time (and now, given sufficient provocation).

Reality did not reassure them. Mike Hippler in the Spring 1986 devoted his B.A.R. column to a story of a Navy recruit who was discharged after testing positive for HTLV-3 antibody. The story emphasized that the young man's life and career were ruined, and that when he was temporarily isolated at a San Diego hospital, he was treated by the staff as a pariah (Hippler 1986a).

In December 1985, the first report on the results of testing 72,000 military recruits for antibody to HTLV-3 showed that about 1 in 1,400 recruits tested positive, compared to 1 in every 2,500 civilians. This caused sufficient concern in the Senate to prompt them to give the Pentagon \$155 million for research and testing on AIDS; this compared with the \$200 million Congress had approved for all other AIDS research until then. The military planned to test all uniformed personnel beginning in January 1986. (Friday 1985b)

Insurers Seek to Use the Antibody Test

When insurers sought to use the test to screen applicants the B.A.R. gave it front-page attention (O'Loughlin 1985b).

In an editorial, Brian Jones warned:

"Insurers want to isolate gay people from the mainstream of economic life. In doing so, they are following the lead set by the larger society.... The number one goal isn't to cure this epidemic; the number one goal is to isolate it" (Jones 1985f).

In their effort to use antibody test results, the insurance lobby sought to repeal California's confidentiality law, which prohibited revelation of antibody test results to anyone (O'Loughlin 1985c; 1985d) ⁴ Although they were unsuccessful in this attempt, they were allowed to ask questions on their application forms about AIDS risks (Snyder 1985d).

Senators Jesse Helms and William Dannemeyer led the effort in Washington DC to reverse new legislation, which prohibited insurance companies from using the results of any test that might indicate a person had AIDS for discriminatory purposes. Dannemeyer argued that the policy discriminated against those who did not have AIDS because they would have to pay higher insurance premiums to cover the costs of medical care and death benefits for those with AIDS. Two large insurance industry organizations, however, decided not to lobby Congress to overturn the DC law although they had lobbied vigorously against its passage by the City Council (Fall 1986a).

⁴ It was interesting that in the highly charged atmosphere at that time, when virtually all gay organizations, gay physicians and the gay news organs had been telling gay men not to take the test, the message that the test should not be allowed came through in both overt and subliminal ways. The headline writer at the Native was apparently so opposed to use of the antibody test that his view introduced an inaccuracy in a headline. In an article by John Fall, "Insurance company charged with anti-gay discrimination," the subhead is "HTLV-3 antibody test illegal in California" (Fall 1986b) The first sentence of the article states the actual situation: "Use of the HTLV-3 antibody test for insurance purposes is illegal in California."

The New York Native also carried stories about efforts of insurance companies nationwide to screen out high risk applicants. In August 1985, Nationwide Insurance company, based in Ohio, began screening male applicants in states with high incidence of AIDS to determine if they were gay and promiscuous "since only promiscuous people get AIDS." The Ohio attorney general called Nationwide's policy "illegal and ludicrous" (Stadler 1985c). In October, the nation's largest trade organization for insurance issued a policy statement indicating the industry's desire to screen applicants with the antibody test (Fall 1985b). In several states, subsequently, steps were taken to ban use of the HTLV-3 antibody test by insurance companies.

Mandatory testing suggested (1986)

In March 1986, two developments raised the anxiety level among gay men about antibody testing. The first was the news that the FDA would change the labelling to allow more widespread use of the antibody test. The second was a proposal in Colorado to make antibody testing mandatory for certain groups of people, with the possibility of quarantine mentioned for those who persisted in behavior that might spread the virus.

In May 1986, Dr. Kenneth Kizer, health chief for California, urged mandatory testing for certain groups of people and was supported in this by the Governor (New York

Native 1986). In Illinois, mandatory testing was adopted for marriage licensing, but later repealed because people simply left the state to get married, and several states and municipalities considered contact tracing for people with HTLV-3 antibodies.

Most AIDS physicians and public health officials at the CDC and in the cities with a high incidence of AIDS opposed mandatory testing, including James Curran, head of the CDC's Task Force on AIDS, and the directors of public health in New York and San Francisco. The Seventh National Lesbian and Gay Health Conference issued a statement condemning mandatory testing, and advocating voluntary, anonymous testing coupled with counseling and risk reduction guidelines, including safer sex practices. Arguments in support of this position and opposing mandatory testing appeared in both gay newspapers in April and June, 1986.

By the end of 1986, Lyndon LaRouche had launched his initiative, Proposition 64, in California. Fueled by angers stoked during two years of battle against possible abuses of HTLV-3 antibody testing, as well as the bathhouse controversy, gay organizations allied themselves with most of the medical groups in the state to defeat it.

CHAPTER 7

QUARANTINE: THE MATERIALIZATION OF STIGMA

Between 1981 and 1983, even as the incidence and mortality of AIDS continued inexorably to rise, few people other than gay men were paying much attention. The New York Times, for example, published only 11 articles on AIDS between June, 1981 and January, 1983; the San Francisco Chronicle did a bit better, with 14 articles during the same period. In both instances, these were mainly stories about the emerging epidemiology of AIDS. As many analysts have pointed out, the paucity of news coverage was due in large part to public perception of AIDS as a "gay disease," or one confined to "risk groups" of people who were classed as deviant, marginal or abnormal, whether by virtue of sexual orientation, drug abuse, race, national origin, or inherited blood disorder (hemophilia).

In 1983, reports of cases in heterosexuals who did not fit the risk group profile and more cases in hemophiliacs and in blood transfusion recipients (including infants) led to a jump in mainstream news media coverage of AIDS. (In 1983, the New York Times published 134 AIDS-related stories; the San Francisco Chronicle published 139). This, in turn, raised public anxiety about the possibility that the disease might cross risk group boundaries, "that invisible, but everpresent ideological line that divides the normal from the abnormal,

the moral from the immoral, the deserving from the undeserving." (Padgug 1987:36).

The way in which stories in the mainstream press were reported may have contributed to people's fears that AIDS was about to spread rapidly throughout the population. For example, in March 1983, John Jacobs reported in the San Francisco Examiner that a case of AIDS had been diagnosed in a heterosexual male without "known risk factors," although the man had been "promiscuous" with numerous female sexual partners over the years (Jacobs 1983). Dr. Paul Volberding, director of AIDS Activities at San Francisco General Hospital, was quoted as saying the man did not have any of the known risk factors, "which makes people worry there is some mode of transmission we haven't identified." Although he went on to say that the likelihood of transmission from casual contact was "nonexistent," and that no AIDS cases had occurred in which transmission was other than direct sexual contact or contact with blood or blood products, the impact of this may have been lost on readers already alarmed by the possibility of an unidentified mode of transmission.

In May, the San Francisco Chronicle published a story under the headline "Study Suggests AIDS A Threat to All," based on the first report, published in the New England Journal of Medicine, about AIDS cases among women (San Francisco Chronicle, 1983:2). Summarizing the findings, the principle investigator was quoted:

"The most important aspect of this study is that it does suggest that AIDS has to be considered a potent threat to the entire population, not just to homosexuals, Haitians, hemophiliacs, or intravenous drug users."

As stories on "mystery cases" of AIDS occurring in health care workers, the death of the second baby who got AIDS from a blood transfusion, and a surge in reporting of new AIDS cases appeared in the news media over the next few months, a period of what the press termed "hysteria" ensued. Public health departments and AIDS hotlines received numerous calls from frightened people wondering whether or not they might "catch" AIDS through "casual contact" while riding on a bus, using a public toilet, eating in a restaurant, or sharing workspace or airspace with someone with AIDS. The emphasis that health officials had placed on "bodily fluids" as the route of transmission exacerbated these fears. For example, in April 1983, the San Francisco Police Officers Association issued a bulletin to its members about handling AIDS patients, in which they erroneously claimed that AIDS could be transmitted through "limited, non-sexual contact of mucosal surfaces...with any body secretion such as blood, sweat, urine, feces, or saliva." (Perlman 1983). Photographs of police officers wearing yellow rubber kitchen gloves appeared in the Chronicle and the gay press in San Francisco.

Reports proliferated in the media about prison guards, police officers, undertakers, garbage collectors, television studio technicians, empaneled jurors, nurses and other health

care workers refusing to perform their duties if they had to be in the same room as or come into physical contact with someone with AIDS or suspected of having it. Blood banks reported precipitous declines in blood donations, as people misconstrued reports about getting AIDS from blood transfusions to mean that donating blood also was a risk.¹ Some dubbed this wave of fear a second epidemic, "AFRAIDS" (Goode 1983:1).

The possibility that AIDS might spread to "innocent bystanders" stirred up homophobic feelings, often given voice by religious fundamentalists and rightwing conservatives. The Moral Majority took the opportunity to reinforce their message that homosexuals were a threat to families and family values; for example, a cover photo of the Moral Majority Report showed a family wearing surgical masks, with the headline "AIDS: Homosexual Disease Threatens American Families." (Bayer 1985:588). In July, 1983, Moral Majority leader, Rev. Jerry Falwell called for a quarantine or incarceration of

¹ The origin of this misconception is unclear. However, in an article in the New York Times, reporter Sidney H. Schanberg wrote: "It is the recent knowledge that the disease can be spread to the general population through blood donations or heterosexual contact that seemed to galvanize national attention" (Schanberg, 1983:25). Although a transmissible agent could enter the blood supply through a donation, it could only spread further through transfusion. The emphasis on the donor may have reflected the concern of blood banks in protecting the blood supply by screening out donors from high risk groups at that time. Other media may have picked up and repeated this construction, or, some people may have simply associated the risks from "blood" and "needles" and decided that donating blood (which involves both) was risky.

homosexuals until they could be "cleansed of their medical problems" (Bayer 1985:589).

Almost from the outset, the issue of quarantine was not so much medical as political, since most physicians recognized that based on the epidemiology of AIDS, HTLV-3 could not be casually transmitted and with an estimated one million people in the United States infected with the virus, quarantine was neither a practical nor medically sound solution. However, press reports on AIDS risks to the general population often capitalized on widespread fears that the disease could be "carried" across the invisible boundaries of the high risk groups by prostitutes or men who "passed" as heterosexual (bisexuals or straight-identified men, often married, who sought sex in public restrooms ("tearooms"), gay bathhouses, or from prostitutes).

Some concern also was aroused by physicians' warnings that people with AIDS might not appear sick; therefore, some people urged that steps be taken to make it easier to recognize the potentially contagious by marking them with some visible sign or keeping them physically apart. William F. Buckley suggested that a tattoo be placed on the buttock and upper arm of people with AIDS, to warn off potential sexual partners or needle-sharers (New York Native 1985b). In the B.A.R. a gay man suggested some version of the Scarlet Letter "A" might be appropriate to alert bathhouse patrons that a person with AIDS was in their midst (Heisterkamp 1983).

For gay men, the possibility that physical boundaries might be erected to segregate the infected from the uninfected resonated with images of the Holocaust and the internment of the Japanese in the United States during World War II. Such historic precedents as cordoning off the Chinatown section of San Francisco during an outbreak of bubonic plague in 1901-04 was cited as evidence that quarantine was not only possible, it was feasible (see: Landau 1985:6; Jansen 1985:6). As one gay man wrote to the B.A.R., "Oppression, by whatever name, is always a repeatable phenomenon. And AIDS is fertile ground for oppression. Quarantine must be seen in such a light." (Landau 1985:6).

Quarantine was seen not only as a threat to the civil liberties of people with AIDS, but also, because gay men constituted the majority of AIDS cases (72.3%), as a precedent that might make it possible to legitimate the remedicalization and potential segregation of gay men as a class of "diseased persons." Unlike the issues of antibody testing or bathhouse closure, about which there was a range of opinion among gay men, the specter of quarantine was unifying. In taking political action against Proposition 64, the LaRouche Initiative, in 1986, California gays would find new strength as a political constituency and as a recognized minority group, new political alliances with health care providers and organized medicine, and a reinforced sense of themselves as a "people."

Proposals to Quarantine People With AIDS: 1983-1986

Concerns about quarantine first arose in connection with efforts in 1983 by blood banks and the Public Health Service to prevent transmission of AIDS through blood or blood products. Because the putative AIDS agent was not yet identified by American researchers (although a bloodborne virus seemed highly likely), in March 1983, the Public Health Service asked gay men, intravenous drug users and members of the other risk groups in which AIDS had been diagnosed to voluntarily refrain from blood donation (See Chapter 6). Gay men worried about the symbolic significance of homosexuals being excluded from the donor blood supply because of "bad blood," a term usually used to refer to another stigmatizing disease, syphilis (see Brandt 1987). They were mindful that policies excluding them from donating blood could be used to validate antigay prejudices.

"On the one hand, there was a realization that the welfare of the community required the development of measures to inhibit spread of AIDS. On the other hand, gays and their political allies feared that incautiously crafted policies might stigmatize the homosexual community, thus adding scientific and medical fuel to the social antipathy directed at those who had so recently succeeded in making strides toward social toleration, if not integration." (Bayer 1985:590).

After the discovery of HTLV-3 was announced in April, 1984 and the ELISA test for antibody to HTLV-3 became available, AIDS physicians and gay activists argued that the test would be useful only in screening blood and blood

products.² They said it was neither appropriate nor necessary as a diagnostic tool and offered no information that was as yet clinically useful. Given the high false positive and false negative rates of the ELISA test, there was particular concern about protecting the confidentiality of test results. In addition, because it was feared that gay men would flock to blood banks to donate blood in order to find out their antibody status, anonymous testing sites were set up. At these centers, counselors explained that the test did not mean someone had AIDS or even that they would necessarily get it; rather, it only signified that the person had been "exposed" to HTLV-3 at some time in the past. In the absence of any treatment to offer, the advice given to both antibody-positives and negatives was the same: practice safer sex, and try to live a healthier lifestyle. (See Chapter 6).

Gay men worried that the HTLV-3 antibody test meant that those seeking to demarcate the sick from the healthy by some physical stigmata had found the means to do so. In the gay press, quarantine was frequently mentioned as one of the possible consequences of antibody testing for HTLV-3. When

² In mid-1984, after considerable pressure from representatives of gay and AIDS organizations, some blood banks began to screen blood by using a surrogate marker, antibody for Hepatitis B, a virus that was widespread among gay men and had similar patterns of transmission as those believed to be involved in AIDS: through needle sharing, sex, and blood or blood products. This test was not widely implemented, however, because of the expectation that an antibody test for HTLV-3 would soon be available.

reports surfaced that quarantine had been discussed at the U.S. Public Health Service, and that a mechanism for it was in place in the Public Health Service Act, gay organizations, including reporters and editors of gay newspapers, urged gay men not to take the test. At that time, when there was no clear advantage to be gained by knowing one's antibody status because no retroviral treatment was available, gay men feared that antibody testing would only "remedicalize" homosexuals who tested positive by tagging them as "diseased." Thus, the issue became one of identity as much as health. When gays advised one another not to take the test, they wanted to avoid being "outed" into an unwanted identity as a carrier of AIDS. If their test results were known, they had realistic expectations, based on the experience of AIDS patients even before the test became available, that it could lead to losses of insurance, jobs, housing, friends, and lovers.

Many decided it was not worth it to be tested, unless it could be done anonymously and they began to drop out of research studies for fear that their confidentiality was in jeopardy. Over the next few months, researchers, clinicians and health officials in California tried to reassure the gay community that their confidentiality would be protected. When a bogus quarantine order was reportedly distributed in gay neighborhoods in San Francisco, Dr. Dean Echenberg, director of Disease Control for the Department of Public Health, denounced the action and the idea of quarantine as "ridiculous

and unrealistic" (White 1985a:11). He underscored that AIDS was not transmitted by casual contact, but through consensual acts, and that quarantine would mean "locking up 50,000 people in San Francisco and a million people nationwide who carry the HTLV-3 antibody." He stressed that the DPH would vigorously fight any effort to access confidential medical records protected by their policy of confidentiality about "all venereal diseases," among which he classed AIDS. In 1986, some AIDS researchers told me very seriously that they would burn their files before turning over any names of research subjects or patients to the CDC or anyone else.

Nevertheless, many gay men felt alarmed by warnings in the gay press that "people who are currently on a list indicating antibody positivity should try to get their names off that list - or leave the country" (Beldekas 1985b:21).

Stories about plans to quarantine people with AIDS or those suspected of having it began to appear in 1984, even before the identification of HTLV-3. In March 1984, the B.A.R. and the New York Native reported that California state health officials in Los Angeles were considering approval of an involuntary "modified isolation" program to control "recalcitrant" AIDS patients who continued to have sex with partners who might be unaware that they had AIDS, after being duly warned to refrain. (D'Eramo 1984:6; Friday 1984:16). Wayne Friday, in his regular column, reported that Dr. James Chin, chief of the state health department's Infectious

Disease section, stated that lawyers were reviewing the legality of procedures for dealing with "recalcitrant" AIDS patients who continued to have sexual relations, including involuntary hospitalization and quarantine. Chin said that his department began examining options for dealing with "uncooperative" AIDS sufferers after several local agencies in Northern California submitted inquiries about the issue. He said,

"The majority of AIDS sufferers are quite cooperative, but every now and then you run into somebody who either denies having the disease or is hostile about having it and doesn't put the public interest first" (Friday 1984:16).

Wayne Friday noted that the possibility that AIDS patients might be forcibly hospitalized or incarcerated was still hypothetical, but that Chin said his department had the power to impose such a quarantine, based on precedents used for tuberculosis control.

The following month, both gay newspapers picked up this story again and provided more details. The Native item, part of George DeStefano's column "National News," condensed the story from the B.A.R. (DeStefano 1984:8). In the B.A.R., editor Paul Lorch wrote the front-page story (Lorch 1984). According to the story, Dr. James Chin outlined in a memo to the state Office of Legal Services the steps that could be taken to restrict the movements of AIDS patients "who do not follow the recommendations of the health department." Concerned that people with AIDS might knowingly have sexual

relations with partners unaware of their disease, Chin recommended that such individuals first be contacted by the local health department and informed verbally and in writing of the need to adhere to public health recommendations, such as abstaining from sexual activities that could transmit a "possible" AIDS agent to sexual contacts.

If the person denied he had AIDS or was "openly hostile and refuses to adhere to medical recommendations," the local health department would refer him to an AIDS support group for counseling. If this failed, the health department would order "modified isolations," and if that failed, "severe measures" would be taken, including quarantining the person's residence and posting signs that the person who resided there had a communicable disease that could be contracted through intimate sexual contact. Chin had requested the state attorneys to find out whether he would encounter significant legal problems if the state were to take such steps, and was told that health officials have broad authority to take whatever measures might be necessary to prevent the spread of disease.

If the person violated isolation or quarantine, he abandoned his right to confidentiality and privacy. Lorch reported that Chin said behavior requiring such restriction must be documented, but that the patient's right to privacy, protected by Article 1 of the California Constitution, was not absolute and must be weighed against protecting public health. However, the state attorneys felt that sign posting might

invade a patient's privacy in a way that was unwarranted. Lorch reported that Leonard Graff, Legal Director of the National Gay Rights Advocates, had petitioned Dr. Chin for all relevant documents, and had been supplied them (Lorch 1984c).

Because statutory authority already existed to charge with a misdemeanor anyone with an infectious disease who willfully exposed another person, California did not proceed on this proposal. The issue of quarantine dropped out of the gay press until the following January, when Brian Jones reported on page one of the B.A.R. that in June 1984, the CDC had quietly issued a quarantine order to bar foreign gays from entering the Western United States (Jones 1985g:1,3). The CDC had issued the order in response to a directive from the Justice Department, as part of a dispute regarding rules of immigration which barred gays from entering the country. The U.S. Federal 9th Circuit Court of Appeals had ruled in 1983 that the Immigration and Naturalization Service (INS) could no longer deny entry to foreigners simply for being homosexual; rather, the court said that only normal procedures, such as legally defined medical exclusions, were proper grounds for barring admission. The Justice Department then sought to use the high incidence of AIDS among gay men as "medical grounds" for continuing to bar homosexuals from immigrating into the country. The INS also had contradicted the court order, Jones reported, by publishing literature for foreigners stating that they must declare whether or not they are homosexual.

The B.A.R. obtained a copy of the CDC memorandum, dated June 8, 1984, which instructed the medical officer screening aliens to inquire, "Are you homosexual?" If the answer was "Yes," the medical officer was to sign a modified "Class A MEDICAL Certificate," which was to be returned to the INS by the quarantine inspector, who was then supposed to quarantine the person from entering the western states. The federal quarantine director, Laurence S. Farar, MD, said the CDC was required to issue the quarantine even though it did not agree with it. This confirmed the fears of many gay men that federal medical authorities would issue orders to quarantine gay men when so ordered by non-medical arms of the government. Like good Nazis, Jones alleged, government physicians would be "just following orders," which was the headline of his editorial. Jones wrote:

"First and foremost: the Centers for Disease Control is not our friend. This is disquieting indeed. No single Federal agency is more important to the fight against AIDS. The CDC has gone to great lengths to earn the trust of the Gay community. Lately, it has gone to even greater lengths to violate that trust" (Jones 1985h:6).

It no longer mattered what CDC physicians said they thought, felt or believed, Jones wrote, because although they said they believed quarantine of gays was wrong, they had done it.

"They have abrogated the ethics of their profession, they have destroyed their relationship with the Gay community, they have taken an action which is in direct contradiction to the knowledge of their own medical science - and why? They are just following orders." (Ibid.)

By fall of 1985, proposals to quarantine people with AIDS had been raised or adopted in several U.S. states. These proposals often were made as a result of anxiety about prostitutes alleged to be "carriers" of AIDS spreading the disease to their clients. In Texas, the Houston city health director asked the Texas Board of Health to make AIDS quarantinable following a 24-hour search for the male prostitute Fabian Bridges, who allegedly said he would continue to have sex despite his AIDS diagnosis (Fall 1985c; 1985d). Bridges later became the subject of a controversial PBS television documentary. Although the Texas Board recommended that the State Health Department implement a quarantine policy, the plan was eventually abandoned (Fall 1986c:6). Colorado also attempted to pass legislation mandating HTLV-3 antibody testing and possible quarantine for people testing positive; but the bill was eventually killed (Miller 1986; Fall 1986d). There were also reports that quarantine was being implemented in several foreign countries.

Most disturbing, however, was a report that Dr. Edward Brandt, former director of the USPHS, had said Reagan Administration officials had discussed quarantine of gays and firing gay employees from schools and hospitals as a response to AIDS, and that the British government had imposed a quarantine on people with AIDS (Bay Area Reporter 1985n; Jones 1985i:6). Dr. Brandt's revelations were first reported in Mother Jones magazine by Larry Bush, a gay writer and recently

hired aide to California State Assemblyman Art Agnos. Highlights from that story were bulleted in the B.A.R. The story combined several elements that were repeated often in gay press reporting on AIDS: dire statistics; an apparently indifferent, hypocritical, or hostile federal administration; threats to gay civil liberties; and researchers who claimed that they had inadequate financial or other support to find ways to combat the disease. The news, as Jones put it in his editorial, was "confirming our worst fears."

Jones believed Bush's report to be accurate:

"It's source could not be more authoritative. As director of the Public Health Service, Dr. Edward Brandt supervised both AIDS medical research and the federal Centers for Disease Control. If anyone would be aware of discussions about the quarantine of Gays, it would be Dr. Brandt."

Jones also mentioned the immediate "crisis" faced by British homosexuals, who faced possible quarantine, and the hysteria about AIDS in Britain fanned by the London "yellow press," in particular the London Sun, owned by Rupert Murdoch, who also owned daily newspapers in Boston, New York, and Chicago.³ However, the San Francisco Chronicle also fed public fears, Jones observed.

³ In October, 1985, the B.A.R. reported on the first use of the British quarantine law, when a 29-year-old man with AIDS was confined to a Manchester hospital against his will. The story noted that British gay rights advocates feared that publicity about the use of quarantine would keep AIDS sufferers from seeking treatment, and that gay rights proponents in the U.S. were watching the British situation carefully (Pinney 1985:10).

"Every time a heterosexual matron gets AIDS, it is a front-page sensation, often garnering the boldest headline on the page. The afternoon Examiner and the television and radio stations routinely follow the lead of the half-million-copy morning daily.

"Such sob-sister dispatches are interspersed with the latest in crystal-ball journalism: scare predictions of how many people will have AIDS in future years. By some of the calculations published recently, the entire planet will die by 1999."

Jones wrote that given the possibility of a backlash against gays engendered by such news coverage, it was time to ponder what the gay community's response should be in the event of a quarantine. "We hope we will never need such plans. But, to not have them is the height of folly." He called on all four San Francisco gay political clubs to organize a gay community town meeting on the issue.

The town meeting took place at the Stonewall Gay and Lesbian Democratic Club on May 24, 1985, and drew a standing room only crowd. The panel of speakers included a political aide, a physician, a political organizer and a civil rights attorney. Brian Jones introduced the panel and set the agenda for the meeting by referring to the quarantine of Chinatown in San Francisco to contain an epidemic of bubonic plague at the turn of the century. "It can happen to us today," he said. "We need a plan just in case." Larry Bush emphasized the need to develop an effective political strategy to defeat quarantine proposals, one which would reframe the public perception of AIDS in the media by identifying "another villain" to blame for the continuing spread of AIDS. He

proposed turning the tables on the conservatives in the Reagan Administration by claiming:

"It's not us, it's the Reagan Administration and Pat Buchanan (the White House publicity agent), etcetera. We've also got to broaden the issue and make it one of the Reagan administration's laxity on all public health issues, not just Gay issues. We have to broaden the arena" (Linebarger 1985c).

Randy Stallings, former president of the Alice B. Toklas Lesbian and Gay Democratic Club, and a strong opponent of bathhouse closure, drew explicit attention to the ambivalence of many gays about their identity and how it played into the politics of AIDS. He referred to "enemies within" the gay community which question "that what we are and who we are aren't quite right. This lays us wide open to being picked off one by one....We have to tell the health officers that we won't allow one Gay person to be taken away." Several speakers called for unity in combating a clear threat to "the gay community."

The quarantine issue elicited several letters to the editor of the B.A.R. in April and May, 1985. One letter writer suggested that the British quarantine action exemplified British colonial mentality: divide and conquer, an observation which underscored the feeling of many gays that they were a subjugated underclass, or a distinct ethnic minority which could be identified and persecuted by the majority (Mannino 1985). Another (Jansen 1985) invoked the internment of the Japanese as an unjust action similar to quarantine of people with AIDS, and said that public awareness

was gay men's best hope in preventing such action from taking place. ⁴

On April 18, 1985, the issue of quarantine was discussed at a statewide meeting of the California Conference of Public Health Officers. The case of a sexually active East Bay homosexual with AIDS was given particular attention. Dr. Bob Benjamin, chief of the Bureau of Infectious Diseases in Alameda County, opposed quarantine as an inappropriate governmental response to AIDS. On April 25, he met with a group of gay leaders from the Bay Area to solicit their views on quarantine, and that meeting was reported on page one in the B.A.R., under a banner headline running across the five-column-story, and accompanied by a photograph of a poster in the Castro district, which read: "No Gay Quarantine, Fight Back" (Jones 1985j:1,4). The story included information that the state of Connecticut had reactivated quarantine in response to a case of a prostitute with AIDS, who was jailed and then released.

Benjamin outlined the steps that the health officers had discussed, which were similar to those proposed in late 1983 by Dr. James Chin. They would include issuing an order of isolation; confining the "carrier" to a particular place; making an agreement between the carrier and health

⁴ In addition, copies of letters sent to several public officials to protest the quarantine of AIDS patients in Great Britain and to denounce the Justice Department ban on immigration of gay men to the Western United States were reprinted in the B.A.R. (Wade 1985; Bleye 1985; Boxer 1985).

authorities; publishing the photo and description of the carrier and warning others of his contagiousness; posting quarantine notices on the carrier's home. The breadth of health authorities' power was described in the story.

Benjamin also pointed out that the most recent NIH study indicated that 80% of those carrying the antibody to HTLV-3 were capable of spreading the virus to others. Approximately 37% of gay men in San Francisco were then estimated to carry HTLV-3. "So the research on AIDS carriers indicates that as many as 25,000 Gay men in San Francisco, though outwardly healthy, may be capable of transmitting AIDS to others." ⁵

This story prompted a letter from a writer "appalled and frightened," but unsurprised by the specter of quarantine of people with AIDS. The letter writer pointed out that unlike typhus and other diseases for which quarantine had been used, AIDS was not casually transmitted. As so often repeated by gay men during the conflict over bathhouse closure, this writer pointed to individual choice and responsibility as the only acceptable option. "Individuals know that risks are associated with [specific types of intimate sexual contact]...and only they can decide how much risk is acceptable" (Cranfill 1985). He compared the situation to that of cigarette smokers, "which claims tens of thousands of victims each year due to cancer, emphysema and heart disease.

⁵ The calculation was based on an estimated 85,000 gay men in San Francisco, multiplied by 37%, and again by 80%.

Despite stern warnings, no governmental official has made any serious attempt to ban smoking. How is the AIDS scenario any different?" He saw the difference in the "political mileage" to be gained by "cracking down on those shameless faggots who are endangering this great country of ours," and suggested that

"Not even socially responsible individuals will want to take the test now, when a positive result might carry the threat of quarantine. And without that positive test result, a lot of people will continue to bury their heads in the sand, instead of taking charge of their life and helping to stem the spread of this disease."

Proposition 64: Quarantine Is Put on the California Ballot

Between 1984 and 1986, the Bay Area Reporter published 76 stories and 22 letters to the editor on the subject of quarantine. The majority of these stories referred to Proposition 64, an initiative put on the November, 1986 ballot by supporters of a right wing hatermonger, Lyndon LaRouche. Proposition 64 would have declared AIDS to be an infectious, contagious and easily communicable disease; would have required public health officials to establish camps in which to quarantine AIDS patients and people infected with HTLV-3; and would have banned people infected with the virus from attending or teaching in public schools or holding jobs involving food handling (Petit 1986:277).

In the B.A.R., 61 (78%) of the news stories and 14 (63%) of the letters concerning quarantine were published in 1986

when Californians were considering Proposition 64. The "No on 64" campaign and the introduction of quarantine proposals in other states was monitored closely in the New York Native, although the topic did not get the same attention as in the B.A.R. because New Yorkers faced no immediate threat on that front. New York City Mayor Ed Koch and Public Health Director Dr. David Sencer had stated they were opposed to quarantine, as had the state health officers and many state and local politicians (Byron & Arvanette 1984). The New York Native covered the quarantine issue in 22 news articles, columns, and features between 1984 and 1986; 16 articles (72%) appeared in 1986, when the campaign to defeat the LaRouche Initiative in California was in full swing.

The first harbinger of Proposition 64 for readers of the B.A.R. came in a story about a demonstration by LaRouche supporters against allowing gay people to take communion by drinking from a "common cup" shared with other congregants at San Francisco's Grace Cathedral (White 1985b:16). The story said that the bishop of Grace Cathedral had denounced from the pulpit demonstrators outside the church who were distributing flyers that stated: "Spread Panic, not AIDS." Panic had a double meaning: the letters stood for "Prevent AIDS Now Initiative Committee," (PANIC), a new "citizen's lobbying committee," which was seeking 393,000 signatures to place a quarantine initiative on the California ballot. PANIC was named advisedly to signal the level of fear its members

claimed was justified by the AIDS epidemic and to mobilize political support. The flyers advocated mandatory blood screening tests for HTLV-3, quarantine of all people diagnosed with AIDS, and other actions. The organization responsible for distributing the flyers in several Bay Area locations, the National Democratic Policy Committee, was headed by Lyndon LaRouche, and claimed to have 12,000 members in California and 40,000 nationwide (Ibid.)

Lyndon LaRouche, a former leftwing activist who by 1986 headed a rightwing fringe political cult, espoused extremist views often hidden behind popular causes or under legitimate-sounding fronts (e.g., "National Anti-Drug Coalition," "National Caucus of Labor Committees," "National Democratic Policy Committee.") He financed his group's political activity and developed international contacts by gathering and selling intelligence (Frankel 1989:E-3). His organization controlled assets worth millions of dollars (the AntiDefamation League of B'Nai B'rith estimated that LaRouche organizations spent \$4.5 million on property alone between 1984-86 (Anti-Defamation League of B'Nai B'rith, 1986).

According to Dennis King, who wrote a book about LaRouche's transformation from a small-time leftist into an internationally known "intellectual fascist," LaRouche used cult control techniques to retain supporters, and developed an elaborate theory in which Jewish financiers, Zionists, Asiatic sex cults, Jesuits, the CIA, the Rockefeller family, the queen

of England (whom he called a drug pusher), Henry Kissinger, William F. Buckley, and others ⁶ were supposed to be conspiring to carry out a Holocaust many times worse than Hitler's (Frankel 1989:E3). AIDS offered a convenient pretext for "proving" this theory, or at the least, for putting part of his program on the public agenda.

LaRouche allied himself with other anti-Semitic forces, including the Ku Klux Klan and other fascist groups, and infiltrated the political process by running hundreds of candidates for public office and floating propositions that promoted his ideas. In 1986, there were more than 700 LaRouche-affiliated political candidates nationwide. LaRouche himself ran for president in 1980 and 1984. LaRouche's supporters and political allies included the psychologist Paul Cameron and Sen. William Dannemeyer (R) of California. (Anti-Defamation League of the B'nai B'rith 1989). The LaRouche organization's tactics included veiled threats, slurs and harassment of adversaries, dirty tricks, and alleged misdeeds in generating loans and contributions.

King believes that the extent to which LaRouche's ideas

⁶ According to Jim Kepner, curator of the International Gay and Lesbian Archives in Los Angeles, LaRouche supporters contributed some articles to a gay newspaper, The Edge, under the pseudonym Enola Gay Secundis (personal communication, Fall 1988). The articles alleged that Lord Bertrand Russell and Margaret Mead were part of the Council of Rome, which was supposed to have planned and produced famines as part of a conspiracy to reduce the world's population and that they were directly responsible for producing AIDS.

penetrated mainstream American politics was evident in Proposition 64, which was put on the California ballot by gathering 683,000 signatures statewide. In November, 1985, the B.A.R. gave page one coverage to the official launching of the Proposition 64 campaign (Snyder 1985e:1,5). The story drew attention to the links between PANIC and Lyndon LaRouche, and quoted Leonard Graff, legal director of the National Gay Rights Association, as saying the initiative was dangerous, but beatable, and could serve to unite the gay and lesbian community.

Polls in late 1985 showed some public support for quarantine or other boundary markers for people with AIDS. The idea of tattooing appealed to 15% of respondents to a Chicago Tribune poll and a Los Angeles Times poll showed that 51% of 2,303 people polled by telephone favored quarantine of AIDS patients; another 48% favored requiring people who tested positive for antibodies to HTLV-3 to carry a card indicating their test result (Fall 1985d:9). However, a Washington Post - ABC News poll of 1,512 participants in October, 1985 showed only 28% favored quarantine to prevent further spread of AIDS (Philadelphia Gay News 1985). Polls shortly before the November 1986 election showed that California voters were undecided about Proposition 64 and the vote might be close.

Arguments of LaRouche and Supporters in Favor of Quarantine

Lyndon LaRouche first laid out his case for what became

Proposition 64 in an issue of his publication, Executive Intelligence Review (EIR), which called for an "emergency war plan to fight AIDS and other pandemics" (Petit 1986:277). He raised the specter of mosquitos like "flying syringes" spreading AIDS, and alleged that AIDS was "deliberately created" by the International Monetary Fund, with the assistance of Henry Kissinger and "Zionism".

The LaRouche arguments in favor of quarantine also were presented in a 32-page pamphlet published in October 1985 by the National Democratic Policy Committee. The pamphlet, "AIDS Is More Deadly Than Nuclear War," included LaRouche's message "Spread Panic Not AIDS" (National Democratic Policy Committee 1985:29-31). Declaring AIDS to be more deadly than bubonic plague, LaRouche said that panic was "entirely justified" when directed against "those politicians and governments which either attempt to cover up the spread of this pandemic, or to use the immoral and fraudulent pretext of 'homosexuals' civil rights' as a pretext for blocking urgently needed measures of quarantine and prevention" (Ibid.:29). With panic-inducing rhetoric, he claimed that every sector of the population was threatened "although the known cases of AIDS are concentrated among those with dirty sexual habits or drug users...." He predicted that if the current doubling case rate continued, the U.S. population would be wiped out sometime during the 1990s.

Arguing that everyone was at risk so long as carriers

remained unidentified, undesignated and free to roam at will, LaRouche asserted: "No part of the population of the Americas, Western Europe, or Africa is safe from the contagion" (Ibid.:30). LaRouche concluded:

"The role of homosexuals in creating the massive concentration of infection from which the pandemic spreads to other portions of the population, and the strong concentration of homosexuals among such occupations as teachers, medical paraprofessionals, dishwashers, cooks, waiters, hairdressers, and other service occupations through which contamination is most easily spread...[and] "the vulnerability of children to infection in schools, playgrounds, and so forth..."

would lead to public rage against government institutions "complicit" in covering up the AIDS threat and in "ramming through" legislation to protect the rights of AIDS victims (Ibid.). LaRouche duplicitously appealed to the "silent majority" of moderates to forestall a takeover by the "radical right," which he said would form a fascist government as part of this backlash. In fact, the radical right formed the core of LaRouche supporters. ⁷

⁷ LaRouche often manipulated the available scientific information on AIDS to support his view that quarantine was the only reliable control on further spread of AIDS. This pamphlet included excerpts from testimony by William Haseltine, MD before the Special Hearing on Funding for AIDS, on Sept. 26, 1985, held by the Senate Labor, Health and Human Services, and Education Subcommittee, chaired by Sen. Lowell Weicker (D-CT) and an interview with Dr. Mark Whiteside, co-director of the Institute of Tropical Medicine in Miami, and a proponent of the idea that mosquitoes could spread AIDS. Ironically, the New York Native was one of the only other publications to seriously promote Whiteside's views on how AIDS was transmitted and what its origins were.

In 1986, Summit Ministries published "AIDS: A Special Report," written by David A. Noebel, Wayne C. Lutton (research director of the right wing group, the American Policy Institute, Coalition for Public Health), and Paul Cameron. The book included "52 recommendations for stemming the AIDS plague, including closing AIDS-infested areas, viz. homosexual bathhouses, identifying AIDS-carriers, isolating AIDS-carriers, and if need be prosecuting irresponsible AIDS-carriers." Calling AIDS a "politically protected disease that cannot be left to public health authorities," the Report cited Robert Restak's Washington Post article (Sept. 8, 1985), entitled: "Worry about Survival of Society First: Then AIDS' Victims Rights," in support of its arguments and pointed to the story of a mother who got AIDS from her two-year old son as an example of the threat of the disease through casual contact. It claimed that "some medical men" thought prostitutes were responsible for the rapid spread of AIDS in central and eastern Africa, "while others are thinking it might be transmittable in bronchial secretions borne as aerosols by coughing. Some are examining the possibilities of insects or vermin as the cause." (Noebel, Lutton & Cameron 1986:1). The Report blamed homosexuals and their political influence for the lack of

"decisive actions taken to drain the very swamps (homosexual bathhouses, bars, bookstores, theaters, etc.) causing the spread of AIDS. AIDS-carriers (our modern-day 'Typhoid Marys') are literally running rampant throughout our country (the latest figures - 1,000 new cases of AIDS contacted [sic]

daily), and around the world, and nearly everyone seems frozen in fear about what to do in this situation.

"Instead of federal monies being used to close down the homosexual subculture millions of public dollars are being given to homosexual organizations to carry on their perversions 'safely.'" (Ibid.:2).

The Report goes on to inflame antipathy toward "aliens with AIDS," by noting that federal health authorities had just ruled that people with AIDS could enter the United States. "It's as though we had a death wish in this country. If the Soviet Union forced these same aliens on us it would be considered an act of war" (Ibid.:3). The report also alleges that the media is "largely under the influence of powerful homosexuals and their organizations," which protect the homosexual lifestyle by making those "trying to combat AIDS and homosexuality appear to be followers of Iran's crackpot ruler," instead of "portraying the real relationship between disgusting acts of sodomy and AIDS...." (Ibid.)

Among the recommendations made in the Report were: enacting and enforcing state sodomy laws; denying the legality of homosexuality; shutting down the "homosexual subculture;" making AIDS-carriers "legally liable for spreading their disease;" screening AIDS-infected children from the classroom; "warning churches about giving aid and comfort to the homosexual movement;" treating AIDS patients in special hospitals, and "placing flagrant AIDS carriers under quarantine" and declaring AIDS a "communicable disease," so that existing quarantine laws might be applicable to it.

The Cultural and Political Subtext of Proposition 64

The far right has tended to emphasize that homosexuals were responsible for AIDS because they engaged in "unnatural" acts. Thus, Patrick Buchanan wrote: "The poor homosexuals; they have declared war upon nature, and now nature is exacting an awful retribution" (Buchanan 1983). Aspects of moral and physical pollution, boundary penetration by "aliens," and "contamination" with AIDS from casual contact permeate the way in which rightwing conservatives framed AIDS in the media and other discourses.

The rhetoric and imagery used by LaRouche and his supporters to support quarantine of people with AIDS was similar to that used by others on the far right, but was particularly pernicious in its homophobia and anti-Semitism. LaRouche, who was often referred to in the press as a "conservative Democrat" or a "conspiracy theorist," but was more properly characterized as a power-hungry, "rightwing extremist" (Frankel 1989), frequently conflated homosexuals with Jews, insects, and vermin. He viewed gays as subhuman, akin to insects (King 1985). He and others on the far right also vilified the media, by stating or implying that the mass media (in particular, Hollywood) was controlled by Jews and homosexuals, and that it protected the homosexual lifestyle. (This last was news to gays who had been complaining for years that the mass media either ignored them or portrayed them in stigmatizing, stereotypical ways.) LaRouche claimed that

homosexuality was characteristic of Jews, and was the outcome of having had a Jewish mother (King 1986).

In an article in the New York Native, Dennis King pointed out parallels between LaRouche's ideas and Hitler's ideas in Mein Kampf. Both Hitler and LaRouche called for quarantine to contain a sexually transmitted disease. Hitler focused on syphilis, which he called the "jewish disease," for which there was no cure in the 1920s, and blamed prostitutes for spreading it; he blamed prostitution on the "jewification of our spiritual life and mammonization of our mating instinct" (King 1986). LaRouche referred to AIDS as the "Babylonian disease," which King said was a code name for Jews (King 1986).

The common semiotic denominator among homosexuals, Jews, mosquitos, and the news media in the views of LaRouche and his supporters may be that all were considered to be mobile (and unstable) outsiders, and blood suckers of some type.⁸

Mosquitoes literally penetrate the body to obtain blood, and are associated with transmission of disease. Jews, because they were involved in money-lending in Europe during the Middle Ages, were perceived as blood-suckers of another type, depriving people of their money to pay off high interest rates. In addition, as foreigners who had migrated into many areas of Europe fleeing persecution, Jews often were perceived as disease carriers; e.g., they were blamed for poisoning the

⁸ I am indebted to Geoffrey Froner for this observation.

wells and causing the Black Plague in Europe, and for syphilis in Germany. In LaRouchian scenarios, Henry Kissinger stands for the stereotype of a foreign Jew who has insinuated himself into the circles of power in order to undermine Christian values and the American way of life.

The news media, for their part, are often depicted in film and other popular representations as invaders of people's privacy (as in "60 Minutes," when the reporters literally barge into businesses and homes to ask questions of unwilling subjects) and vultures or vampires feeding off of people's misfortunes. In addition, the media is "contaminating," insofar as it disseminates ideas that may be foreign to the conservative worldview.

Other religions, lifestyles, and ideas are often depicted in rightwing literature as not only socially subversive, but morally and physically polluting, and seductive of children. In homophobic imagery, homosexual men are frequently depicted as child molesters (Watney 1987). Because they are not "tied down" in marriages or families, homosexuals also are perceived to be a highly mobile threat to the stability of heterosexual life, which may have been part of the fascination in the tabloid press with the character of Gaetan Dugas, the airline steward whom the New York Post called "the monster who brought AIDS to North America."

Dennis King (1986) noted that although gay men in California who said Proposition 64 called for concentration

camps of people with AIDS were technically overstating their case, "the ideology and rhetoric of Lyndon LaRouche amply demonstrate that Proposition 64 is being used to desensitize the public to the idea of concentration camps." References to the Holocaust were made repeatedly in the gay press and in other discussions about the possible consequences of HTLV-3 antibody testing and quarantine. The evocation of the Holocaust signified not only that gay men define themselves to some degree by their history of persecution, like the Jews, but also that they share a "community of memory" that unites them as a "people" when facing new threats to their individual and collective welfare.

In his book Reports from the Holocaust, Larry Kramer explained that the title reference to Nazi oppression underscores his belief that AIDS has united gay men in ways similar to those in which the experience of the Holocaust symbolically unites Jewish people (Kramer 1989). He noted that the term "holocaust" as used by gay men signalled the totality of the threat AIDS posed to them culturally, politically, and biologically. He acknowledged that some Jews resented gays' use of that term, because for Jews the Nazi Holocaust has unique meaning, as an event which threatened to annihilate the entire Jewish population and its religious and sociocultural heritage. Thus, as an occasion of mourning and remembrance similar to others incorporated into Jewish rituals, such as the destruction of the first Temple in

Jerusalem and the diaspora of the Jewish people, the experience of the Holocaust defines the modern Jew. Kramer observed that Jews use these events symbolically to both separate themselves from other people (even as they were meant to do by their perpetrators) and to unite them as one people against a common enemy. However, gay men also have historical claims on the imagery of the Holocaust, insofar as the Nazis also put homosexuals in concentration camps. And with respect to Lyndon LaRouche, the reference to the Nazis appeared apt.

Alliance to Defeat Proposition 64

With such explicit threats against gay civil rights, and such clear distortions of the available medical information promulgated by supporters of a "dangerous crackpot," gay activists mobilized to defeat Proposition 64. Opponents of Proposition 64 included what at that time was an unusual coalition of gay organizers and activists, public health officials, physicians, and academics, including the deans and faculties of four California schools of public health, the president of Stanford University and the dean of its medical school.

Opponents of the initiative also included the California Medical Association, California Hospital Association, California Nurses Association, California Dental Association, and California Conference of Local Health Officers, in addition to hundreds of politicians, government officials

(including the mayors of San Francisco and Los Angeles), unions, teachers, newspaper publishers, TV news producers, celebrities, and others. (Adkins 1986). In addition, the Centers for Disease Control (CDC) and U.S. Surgeon General Dr. C. Everett Koop publicized their opposition to quarantine as a public health tactic to control AIDS; instead, they stressed that the epidemic could be stopped only through increasing public awareness of the risk factors and education to reduce or eliminate these risks (Petit 1986; Adkins 1986).

Two major organizations formed to defeat the initiative: California Community AIDS Network (California-CAN), a grassroots coalition of community groups throughout the state, which formed in April 1986, and the Stop LaRouche Campaign, formed in June, which spearheaded a media campaign against Proposition 64. Co-chair of Stop LaRouche, Bruce Decker, who also chaired the State AIDS Advisory Committee, denounced the initiative at a press conference June 25 (Fall 1986e).

Within four months, a \$3.5 million campaign was mounted against Proposition 64, primarily with grassroots help from gay men and lesbians statewide. The main thrust of the campaign was to educate the public that Proposition 64 was based on inaccurate assumptions about the transmission of HTLV-3, would have no public health benefits, and in fact, would impede appropriate public health efforts by spreading panic and misinformation. The Stop AIDS Campaign used major media and grassroots organizations. In Los Angeles, more than

500 volunteers, most of them lesbians and gay men, canvassed door to door and manned telephone banks. Statewide, the effort reached 7-8% of the California electorate. In only 4 months, "No on 64" raised over \$2.4 million dollars and expended about \$1.3 million on broadcast and print media advertising. It has been estimated that 85-90% of the funds raised were donated by gay men and lesbians (Adkins 1986).

The main arguments against Proposition 64 were detailed in a 24-page report by the deans of four California schools of public health, which stated that "contrary to its stated intent, Proposition 64 would have no public health benefits...but would instead impede ongoing, appropriate public health efforts by spreading both hysteria and misinformation" (Petit 1986:277). The deans' report cited studies by various California agencies that showed passage of the measure would needlessly throw 36,000 people out of work and would cost \$1.2 billion per year just to test all of the education and food-handling workers for HIV antibody; testing the entire population of the state would cost many billions more. They stated that people who thought they were infected with HIV would be driven underground and might stop contact with the health system. The report stated that the CDC had rejected quarantine as an inappropriate public health action to control AIDS; that Proposition 64 failed to distinguish between people with AIDS, who might live no more than a few years, and those with HIV-antibody, who might never develop

AIDS; and stressed that AIDS was not casually transmitted, but a sexually-transmitted and bloodborne disease which is best controlled through cessation of high risk behavior among those infected. Proposition 64, the deans argued, would direct state resources away from the most effective strategy against AIDS: massive public health education to prevent transmission. The report also cited evidence that safer sex practices had cut by a factor of 4 the rate of new infections among gay men. (Ibid.)

In August 1986, Sacramento County Superior Court Judge James Ford removed language from the Pro-64 argument in the Voters' Guide, which claimed that AIDS was "not hard to get; it is easy to get," and that "numerous studies" said insects and casual contact spread the disease. The Judge said those statements clearly violated state regulations forbidding false and misleading information in the voters' pamphlet. This also damaged the credibility of Proposition 64 supporters and made their claims less likely to "live" in the news media or in serious discussions about the control of AIDS.

The LaRouche Initiative was defeated by a landslide, by almost 3 to 1. In San Francisco, the proposition was defeated by 5 to 1; in Los Angeles, it lost by a vote of 2 to 1 (Adkins 1986). Torie Osborn, the No on 64 campaign coordinator for Southern California, declared it to be "an incredible victory for the gay and lesbian community." The Stop LaRouche Campaign strategically put the limelight on medical opponents

to the initiative, rather than gay and lesbian opposition, but it credited the efforts of gays and lesbians as "largely responsible" for defeat of the proposition. According to Osborn, a key factor in their victory was their organization of very broad-based opposition to the measure. "The combination of the medical and gay communities gave the effort its effectiveness," she asserted.

The "No on 64" effort also got a boost when it was reported that the PANIC offices had been closed and their assets frozen because they allegedly had paid their phone bill with a bad check (Adkins 1986).

Media coverage of the campaign also may have helped to defeat the LaRouche Initiative's defeat. With AIDS experts and virtually all the major medical organizations in the state opposed to the measure, the claims put forward by the proponents of Prop 64 could not be credited by any of the "authorities" on which the mainstream media usually relied; thus, reporters could present their claims as "incredible" without sacrificing objectivity. For example, Charles Petit, a science writer for the San Francisco Examiner, pointed out that the mosquito-borne transmission theory was "flatly rejected by every reputable epidemiologist" (Petit 1986:277).

Proposition 64 provided gays with a well-defined, specific enemy. The defeat of Proposition 64 was empowering for gays in reinforcing their position as a forceful interest group and a recognized political minority. The campaign also

was significant in marking a shift in the relationship between gays and organized medicine and helped them to clarify where they might make productive political alliances to secure support for AIDS research, treatment, and education. Gays put aside some of their suspicions about big medicine in order to defeat LaRouche, and it was reassuring to many of them that so many health care providers and government officials were actively opposed to quarantine. The campaign made clear that protection of gay civil liberties was consistent with anti-AIDS activities, and it secured widespread political support for antidiscrimination against people with AIDS.

The proposition was defeated, however, not by emphasizing gay civil rights issues, but the medical inappropriateness and misinformation promulgated in the proposition, and the united opposition of all the major medical organizations in the state to the extremist, "crackpot" theories of LaRouche. The voters seem to have decided that LaRouche's supporters were so far outside the U.S. mainstream that they were even more dangerous to U.S. values and culture than the liberals and gays.

CHAPTER 8

RECOUNTING GAY LIVES AND DEATHS: THE COMMUNITY OF MEMORY

This chapter describes the customary forms of bringing the death of a citizen to public attention through the obituary or death notice in the press, with particular attention to some of the major features that have distinguished gay and mainstream press treatment of AIDS deaths. Gay men in San Francisco, as elsewhere in the United States, struggle against social discrimination on many levels. As part of their campaign for greater visibility and fairer treatment in the media, they have claimed the right to be listed among the bereaved in obituaries, plainly identified as the lover or spouse of the deceased. In obituaries of those who have died of AIDS, they have urged the press to identify the disease as the cause of death, despite the wishes of family members who might want to avoid the stigma attached to that information.

Insofar as invisibility and absence from community memory are a kind of social death, silence in the press about the "spousal" relationship of the deceased with someone of the same sex is perceived by gay people as another way in which "Silence = Death" for those with AIDS. Moreover, many gay men assert that when an obituary for someone who died of AIDS-related diseases does not identify the real cause of death, but disguises it in euphemism ("after a long illness") or generalities ("blood disorder"), "not only AIDS is rendered

invisible, but also the existence of all gay people." (Bronski 1987:61).

In the following pages, some of the features of obituaries in mainstream and gay newspapers will be discussed, with attention to the impact AIDS has had on the conventions of obituary reporting and, concomitantly, on the public value accorded to the lives of those afflicted with this disease from the perspective of the mainstream and gay communities. This discussion will focus primarily on obituaries from the San Francisco Chronicle and the Bay Area Reporter (B.A.R.).

The widening impact of AIDS, in both real and symbolic terms, coupled with lobbying by members of the gay community, led some mainstream newspapers, including the Chronicle, to change their editorial policies to include the names of a same-sex lover of the deceased among the survivors in obituaries. This small gesture symbolized a major shift in acknowledging and validating social and sexual relationships that are still considered to be illegitimate in many states, a gesture which reintegrates stigmatized people into the community as equals in terms of the human experience of death, grief and loss, and signals that "deviants" are deserving of sympathy and aid.

In the gay newspaper, the Bay Area Reporter, a weekly column of death notices of gay men who have died of AIDS, as well as the obituaries for people with AIDS who were prominent in San Francisco's gay community, have created a unique

memento mori to the lives of gay men, an important vehicle for mourning, and a means of refocusing the meaning of gay identity and community in the wake of this disease. Since 1984, the obituaries and weekly death notices have become an important element of the B.A.R.'s coverage of AIDS.

Mourning rituals, of which publication of obituaries is one, serve to remind the immediate survivors and the community of the deceased's special qualities or accomplishments, particularly those that honor him and his family or social group; to reaffirm key social relationships; and to signal ways of repairing the rupture experienced by the family and community at the loss of one of its members. Finally, by memorializing someone through a service or through the public record of the press, the life of the deceased is validated as part of the community's history (D'Aquila 1990:1). In so doing, obituaries have become an important element in the transformation of the social worlds inhabited by gay men before AIDS into a genuine gay community. As Bellah et al. (1985) suggest:

"Communities...in an important sense...are constituted by their past - and for this reason we can speak of a real community as a 'community of memory,' one that does not forget its past. In order not to forget that past, a community is involved in retelling its story, its constitutive narrative, and in so doing, it offers examples of men and women who have embodied and exemplified the meaning of the community. These stories of collective history and exemplary individuals are an important part of the tradition that is so central to a community of memory.

"The stories that make up a tradition contain

conceptions of character, of what a good person is like, and of the virtues that define such character.... A genuine community of memory will also tell painful stories of shared suffering that sometimes creates deeper identities than success....The communities of memory that tie us to the past also turn us toward the future.... They carry a context of meaning that can allow us to connect our aspirations for ourselves and those closest to us with the aspirations of a larger whole and see our own efforts as being, in part, contributions to the common good" (Bellah et al., 1985:153).

Death and Social Reclamation: Obituaries of People with AIDS in the Mainstream Press

In a study of news content in large metropolitan daily papers, Herbert Gans noted that "rites of passage" news stories (as he characterized them) take up relatively little space in these kinds of newspapers (Gans 1979). These types of stories include announcements of births, marriages, and deaths, all personal and private occasions which nevertheless constitute a change in the social (and sometimes economic) relationships between individuals and the wider community, and as such, become matters of public interest and public record. In major metropolitan newspapers, stories about life events of the ordinary person are usually deemed less newsworthy, when in competition with the swarm of events that might be reported on any given day, than stories about the socially prominent. Births are rarely announced in large metropolitan newspapers, unless the child is born to an American president, a British prince, or a Hollywood star. Marriages and engagements still appear on the society pages, usually on Sunday, but unless the

individuals or families involved are wellknown, these events garner little space in the large metropolitan newspapers. In small town papers, however, or in a small newspaper marketed to a closeknit group within a larger metropolis, life events of community members may be given much more attention than national news.

The death announcement paid for and submitted by family or friends may take up only an inch or two of space in small type; the obituary written by a news reporter may be longer, and is set in the typeface of other news stories. Both types of death notice, however, follow certain conventions in the presentation of information about the deceased, which situates his or her life and death in social time and space and simultaneously confers a kind of honor. When someone's death is reported in an obituary or death notice, it means that someone else considered that the community at large would benefit from knowledge of it; that the person's life had social value.

Journalistic Conventions of Obituary Writing.

A death announcement submitted to a newspaper by relatives, friends, or associates usually includes the following information: name of the deceased (family name first), day and/or date of death, place of death, age at death, occupation, relationship (and sometimes clues to the quality of relationship) to survivors (e.g., "aunt" or "beloved aunt"), funeral arrangements, and family preferences

for the form remembrances (e.g., donations) might take. Sometimes the city of residence, birthplace, and club memberships are included, or highlights of the work history.

Often the cause of death is alluded to, but not specified (i.e., "after a long illness," which used to be a euphemism for cancer but now may also be an allusion to AIDS). Usually, the bulk of these announcements is taken up with the names of survivors and their family relationship to the deceased. This indicates one of the important functions of the death announcement, which is to signal who is to be counted among the bereaved, and thus who requires (and is deserving of) sympathy and support in compensation for their loss, and where and how that support might be given (at the funeral or memorial service, through flowers or donations to a charity).

Unlike the paid death announcement placed by family or friends, the obituary is a news story written by a reporter. On small or medium-sized papers, obituaries may be written for almost everyone in town; however, on most large metropolitan dailies, competition from other, larger news stories for the available space may mean that only the rich, famous or infamous merit an obituary. The obituary generally follows a standard journalistic format for presenting information about the deceased. It carries a headline and the author may have a byline. Paragraph 1 (the lead) generally answers the four W questions (who, what, when, where) and often the fifth (why or how). Example:

Tucker Ashworth, the director of public affairs for the New York City Planning Department and a former vice president of the Battery Park City Authority died Saturday night from AIDS at the New York University Medical Center....(Dunlap 1987)

The second paragraph usually describes the person's life accomplishments and career history, highlighting honors and promotions. Subsequent paragraphs may note the birthplace, if not already mentioned, schooling, and memberships in organizations. The last paragraphs identify the survivors (and sometimes their location, if in another city or state), what the funeral arrangements will be (or have been), and how people might pay their respects.

Because the obituary is considered to be a news story, the reporter is free to obtain information about the deceased wherever he may find it: survivors of the deceased, friends, the funeral home, the physician who signed the death certificate, or items previously published about the deceased unearthed from the newspaper's "morgue" (Stein 1971:108). In an obituary, a person's life is objectified: the biographical facts selected for that final report confer what may be the last (and most lasting) impression that person makes upon the public consciousness. What is said about a person in the obituary, therefore, acknowledges and revalidates the sources of his social value: kin and business relationships, progeny (if any), accomplishments, honors, and sometimes distinctive personal qualities.

Obituaries usually pay homage to the individuality of the

deceased, and often contain testimonials from friends or colleagues about the person's unique contributions or irreplaceable qualities that will be missed. Even when the person was not honored in life (e.g., the obituary of a criminal), the fact that the person is even the subject of an obituary confers a certain honor on him, insofar as he is accorded a place in the community's history. Unless someone's reputation was so universally tarnished in life that mention of his disgrace would not further blacken his memory, anything that might detract from the person's remembered worth is usually omitted from an obituary on the grounds of poor taste or in an effort to protect the privacy of survivors.

Because AIDS has primarily afflicted members of social groups already stigmatized by reason of sexual orientation, drug use, poverty, or racial group, in the early years of the epidemic it was considered to be so stigmatizing that it was almost never acknowledged as the cause of death in an obituary. One had to read between the lines, to triangulate references to pneumonia or skin cancer with the age and marital status of the deceased (e.g., a single man usually between the ages of 20-45, with only siblings, parents, aunts and uncles listed among the survivors), to determine who had died of AIDS. By disguising the cause of death, some attorneys and families of people who died of AIDS-related diseases have sought to avoid spoiling the identity (Goffman 1963) of the deceased or his/her survivors. In 1986 an

obituary writer for the Hollywood Reporter estimated that nearly one-third of show business deaths were AIDS-related, but most obituaries did not acknowledge this (Anonymous 1986).

Randy Shilts has observed that concealing an AIDS diagnosis in the obituary served to obscure the reality that the disease was killing the socially esteemed as well as "the better publicized profligates" (Shilts 1987a:178). This, in turn, negatively influenced public perceptions about the disease and politicians' attention to it. The obituaries of fashion designer Perry Ellis, entertainer Liberace, dancer Alvin Ailey, and conservative lawyer Roy Cohn, for example, all listed diseases other than AIDS as the cause of death, yet AIDS was the underlying diagnosis in each case. Eventually, however, the truth was uncovered and reported as news. M.L. Stein, former dean of the Columbia School of Journalism, commented on this type of newsfinding for obituaries: "Except for the family's right to private services, the newsman must get the obituary facts wherever he can. A death is legitimate and public news, despite the family's feelings." (Stein 1971: 107).

When someone is a public figure, newspaper reporters and editors generally feel freer to state the hidden details of their life and death. In 1985, a United Airlines pilot, Officer Robert Knoepfler, died of AIDS. The cause of death was reported on some television stations and in the San Francisco gay newspaper, the Bay Area Reporter, but

Knoepfler's attorney denied this in order to protect the officer's family. According to a letter to the editor of the B.A.R., rumors were circulating that the officer's obituary had also been altered in that newspaper. The editor responded in print:

We reported as did Channel 4 news that Officer Knoepfler died of 'AIDS-related complications.' The officer's surviving friends told us not to include this information. However, since the officer was well-known in our community [i.e., the gay community], and since our primary duty is to inform our readers accurately and thoroughly, we reported the cause of death.

It was a difficult judgment call. In the case of private individuals, we include only that information provided by survivors. Officer Knoepfler was a public figure. Also, the cause of death had been previously reported elsewhere. For us to have provided less than a full account would have been to offer our readers second-rate coverage (Jones 1985k:9).

In a special issue of the Sunday Datebook section of The San Francisco Chronicle (December 7, 1986), which profiled 47 Bay Area artists who had died of AIDS, author Edward Guthmann described the fear of disclosure that he encountered when he contacted some survivors for information for his article. One man's father threatened legal action if his son's name were mentioned in the special report; a mother asked that her son's name be excluded to avoid traumatizing his 14-year-old daughter; a musician went to great lengths to keep his AIDS diagnosis secret and begged his doctor not to list it as the cause of death on his death certificate (Guthmann 1986:26).

It was not until Rock Hudson admitted that he had AIDS in the summer of 1985 that the press began to give the disease

sustained coverage through a surge nationwide in news and feature stories and the obituaries began to reflect slowly changing attitudes about the stigma of this disease.

Rock Hudson's obituary in The New York Times, which announced his death above the fold on page 1 and gave six columns of story and photos to him on pages 21 and 22, began as follows:

ROCK HUDSON, SCREEN IDOL, DIES AT 59

Rock Hudson, the actor whose handsome good looks and flair for comedy made him a romantic idol of the 1950s and 60s, died yesterday at his home in Los Angeles. He was 59 years old and had been suffering for more than a year from AIDS (Berger 1985).

The first six paragraphs of the obituary placed Hudson's decision to come forward and openly acknowledge that he had the disease among the major accomplishments of his life, a kind of heroism that included an element of self-sacrifice (risking loss of reputation) in the face of death to benefit others: "This acknowledgment prompted an outpouring of concern for him and for other victims of the disease." The major portion of the obituary deals with Hudson's long career in films, but the final three paragraphs describe a Hollywood benefit held the month before he died to raise money for AIDS research, for which Hudson bought \$10,000 in tickets but was too ill to attend. The obituary quoted his telegram to the gathering, in which he said he was not happy that he had AIDS, "but if that is helping others, I can at least know that my own misfortune has had some positive worth." These paragraphs

tie together the two elements of his life for which he will be remembered: his Hollywood career as a "screen idol" and his illness career as a person with AIDS who "came out" in order to benefit others.

Looking at this obituary as a news story, similar to other stories in having a plot and a theme, one can perceive the elements of mythmaking. The last three paragraphs give closure to the disjuncture in Hudson's public image that occurred when the news broke that he had AIDS. They evoke the image of a tragic hero, a fallen god (perhaps, a clayfooted movie "idol") who dies, yet is "saved" (at least in terms of reputation, which is salvaged through his sacrifice) so that others might live. In this way, Hudson's "spoiled identity" (Goffman 1963) is reintegrated into his public image as popular screen idol, and the impression becomes that of a hero nobly bearing the stigmata attached to him through his ordeal, now transformed into symbolic emblems of his immortality in public memory.

This romantic story type, in which a sinner is redeemed through a noble death, is a variant of the "moral disorder" story formula common in American journalism (Gans 1979). These "nobly-suffering-faggot" stories, as one of my gay informants called them, are particularly galling to some radical gay critics.¹ Michael Bronski derides news stories in which

¹ "We hate those stories," my informant told me, "because it's like not only do we die, when they finally admit we die, they show the world how well we do it!" He took the position

people dying or dead of AIDS are romanticized, calling this news frame "the Camille syndrome," or the tale of "the ultimate incurable romantic." He sees these types of stories, whether in obituaries or news, as supporting the moral view that homosexuals are profligates; only by dying are their lives "redeemed" and made more palatable in the form of an object lesson to survivors (Bronski 1987:63).

Viewed in a more positive light, the story formula exemplified in Hudson's obituary, and those of many people with AIDS, in both the gay and mainstream press, links the modern newspaper obituary to older forms of acknowledging and honoring someone's passing. We still speak of "unsung heroes" when alluding to people who contributed in a substantial way to society but remained socially invisible because their acts were never publicly acknowledged. Today, the press, rather than the traveling bard, whose songs constituted a form of public remembering of dead heroes and their deeds, brings news of these events and public credit to those who have died.

As the fact of an AIDS diagnosis began to appear more frequently in obituaries, either as an attribute of the deceased mentioned after the name or elsewhere in the lead

that this type of reporting distanced people from the real story, which was the horror of AIDS. "No, we don't do this well. People are laying covered with herpes and shit at Sloan-Kettering. People are set on fire over there. That's the story I want. I don't need my Mother Teresa articles." However, he acknowledged that for some people, stories about noble suffering "makes it more approachable and humanizes it to people who otherwise couldn't even approach the issue."

paragraph, it has become less stigmatizing. As the epidemic has progressed, and more people have "come out" about having the disease and have been politically active in seeking research funding, treatment, or services for people with AIDS, the obituaries began to mention these activities among the deceased's accomplishments. The illness career itself, and references to the length of survival from diagnosis to death, may be included in the obituary as important biographical details now deemed worthy of recognition. This may rest on an underlying cultural value placed on suffering, whether short or long, as a source of redemption or a hero's journey. (See Bobby Reynold's obituary in Coming Up!, May 1987, for an example of this genre of obituary in the gay press. His length of survival (5 years from diagnosis) as well as his early activism on behalf of people with AIDS were prominently featured in the lead and in the body of the text.)

An early example of this is the obituary of Bobbi Campbell, who called himself the "AIDS Poster Boy," and was the first person with AIDS to appear on the cover of Newsweek. Campbell's obituary in the S.F. Chronicle was written by Randy Shilts, the Chronicle's AIDS political reporter. It carried a large photograph of Campbell, and began:

Bobbi Campbell, an AIDS patient who turned his plight into a national crusade, died yesterday morning in San Francisco General Hospital of AIDS-related meningitis and pneumonia at the age of 32 (Shilts 1984).

Paragraph 2 noted Campbell's nickname as the AIDS poster boy and his cover photo in Newsweek, thus validating his status as

a national figure. Paragraph 3 described his dual career - as a nurse (his profession) and as one of the first San Franciscans diagnosed with AIDS (which became the basis for his second career as an advocate of people with this diagnosis). Paragraphs 4-6 described his decision to survive and show others they could, too. Paragraph 7 further characterized his illness career (he was one of the longest lived AIDS patients), his public speaking about the disease, and his founding of the National Association of People With AIDS. Paragraph 8 contained a testimonial from his physician, who came to national prominence himself as a result of his research on AIDS; he said of Campbell: "He did a lot to get AIDS out of the closet" and to get the world to deal with it. Paragraph 9 detailed the end of Campbell's illness: his failing health and decision not have artificial life support. Paragraph 10 identified his survivors as his parents, brother, and "his companion, Bobby Hillard." The final paragraph described the funeral arrangements and family's request for donations to be sent to the PWA Fund at the San Francisco AIDS Foundation.

Several things make this obituary noteworthy: probably the first AIDS obituary written by a gay man about another gay man for a mainstream newspaper, it highlights Campbell's illness trajectory and seems to place higher value on his life post-AIDS than before it. Indeed, after Campbell became a public figure, speaking on behalf of people with AIDS, his

life had greater news value. By emphasizing his altruism and hard work on behalf of people with AIDS while he himself was ill, the obituary honors Campbell as a kind of selfless hero.

Campbell's heroism is founded on his "coming out" about the disease and his openness about being gay - both qualities that were perceived by many to be particularly courageous at that time, when people with AIDS were being harassed, reviled, abandoned by friends and family, and discriminated against in jobs, housing, and insurance and proposals to contain the spread of the disease. The obituary also was unusual in listing among the survivors Campbell's "companion", since the Chronicle's policy then was to list only blood relatives or legal spouses among the survivors. This policy was challenged two years later, but was not changed until the Spring of 1987. This change marked a major victory for the gay community in getting the mainstream press to recognize and validate the legitimacy of their personal relationships. It is also an example of the ways in which AIDS has affected journalistic values and, potentially through them, the values of the wider society.

Who May Mourn? The Validation of Legitimate Survivors in the Press

In San Francisco, the issue of including unmarried "significant others" among the deceased's bereaved survivors in the Chronicle's obituaries came to public attention through a letter to the editor on December 16, 1986, from two Stanford

law professors (Babcock and Grey 1986). They wrote to protest The Chronicle's omission from survivors listed in the obituary of their former student Jay Spears of his lover David Linger.

His friends submitted to The Chronicle information about his life and achievements and the names of his bereaved survivors - his mother, his three brothers, and his lover and companion, David Linger. But the Chronicle obituary published Dec. 6 omitted any reference to Mr. Linger. We have since learned that the omission was the result of The Chronicle's policy of excluding the lover-companions of gay people from the listing of the bereaved in obituary notices.

That policy, which other Bay Area newspapers do not follow, should be clarified. Society denies to gay couples the opportunity to solemnize by law their commitment to live together in mutual love as married people. The AIDS holocaust had made the injury done by this exclusion all the more bitter. In the most terrible circumstances, David Linger and Jay Spear cleaved to one another, for better and for worse, in sickness and in health, as long as they both lived. They deserve at least the same conventional final respect that your obituary page pays to others who have tried to live up to that ancient and sacred ideal (Babcock and Grey 1986).

The Chronicle editor demurred that it was the policy of the paper to publish only the immediate blood relatives as survivors: "This is based on objections by relatives when non-relatives were listed as survivors." This reply sparked other letters to the editor, all of them opposed to the Chronicle's policy. One writer claimed that it was "patently absurd in this day and age and in this enlightened City" that the paper would not mention the name of the deceased's gay lover if the dead person was prominent enough to be covered by an obituary and pointed out the logical inconsistency with its paid death notices, which "print whatever the family and friends of the

deceased are willing to pay to have printed" (Youngblood 1986). Another person pointed out that as stated, the policy did not cover legal spouses: "Need I point out that most wives and/or husbands of deceased marital partners are not blood relatives?" (Altman, E. 1986). The editor's note followed: "The names of legal spouses are, of course, ordinarily also published in most obituaries." Another writer reiterated the point made by Babcock and Grey that gay couples, unprotected by marriage laws, must protect their interests in other ways, and underscored the point that an obituary constitutes public recognition of the social standing and value of the deceased and the survivors: "By refusing to list the names of our partners in your obituary pages, you devalue the life of those about whom you write and injure those who are left, those whom we most care about, and often cared the most for us in our final days" (Wilkinson 1986).

In an op-ed piece, Larry Kramer,² executive editor of the San Francisco Examiner, took the opportunity created by this controversy about the Chronicle to articulate the Examiner's perspective on the issue of "Gay Deaths" (Kramer 1987). His essay makes several revealing observations about how journalists understand the function of the obituary and their role in reinforcing or changing social values. He notes, "An

² This is not the same Larry Kramer who founded Gay Men's Health Crisis and Act-Up, and is the author of The Normal Heart, Reports from the Holocaust, and numerous other literary works. That Larry Kramer lives in New York City.

obituary may be the most sensitive story we print." As the last time someone may be mentioned in a newspaper, there may be no opportunity to correct any mistaken facts or impressions about a person left by the obituary; "an obituary always is such a final statement that it requires us to take extraordinary steps to be accurate the first time around." Slowly, he works his way to what he sees is the nub of the problem for journalists - how to establish the accuracy of the facts of the matter:

While an obituary is definitely a news story, it is also a service to the community and is meant to be a tribute. This makes our job particularly difficult, because we can't interview the person we are writing about to find out directly what people or relationships were most important. That difficulty has led newspapers to set very strict rules about obituaries, including restricting the names of survivors to relatives of the deceased. That gives newspapers a convenient way to avoid the problem of having to characterize personal relationships, or having to evaluate which of several personal relationships were worthy of mention.

He notes that for heterosexuals, legal marriage is one way a person can make a statement about his or her relationship with another person that can be used to certify the relationship so that it may be accurately reported as a social "fact": "In the case of obituaries, that statement has frequently been the difference in whether the name of a 'significant other' was mentioned," Kramer averred. However, he claimed a certain freedom from this measure of truth for "the Examiner and some other newspapers," where "the policy has been to mention the people we think should be mentioned, regardless of legal

standing." In cases in which "the kind of information we would like to have is unavailable, or in which we are unable to establish to our own satisfaction just what relationship exists, we must fall back on those legal relationships to ensure accuracy." Referring to the controversy about the Chronicle's obituary policy, he claimed that "for us, it boils down to this:....marriage. By marriage, a heterosexual can be assured that a partner will be noted in his or her obituary. The gay man or woman has no such vehicle under existing law."

Kramer also notes the frustration of many gays, after years of being criticized as too promiscuous, at being unable to demonstrate their longterm, monogamous commitment to a partner by being mentioned as a mourner and survivor in the partner's obituary. Invisible in the public record by virtue of news judgment as well as law, these unvalidated lovers are thus condemned to stand outside the circle of community invoked through the announcement of a death: their right to mourn and to be comforted is thereby in some sense denied.

Kramer does not base his essay on compassionate grounds nor see his duty as a journalist to be extending the embrace of the community to these people by including them in the death notice. Rather, he views the journalistic predicament as one of "establishing" through the newspaper's own reporting activities the factual (versus the social or legal) validity of such relationships (unmarried straight as well as gay). Since "there will always be cases in which they couldn't"

establish this, he supports an attorney's proposal that seriously ill people add a line to their durable power-of-attorney agreement that would "make a public statement about a relationship upon the death of the signer, or authorize someone else to make such a statement. The Examiner will usually consider such declarations as representing the intention of the deceased in the case of unmarried couples."

Kramer's column manifests the journalistic preoccupations with accuracy and objectivity, both values which enable news people to appear uncommitted to any particular viewpoint and capable of publishing any view, so long as its source can be clearly established (see Tuchman 1978). With the flexibility to maneuver afforded by this guise, editorial decisions and news judgments may subtly reorient the reader toward acceptance or rejection of emerging social values or reinforce entrenched ones. As Kramer implied, publishing the names of unmarried spouses of either sex in an obituary in some sense "establishes" the relationship in the public record, gives credence to the social reality of the couple's life together, and subtly undermines the truth value of the legal reality which outlaws such relationships. It also invokes *communitas*³

³ Victor Turner defined "*communitas*" as a "communion of equal individuals", "an essential and generic human bond". Borrowing the term but not its meaning from Paul Goodman, Turner distinguishes *communitas* conceptually from "community," which he uses to refer to a geographical area of common living. He also contrasts the bond of *communitas* with that of "structure," which he uses in the same sense as Robert Merton, referring to patterned arrangements of role-sets, status-sets, and status-sequences consciously recognized and regularly

as a higher moral value, which embraces all primary mourners of the deceased as socially on equal footing and somehow united with one another through their bond with the dead person, whether this is through blood, marriage, sex, or sentiment. (This aspect of the listing of survivors in obituaries is particularly noteworthy in the gay press (see below).)

It was not until May, 1987, however, that the Chronicle changed its policy. As reported in the B.A.R. (Snyder 1987), during a visit from six "gay leaders," the newspaper's executive and city editor "apologized" for their past policies and promised to print the names of "verifiable" surviving partners in future obituaries. Among the six gay lobbyists were David Linger, the lover of Jay Spear excluded from his obituary, and Thomas Grey, one of the Stanford law professors who first wrote to protest this.

operative in a given society and closely bound up with legal and political norms and sanctions (Turner 1974:201). Turner sees in human history "a continuous tension in between structure and communitas, at all levels of scale and complexity. Structure, or all that which holds people apart, defines their differences, and constrains their actions, is one pole in a charged field, for which the opposite pole is communitas, or anti-structure, the egalitarian 'sentiment for humanity' of which David Hume speaks, representing the desire for a total, unmediated relationship between person and person, a relationship which nevertheless does not submerge one in the other but safeguards their uniqueness in the very act of realizing their commonness. Communitas does not merge identities; it liberates them from conformity to general norms...." (Turner 1974:174).

Death and Social Affirmation: Obituaries and Death Notices in the Gay Press

Before the advent of AIDS, very few obituaries or death notices appeared in the gay press: death, if it occurred in the gay community, was only rarely remarked on in newspapers created to celebrate and confirm a lifestyle based on sexual liberation, youth, and vitality.

In 1981 and 1982, a few stories in B.A.R. concerned death among gay men, but these were not yet about AIDS deaths; however, they were distant heralds of what would become an omnipresent part of gay life in the months and years ahead. Before AIDS, the only deaths among homosexuals that were routinely reported in the gay press were from violence - murder or queer-bashing. Such deaths were understood to be closely linked to being openly and manifestly "gay": "If you were 'obvious,' if you were 'known,' if you were seen leaving a gay bar, you could be beaten and killed. Death, as it were, came with the territory" (Bronski 1987:62). In addition to news stories about murders of gay men, the B.A.R. regularly printed a column by the Committee United Against Violence (CUAV), which reported statistics and anecdotes about gay-bashing in San Francisco.

The biggest story of gay death by violence was the assassination of gay supervisor Harvey Milk, along with Mayor George Moscone, in 1977, at the hands of former police officer and supervisor Dan White. Annual candlelight marches to commemorate Milk and Moscone get front page coverage in the

B.A.R.. In the B.A.R. news stories and editorials, deaths associated with homophobia were usually framed within the politics of gay liberation: the victims were often depicted as martyrs and the survivors were urged to turn their grief and rage into political activism as a just tribute to the slain. As Scott Turner, in his essay in Personal Dispatches: Writers Confront AIDS (see: Preston 1989) paraphrased Mother Jones, gay people are urged to "Mourn the dead and fight like hell for the living" (see also: Bronski 1987). Many of the obituaries for prominent gay men who died of AIDS (e.g., Mark Feldman, Bill Kraus, Bobbi Campbell) carried that same message.

Death also was a subject for sardonic humor in the B.A.R.. In 1981, a brief report on plans for a cemetery for gay people in New York City treated the prospect as camp: "There has been no mention yet of designer label coffins with an alligator on the lid," the unnamed author quipped ⁴

⁴ The BAR reported the gay funeral service story in much the same humorous vein as news of a gay cemetery three years before. According to the story, the funeral director professed an interest in providing services that would be sensitive to the tastes of gay men. In addition to providing evidence that supported the need for such services, the article highlighted the funeral director's desire to cater to campy taste in shrouds, coffin decoration, and services. (Mendenhall 1984). Outraged letterwriters protested the way the story was handled, as well as the whole concept of decorator funerals. "I cannot see the dying process as a high camp experience to be marketed. In memory of those who have died and are dying, hasn't the past three years ignited at least a spark of maturity and contemplation?" one exasperated reader wrote to the editor. "I wonder of those who are dying how much time they are giving to deciding between a leather coffin or a chartreuse number!" (Gac 1984). Another reader

(Anonymous 1981). Death was still distant from the experience of most gay men in San Francisco, but as B.A.R. editor Paul Lorch put it in an editorial in August 1981, time was catching up with some of them. "We Camelot babes now well into our 30's and 40's and 50's are rounding a corner. Our companions are not leaping off of rooftops or OD'ing on psychedelics, they - having traversed natural lifespans - are dying natural deaths" (Lorch 1981c). Lorch did not know that the "natural" lifespan of thousands of gay men would soon be truncated by disease or suicide from despair over their illness. But he anticipated the practical problems that so many would face in dealing with the death of lovers and friends. This was of particular concern to survivors who were not bound to the deceased through legal ties of marriage, or by blood, but who nevertheless had constituted the only family many gay men had after coming out of the closet. Lorch expressed what would

acknowledged the need for compassionate funeral services that conform to the wishes of gay men and women. However, he thought the article tasteless and unfair. As for the trappings of gay deceased chic, the reader asked whether the reporter "really does envision campy little wakes and droll obits. (One can almost hear him shrieking, 'Mary, it was a shroud to die for!')" (Thompson 1984). Paul Lorch replied in an editor's note: "There are different views on death and dying and yours and ours differ. To us nothing is above a send up now and again. The other side of it is that there may well be the dying queen who wants a camp service. If we have the option, why not celebrate it before we start running the way we should handle our corpses. (Which is the straight world's way - Do it our way, or else!)." Despite taking refuge on the high ground of liberation ideology, Lorch was uneasy with the subject of AIDS and death, and often made attempts at humor in his editorials and headlines to relieve the anxiety and gloom that was pervading the gay community.

concern unanticipated numbers of gay men in the near future, as their lovers and friends began to die of AIDS: "What profit us - having devoted all our living days and years breaking the chains that closet bounded us - that in the end those traps and shackles reclaim us and spirit away the remains, both corporeal and memorial. Unless we forge an airtight case, the state, the church, the family will prove triumphant in the void" (Ibid.).

Two weeks later, B.A.R. ran a story by Allen White about preparing for death, in which he discussed hospice care, making a will, the death report, disposition of the body, and funeral arrangements. The story contained flashes of prescience: White noted that "For the first time possibly in history a gay society has developed that has to relate to all the processes of life, including death..." and "Statistically, it has been pointed out that at least one if not several persons who read this current issue of the B.A.R. will not be alive when the next issue appears" (White 1981).

After AIDS began to decimate San Francisco's gay male population and undermine the appeal of free-wheeling sex, the gay press reflected the new and sober realities of its community. In the relatively small social world of the San Francisco gay community, where by 1985 50% of the gay male population was estimated to be infected with HIV (Osmond 1990b), each death signified deep loss for the whole community as well as for the particular family, friends, or lovers of

the deceased. It tolled the end of innocence, of the carefree life, and challenged the roots of identity and community.

From 1981 through 1983, the B.A.R. published only three AIDS-related obituaries, stories written by reporters about the deaths of prominent gay men in San Francisco. In addition, a few black-bordered death notices, submitted by lovers, friends or family of the deceased, appeared in the news section, often placed along the edges of the news pages among the large advertisements for various businesses and services. During this period, when B.A.R. editor Paul Lorch was downplaying the AIDS story in general, it was as if death hovered literally on the periphery, not yet in focus in the B.A.R.'s window on the gay community.

From 1981-1983, death from AIDS was not yet "news," unless someone "important" died. However, through letters to the editor, B.A.R. readers made their personal losses known to one another, and began to request some acknowledgement of these losses and their impact on the community in the B.A.R.'s news agenda. In the Spring of 1982, a reader wrote a letter to the B.A.R. to let the community know about the death of "a dear and cherished friend" who "wasn't a community leader, or terribly well-known in gay circles," but whose death left a void in the reader's life. In closing, he addressed his friend, in a style that would become common in B.A.R. death notices: "Take care, Bobby, you are missed dearly by all whose lives you touched" (Lundquist 1982). The following week,

another reader was moved to write: "There are many in our community who are not 'leaders' or well-known whose passing may go unnoticed by many. It makes them no less important...." (Ron 1982).

Concerned that the illness or death from AIDS of many ordinary gay men would go unremarked by their community if unrecorded in the B.A.R., a reader wrote to suggest that B.A.R. start an obituary column: "Unless a person has made 'waves' of some sort so that a news article is warranted or that the ill or deceased is known to one of your writers, no public mention is made. If the community starts reading regularly about the average person being struck down, it might bring about more care and concern about the disease. If possible, a picture of the deceased might be included. Names of tricks tend to slip into oblivion; however, faces linger. It will probably turn out we all know a lot more of the victims than previously thought" (Porter 1983). Lorch replied that the suggestion was worth looking into, but he was concerned about issues of privacy and wanted to keep any column "from turning into a soap opera."

As the number of deaths mounted in the community, however, more pressure was brought to bear on B.A.R. to publish death notices as a regular feature. In the March 1, 1984 issue, Mike Hippler, a B.A.R. columnist, wrote to the editor to comment on a death notice for a local actor John Ponyman, which he had read in the February 9 B.A.R.. "... I

just wanted to let you know that that's exactly what I think we should be doing for AIDS people who die. I know it takes a good deal of space, and I know it's somewhat gloomy to have an obit section, but those people deserve some notice, I think." (Hippler 1984). In a letter to the editor a couple of weeks later, Ponyman's lover agreed: "We need to have an obituary column. We need to know. We need the catharsis of letting the dead be the dead so the rest of us can go on with life" (James 1984).

In the May 3, 1984 issue, the B.A.R. began to print death notices submitted by lovers, friends or family of the deceased, free of charge. That year, the "AIDS Death Notices" feature appeared in 30 issues, and has been published without interruption ever since. By 1986, the weekly "Deaths" and an additional 14 obituary articles constituted 10% of the B.A.R.'s total news coverage devoted to AIDS. All the death notices received were published as written, unedited except for "style, accuracy, and taste." ⁵ Poetry was discouraged,

⁵ The BAR's original policy on death notices stated: "The Bay Area Reporter publishes death notices as a public service free of charge. We rely upon our readers to provide the information they deem appropriate for publication. If you would like a death notice published, please include information you believe to be relevant and appropriate. To avoid misidentification, please provide a complete name, including nickname; age; and place of residence... You may want to include information about the person's job, club or activity associations, or other information to further describe his or her life. If a funeral or memorial is planned, include date, time, place and a contact for friends and acquaintances who may want to take part. Photos, color or black and white, are welcome.... (Bay Area Reporter 1984:16).

but occasionally printed, particularly if it was a quote from an established poet. At first, the death notices were set off within black borders. Eventually, the black border was dropped and the headline was changed to "Deaths," as B.A.R. printed notices of non-AIDS deaths, as well. Although the vast majority of death notices were for gay men who died of AIDS, the B.A.R. also received and printed notices about the deaths of lesbians, and a heterosexual or two who had been important to some segment of the gay community. One gay man sent in a death notice about his mother, who was very popular in certain gay social circles. Once, the B.A.R. even published a notice about someone who had not yet died, for which they later printed an apology, and expressed the hope that the service they were providing would not be abused.

The cause of death was not always mentioned in B.A.R. death notices; when it was, the vast majority were AIDS or related opportunistic infections. Other causes of death mentioned included heart attacks, stroke, hepatitis, and a couple of murders. Just as in mainstream press death notices, the family or friends of the deceased would occasionally use such euphemisms as "after a long illness." In such cases, it was usually clear from the other information provided that the person had had AIDS.

At first the notices came in at two or three a week. As AIDS took a larger and larger toll in the City, and as the "Deaths" feature became established as a well-read part of the

B.A.R., the numbers of death notices submitted gradually increased. By 1986, B.A.R. was publishing 10 to 15 per week, on two full pages. For reasons of space, death notices were limited to 200 words (in 1985, they were limited for a few months to 100 words).

The "Deaths" section became one of the most popular features in B.A.R., the section to which readers turned first to find out whether anyone they knew had died. As one former editor put it, "It's a way people keep in touch or keep tabs on one another in this community." A reader, who sent copies of the B.A.R. to gay friends in Japan and Pakistan, concurred: "Too many times we lose contact with people through job change or moving and have no way of knowing their needs except through some article in the B.A.R.. It is extremely distressing to read about the deaths of many of my friends of years as a result of AIDS... yet I feel it is a public service and duty of B.A.R. to continue to publish this information and whenever possible to seek out the names of those who have died so that we may know and pay our respect" (Betancourt 1984).

Another B.A.R. reader thought publishing death notices was one of the best things B.A.R. did, because it brought home to the community that this disease existed and killed. "Too often, we hear of this disease as something affecting unknown anonymous people. It has to be personalized so that all of us in the gay community understand the possible impact it may have on each of us" (Wallace 1984). This writer urged gay men

to take personal responsibility for their health by using condoms.

Like other news stories and features in B.A.R., the obituaries and death notices were written for a gay (primarily male) readership, and expressed the interests and values of the authors and the gay community, not necessarily those of other social groupings and communities to which the deceased also may have belonged. Sometimes biological family members have contacted the B.A.R. to say they did not want the paper to print an obituary or death notice for their son. However, in such cases, the B.A.R. has run the obituary anyway. As a former editor explained:

"Our policy is, you don't have the right to tell us. If someone in this community brings one in, we print it. And we've never had any further repercussions. It's the community's right to do that. Family members don't own - many of them disown this person while he was alive, and suddenly now that he's died of AIDS, the family reasserts its proprietary rights over the name. And the [B.A.R.] policy is no, it's not your decision to do that."

In March, 1985, Mike Hippler wrote an obituary in his regular B.A.R. column about a former lover with whom he had had little in common other than "an intense sexual bond." He reported that the man had lived life in the fast lane and had used LSD and other drugs (Hippler 1985). The man's mother subsequently wrote to the B.A.R. to protest the "trashy" obituary that Hippler had written about her son. Hippler replied, apologetic: "Were it about me, it is not an article I would want my mother to read.... My only excuse is that I never expected she would read the article. It was not intended

for her, but for the Gay community in general and his friends in particular - people whose experiences, values, and attitudes are vastly different from hers" (Croteau 1985).

In contrast to obituaries in the mainstream press, in the B.A.R. both obituaries and death notices tend to give primacy to the extended gay "family" of lovers and friends rather than the biological family, who are sometimes mentioned among the survivors. Michael Bronski, in his article "Death and the Erotic Imagination," observed that in the United States, dealing with death is largely a private, family concern. Many gay men dealt with death solely through their extended "families" of lovers and friends, with little legal or psychological support from their biological families or wider society (Bronski 1987:60). This was the sense of family underscored by a gay reporter whom I asked to comment on the significance of the B.A.R.'s publication of death notices. He told me:

"I think it's a family affair, recognition of someone's passing, recognition of historical events, of passing away, but also of developing a grieving ritual, which I think the gay community has had to develop on its own because of AIDS. Just as there isn't a bonding or marriage ritual [that gay people can participate in], there isn't one for separation. Usually [gay] people would be excluded from [family] funerals, or at least wouldn't be recognized for the position they may have had in their partner's or friend's lives.... [Therefore], how do we grieve, and ... being relatively young and unaccustomed to this, what does it mean to us, and how public can we be, and what does it mean to be public?"

For the gay community, obituaries and death notices became another "coming out," this time in the public record,

another form of bearing witness to the catastrophe of AIDS. As Michael Denny has observed: "To bear witness is to declare oneself, to declare oneself present, to declare oneself in the presence of what has come to be.... Those who bear witness carry the soul of the community, the stories of what it has done and what it has suffered, and open the possibility of its existence in memory through time and beyond death." (Denny 1989:19).

Fallen Warriors: Metaphors of Heroism in Death Notices and Obituaries

The publication of death notices validated the community's as well as individuals' loss and frequently honored the deceased by invoking the metaphor of the battle and the fallen warrior slain in the good fight. For example:

On June 11 at 8:15 a.m., Joseph Swartz slipped away....He has fought a good fight and his rest is well deserved (Swartz 1985).

Michael Avedon passed away May 9 after almost a year of fighting against incredible odds (Avedon 1985).

The metaphors of struggle, common to many social liberation movements of the late 1960s and 1970s, is a pervasive theme in gay press coverage of AIDS generally, and emerges with particular vividness in some of the obituaries. In these death announcements, written independently by many people but arising out of a common sense of physical and social threat, the battle is drawn between people with AIDS who fought heroically for their lives and their many enemies: the virus,

prejudice and fear, discrimination and repression. Dr. Tom Waddell, a gay culture hero revered as an Olympic athlete who fought unsuccessfully to use the term "olympics" in the name of the Gay Games, was interviewed not long before he died of AIDS. He commented: "There are two things that unite the gay community, and only two. One is AIDS; the other is oppression. Nothing else. We've united over this whole issue and we've done incredible things" (Moor 1987).

In "the battle against AIDS", as it emerges in gay press reporting and in its obituaries, virtually every gay man is a hero whose exploits are reported, successes applauded, and defeats sometimes bitterly deplored. The tone and content of obituaries of AIDS activists sometimes echo that of ancient odes to fallen warriors or the romantic 19th century elegies to people who died young. The deceased are praised for having acquitted themselves with courage and grace, and depending on the beliefs of the writer, sometimes are wished godspeed into another world.

In the annals of AIDS heroes, Bobbi Campbell, the "father of AIDS activism" is particularly honored. His obituary in the B.A.R., written by News Editor Brian Jones, resembles the one written by Shilts for the San Francisco Chronicle in terms of its overall content, but it places even greater emphasis on Campbell's work on the AIDS battle lines and emphasizes the identification of his personal suffering with that of all gay

men, and then with the potential peril to all Americans. An excerpt illustrates this:

For nearly three years, since his diagnosis in September 1982, Campbell made his personal struggle against AIDS part of a larger fight - a fight for fairness to People with AIDS; a fight for adequate federal research funds; a fight for dignity for all gay people confronted with the AIDS epidemic.... By baring his own struggle, he alerted a whole nation to the coming peril of the AIDS epidemic (Jones 1984g).

Campbell's heroism and his moral example to the gay community is underscored by a paragraph in which he is presented as "fighting until the end," yet overwhelmed at last by an "inoperable opportunistic infection." The last two paragraphs of the obituary list his survivors and funeral arrangements, as is customary, but weight this information quite differently from the way in which it usually appears in mainstream press obituaries or death notices. His lover is listed first among the survivors, and is named, followed by "his parents and a brother", who are not named. This signifies the primacy of chosen loved ones over the biological family in gay community life, and indicates who is the "widower" in need of that community's care and sympathy. But by including lover and blood relations within the same class (survivors), it also signifies a unity among them created by facing together a common threat and loss.

The deathbed vigil of lovers, relatives, and friends is frequently cited in gay press death notices and obituaries of people with AIDS, although it is rarely mentioned in

mainstream press obituaries. This theme of the circle of the bereaved closed in loving protection around the dying man seems to arise both from the realities of caring for people with AIDS in San Francisco and from underlying emotional and symbolic roots. As stigmatized "deviants" cut off from sharing fully in all the rituals of *communitas* in the wider society (e.g., marriage), gay men have developed alternate cultural institutions that sometimes satirize and other times frankly emulate prevailing social forms. Yet, the longing for legitimacy within the larger society and resentment against their stigmatization and exclusion is frequently alluded to, explicitly or implicitly, in the imagery and topics found in gay press stories. In facing AIDS, gays at first were doubly cut off from the sympathy and support of the wider society: because they were homosexual and because they were suffering from an infectious, lifethreatening disease. By including a description of the scene of the death bed vigil in the story told by the obituary, and often by expressions of gratitude to those who assisted the deceased during his illness, an attempt is made to seal this rupture for the record.

The obituaries and death notices in the B.A.R. depict lovers, friends, hospice workers, and family members bonded together and somehow sanctified or redeemed through bearing witness and providing assistance to the dying person. Some examples:

Rene Pellicia "left this world Sept. 20 to a new beginning, his determined 9-month battle with AIDS

finished. Enfolding Rene in their love in his last hours were his lover Rodney, mother Pauline, father Ralph, stepmother Helen, sisters Millie and Yolanda, Aunt Julie, and dear friends Arthur, Coleen, Fritz, Kay, Pam and Timmothy. Rene died at peace in the full knowledge and acceptance of their love." (Pellicia 1985).

Antonio gently passed from life at home with his family and Sandy, his Hospice friend, early Sunday morning, two days before his 35th birthday (Hernandez 1986).

Michael Dawes: "During his last week at Children's Hospital, he was attended by his mother, an aunt, and a Shanti volunteer" (Dawes 1985).

Ed Moore: "Both Gay and straight men and women rallied to support him through his ordeal" (Moore 1985).

The obituary of Douglas Armbruster, a cartoonist for the B.A.R., written by his lover Richard Hollinger, illustrates the scope of social unity and communitas evoked through the acknowledgment of all the people who surrounded the deathbed and supported the dying man:

We were quietly supported at home by the most incredible collection of human beings I have ever observed. Throughout this entire experience, I have regained my belief in people, especially the Castro community, our home (Armbruster 1985).

He acknowledges the caregivers at Ralph K.Davies Hospital, Doug's best friends (and his), numerous other friends "who helped keep Doug alive for three years," and Doug's "most loving father and brother and most incredible little sister." Finally, he goes a step further to heal some other ruptures in his personal social fabric by naming his own "ex" and Doug's former lover, whom he thanks for "all the unselfish time and love you gave in these last, tough few weeks."

Death notices in the B.A.R. are notable for their intimacy. The writer, often the lover of the deceased, sometimes addresses him, expressing gratitude for their relationship, wishing him farewell and assuring him that he will be remembered; often, the friends and supporters of the deceased also are thanked. One death notice, for example, closed with the statement: "Tony, knowing you and sharing life with you made life a banquet. Thank you. Love, Don" (Hernandez 1986). Douglas Ridley's obituary contained a message to his mourners; the writer stated that Ridley "passed peacefully from this life on November 20, 1985, ceasing the frets and worries we shared with him this last year. He would want us to take an affirmative view and get on living. He may continue to fret and worry until he knows we are O.K. again" (Ridley 1985). Stuart Anderson's obituary writers combined a message from the deceased with their own "respectful" acknowledgement of the support he received from his friends and physician during his illness:

Stu's message is to do your vitamins and keep away from all yeast-producing foods. Many thanks to the good friends of Stu for supporting him. Also, thanks to Dr. Cathcart [a vitamin guru whose regimens were publicized in the gay press as potentially beneficial to AIDS patients] as well....(Anderson 1985).

Men who take on women's names as part of their gay social identity frequently are identified by these names as well as their original given name in their obituaries (e.g., the

bartender John Good, "affectionately known as Flo," and "Tiffany Jones," the female impersonator).

All of these features of the obituary in the gay press serve to validate in the community chronicles all of the colorful, idiosyncratic, and sometimes deliberately outrageous characteristics of the deceased, and through him those characteristics in the gay community itself. These obituaries frequently close with an announcement of a "celebration" of the person's life (rather than a funeral or memorial service), which also speaks to the affirmation inherent in the obituary style and function in the gay press.

Thus, in contrast to the many negative images of homosexuals and AIDS provided by the mainstream media during the early 1980s, which linked promiscuity and hedonism with "the wages of sin" and death, the death notices and obituaries in the B.A.R. affirmed many of the positive qualities that held gay men together in personal relationships, and heightened their broader sense of *communitas* with gay men everywhere. Will Snyder, who edited the death notices for the B.A.R., devoted an editorial to them in April 1986. "Anyone who reads these obits week after week cannot help but feel the real power of love," he wrote (Snyder 1986). The New Right, the Moral Majority, would not understand this, he believed, because "they think we hop into bed, have sex and then never talk to each other again." The obituaries told another story about being gay: "Our obituary writers talk about a time when

they shared more than just a night of love. They talk about sharing an over-cooked meal together and laughing about it later. Or, they talk about sitting together in a quiet, dark living room and watching a movie about friendship...and thinking, 'I'm the luckiest person in the world because I have a loving friend and I am his loving friend.' Our writers also talk about getting mad at each other one minute and then making up the next." By focusing on the love between gay people, the death notices affirmed that not only were the deceased good people, but so are the living. The reader could conclude from them, "And, we know we are good people, [too]."

Snyder also drew from the obituaries a sense of community solidarity: "They're the kinds of memories that can make us stronger and vow to support each other even more. We owe it to our friends who have passed on" (Snyder 1986). Michael Bronski also has observed that gay men read the obituaries to "get a sense of community, to find others who were like you, to feel not so invisible and alone" (Bronski 1987:60).

Because they record the deaths of people in the reader's own social networks, the weekly death notices also reinforce a sense of personal susceptibility to the disease. Bronski criticized gay newspapers, like the New York Native and Gay Community News, for publishing obituaries only for the prominent. "While this personalizes the effect of AIDS in a tangible manner, it also isolates and diminishes the number of cases. These types of obituaries also imply, however

unintentionally, that some cases are sadder because they made some contribution to the gay community while they were alive. This is a comfort to many readers who feel that these few isolated cases - not even the tip of the iceberg - portend no warning to their own lives" (Ibid.).

By contrast, "Reading B.A.R. is like walking through a graveyard, or viewing the Vietnam Veteran's Memorial Wall - the only difference is that you knew these people and may have seen them only a week ago. The ultimate effect is to bring the war home; there is no way for a gay man to look at those pages of postage-sized, black-framed portraits and not have some presentiment that this could have been him. And might be in several months time" (Bronski 1987: 61).

Because gay society in large urban centers is made up of loosely knit groups of friends and large, fluid networks of gay bar and sex club patrons, many of whom know each other on sight if not by name, the photographs accompanying the death notices allowed gay men to identify people with whom they may have had an anonymous sexual contact, and to consider their own vulnerability to AIDS. Bronski noted that when a regular bar or bathhouse patron was absent for awhile, it became commonplace to presume that he might be dying or dead of AIDS: "like living under a fascist regime...people just disappear without a word." The death notices, therefore, became an important way for gay men to check on "the disappeared" in their community.

Mike Hippler, in his B.A.R. column, commented that when he saw a picture of someone with AIDS in the local newspapers, he often had a sense of deja vu when he realized that he knew the man or had seen him somewhere, and that made him wonder "about the rest of us." "How are we coping with the possibility that we may also be people with AIDS someday? And how are we trying to prevent it?" He felt fatalistic about his own prospects, sure that he had already been exposed to the agent that caused AIDS, and he expressed a sense of powerlessness to control his fate. At the end of the column, he related a story about receiving a letter from his sister on the second anniversary of their father's death, in which she summed up her feelings about that and their mother's death, and "all the sickness and loss" in a single word: "'Robbed! Robbed, robbed, robbed!'" Hippler concluded: "I couldn't agree more" (Hippler 1983). By 1983, feelings of helplessness, utter deprivation, and devastating loss were common responses to the mounting deaths from AIDS.

Michael Feingold, a playwright and drama critic for the Village Voice, believes AIDS-related death has been particularly difficult for gay men to absorb:

It is epidemic, and so can never be quite individual. It comes unjustly before its time, sparing or striking arbitrarily, and so can never be wholly inevitable. Because of its arbitrary choices, too, one can never quite call it a consequence of one's own actions, never entirely take responsibility for it, as the hero of a tragic drama ought to do. It is simply there, scattering fates this way and that, truncating some lives and leaving others mysteriously carefree, prolonging

some torments hideously and cutting off others with the gentle snap of a leaf falling in autumn. Its combination of caprice and control, carried out on so large a scale, undercuts almost any response we can summon. We react to it with a puzzled, inhibited caution, fearing simultaneously for our lives and the appearance we create - a set of nervous supporting players in a show whose volatile star has unexpectedly come on stage drunk, with a loaded gun" (Feingold 1990:31).

Feingold uses the analogy of a tragic theater, in which AIDS is "this unpredictable actor-manager-playwright-director" of a play in which "human beings are forced to confront ... Destiny" as the introduction to a discussion of how death is being assimilated into gay experience. To deal with his own grief at the loss of so many artists to AIDS, he became a proficient writer of obituaries. After awhile, he realized "that my articulation of sorrow had become a way, perhaps unhealthy, of distancing myself from it; since then, I have written less on the subject and mourned more" (Feingold 1990:32). Feingold believes: "Mourning, privately or collectively, is a beginning of action," and a solution to the "paralyzing psychological terror that AIDS carries in its wake." Through "sharing our losses creatively, we can begin to share our hope."

Through the obituaries, memorial services, candlelight marches, and Names Quilt project, the gay community in San Francisco and other cities across the country mourns its losses, incorporates the dead into community history, and asserts the intrinsic value of individual gay men to their families, their gay communities, and the society at large.

After reviewing the death notices for March 1986, B.A.R. columnist Mike Hippler concluded that despite the pain it caused him to find the names of friends or anyone among the obituaries, "I will continue to read [them], for I want to be assured that if we - you, me, the people around us - must die, we will not die unnoticed" (Hippler 1986b).

CHAPTER 9

CONCLUSIONS

The survival of a population facing a major catastrophe depends to some degree on the ability of its members (and leaders) to quickly comprehend the nature and extent of the threat and then, to respond effectively to it. The concepts used to categorize the threat and point to its solutions will have been shaped by earlier experience with other, sometimes similar types of threat. To the degree that the present threat differs from earlier ones, the concepts and solutions applied to it will be distorting or ill-fitting, and may constrain the group's ability to respond creatively to meet a novel situation. Both what is already known, and the ability of the group to admit new information, come into play, the former in some sense constraining the latter (see Fleck 1979).

Although populations change only very slowly through the admission of new genetic information, thought styles and cultural adaptations admit new information and change their patterns much more rapidly. This capacity for rapid sociocultural change, including the re-evaluation and reformulation of knowledge, values, and beliefs in response to changed circumstances, is part of the overall adaptive strategy of human populations.

During the first five years of the AIDS epidemic, gay men faced enormous pressure from both inside and outside their lifestyle enclaves to make behavioral changes that would

prevent further transmission of a deadly virus, as well as to secure the commitment of the nation to provide resources for research, treatment, medical and social services, and preventative education. In the process of making their claims on society and on one another to mobilize to meet the threat of AIDS, gay men collectively developed a more complex social identity, founded not merely on sexuality and realized not solely through sexual practice. Their new identity reflected a deeper sense of mutual responsibility, reflecting the values of citizenship in a community of solidarity, in which mutual aid and cooperation were vital to the survival of each and all.

The foregoing discussion of the ways in which the gay press framed the AIDS epidemic reveals some of the ways in which prevailing thought styles (Fleck 1979) constrain the ability of individuals to adapt quickly to changing conditions, by channeling new information into familiar categories of explanation, which may or may not be helpful in prompting appropriate actions to deal with a new threat.

Cohn and Gallagher (1984:83) have noted that participants in a dispute seek to locate their arguments within issue areas where prevailing attitudes may legitimate their demands or claims. By covering disputes, the media legitimate the demands of the opposing parties as the proper foci for public concern; they put these conflicts on "the agenda," and through the angle or spin given to the story, the media to some extent

determine which issue areas the public will decide are relevant for deciding the merits of the arguments made.

With respect to the three issues covered in the gay newspapers examined here, bathhouse closure, antibody testing, and quarantine, the issue areas considered to be relevant were very much shaped by the prevailing ideology (thought style) of gay liberation and the social stigma surrounding gay life. With respect to antibody testing, those who advocated use of the test argued that the salient issue was protection of the blood supply, and by extension, protection of the population by identifying those who "carried" the virus. On the other side, although gay men supported the need to protect the blood supply, they insisted on limiting use of the test in order to preserve privacy and civil rights. Each side recognized that the test would serve as a boundary marker, a stigma, of those tested, but whereas for gays this issue was primary, for others seeking wider use of the test the primary issue was control of infection and of the potential costs of caring for people with AIDS. By winning antidiscrimination and confidentiality protections to safeguard those tested from unwarranted use of their test results, gays made their case that testing was not simply to protect the blood supply. Furthermore, they claimed that the salient moral issue area was not promiscuity and rampant disregard for public safety, but big government and big business profiting off of the sick, while undersubsidizing research to find a cure.

In terms of the bathhouse conflict, the gay liberationists emphasized that the issue area in which the case should be decided was sexual identity and maintaining civil rights to preserve free exercise of that identity. They also argued that the existence of the bathhouses was not the point, but rather the goal should be to promote safer sex wherever sexual relations took place. They also stressed that if the bathhouses were closed, people might become inaccessible to educational messages. Those gay men seeking to close the baths or regulate sexual behavior in them also emphasized the issue area of personal responsibility and safer sex, but claimed that sexual identity had nothing to do with it because it was not founded on specific sexual practices. They sought moral mileage by characterizing the bathhouse owners as self-serving profiteers from high risk sex. For their part, the bathhouse owners sought to make the issue a constitutional one, protection of liberty, privacy, and property. For Dr. Mervyn Silverman, San Francisco's director of Public Health, the issue was effective disease control, and how best to realize that goal. He was not interested in cleaning up the city's sex parlors, as the mayor was pressuring him to do, but rather to get the gay community to achieve consensus and a groundswell of popular support for behavior change. He rejected the compromise solution of safer sex education at the baths, however, because he thought it

would be impossible to verify, and ultimately keeping the baths open would increase the rate of infection.

In terms of quarantine, and specifically the LaRouche Initiative, the issue for gay men was ultimately a boundary issue and an issue of self-definition: would they be defined, once again, as "criminal" and "sick" and subject to incarceration and enforced behavior modification, as they had been in the recent past? For those advocating quarantine, the issue was containment of a perceived threat from those who were defined as disease "carriers." For physicians, the issue was what was the most effective way to control the spread of a sexually transmitted, not casually contagious, disease. Gays and physicians argued that quarantine was inappropriate as a means of interrupting disease transmission and that the appropriate issue was not erecting physical boundaries between the sick and the well, but obtaining federal funds for widespread education about the modes of transmission, safer sex instruction, and research for a vaccine or cure.

The accounts of these issues in both the mainstream and gay press were weighted by the reality assumptions of the reporters and editors who sought to explain them to readers. Randy Shilts, for example, was widely viewed to be biased in his reporting of the bathhouse issue, because he strongly believed they should be closed. He has claimed credit for making the bathhouses an issue for the public by reporting on it, whereas the issue was downplayed in other cities where

media attention to the baths was less intense (Shilts 1987a).

The biased accounts of these disputes in the gay press also served an important purpose. The personal reactions of the editors, reporters, columnists, and letter writers provided readers with the opportunity to compare the validity of their own assessments of the disputes and the soundness of their own reasoning with that of people whom they may not have respected as journalists, but whom they regarded to be their own kin, people who shared their overall worldview. Unlike the majority of mainstream press readers, gay press readers were personally involved in risk assessment, surveillance of their environments for useful information about treatments, coping with discrimination engendered by the fears of the wider society, caring for themselves and others, mourning losses that accumulated far beyond what few of them anticipated they would experience outside of a war. Therefore, the gay press addressed issues of immediate, vital importance to its readers and did so not from a distance, but from the battlefield. The often emotional accounts engaged the readers' own emotions. In their use of language and metaphor (e.g., references to the enemy, the Holocaust) and invocations of common bonds (appeals to "our brothers," "our people," "our disease") reporters, activists, and readers of the gay press all hailed one another as if from small boats bobbing on a stormy sea, to recognize their distress flags and to heed their warnings.

This process of hailing on the basis of common ethnicity, and the ways in which gay men responded to these appeals, seem to be fundamental responses to threats in human societies. Such calls may summon an altruistic, cooperative response once the parties recognize the legitimacy of the claims being made on them by those in need because they identify them as group members, people to whom allegiance and care is owed. This is a community-building process, founded on recognition of mutual need and provision of mutual aid. In urging the mainstream media to represent gay people more realistically and fairly, gays sought to establish that they belonged, that they were fellow Americans in need of and with a right to demand help from their government and others in the society. By hailing the public and policymakers through the mainstream press in terms of common bonds and shared rights as citizens of this nation, gay men have made themselves visible and overall, have summoned a good deal of compassion for people with AIDS among the public at large and have secured a place for themselves in the political process. At the same time, they reconstituted their social identity as members of a community, not simply a sexual social world.

Both gay and straight people first interpreted the threat of AIDS in terms of social boundary issues, reinforced by widespread and longstanding stigmata against those who were first diagnosed with the disease. In the absence of much information about what AIDS was and how it was caused, they

focused on what they could readily perceive: the dimensions of who was getting sick and where the points of contact and transmission were most likely to occur.

The responses of gay men and the public at large demonstrate that knowledge and culture are essentially conservative: what is already "known" constrains and channels what one can know at any point in time. Gay men knew that they faced social discrimination, that they had been classed historically as both criminal and diseased, that government and medicine had cooperated for many years in maintaining those categories, and that many Americans, such as the religious right, focused much energy on making homosexuals a symbol for social and moral disorder (which, according to their explanatory models, also threatened survival). Therefore, both gay men and the wider society at first tried to contain their fear by shoring up the boundaries between themselves and those whom they thought threatened them.

This process, as Constance Perin (1986) has pointed out, may be fundamental to human adaptations to threat and therefore, bears looking at in order to understand its operations, rather than merely to condemn its consequences. She suggested that the ability to act and react in predictable ways is essential to human survival; thus, culture, as a system of shared meanings which makes the world more comprehensible and predictable, serves a biologic function of assisting survival under certain environmental conditions.

Shared meanings are resources as important as every other within a group's ecological niche. Meaning is essential to conduct, and the ability to act and react in predictable ways is essential to life. To survive, human beings fear and avoid whatever they believe to call into question the meanings they live by - new ideas, incompatible or discrepant ideologies and cosmologies, ambiguous events and experiences. The fear is not fear of such challenges for their content alone, but for their import: they are signs that embedded meaning systems could become unreliable. Like complexly articulated spines, meaning systems are backbones to acting: slipping a single disc shifts the distribution of supports to meanings, weakening the ability to act. How people create, hold onto, and act on meaning is a key to the social order - ours and every other. (Perin 1986:95).

Systems of meaning guide action or constitute values on which action is predicated. Perin suggests that whatever contrasts sharply with the accepted systems of meaning arouses responses of avoidance, immobility, or resistance, analogous to the flight or fight response of animals in the face of threat. "What people believe is meaningful determines what they will fear..." (Perin 1986:15). Whatever calls into question the meanings people live by (e.g., new ideas, incompatible or discrepant ideologies, ambiguous events and experiences if they exceed a certain threshold of novelty and become threatening) will be avoided.

Thus, Perin has proposed that stigma, hostility, disparagement, and avoidance are strategies (expressed in social thought, values, behaviors and structures) for keeping meanings intact. Stigma, in her view, comes into play particularly when individuals and groups feel threatened, as a means of reinforcing and retaining the prevailing

sociocultural structures, including power relationships, which in turn provide a sense of security. Stigma serves to freeze what is threatening within a "known" class, to avoid confusion and retain equilibrium in the face of unpredictable or hostile encounters.

A threat is immobilized by assimilating it to a general category that is meaningful within a given culture, and often by eliciting elaborate rituals to neutralize the threat. This has direct bearing on how human groups define "us" versus "them" and how, why, when and where the boundaries are drawn.

From this perspective, then, human 'identity' consists of some few familiar meaning and acting systems that we tend to 'freeze' into for the social survival they guarantee. They allow us to know, without having to think twice, the sanctions and rewards of salient relationships...Only among 'our own kind'...do we so readily understand what acting one way or another 'means,' with the least chance for misinterpretation or misstep and the most opportunity for spontaneity, recognition, and esteem. (Perin 1986:113).

Stereotyping and stigmatizing muffle ambiguity and help people to avoid anxiety about uncertain situations, but the status quo is reinforced at the distinct expense of those stigmatized. As Goffman observed, because stigma "spoils the identity" of and dehumanizes the stigmatized, they are subject to various forms of discrimination "through which we effectively, if often unthinkingly, reduce [their] life chances" (Goffman 1963:15-16).

Often, the stigmatized are people on the margins of society, or those in positions of ambiguity or transition

within it. These include under various circumstances the poor and homeless, or the economically-dependent (women, children, the elderly, people on welfare), racial or ethnic minorities, immigrants, parolees or ex-cons, homosexuals, the disabled or disfigured, and often, those in the professions that meet the needs of these classes of people. The types of people who are stigmatized are perceived to be antagonistic to certain values or social structures, such as rationality, intention, control, and foresight, or the heterosexual couple or family; or fail to conform to certain standards of physical wholeness or bodily perfection.

Those who are stigmatized are often assimilated to the "known" classes of "outsiders," usually non-human or immature human creatures, such as animals, aliens, or children. For example, blacks, the poor, the sick and disabled have at various times been depicted in our cultural representations (including the popular media) as dependent, morally weak or inferior, to some extent unknowable and uncontrolled, possibly violent or threatening, but also as vulnerable victims needing protection. People with AIDS have been stigmatized in similar ways, perceived both as dangerous and contagious to others, as well as helpless victims.

One way in which Americans deal with their fear of deviants (and any "aliens" or "outsiders," whether located inside or outside the country) is to try to make them more like themselves, whether through progress, development, or

moral, physical, and social rehabilitation (Perin 1986). Thus, non-Westerners are often perceived as underdeveloped (physically, morally, economically), stagnant, or unenlightened. Such people are also often animalized, infantilized, or dehumanized to some degree. The notion that homosexuals are immature, at an arrested stage of sexual development, and potentially dangerous to "normal" people, but capable of "rehabilitation" into heterosexuality derives from the same era of Progressivism and "white man's burden" that sought to bring religion or civilization to the savages, and to reform and redeem the poor, the sick, and the immigrant through hygiene and enlightened social change (see Patton 1985, Weeks 1981). This view even appears in sympathetic accounts of the evolution of the gay community since AIDS.

The notion that AIDS has had a "civilizing" influence on gay men, forcing them to "grow up," overlooks the fact that many homosexual men were in stable relationships before AIDS, did not frequent bars and bathhouses, or participate to the same degree in the disco/sex/drugs lifestyle. Those who were most devoted to the ongoing sexual party scene tended to be recent emigres to the urban gay ghettos, young men who might have abandoned that lifestyle anyway as they grew older. Thus, the sense of community that was developing before AIDS, and became more vigorous as a result of the activity engendered by the disease, did not arise from a process of

"maturation" or "progress" so much as from sociocultural adaptation in response to changing circumstances.

As Perin notes, those classed as "high risk" for AIDS are seen to have a fatal flaw of some type, whether behavioral or biological, because they are in a weakened physical condition (with impaired immune function because of "overload," or concurrent diseases); social (because of moral weakness, self-indulgent habits); economic (poor, homeless); or racial/national (black, immigrant). Richard Goldstein (1987) has observed,

"To catch this disease is to have your identity stolen; to be lowered, body and soul, into the pit of deviance. This is true even for an 'innocent victim,' since, once stigma attaches to an illness, it ceases to be about behavior. Anyone with AIDS becomes the Other. And since anyone can be otherized by this disease, deviance itself must be contagious.....Because it is not an objective condition, but a relationship between the normal and the deviant, stigma ripples out from the reviled to include their families, their friends, their neighborhoods, even the cities where they congregate. Whole zip codes have been marked by some insurance companies as AIDS zones...."

The fear of AIDS, therefore, is not only of its threat to life and physical well-being; it is also the fear of its power to pollute personal identity. The stigma attached to the disease has contributed to infected people's reluctance to reveal their condition to their sex partners, to early resistance to antibody-testing, and to the emphasis given to "risk groups" in early reports in the media about the disease. With the advent of AIDS, "honest concern about real illness

blurs with the need to separate from people feared for racist, sexist, or homophobic reasons" (Patton 1985:11). In the public mind, AIDS became a sign of being homosexual and being homosexual became a symptom of AIDS. (Patton 1985:28).

As may be seen through reading gay and mainstream press accounts of the early years of the AIDS epidemic, stigma was integral to the ways in which the disease was framed. For gay men, as well as the wider society, at first information about the epidemic was disorienting, fracturing, and paralyzing, as they tried to identify and avoid sources of infection within their midst. As revealed in the B.A.R. and Native accounts, gay people tried to distance themselves from those in the fastlane, the popper users and all night partygoers whom they believed at first were the only ones at risk, just as heterosexuals tried to distance themselves from gay men, who as a class were portrayed as highly promiscuous, whose sexuality was somehow out of control. They erected barriers among themselves, just as those outside gay society sought to reinforce the barriers between themselves and gays.

However, gradually, as more and more gay people had personal experience with the disease, crossing out hundreds of names in their personal address books as friends, lovers, and associates died, and as it became clear that AIDS was the result of a transmissible agent, a retrovirus, which could only be transmitted in particular ways, their attitudes and behavior changed. Similarly, as people in the wider society

have become more educated about AIDS, they rely less on illusory sources of security, the imaginary boundaries delineated by stigma, and more on practical steps (not directed at persons but at the virus) to reduce their risks of contracting the disease.

The process of sociocultural adaptation to AIDS among gay men, as in the society as a whole, has involved a great deal of talk, much of it colored by rhetoric, a debate of claims and counter-claims made to assert the validity of various reality assumptions. Much of this debate has taken place in the media, and has been shaped by news values and conventions as well as by the points of view of the combatants. Reading gay press accounts about the major symbolic issues through which reality assumptions were tested between 1981 and 1986 - bathhouse closure, antibody testing, and quarantine - one feels like one is eavesdropping on a large assembly, gathered in a town hall, overheard through an open window on a warm night. The dialogue is often heated, often fragmentary; but one gets the impression that one is witnessing the process of cultural adaptation in action. Discussion and debate are important ways of reconciling conflicting ideas and revising or reinforcing systems of meaning. Indeed, as gay activists recognized, without ongoing, sustained public discussion in the media and other forums, they could not obtain the commitment of resources needed to address AIDS. Silence, in effect, would have cost lives.

After studying the gay press coverage of AIDS in the early years, I have come to believe that even though gay men and others did not immediately act appropriately to prevent further spread of AIDS, the process of argument about the salient issues was itself transforming and ultimately reinforced the values that would enable gay men to change their behavior. By emphasizing personal responsibility for health and voluntary actions to prevent disease transmission, gay men conserved the pre-existing values of gay liberation at the same time as responding effectively to the present threat. As consensus built among gay men about the need to change their sexual behavior, and as more and more people did change, more and more people wanted to change (see Patton 1990).

AIDS accelerated a process of reassessment of gay lifestyle that was already starting before they became aware of the disease. Through ideological and ethnic appeals in the gay press and other arenas, through a sense of ownership, of self-definition, through political action and personal responsibility in dealing with the problems facing them, gay men have transformed their loosely associated social world into a genuine community of men and women who are depending on each other in new ways. The gay press helped readers to take action by making AIDS salient to their lives, within systems of meaning with which they were familiar. By providing an opportunity to question publicly, in columns, articles, editorials, and letters, some of the assumptions underlying

gay men's self-definitions and their relationships to one another, the gay press actually may have facilitated the process of change.

Yet even those who point to the gains that gay men and women have made politically and socially as a result of AIDS acknowledge that they cannot offset the inconsolable losses of this epidemic, which still continues with no end in sight. However, as Edmund White wrote, even though he has sat at many sickbeds and deathbeds of gay men, he never heard anyone say he wished he had not been gay.

"Sexual identity is something no one chooses. Once we become conscious of it, we feel driven to express it. That's where the choices come in. Despite inner struggles, we are always grateful for the chance to choose the identity that fate has thrust upon us" (White 1989:A12).

That expresses the difference between the viewpoint of a victim, a helpless member of a community of fate created by disaster, and the viewpoint of people empowered as members of a community of solidarity to which they have committed themselves, though action, emotion, and belief.

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