

COWBOYS, "QUEERS," AND COMMUNITY: THE AIDS CRISIS IN
HOUSTON AND DALLAS, 1981-1996

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This thesis examines the response to the AIDS crisis in Houston and Dallas, two cities in Texas with the most established gay communities highest number of AIDS incidences. Devoting particular attention to the struggles of the Texas’ gay men, this work analyzes the roadblocks to equal and compassionate care for AIDS, including access to affordable treatment, medical insurance, and the closure of the nation’s first AIDS hospital. In addition, this thesis describes the ways in which the peculiar nature of AIDS as an illness transformed the public perception of sickness and infection. This work contributes to the growing study of gay and lesbian history by exploring the transformative effects of AIDS on the gay community in Texas, a location often forgotten within the context of the AIDS epidemic.

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CHAPTER I

INTRODUCTION

In the spring of 1988, AIDS activists in Houston and Dallas busied themselves in preparation for showcasing the AIDS Memorial Quilt, a massive piece of community folk art. The quilt was embarking on a twenty-city tour following its initial display at the Washington Mall. NAMES Project, the pioneers of the AIDS quilt, had selected Houston and Dallas as two stops on their tour, and the quilt was due to arrive in Texas in the first weeks of May. For months, people in the cities had crafted memories, stitched fabrics, and painted names and messages onto cloth panels. Some worked in private, while others cut and sewed alongside friends at community centers in Dallas's Oak Lawn neighborhood or bars in Montrose, Houston. In any case, all hunched their backs or pricked their fingers on sewing needles and laughed or cried in remembrance of their loved ones who had died from AIDS. Each panel measured three feet by six feet, the average size of a casket.

For activists, family members and friends of those who had died from AIDS in Houston and Dallas, the chance to display the quilt was an opportunity to lay claim to the epidemic. Their efforts allowed them to show the world that although the nation had focused its attention on AIDS in New York and California, Texas, too, had suffered. That quilted coffin served as the only memorial for countless queers and cowboys who lost their lives in the fight against AIDS. Project coordinators in Houston and Dallas sent their completed panels to San Francisco, where the NAMES Project AIDS Memorial Quilt had started, to be sewn together with panels from across the country. It was, effectively, the perfect symbol for what that fight had become, a six-

ton comfort created by the survivors of an epidemic that had necessitated the growth and consciousness of gay communities across the country.¹

Although organized gay communities had existed in Houston and Dallas for a number of years, the AIDS crisis cemented the sometimes-tenuous bonds that had held those communities together since the 1960s. Gays and lesbians in Houston and Dallas, Texas' two cities that saw the greatest number of AIDS cases, were drawn together by tragedy, against the common enemies of illness, discrimination, and health equity.² To be sure, for Texans affected by AIDS, the epidemic revealed a number of shortcomings in the state's health care system, including a proclivity to marginalize individuals with infectious diseases, an unwillingness to engage with the community for the purposes of health promotion, and a hesitancy to provide adequate care for the medically indigent. Because of these shortcomings, gays and lesbians in Houston and Dallas became their own caregivers, advocates, and activists. They honed a skill-set they had developed in gay rights battles in the 1960s and 1970s to raise awareness about AIDS, create institutions capable of caring for AIDS patients, and fight politically to protect individuals with AIDS and secure their right to treatment. Their lives depended on it.

The AIDS crisis occurred during a pivotal moment in American lesbian, gay, bisexual, and transgender (LGBT) history. By the time the Centers for Disease Control (CDC) first issued a report on what would later be termed AIDS in 1981, the New York City Stonewall Riots, a

¹ "AIDS Quilt Called a 'Tangible Remembrance' of Houston Victims," Garry Abrams, "AIDS Quilt Comforting U.S. Grief," *Los Angeles Times*, March 22, 1988; Nancy Kruh, "AIDS Quilt – Tour to Bring Memorial to Dallas," *Dallas Morning News*, February 9, 1988.

² While the HIV/AIDS epidemic is ongoing, the AIDS crisis refers to a specific, notably bleak, period during the epidemic's history. This period occurred between 1981, when scientists first described AIDS and 1996. It was an era marked by widespread illness, high death rates, discrimination and alienation, and a lack of effective treatment for AIDS. 1996 was chosen as the cut-off point for important reasons. First, it was in that year that Dr. David Ho's research on *highly active antiretroviral therapy* (HAART), the first treatment that proved effective in the fight against AIDS, was presented at the 11th International AIDS Conference in Vancouver. Second, AIDS lost its position as the leading cause of death for Americans aged twenty-five to forty-four. Finally, 1996 was the first year since the epidemic's beginning that the number of new AIDS diagnoses declined in the United States.

1969 symbolic turning point in the history of the gay rights movement, was more than a decade in the past. David Carter's *Stonewall: The Riots that Sparked a Gay Revolution* examines the importance of Stonewall in the creation of a politically conscious gay community. Carter argues that while gays and lesbians certainly existed within safe spaces in the years before Stonewall, the riots "led to the inclusion of sexual orientation as a protected category in the civil rights and human rights movement" and birthed organizations such as the Gay Liberation Front and the Gay Activists Alliance.³ Though homosexual behavior remained illegal until 2003 with *Lawrence v. Texas*, the Stonewall Riots, owing much to the political climate in which the riots occurred, ushered in an era of relative openness within the gay rights movement. According to Carter, it was Stonewall that pushed a number of gays and lesbians out of the closet, beginning a new era of gay activism in American history.

As a result, in major cities across the country, including New York, San Francisco, Houston, and Dallas, nascent LGBT communities formed. Though most of the literature on LGBT history is national in focus, a handful of works detail southern LGBT history. James T. Sears's *Rebels, Rubyfruit, and Rhinestones: Queering Space in the Stonewall South* uses narrative tales to illustrate the nuances of gay relationships and lifestyles in the U.S. South. Using archival information and interviews, Sears discusses local watershed gay-related political moments in the South while unveiling a rich and complex LGBT history that is often ignored in national gay histories.⁴ Likewise, John Howard's *Men Like That: A Southern Queer History* explores the world of gay living in rural Mississippi. Howard contends with the notion that gay history is primarily an urban history by emphasizing the numerous queer sites, social circles, and

³ David Carter, *Stonewall: The Riots that Sparked a Gay Revolution* (New York: St. Martin's Press, 2004), 267.

⁴ James T. Sears, *Rebels, Rubyfruit, and Rhinestones: Queering Space in the Stonewall South* (New Brunswick, N.J. and London: Rutgers University Press, 2001).

opportunities that existed in the rural South.⁵ By reiterating the numerous worlds that southern gay men navigated and the ever-present threat of anti-gay violence, the work of Sears and Howard also reveal the importance of race, class, religion, and geography to the study of LGBT history in the South.

Of local importance is Bruce Donald Remington's 1983 thesis, "Twelve Fighting Years: Homosexuals in Houston, 1969-1981," which studies the development of gay institutions and political organizing in Houston in the years between the Stonewall Riots and the AIDS epidemic. Remington devotes substantial attention to the role of religious institutions in Houston's gay community. The particularly religious nature of the South created a unique alliance between gay organizations and religious institutions that continued throughout the AIDS epidemic.

Undeniably, churches and local religious leaders carried some of the major local AIDS relief initiative.⁶ This is especially true in Houston, where Earl Shelp, the AIDS Interfaith Network, and the Bering United Methodist Church became major players in the fight against AIDS. The relationship between the church and local LGBT persons strengthened the growing gay community, which, Remington concludes, had become self-conscious by the eve of the AIDS epidemic. There nevertheless existed a number of cleaves among Houston's gays and lesbians, which the gay community would overcome by unifying against the common threat of AIDS.

Likewise, Karen Wisely's 2011 thesis, "The Dallas Way in the Gayborhood: The Creation of a Lesbian, Gay, Bisexual, and Transgender Community in Dallas, 1965-1986," details the early efforts of community organization among Dallas gays and lesbians, their political activism in the 1970s, the conflicts between the city's gays and lesbians, and the role of AIDS in bringing them together to both care for the community and advocate on behalf of the

⁵ John Howard, *Men Like That: A Southern Queer History* (Chicago: University of Chicago Press, 2000).

⁶ Bruce Donald Remington, "Twelve Fighting Years: Homosexuals in Houston, 1969-1981" (M.A. Thesis, University of Houston, 1983).

city's gay men.⁷ As in Houston, although a gay community had existed in earnest for nearly two decades, it was the AIDS epidemic that bulldozed over a variety of conflicts and equalized the gay community in Dallas.

Despite the complicated nature of gay life in the South, the post-Stonewall semi-liberation of homosexuality increased the opportunity for gay-friendly businesses, socializing, and sex, especially for gay men. In cities with gay neighborhoods such as Montrose in Houston and Oak Lawn in Dallas, gay men could make up for decades of sexual repression. They flocked to gay meccas for the promise of embracing their sexuality at least somewhat openly. Bathhouses and nightclubs, where gay men mingled and sometimes found sexual partners, became hallmark features in gay neighborhoods. Consequently, in the minds of many, “gay sex” became synonymous with “promiscuous sex.” Joseph Lovett’s 2005 documentary film *Gay Sex in the 70s* explores the sexual revolution following the Stonewall riots, focusing primarily on New York City. Using archival footage and interviews, the filmmakers highlight the explosion of semi-public sexual institutions within the gay community, including bathhouses, discos, and bars, the proliferation of gay pornography, and the growth of sexually transmitted diseases (STD) among gay men. The documentary unveils the sense of security that antibiotics brought to the gay community, for any STD could be treated easily with a prescription.⁸ Until 1981, it seemed disease did little to temper the gay community’s newfound sexual freedom.

Gay writer and activist Larry Kramer decried this phenomenon in his 1978 novel *Faggots*. Kramer’s protagonist Fred Lemish, based on Kramer himself, is an outsider, a New York City gay man who struggles with the lifestyle expected of him within the city’s gay

⁷ Karen Wisely, “The Dallas Way in the Gayborhood: The Creation of a Lesbian, Gay, Bisexual, and Transgender Community in Dallas, 1965-1986” (M.A. Thesis, University of North Texas, 2011).

⁸ William Cran and Renata Simone, *The Age of AIDS*, DVD. Directed by William Cran. Boston, MA: Public Broadcasting Service, 2006.

community. Lemish searches for love amidst the bathhouse glory holes, group sex encounters, and rampant use of drugs such as aphrodisiac inhalants, Quaaludes, and cocaine.⁹ Kramer's novel sparked outrage among certain facets of the gay community, who argued that Kramer's portrayal of such a lifestyle was exaggerated and pessimistic. Nevertheless, by the time *Faggots* had reached bookstores, the virus responsible for AIDS had likely already made its way into the gay community.

In fact, the virus responsible for AIDS had traveled south years before Kramer's novel sparked controversy among the nation's gay men. The earliest known AIDS death in the United States occurred in 1969. A sixteen-year-old boy named Robert Rayford went to Barnes-Jewish Hospital in St. Louis, Missouri with weight loss, shortness of breath, and sores on his legs and genitals. He told his doctors that he had been experiencing these symptoms for two years. Doctors determined that Rayford suffered from immune dysfunction, and his autopsy confirmed that the sores on Rayford's legs were Kaposi's sarcoma (KS), a rare skin cancer that doctors would later identify as an AIDS-defining illness.¹⁰ Following the discovery of the human immunodeficiency virus (HIV) as the cause of AIDS in 1984, researchers confirmed that Rayford had been infected with the virus and died of AIDS. Because Rayford himself had never left the country or traveled to any of the cities where doctors first identified cases of AIDS, scientists determined that HIV had to have been present in North America before Rayford began showing symptoms in 1966.¹¹ It is most likely the disease came to the Americas in the 1960s from Haitian immigrants who had worked in central Africa, where the virus first infected

⁹ Larry Kramer, *Faggots* (New York: Grove Press, 1978).

¹⁰ The term "AIDS-defining illness" refers to a category of diseases that the U.S. Centers for Disease Control and Prevention (CDC) has determined to be common among people with AIDS. The CDC created this list of twenty-seven conditions, including *pneumocystis* pneumonia and Kaposi's sarcoma, to help doctors determine if a patient's HIV infection has progressed to AIDS. The CDC has also used this tool in assessing the epidemic since its inception in 1987.

¹¹ Gina Kolata, "Boy's 1969 Death Suggests AIDS Invaded the U.S. Several Times," *New York Times*, October 28, 1987.

humans in the early 1900s.¹² Through urbanization, industrialization, and globalization, the virus spread. Once in the United States, HIV collided with the burgeoning movements of sexual liberation and gay rights, creating the epidemic that persists to this day.

Because the history of the HIV/AIDS epidemic is a relatively recent history, there is not a wealth of scholarship on the topic of AIDS. Perhaps the most important work of AIDS nonfiction remains Randy Shilts's *And the Band Played On*. Shilts's extensive work of investigative journalism recounts the first six years of the epidemic, focusing intimately on a select number of individuals who organized the first AIDS activism organizations, including Paul Popham of New York City's Gay Men's Health Crisis and San Francisco gay community politician Bill Kraus, both of who died from AIDS. Shilts describes in detail the toll AIDS took on the gay community, relationships, and the bodies of people with AIDS, informing readers about the host of strange illnesses their immune systems let inside of them. Community activists struggled to bring to light the horrors of this disease, to create AIDS prevention efforts and awareness campaigns, and to secure money for research and experimental drugs in the hopes of suppressing the epidemic. Certainly, the efforts of the gay community through organizations such as the Gay Men's Health Crisis, the American Foundation for AIDS Research, and local People with AIDS coalitions are triumphs in a history based in tragedy.

Texas' self-conscious gay communities filled the positions that state and local institutions had left empty. AIDS service organizations (ASOs) in both cities created broad networks of care to increase the quality of life for people with AIDS. In Houston, the Montrose Clinic and the Kaposi's Sarcoma/AIDS Foundation (KS/AIDS Foundation, later renamed the AIDS Foundation Houston) provided counseling, testing, and a variety of social work services, offered

¹² M. Thomas P. Gilbert, Andrew Rambaut, Gabriela Wlasiuk, Thomas J. Spira, Arthur E. Pitchenik, and Michael Worobey, "The Emergence of HIV/AIDS in the Americas and Beyond," *Proceedings of the National Academy of Sciences of the United States of America* 104 (November 2007), 18566–18570.

informational materials to the public, and secured experimental therapies for people with AIDS, while the McAdory and Bering Omega Houses gave end-stage AIDS patients the chance to die with dignity when other hospices refused to accept them. In Dallas, the Dallas AIDS Action Project (DAAP) served as an early advocacy, educational, and fundraising organization, while the Oak Lawn Counseling and AIDS Resource Center operated food banks, transportation services, clinical trials, and counseling services. Dallas's AIDS Arms, Inc. worked with local ASOs to ensure that the city's HIV-positive population could take full advantage of the services available to them.

Of course, despite their best efforts, AIDS activists in Houston and Dallas encountered challenges at seemingly every turn. In addition to providing one of the most thorough accounts of the first years of the crisis, Shilts's book emphasizes the failure of American leaders to confront the epidemic responsibly. Indeed, the title itself, *And the Band Played On* refers to the unwillingness of those in power to respond appropriately to the AIDS crisis, choosing instead to carry on as usual while thousands became sick and died. The book highlights the Reagan administration's silence on the epidemic, the crippling effects of Reagan's slashes to the CDC's budget, the conflicts between teams of researchers in their race to identify the cause of AIDS, and the fatal hesitancy of American blood bankers to pull potentially tainted blood products, resulting in the deaths of nearly an entire generation of hemophiliacs.¹³ Shilts's work is as much a criticism of 1980s politics and policy as it is a genealogy of AIDS activism.

In Texas and across the nation, the politics of the AIDS epidemic cannot be discounted. The nature of HIV/AIDS lent itself extraordinarily well to moralization. Because the virus spread through sexual conduct and intravenous drug use, politicians, news media, and fundamentalist far-right organizations perpetuated a belief that people with AIDS were plagued, that they were

¹³ Randy Shilts, *And the Band Played On* (New York: St. Martin's Press, 1987).

being punished for their behavior, and that state and federal dollars should not be spent “promoting” a homosexual agenda. Much of this rhetoric permeated the mainstream discourse on AIDS.¹⁴ Cindy Patton’s *Sex and Germs: The Politics of AIDS* analyzes exactly this, arguing that such discourse is unhelpful in quelling the epidemic. Necessarily, adopting an “us versus them” mentality with regard to germs, sexuality, race, class, and gender has de-contextualized the illness from its medical nature, illustrating a reversion in the modern understanding of disease. Patton concludes that politics and media turned AIDS into a mystical “other,” existing as something both wholly foreign to straight, white, middle-class, “moral” America yet an ever-present threat, always poised to take advantage of a community’s lapse in vigilance.¹⁵

In Houston and Dallas, two relatively conservative cities compared to New York and San Francisco, this seeming national endorsement of a negligent at best and malicious at worst stance inhibited state and local support for AIDS relief efforts. Left to their devices, Texas’ local leadership reacted as they always had: by politicizing the bodies of the ill and extending only the minimum amount of effort in caring for the sick. Only through years of work and lobbying by people with AIDS, the gay community, and their allies did Texans with AIDS reclaim their bodies by amending state law and challenging policies regarding medicine, health insurance, and employment protection. Furthermore, ASOs sought to alter the discourse by maintaining hotlines, distributing materials about the disease, and hosting lectures and informational events

¹⁴ Susan Sontag, *Illness as Metaphor and AIDS and its Metaphors* (New York: Picador, 2001) provides a detailed analysis on western discourse regarding a variety of illnesses. Initially published in 1978, Sontag later amended the book to include a section on AIDS because of the striking contrast between AIDS and other illnesses. Although Sontag’s musings about the disease are at times dated by recent advancements in the study of HIV/AIDS, her discussion of the disease’s metaphors is certainly useful in understanding popular AIDS rhetoric. Sontag compares reactions to AIDS with those of illnesses such as tuberculosis, cancer, and polio, asserting that the physical presentation of AIDS, in addition to its modes of transference between individuals, have shaped western society’s characterization of AIDS. Furthermore, Sontag’s questioning of scientists’ HIV/AIDS classification system is particularly relevant to an age in which HIV is increasingly becoming a chronic, manageable illness.

¹⁵ Cindy Patton, *Sex and Germs: The Politics of AIDS* (Quebec: Black Rose Books, 1986).

where individuals were welcome to learn about AIDS. Abandoned by political institutions, AIDS activists in Houston and Dallas battled rhetoric with reasoning in response to the AIDS crisis.

Texas' AIDS activists contended with more than just isolation from political leaders. Because science lacked solid answers regarding the biomedical discourse on AIDS, people with AIDS frequently found themselves struggling for access to potentially life-prolonging treatments. Despite possessing both the largest medical center and the first AIDS-specific hospital in the country, Houston remained dismal in its ability to secure drug trials and decrease AIDS death rates in Houston. Similarly, Dallas's Parkland Memorial Hospital, the county's only public hospital, remained overcrowded, leaving people with AIDS waiting for experimental treatments, sometimes for the rest of their short lives. Texas' AIDS activists waged an often-forgotten war on local political institutions and the Food and Drug Administration (FDA) to secure for themselves the most basic levels of care. In both cities, community-based organizations relieved the burden on already-floundering public hospital districts, which were incapable of supporting an increasing amount of indigent AIDS patients. ASOs treated the medically indigent, they operated and worked with buyer's clubs to smuggle not-yet approved experimental AIDS treatments, and they challenged laws and policies that kept people with AIDS from making the most of their final months.

In many ways, although the AIDS crisis ravaged the gay communities in Houston and Dallas, it undeniably brought groups within those communities together. Emboldened by a decade of gay rights activism, gays and lesbians in Houston and Dallas created organizations to care for the sick and dying, they confronted discriminatory legislation that unfairly targeted homosexuals and unnecessarily increased the hardships of people with AIDS, and they laid the charge in reforming the inadequate facets of Texas' health care system. There is much to be

learned from Texas' gay communities and their AIDS activism as the face of HIV/AIDS continues to change and the epidemic goes forth.

CHAPTER II

HOUSTON AND DALLAS GAYBORHOODS ON THE EVE OF THE AIDS CRISIS

Although it would take until 1983 for AIDS to become a reportable condition in Texas, the state's doctors began treating patients who exhibited symptoms of AIDS as early as 1980.¹ Unsurprisingly, the disease flocked, like it had in San Francisco and New York City, to major metropolitan areas with active and established, albeit underground, gay communities. Houston and Dallas, Texas' most populated cities, each housed gay and lesbian neighborhoods that had grown steadily since the mid-twentieth century. In these neighborhoods, the most susceptible to infection came together and embraced a history of activism, which they used to defend themselves from disease, inequality, and an unforgiving health care system.

On the eve of the 1970s, gays and lesbians across the nation began to emerge from the fringes of mainstream society, challenging the institutionalized discrimination that had silenced all but a few gay rights activists. Historians and activists often single out New York City's Stonewall riots as a turning point for the gay liberation movement.² Nationwide, bars had served not only as meeting places for gay men and women, but also as targets for police intimidation. Police raids on gay bars were common in cities such as New York, Los Angeles, San Francisco, and even Houston and Dallas, and law enforcement departments often used their authority to extort payments from bar owners in exchange for a degree of protection from raids, a practice termed “gayola” by journalists.³ The Stonewall Inn, a gay bar in Greenwich Village, saw police

¹ By definition, a reportable condition is a disease or illness, usually infectious diseases but also cancers, that local, state, and national authorities have determined to be of significant importance to public health. By law, these conditions must be reported by health care facilities to health agencies, such as the U.S. Centers for Disease Control, for the purpose of tracking disease outbreaks.

² Charles Gillis, “A Brief History of the Gay Community of Houston, Texas,” in *Gay Pride Week 1980 Guide*, 1980, Botts Collection of Lesbian, Gay, Bisexual and Transgender History, Inc., Houston, TX (hereafter cited as Botts Collection).

³ “Gayola” is a play on the word “payola,” which refers to the bribery of an individual in exchange for preferential treatment. The term “gayola” came to prominence in 1960 when used by the San Francisco press to

raids on a monthly basis, and the bar's owners paid off the New York City Police Department's Sixth Precinct officers each week. For unknown reasons, however, the Sixth Precinct officers surprised patrons and management alike in the early morning hours of June 28, 1969, when they entered the bar. This time, the crowd actively resisted; police initially arrested thirteen people for offenses including harassment and disorderly conduct, and the unrest sparked by the Stonewall Inn's raid would continue for five days. It was hardly the first time a gay community acted in response to police harassment, but in 1969 New York City's gay community was self-conscious and united, and perhaps most importantly, the city's press reported significantly on the raid and ensuing riots, igniting a more open and radical gay rights movement that rippled across the country.⁴

In 1970 students at the University of Houston founded a local chapter of the Gay Liberation Front. Although not the city's first gay organization,⁵ the Gay Liberation Front adopted a decidedly politicized stance, opposing both the legal barriers to equality, such as sodomy laws and police harassment, and the social forces that reinforced poor treatment of gays and lesbians. The short-lived organization drew a great deal of attention for actions such as protesting a local gay bar's white's only policy and hosting a gay pride conference in the summer

describe a scandal in which seven local police officers were brought to trial for extorting payments from gay bars. In exchange for gayola payments, officers were incentivized to resist political pressure to crack down on anti-homosexuality statutes that targeted gay establishments. Such a system, however, created an imbalance of power between law enforcement and these establishments, whose safety was left to the whim of a frequently homophobic police force. For more information about gayola in San Francisco, see: Christopher Agee, "Gayola: Police Professionalization and the Politics of San Francisco's Gay Bars, 1950-1968," *Journal of the History of Sexuality* (September, 2006), 462-489.

⁴ Elizabeth A. Armstrong and Suzanna M. Crage, "Movements and Memory: The Making of a Stonewall Myth," *American Sociological Review* 71 (October 2006), 736-739.

⁵ Ray Hill, one of Houston's gay forefathers, created the city's first gay organization with Rita Wanstrom and Dave Patterson in 1968. They called it the Promethean Society and it existed primarily as a support group for local gays and lesbians. The same people also served as Houston's representatives for the North American Council of Homophile Organizations. By 1970, the Promethean Society had fallen apart. Ray Hill continued to be a central figure in Houston's gay community for decades. For more information see: Bruce Donald Remington, "Twelve Fighting Years: Homosexuals in Houston, 1969-1981" (M.A. Thesis, University of Houston, 1983); and Charles Gillis, "A Brief History of the Gay Community of Houston, Texas," in *Gay Pride Week 1980 Guide*, 1980, Botts Collection.

of 1971, an event that spurred A.S. Bowers, a state representative from Houston, to investigate the funding practices of University of Houston's Student Association in the hopes of discovering that the association was in violation of recent legislation that prohibited the use of senate funds for political activities.⁶ Due to its controversial nature, the Gay Liberation Front fizzled out by 1973.

A less radical Houston organization called Integrity, also born in 1970, had greater longevity than the Gay Liberation Front. A religious group, Integrity began as a multi-purpose support organization for a handful of gay men who met at the Holy Rosary Church in Houston's Midtown district. There, gay leaders formed a speaker's bureau, surveyed Texas lawmakers about their views on privacy and sexual freedom, and participated politically by supporting individuals such as mayoral candidate Fred Hofheinz, who agreed to quell the growing tensions between the gay community and local authorities. A number of other organizations, including the Montrose Gaze Community Center and the Houston Gay Political Coalition (HPGC), followed in Integrity's wake with little success. Police intimidation, unfair hiring practices, and legislation criminalizing homosexuality continued to plague Houston's gay community.

While Houston's gays and lesbians responded quickly to the surge in activism moving into the 1970s, Dallas's more conservative atmosphere slowed the growth of a mobilized gay population. The city's first gay organization, the Circle of Friends, began in 1965 inside the living room of local gay activist Phil Johnson. It was, however, primarily a social initiative, providing a safe place for gay men and lesbians to interact with one another outside of bars and nightclubs. In 1970, the same year that Houston's Gay Liberation Front and Integrity came into being, members of the Circle of Friends met to discuss creating a Metropolitan Community

⁶Bruce Donald Remington, "Twelve Fighting Years: Homosexuals in Houston, 1969-1981" (M.A. Thesis, University of Houston, 1983), 23-25; Allen Young, "Out of the Closets, Into the Streets," in *Out of the Closets: Voices of Gay Liberation*, ed. Karla Jay and Allen Young (New York: New York University Press, 1992), 13.

Church (MCC) in Dallas. The MCC Dallas (later renamed the Cathedral of Hope), though not an all-gay church, served as an ally and early supporter of the city's gay men and women. Although Dallas's first gay organizations typically shied away from political gestures, in the summer of 1972, the Circle of Friends organized Dallas's first Gay Freedom Parade, commemorating the raid at Stonewall Inn that had taken place three years before.⁷

Gay organizations in both Houston and Dallas made significant gains in the mid-1970s, bolstered at least in part by their opposition to the Texas legislature's revision to Section 21.06 of the Texas Penal Code in 1973 that criminalized same-sex sexual behavior.⁸ That summer, Dallas held its second Gay Freedom Parade, in which community members held signs expressing their disdain for unfair hiring practices, housing discrimination, and laws like the one just passed by the state's representatives.⁹ In 1974, Ken Cyr and Charles Gillis, a Fort Worth couple and local gay activists, led the first statewide gay conference.¹⁰ Over two hundred gay Texans met for the conference, which lasted two days and began on June 21, at the Community of Hope Lutheran Church in Fort Worth.¹¹ There, gays and lesbians connected beyond their city limits to attack the state-sanctioned mistreatment of gays head on. The result was the Texas Gay Task Force, an organization dedicated to unifying the state's gay activist groups, creating a positive atmosphere

⁷ Karen Wisely, "The 'Dallas Way' in the Gayborhood," 39.

⁸ Texas Constitution and Statutes, title 5, chapter 21, section 21.01-21.06 (1973).

⁹ "Marches Not About Gay Discrimination," *Dallas Morning News*, July 1, 1973.

¹⁰ Ken Cyr and Charles Gillis were founding members of Fort Worth's Awareness, Unity, and Research Association (AURA), an early 1970s organization that spread awareness among the gay community about civil rights and how members of the community could exercise those rights. Through AURA, Cyr and Gillis created the nucleus of the Texas Gay Archives by expanding the association's library, collecting gay publications and manuscripts. Cyr and Gillis relocated to Houston in 1976 after Gillis lost his job at a Fort Worth utility company, presumably fired for his sexual identity, bringing the archive with them. In Houston, they opened a book store called Wilde 'N' Stein, the only local gay bookstore where members of the LGBT community could find positive books, pamphlets, and publications about homosexuality. The Texas Gay Archives were housed in a back room in the shop. Over the years, the collection bounced from place to place, eventually falling into the hands of Charles Botts, who managed the archive during its stay at the Resurrection Metropolitan Community Church in Houston. Today, much of this material is located at the Charles V. Botts Collection of Lesbian, Gay, Bisexual, and Transgender History, Inc. in Houston. Cyr and Gillis were two founding fathers in Texas' activism, and their efforts made it possible for future generations and scholars to understand this particular history.

¹¹ "TCG5 Stresses Unity, Political Action," *Upfront Magazine* vol. 1, no. 6, June 23, 1978, Botts Collection.

for gays and lesbians throughout the state, challenging discrimination, and bringing to light the daily difficulties associated with homosexuality. The Task Force's primary concern was overturning Texas' anti-sodomy law.¹² Facing mounting legal obstacles, Dallas's LGBT community looked beyond organizing for the purpose of social interaction and became home to a number of gay rights groups, including the Dallas Gay Political Caucus (DGPC).

In 1976 the DGPC evolved from the Circle of Friends (which had renamed itself the Gay Organization of Dallas in 1975), and its members hoped to instill a sense of civic urgency among the city's LGBT community and its supporters. Floyd Baker, a DGPC board member, told the *Dallas Morning News* that rather than imitating the approaches of gay groups in cities like San Francisco, the DGPC would be adopting an image suited to Dallas's unique needs. "Dallas is a white collar city. We're part of it. We want to use our power, money, and influence in the right way."¹³ By showing that gays and lesbians often looked and behaved and felt in ways no different from heterosexuals, the DGPC hoped to allay the common fears and stereotypes associated with homosexuality, including deviancy, predation, and a lack of self-control. In keeping with its spirit of activism, the DGPC made it a priority to repeal the Texas Homosexual Conduct Law.¹⁴

Likewise, Houston experienced a surge in political activism following the Texas Penal Code revision. In 1975, state representative Craig Washington of Houston led an effort to repeal the law. Humiliated in the legislature, Washington found support among his city's gay activists, who had met in Montrose following his defeat. There they created the Houston Gay Political Caucus (HGPC). The organization's leadership included notable Houston lesbian Pokey Anderson, Reverend Robert Falls of Houston's gay-friendly Metropolitan Community Church,

¹² Ibid; Sears, *Rebels, Rubyfruit, and Rhinestones*, 174.

¹³ Dotty Griffith, "Gays Coming Out of the Political Closet," *Dallas Morning News*, July 10, 1977.

¹⁴ Wisely, "The 'Dallas Way' in the Gayborhood," 40.

Jerry Miller from Integrity, and prominent Houston LGBT forerunner Ray Hill.¹⁵ In September of that year, former Harris County Comptroller of the Treasury Gary van Ooteghem became the HGPC's first president, further boosting the group's political momentum. Their efforts primarily concerned encouraging the LGBT community and its supporters to vote in local elections and identifying candidates sympathetic to their cause.¹⁶ Like its counterpart in Dallas, the HGPC embraced a doctrine of respectability with regard to its political interactions.

Perhaps the event that welded the bonds of gay political activism in Houston was singer Anita Bryant's June 1977 appearance in Texas. Bryant, an opponent of gay rights, had only weeks before campaigned in Dade County, Florida, to repeal a local ordinance that would protect homosexuals from discrimination based on sexual preference. Soon after, the Texas Bar Association invited Bryant to perform at their annual dinner in downtown Houston on June 16. That night, thousands of protesters, including a bus of supporters from the DGPC, met and marched downtown, while half a dozen or so lawyers walked out on Bryant's performance.¹⁷ She went on to perform in Brownwood on Independence Day. The DGPC, however, voted in advance against protest.¹⁸ Nevertheless, both Dallas and Houston gay leaders agreed that activists across the state became unified in opposition to Anita Bryant. The Gay Political Caucuses continued to advocate for the LGBT community in both cities, despite growing rifts between gays and lesbians, for the remainder of the decade, identifying issues threatening gay men and women and navigating the legal system in an effort to dismantle legal inequalities.

Of course, political mobilization constituted only part of Houston's and Dallas's gay communities. To be sure, on the eve of the HIV/AIDS epidemic, both cities possessed

¹⁵ Remington, "Twelve Fighting Years," 30-32.

¹⁶ *Ibid.*, 38.

¹⁷ "3,000 Gays Protest Appearance of Anita," Dallas Morning News, June 6, 1977.

¹⁸ Griffith, "Gays Coming Out," 34.

noteworthy “gayborhoods,” rich with culture and interpersonal connections. In a 1980 article in the *Texas Monthly*, author and researcher Michael Ennis described Houston's Montrose and Dallas's Oak Lawn neighborhoods as “two of the largest gay ghettos in the United States.”¹⁹ Ennis explained that the 1980 edition of *Bob Damron's Address Book*, a nationwide directory of gay bars, nightclubs, bathhouses, and more, contained seventy listings for Houston gay spaces and sixty-four for the Dallas/Fort Worth Metroplex. Despite the state's conservative nature, only California, New York, and Florida listed more gay social scenes than Texas.²⁰ Primarily these spaces were reserved for men. Demographically, Texas' gay men were unremarkable; a study sponsored by the DGPC revealed that of those men active in the gay community, most were in their twenties and thirties, white, well-educated, and middle-class. There did exist, however, certain differences between these two gay communities.

Dallas's gay population came of age in an urban business environment at a time when conservative values reigned. Dallas's white-collar identity certainly helped mold the city's gay organizations, which tended to be relatively low-key. A member of the DGPC succinctly told Michael Ennis, “We use the system.”²¹ Another member explained that because of their typically comfortable social status (their sexual identity notwithstanding), Dallas gay men did not, with great frequency, identify as a minority group, making it a challenge to amass a politically motivated gay and lesbian population. Though it may not have grown as fiercely as Houston's gay activist community, the DGPC was more stable than its southeastern counterpart.

The city's modest gay political nucleus, however, should not be mistaken for an inactive gay community, which had, in truth, been blossoming for decades. Phil Johnson, an iconic figure

¹⁹ Michael Ennis, “What Do These Rugged Texas He-Men Have in Common”, *Texas Monthly*, June 1980, 113.

²⁰ *Ibid.*

²¹ *Ibid.*, 215.

in Dallas's LGBT history, described at least a few locations associated with the city's gay men and women, despite the lack of safe places wherein gays and lesbians could openly meet. The Lavender Shingle Rooming House, for example, was an early gay settlement in Dallas's Oak Cliff neighborhood.²² Johnson also remembered a street corner where gay Dallasites would meet in the 1940s, dubbed “Maggie's Corner” by locals. There, on the intersection of Commerce and Akard Streets, gays met under the bright red Pegasus perched on the roof of the Magnolia Petroleum Building and revolving more than 400 feet overhead. Gay men continued to loiter at Maggie's Corner well into the 1960s, when bars became the preferred places of congregation for gays and lesbians across the county.²³ That is not to say, however, that gay bars did not exist in Dallas before the mid 1960s. In fact, Club Reno became the state's first gay bar in 1947, the premiere in a long line of gay spaces that would speckle the landscapes of Dallas and Houston in the coming years.²⁴

Michael Ennis imagined the city's nightclubs as meccas where men seeking men. The New Gay Macho Men, as he called them, could embrace their particular Dallas brand of homosexuality, which consisted of cowboys, bikers, preppy frat boys, and men who needed to get up early for their office jobs.²⁵ The bars gave them an opportunity to create both friendships and romantic partnerships while they displayed their masculinity and value as members of a gay community. Bars, discos, and baths also provided avenues for sex. By the end of the 1970s, Dallas had at least two bathhouses, the most prominent of which was the Club Dallas, a private bath near downtown. There, patrons could lift weights, swim, relax in a sauna, and, according to

²² Ibid., 219.

²³ William N. Eskridge, Jr., *Dishonorable Passions: Sodomy Laws in America, 1861-2003* (London: Penguin, 2008), 154.

²⁴ Phil Johnson, interview by Gerald D. Saxon, December 17, 1980 and January 1-2, 1981, transcript, Dallas Public Library, Dallas, Texas.

²⁵ Ennis, “What Do These Rugged Texas He-Men Have in Common,” 209-210.

Ennis, have sex. He recounts the club's embodiment of the New Gay Macho Man fantasy, which consisted of cowboys and muscles, freedom of sexual expression, and sexual release without guilt, anxiety, or obligation.²⁶ Unfortunately, despite the development of a gay political consciousness in Dallas, police intimidation remained a threat even in the confines of private spaces. Throughout the decade, Dallas police raided the club on a number of occasions, arresting over thirty individuals in total, though there had never been any convictions for public lewdness or homosexual conduct.²⁷ Still, Ennis's article, written just a year before the CDC broke news of the AIDS epidemic, reads nowadays like an ominous warning about the dangers the city's gay men did not yet know they faced.

Although Houston's gay political community emerged in the 1970s, there existed a noteworthy gay subculture dating back to the 1920s. Because of the hostility toward homosexuality and the threat of police harassment, most of Houston's early gay life occurred within private homes. Some institutions, like the Pink Elephant bar on Leeland Street, catered to gay patrons in the early decades of the twentieth century.²⁸ Throughout the 1960s, Houston's gay men frequented bars city-wide, but many came to the Montrose neighborhood to spend time at a restaurant called Art Wren's, which stayed open twenty-four hours and welcomed gay men seeking refuge from the city's police. Over the years, these men moved into the neighborhood and, according to Ray Hill, "became the gentrifying generation,"²⁹ fixing up homes and buildings owned by their aging inhabitants. By the 1970s, Houston's Montrose neighborhood had emerged as the city's gay center, where local leaders lived, social functions took place, and a distinctive gay culture flourished.

²⁶ Ennis, "What Do These Rugged Texas He-Men Have in Common," 220-221.

²⁷ Norma Adams Wade, "Homosexual Club Charges Police with Harassment," *Dallas Morning News*, December 14, 1979.

²⁸ Remington, "Twelve Fighting Years," 2.

²⁹ Mandy Oaklander, "The Mayor of Montrose," *Houston Press*, May 18, 2011, p. 2.

Almost as soon as they arrived in Montrose, the city's gay and lesbian population set up communication networks. *Nuntius*, Houston's first gay publication, began circulating in 1970 as mostly a bar guide with some community news briefs. A number of other newspapers followed, including *Contact*, a national gay newspaper based in Houston that ran from 1974 to 1975; the *Montrose Star* in 1976; and the *Montrose Voice* three years later.³⁰ Gay-friendly communication in Houston was not limited to print media, however, and gay programs aired on Houston's KPFT radio station as early as 1972. The station launched another LGBT-oriented program, *Wilde n' Stein*, in 1977, and that same year Ray Hill became the manager of KPFT.³¹ By creating channels of correspondence and publicly reaffirming the gay community's existence, Houston's political activists and gay community leaders fostered a sense of belonging and identity among the city's gay men.

Beyond the media, Houston's gay men reached out to one another to create a sense of solidarity in Montrose. With the help of Dallas's MCC, Houston's gay men and lesbians joined with the religious community for the purposes of forming a Metropolitan Community Church, which boasted 132 members by the close of 1975.³² In the secular arena, gay men found sites where they could engage with one another to build a communal identity, including the Montrose Activity Center, the Gay Resource Services at the University of Houston, and at town meetings regularly led by gay political activists like Ray Hill and Steven Shiflett. At the close of the 1970s, Houston's gays, like those in Dallas, had undoubtedly embraced their history, hosting a pride parade in 1976, a gay history lecture at Rice University in 1978, and a ten-day celebration for the anniversary of the Stonewall Riots in 1979.³³ Throughout the decade, men came to Houston from

³⁰ Remington, "Twelve Fighting Years," 9.

³¹ Gillis, "A Brief History," 68.

³² Remington, "Twelve Fighting Years," 93-94.

³³ Gillis, "A Brief History," 72-74.

across the nation, and the city was growing by nearly 1,200 people per week.³⁴ Gay furniture stores, flower shops, arcades and theaters, beauty parlors, and clothing stores illustrate the considerable power of Houston's gay community moving into the 1980s. In 1979, local activist Fred Paez told the *Advocate*, a national LGBT newspaper, that “the Houston gay community is the most open and free after New York, L.A., and San Francisco.”³⁵

Perhaps even more so than in Dallas, Houston's nightlife had been integral to the development of a conscious gay community. A December 1974 article in *Ciao*, a gay travel magazine, detailed the city's gay scene. Dozens of bars lined the streets of Montrose. The Farmhouse bar on Albany Street, for instance, claimed to be the largest bar in the United States. Some bars were known for drag shows or letting patrons lounge in their bare feet. Others, including the Pink Elephant and Mary's Lounge, had become associated with danger, drugs, and hustling in and around the bars.³⁶ In his *Texas Monthly* article, Michael Ennis reported on the Rack, a popular swingers bar on California Street, which Ennis painted as a paragon of the New Gay Macho Man image, where men could engage in anonymous, free, and at times, degrading sex.³⁷ At the Rack, men could shatter the feminine and weak image that had long been associated with male homosexuality and express their masculinity through frequent and unrestricted sex. There seemed to be a place for everyone, young or old, cowboy or hippie, mellow or raunchy. By 1981, *This Week in Texas* indexed thirty-five gay bars, discos, and clubs in Houston.³⁸

Two bathhouses existed in Houston in 1974 called Mr. Frizby and Club Houston; both were private, membership only clubs. Interestingly, membership at the Club Houston was also honored at a bathhouse in Dallas, the Bachelor Quarter Baths. The *Ciao* article also identified

³⁴ Scott Anderson, “Houston: Deep in the Hot of Texas,” *The Advocate*, May 3, 1979, 13, Botts Collection.

³⁵ Scott Anderson, “Houston: Deep in the Hot of Texas,” 13.

³⁶ Ralph W. Davis, “Houston,” *Ciao! The World of Gay Travel*, December 1974, 10-13, Botts Collection.

³⁷ Ennis, “What Do These Rugged Texas He-Men Have in Common,” 212-213.

³⁸ Remington, “Twelve Fighting Years,” 4.

Houston's main cruise areas around Westheimer Road and Montrose Boulevard. There, on the corners of Montrose and Lovett or Lovett and Stanford, gay men could meet, loiter and talk, or pick up dates. Memorial Park and the Galleria Shopping Center, too, provided meeting spaces for those outside of the bars and clubs. At the bars, clubs, baths, and on street corners, Houston's gay men could enjoy a relative degree of openness, wherein they could navigate life in what some considered the “only truly gay city in that huge Lone Star State.”³⁹

Although the city's eclectic and cosmopolitan nature awarded Houston's gay men a greater degree of social freedom than those in Dallas, the city had faced a number of trials and setbacks during the 1970s. Perhaps the most horrific was the Houston Mass Murders. Between 1970 and 1973, gay Houston electrician and candy store operator Dean Corll and his accomplices, David Brooks and Elmer Henley, murdered twenty-seven young men and boys. With national attention on the city, members of Integrity Houston acted as spokespeople for the gay community, protecting the already-shaken gay community from experiencing further backlash.⁴⁰ Gay violence came from heterosexual perpetrators as well. The Montrose Remembrance Garden, a memorial for the city's victims of gay violence located at the corner of California and Guest Streets, along with the Texas Obituary Project, make clear that fatal violence was a threat that Houston's gay men lived with daily. One notable victim of such violence was twenty-seven year-old Fred Paez, secretary of the HGCP and prominent Houston gay activist. In the early morning of June 28, 1980, Paez was shot and killed by an off-duty police officer. The officer, Kevin M. McCoy, alleged that a struggle ensued while attempting to arrest Paez for public lewdness, during which Paez reached for the officer's gun. The confusion and uncertainty surrounding the shooting launched a number of investigations by different

³⁹ Davis, “Houston,” 13.

⁴⁰ Gillis, “A Brief History,” 67.

groups, including a community-elected Fred Paez Task Force, the Homicide Division of the Houston Police, the Houston Police Internal Affairs Division, the U.S. Department of Justice, and the City of Houston Police Advisory Board. Eventually, McCoy was brought to trial and found not guilty.⁴¹ This is one of many examples illustrating that despite their successes in the gay liberation movement, Houston's lesbian, gay, transgender, and bisexual (LGBT) population was far from safe.

Internal strife, too, threatened Texas' gayest city. There persisted a conflict, for example, between Houston's lesbians and the HGPC, then under the leadership of Steven Shiflett, that ultimately resulted in his resignation from the caucus. Many of the city's politically-minded lesbians, including Nancy Rose and Sandy Simmons, recognized a reluctance among lesbians to work with groups like the HGPC because of sexism.⁴² Likewise, race and class discrimination were still sensitive issues for the gay community in a city as socially and culturally rich as Houston. Others, despite acknowledging the prominence of Houston's gayborhood, admitted that in its efforts to reconcile its southern conservatism and burgeoning cosmopolitan liberalism, the community had yet to cultivate a certain soulfulness necessary for fostering kinship. One gay Houstonian told the *Advocate* in 1979, "It's warm, the pace is fast, and there's lots of money. But it's charmless."⁴³ To some, it seemed the crux of the gay community lay not in community itself but in superficiality, in bars and bathhouses. As many of the city's new gay arrivals had yet to cast in stone their own identities, so too, did they struggle with forging a uniquely Houston gay identity. Houston's gays struggled, too, with those outside of the community. Police intimidation remained an issue in Houston, as it had in Dallas. A Houston police officer went so far as to say,

⁴¹Debra Danburg, "Task Force Tackles Paez Killing," *Upfront America*, August 29, 1980; "Jury Finds McCoy Not Guilty, Gays Not Happy With Verdict," *This Week in Texas*, September 11-17, 1981.

⁴²Anderson, "Houston: Deep in the Hot of Texas," 11.

⁴³Ibid.

“we will continue to raid places like this until every goddamn queer has been run out of the city.”⁴⁴

By the time AIDS had begun devastating gay communities across the United States, gay communities in both Houston and Dallas had experienced tumultuous growth in only a handful of decades. They had organized politically to contest unfair hiring practices, police harassment, and discriminatory legislation, particularly Section 21.06 of the Texas Penal Code, the state's anti-sodomy statute, had created both public and private spaces wherein they could express themselves openly and sexually, and they had crafted networks of communication and interaction that connected one other on the basis of their sexual identity. By 1981, Dallas and Houston's gayborhoods were, by any definition, communities. Unfortunately, the safe spaces these communities had created had made them all the more vulnerable to attack from disease. The gay bars, clubs, and baths and their sometimes-risky sexual behavior helped spread the AIDS virus through gay communities in New York, San Francisco, and soon, Houston and Dallas as well.

The first mention of what is now termed AIDS first appeared on June 5, 1981, in the Centers for Disease Control's *Morbidity and Mortality Weekly Report (MMWR)*. The report detailed the appearance of pneumocystis pneumonia (a rare, opportunistic infection that typically occurs in immuno-compromised individuals) in five young homosexual and previously healthy California men.⁴⁵ Just a month later, the CDC documented the appearance of Kaposi's sarcoma, a skin cancer most commonly found in elderly men of Mediterranean descent, in twenty-six homosexual men in California and New York. That second report also mentioned ten new cases of pneumocystis pneumonia among homosexual men in California, two of whom had also been

⁴⁴ Gillis, “A Brief History,” 65.

⁴⁵Centers for Disease Control, “*Pneumocystis Pneumonia – Los Angeles*,” *Morbidity and Mortality Weekly Report*, Atlanta, Georgia, June 5, 1981.

diagnosed with Kaposi's sarcoma.⁴⁶ By August CDC officials and other medical professionals were actively looking for an underlying causative agent that appeared to be targeting predominantly white gay males. Soon, the bizarrely connected epidemic of cancer and opportunistic infections came to be known by professionals and laymen alike as gay-related immune deficiency, or GRID.

In a 2007 interview, Ray Hill remembered seeing bartenders at places like Mary's Lounge with Kaposi's sarcoma lesions in 1980 and early 1981, and the city's doctors were not quite sure what had caused it.⁴⁷ Of course, they would soon find out as more men became sick. Houston's doctors began treating patients with GRID only five months following the CDC's initial report of the disease, and M. D. Anderson Cancer Center in Houston saw its first AIDS patient in November 1981. Researchers hypothesized early on that a never-before-seen virus, likely transmitted through sexual fluids and blood, was responsible for the epidemic. Once inside the body the virus attacked a host's immune system, rendering the infected person incapable of warding off rare infections. As cases increased across the country, including cases among intravenous drug users, researchers looked for a more inclusive name for the new disease. In the summer of 1982 they settled on AIDS, or acquired immune deficiency syndrome.

Although public policy makers across the nation had largely ignored the AIDS crisis, medical professionals in Houston reacted quickly to provide care for people with AIDS. Doctors at M.D. Anderson, like Peter Mansell, began seeing AIDS patients and members of high risk groups, and the M.D. Anderson Cancer Center allocated both beds and clinic space to provide treatment for people with AIDS. By October 1982 Houston saw over one hundred suspected

⁴⁶Centers for Disease Control, "Kaposi's Sarcoma and *Pneumocystis* Pneumonia Among Homosexual Men – New York City and California," *Morbidity and Mortality Weekly Report*, Atlanta, Georgia, July 4, 1981.

⁴⁷Ray Hill, interview by Jim Barlow, November 8, 2007, transcript, Houston Oral History Project, Houston Public Library Digital Archives, Houston, TX (hereafter cited as HPLDA).

AIDS patients. In response to the growing demand for treatment, M. D. Anderson began holding daily clinics in the morning for outpatient services and set aside ten beds for those presenting with symptoms too advanced for outpatient care. Public hospitals, too, like Ben Taub General Hospital and Jefferson Davis Memorial Hospital, opened their doors to AIDS patients.⁴⁸ Within a year the disease had established its presence in Texas' gayest city.

Dallas quickly followed suit. A *Dallas Morning News* article from August of 1982 described a victim, a forty-seven year-old man from Dallas, who CDC doctors believed had died from AIDS in January of that year. The city's only other confirmed case of AIDS was a gay twenty-five year-old man who was receiving treatment for pneumocystis pneumonia.⁴⁹ Later, on January 18, 1983, Dr. James Wheeler, a Dallas hematologist, announced to a crowd of citizens at the First Unitarian Church in Dallas that three local men had died of AIDS.⁵⁰ Nine months later, eighteen men in Dallas County had been diagnosed, eight of whom had already died. Believing the new disease could reach epidemic numbers, Dr. Wheeler conducted seminars to inform Dallas gays about the threat of AIDS. The Oak Lawn Counseling Center did the same, in addition to sending pamphlets to Dallas-area gay bars and gay-affiliated stores.⁵¹ By October 1983, the state of Texas had sixty-nine reported cases, including thirty-seven in the Houston area and eighteen in Dallas County, and thirty-four had died. Most of these cases, 97 percent, involved gay or bisexual men.⁵² The anonymous sex so frequently associated with major gay cities had provided a convenient path for infection that was now decimating Dallas and Houston-area gay men.

⁴⁸ Dr. Peter Mansell and Sue Cooper, Interview by Lesley Brunet, February 28, 2003, transcript, Research Medical Library, M.D. Anderson Cancer Center, Houston, Texas (hereafter cited as M.D. Anderson).

⁴⁹ Joann Schulte, "Epidemic Disease Striking Mostly Men Baffles Doctors," *Dallas Morning News*, August 15, 1982, p. 23.

⁵⁰ Don Ritz, "AIDS Forum Reveals Three Dallas Deaths," *Dallas Gay News*, January 21, 1983.

⁵¹ Glenna Whitley, "Dallas Gays Fight Stigma, Cope with Fear," *Dallas Morning News*, January 25, 1983.

⁵² Joann Schulte, "Dallas County Reports 26% of Texas AIDS Cases," *Dallas Morning News*, October 6, 1983.

As many of these men found themselves sick and facing mounting medical bills, they learned of another obstacle they needed to overcome to contend with the threat of AIDS. Specifically, the state of health insurance for the unemployed, or those unable to purchase private insurance in Texas when the AIDS epidemic hit, made affordable healthcare nearly inaccessible for persons with AIDS. The AIDS of the 1980s was not a chronic illness that could be managed by a strict drug regimen as it has become in the twenty-first century, but an unrelenting killer, that typically weakened its victims over the course of months before taking their lives. This meant lengthy and frequent hospital stays, expensive treatment, and the degradation of both body and mind.

For these individuals, work was often not an option. Others, who had perhaps initially kept their physical fortitude following diagnosis, soon found their employment terminated. The perception of AIDS as a gay disease remained firmly entrenched in the minds of the American public. Nearly all AIDS patients in Dallas and Houston were homosexual men, which did little to temper that perception.⁵³ “Once someone knew they were gay,” Sue Cooper, a Houston social worker social worker, said in a 2003 interview, “it really didn’t matter who you were or what you did, they didn’t want you working for them.”⁵⁴ Certainly, unemployment was a very real threat for Texas gay men with AIDS. The Texas legislature’s 1989 task force on AIDS revealed that while 83 percent of their respondents were employed at the investigation’s inception, only 23 percent were still employed by its conclusion.⁵⁵ With the loss of employment came the loss of insurance benefits. Out-of-pocket care was prohibitively expensive, despite the generally affluent social standing of Houston and Dallas gays. The cost of health care itself had been rising in

⁵³ “Project Assessment for SWIID and Related Foundations,” June 1, 1985, Series 12, President’s Office The University of Texas, M.D. Anderson Cancer Center, Houston, Texas.

⁵⁴ Mansell and Cooper, interview.

⁵⁵ “AIDS in Texas: Facing the Crisis,” Legislative Task Force on AIDS Report to the 71st Legislature, Austin, TX, January 1989, 31.

Texas, increasing by one-third from 1970 to 1976, and it had done so faster than any other consumption category in the state.⁵⁶ The cost of delaying death stood at about \$40,000 per year. The average median income of persons with AIDS had declined from \$20,000 per year to only \$6,000, with over half of respondents revealing they spent their entire savings on medical care.⁵⁷

Government sponsored insurance options, too, were out of reach for Houston and Dallas gay men. A 1980 report revealed Texas ranked forty-ninth in the nation for its ratio of Medicaid recipients to persons living below the poverty level. In the United States as a whole, Medicaid offered coverage to 66 percent of Americans living in poverty. Texas insured only 25 percent. To be sure, the state's restrictive Medicaid program guaranteed that adequate health insurance would remain a luxury for the poor. In order to receive Medicaid in Texas, individuals needed to receive assistance from Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI), and Texas did not subsidize Medicaid for the medically needy. In fact, the state of Medicaid and Medicare had largely remained stagnant since the Texas legislature passed the Medical Assistance Act of 1967, which ensured that medical assistance was provided to those eligible for AFDC, the aged, blind, and disabled who receive SSI, and others eligible for assistance through the foster care system and other special assistance programs.⁵⁸ The percentage of Texans without health insurance was nearly 10 percent greater than the national average.

Thus, those in Texas most vulnerable to AIDS, who experienced circumstantial poverty, had been previously healthy, and rarely had dependent children, had few options for maintaining health insurance coverage. Although most AIDS patients qualified for Social Security Disability Insurance, there remained a twenty-four month waiting period between a patient's approval and

⁵⁶ "Interim Report of the Insurance Committee," Texas House of Representatives, 68th Legislature, Austin, TX, 1984, 219.

⁵⁷ "AIDS in Texas: Facing the Crisis," 8.

⁵⁸ "Report of the Human Services Committee," Texas House of Representatives, 67th Legislature, Austin, TX, December 1982, 219.

date of eligibility.⁵⁹ Those who did qualify typically received only five months worth of benefits, leaving them with a year's worth of uninsured treatment.⁶⁰ Without insurance, primary care and regular medical intervention evaded those with AIDS, forcing them to rely on expensive emergency treatments that did little but hold them over until their next bout of pneumonia or thrush. In the first years of the AIDS epidemic, it appeared that victims in Dallas and Houston would spend their final months dying with indignity, out of money and out of options.

The gay communities in Houston and Dallas as they began to exist as politically-conscious and self-aware social sects in the 1970s reflected the generally white, male, middle class character of those who became the community's leaders. Their collective identity thus was one defined by the communal experience of urban, white, gay manhood. These men would soon use the skills honed through their political activism and community organizing to create a united front against AIDS. The AIDS crisis provided the sometimes contentious gay communities in Dallas and Houston with a common enemy that literally threatened the livelihoods of their members, and with few medical answers and a desert of state support, gays and lesbians in these cities became both caregivers and advocates for persons with AIDS. In Houston and Dallas, gay activists and their allies would build havens in which persons with AIDS could find relief, through housing assistance programs, food pantries, counseling services and more.

⁵⁹ Barry V. Bye and Gerald F. Riley, "Eliminating the Medicare Waiting Period for Social Security Disabled- Worker Beneficiaries," *Social Security Bulletin* 52 (May 1989), 2.

⁶⁰ Jayne Garrison, "AIDS Hospital is Poised to Fail," *Chicago Tribune*, July 21, 1987.

CHAPTER III

AIDS SERVICE ORGANIZATIONS, BEGINNINGS AND EVOLUTION

Members of the gay community responded quickly to the AIDS crisis. As early as 1982 in Houston and 1983 in Dallas, local agencies had formed to provide medical and social relief to people with AIDS and to mediate between the gay community and political leaders at both the state and national level. In general, AIDS service organizations (ASOs) in both cities offered similar services, for people with AIDS had similar needs regardless of their places of residence. Most would, at some point during their illness, require assistance maneuvering the complicated network of social services. In Houston, the Montrose Clinic and the KS/AIDS Foundation filled that role, while McAdory House and Bering Omega House operated hospice facilities for people with AIDS. Religious-based organizations, including AIDS Interfaith Care Partners, also served Houston's HIV-positive population. In Dallas, the Dallas AIDS Action Project and AIDS Resource Center worked closely with gay political organizations to advocate on behalf of people with AIDS, while service organizations such as the Oak Lawn Counseling Center and AIDS Arms Inc, helped AIDS patients with their medical and emotional needs. The AIDS crisis brought Houston and Dallas's lesbian, gay persons and their supporters together as survivors, caregivers, and activists.

HIV/AIDS was a powerful alienator. Houston Baptist minister Earl Shelp began working with AIDS patients in 1985, after a close friend and colleague was diagnosed. In order to combat the stereotypes surrounding HIV/AIDS and to humanize those with the disease, Shelp, with the help of Dr. Peter Mansell, social worker Sue Cooper, and others at M.D. Anderson's AIDS clinic, collected stories from AIDS patients. In particular, Shelp was "struck by not only their needs but their hunger for a supportive presence from people within the faith communities and also their

isolation, marginalization and ostracism by their families and friends and co-workers and others such that they ended up in many instances dying alone or without any or without sufficient practical support.”¹ In many cases, individuals lost friends, family members, and acquaintances following an AIDS diagnosis. “The risk of rejection and isolation, even quarantine, is ever present,” writes Dr. Peter W.A. Mansell. “Their losses are many, severe, and rapid.”²

Depression, grief, and loneliness often partnered with physical illness to make AIDS affliction especially devastating. In their final months, persons with AIDS needed much more than medical care - they needed advocates, caregivers, and allies.

Of course, the existence of mental health facilities, substance abuse counseling programs, and support groups did not necessarily mean such services were easily accessible to those who most needed them. Because the disease could prevent those infected from maintaining meaningful employment, persons with AIDS frequently found themselves without health insurance.³ The cost of expensive medical treatment corroded their savings accounts, leaving things like therapy, counseling, and addiction treatment a luxury. Likewise, illness, fatigue, or a lack of personal transportation could keep persons with HIV/AIDS from making appointments with doctors, acquiring food and other necessities, or connecting with supporters. What those with HIV/AIDS needed were service organizations specific to AIDS, which could create networks of individuals and organizations dedicated to ensuring that those with the disease could live as comfortably as possible, delay their seemingly inevitable deaths, and create awareness about HIV/AIDS.

¹ Dr. Peter Mansell, Sue Cooper and Dr. Earl Shelp, Interview 1, ed. Jewelry Yep, September 20, 2004, transcript, M.D. Anderson.

² Earl E. Shelp, Ronald H. Sunderland, and Peter W.A. Mansell, M.D., *AIDS: Personal Stories in Pastoral Perspective* (New York: The Pilgrim Press, 1986), 181-82.

³ Mansell and Cooper, interview.

The number of AIDS diagnoses increased as the months went by. In 1983, when AIDS first became a reportable condition in Texas, Houston's Harris County reported thirty-seven cases of AIDS, while Dallas County reported eighteen. By 1986 those numbers had increased to 868 and 494, respectively, the majority of which were gay men.⁴ Because state and local officials were hesitant to act strongly in support of AIDS victims, gay leaders in Houston and Dallas made it their mission to create such support networks in the form of AIDS service organizations (ASOs). In neighborhoods such as Montrose and Oak Lawn, where just a few years before groups like the Gay Political Caucuses had organized in opposition to police harassment, violence, and discrimination, ASOs offered to those with AIDS relief close to home, administered by people they could trust. To that end, ASOs in Houston and Dallas were practically indistinguishable from one another. Despite differences between these two cities, they were forced to confront the same problem: state and local leadership that remained unwilling to work with gay community-based organizations in order to increase AIDS awareness and fight the spread of disease.

Throughout the 1980s Texas allocated a very small amount of money for AIDS services. A report to the Texas legislative task force on AIDS revealed that nationally, states spent an average of \$2,747 per case of AIDS to fund service organizations. Texas, however, distributed only \$473.⁵ Functionally abandoned by policymakers, people with AIDS in Houston and Dallas and their allies had little choice but to care for themselves. Thus, the ASOs that came alive during the early years of the AIDS crisis were almost entirely privately funded. Despite geographical differences or variations in the services they provided, these organizations shared in

⁴ Schulte, "Dallas County Reports 26% of Texas AIDS Cases.,"; Ruth Sorelle, "Houston Now Ranks 4th in AIDS Cases," *Houston Chronicle*, November 18, 1986.

⁵

common lineages within their gay communities, for that is who built them and that is whom they served.

Texas' first ASO started in Houston in 1982, a project initially engineered by Michael “Mac” McAdory and a handful of faculty members at the M.D. Anderson Cancer Center. Together, this group formed the Kaposi’s Sarcoma (KS) Committee, named for the rare, AIDS-associated skin cancer with which McAdory had been diagnosed in November 1981. The KS Committee pioneered the city's AIDS education efforts by producing a pamphlet titled “Toward a Healthier Gay Lifestyle,” an educational guide about safe sex and the dangers of sexually-transmitted diseases, including, as it was then-termed, gay-related immune deficiency (GRID).⁶ The organization changed its name to the KS/AIDS Foundation in May 1983 in order to reflect its growing mission as Houston's AIDS services hub. They hoped to “obtain the cooperation of all groups, to coordinate what is going on and make sure the entire community is involved,” with regard to AIDS.⁷ They elected as their first president Michael B. Wilson, an employee at M.D. Anderson who had begun working to develop a screening and diagnostic process for the new disease. Wilson, McAdory, and their colleagues at the foundation led the charge against AIDS in Houston.

The KS/AIDS Foundation offered people with AIDS relief from the psychosocial effects of disease. Essentially, the foundation aimed to serve as the local hub for the city's AIDS services, medical and otherwise, by networking between medical facilities, volunteers, support groups, and people with AIDS. While sufferers could receive medical attention from the AIDS clinic at M.D. Anderson Cancer Center and other hospitals, visitors to the foundation could

⁶ Jonathan C. Heath, “Strength in Numbers: Houston’s Gay Community and the AIDS Crisis, 1977-1989 (M.A. Thesis, University of Houston, 2006), 43.

⁷ Hollis Hood, “K.S./Committee Alters Name: President Describes Foundation,” *Montrose Voice*, May 20, 1983.

obtain financial assistance, medical referrals to local physicians, and social services, including counseling, housing help, food relief, transportation, and legal assistance.⁸ By bringing together community members and establishing a web of services, Houstonians with AIDS learned that despite the isolating nature of the disease, they would not suffer alone. The foundation's buddy system, wherein volunteers were matched with persons with AIDS to provide emotional support and companionship, was one effort to ease the loneliness that people with AIDS often felt. *The Magazine of the Houston Post* ran a story in 1985 about Baptist minister Robert Carter, who the foundation had paired with a forty-seven-year old gay man known only as Don, who had been diagnosed with AIDS Related Complex.⁹ This pairing gave Don, who had asked the foundation for a buddy, someone to whom he could complain about his illness, speak to on the phone each day, share meals with occasionally, and at times, feel the comforting touch of another person.¹⁰ By initiating programs such as the buddy system, the KS/AIDS Foundation brought humanity and compassion to the fight against AIDS.

Education, too, was one of the foundation's top priorities. Continuing the tradition of broad public outreach established by the KS Committee, volunteers for the KS/AIDS Foundation distributed educational pamphlets throughout the city with the hopes of encouraging Houstonians to practice safe sex, dispel myths about AIDS, and bring those with the disease into the fold of service. Between 1982 and 1984 alone, the foundation produced and sent out over 90,000

⁸ "Dial KS/AIDS (713) 524-AIDS" *This Week in Texas*, June 3-9, 1983, Botts Collection.

⁹ AIDS-related complex, or ARC, was a term used to describe a phase of HIV infection that existed in a gray area between initial infection and "full-blown AIDS." Though a patient with ARC might exhibit symptoms that today are recognized as classic symptoms of AIDS, the CDC's definition of AIDS in the early 1980s was restrictive enough to create a class of patients who were infected with HIV but could not qualify for AIDS services because they did not meet the CDC criteria for diagnosis. These patients were diagnosed with ARC. In 1987 activists successfully encouraged the CDC to revise its diagnostic criteria for AIDS to include those with ARC. The term fell out of use around the year 2000 and is generally not seen in recent discussions about HIV/AIDS.

¹⁰ Clifford Pugh, "My Buddy," *Magazine of the Houston Post*, October 13, 1985, Botts Collection.

educational guides and brochures.¹¹ Likewise, Michael Wilson launched a hotline for questions about AIDS in the summer of 1983. Through the hotline, callers could receive information about groups at high risk of infection; symptoms about disease; schedules for AIDS seminars, programs, and support groups; and counseling referrals. Generally, though, the hotline's volunteers spent their shifts helping both gay and straight callers sift through widely disseminated misinformation and instead taught the facts about AIDS.¹² The foundation also sent volunteers to speak at meetings and workshops about safe sex and AIDS. Because successful medical interventions for AIDS were not available before 1996, and because local authorities were hesitant to consider the disease a major public health crisis, the city's gay men, including and especially those building grassroots ASOs, took on the responsibility of educating the public about AIDS.

The KS/AIDS Foundation broke new ground once more by launching the world's first gay-community funded AIDS resource center in October of 1984. Named in honor of Michael McAdory, who died from AIDS complications on October 20, 1984, the McAdory House was a care facility for indigent people with AIDS. The facility opened its doors on November 1, with space for fourteen residents.¹³ The KS/AIDS Foundation was not alone in its mission to give AIDS patients palliative care with kindness and sensitivity. In 1986 Eleanor Munger, a retired teacher, founded Omega House, a residential AIDS hospice. Inspired by her volunteer work with McAdory House, Munger hoped the house would “provide sympathetic medical spiritual, and psychological care of terminal stage AIDS patients,” and emotional support to family members

¹¹ Wilson, “The K.S./AIDS Foundation of Houston, Inc.: Its History and Programs, November 1981-June 1985.”

¹² Mary Jane Schier, “Slow Down and Enjoy Life: AIDS Victim has Advice Everyone Can Put to Use,” *The Houston Post*, June 12, 1983.

¹³ “AIDS Center Named the McAdory House,” *This Week in Texas*, October 26-November 1, 1984, Botts Collection.

both before and after a resident's death.¹⁴ Omega House offered four beds for AIDS patients whose illnesses had progressed beyond the point of successful management. Hospices had traditionally turned away people with AIDS, and the McAdory House and Omega House provided a place for patients without the option of home care to die with dignity.

In some instances, ASOs started as non-AIDS-specific agencies. Houston's Montrose Clinic, for example, opened in 1978 as a general clinic, primarily serving the neighborhood's gay population. In its short life before the AIDS crisis, the Montrose Clinic, located at a house on Westheimer Road, provided screenings and treatment for gonorrhea, syphilis, and other sexually transmitted diseases. It was run by volunteers, who had hoped their community-based, donation-funded operation would allow the city's LGBT members to maintain control of their sexual health without discrimination or judgment. In October 1981, the clinic was incorporated as a 501(c)3 nonprofit organization, and the following year, the Montrose Clinic began offering its first AIDS-specific program, called the Program for AIDS Counseling and Evaluation, or PACE. Under PACE, an individual could pay \$35 to have his or her immune system tested. Although initially PACE testing could not reveal to the exclusion of all other causes if an individual had AIDS or AIDS Related Complex, it could show if the immune system had been compromised more accurately than a simple blood test.¹⁵ By mid-decade, over 8,000 patients had visited the clinic.

In June 1985 the Montrose Clinic began offering HIV testing at little to no cost three times per week. To protect the privacy of their clients, the clinic's staff and volunteers assigned each visitor a number prior to administering the HIV test. Each month the clinic published the numbers of those who tested positive in local gay magazines, urging them to return to the clinic

¹⁴“AIDS Hospice,” *Houston Chronicle*, August 26, 1986, Botts Collection.

¹⁵“HTLV-III/LAV AIDS Antibody Test: Positive Results – What to Do!” pamphlet, Montrose Clinic, 1986, Botts Collection.

for further counseling.¹⁶ The clinic worked closely with Houston's medical community, including the City of Houston Department of Health and local medical and nursing schools, to make accurate information and care regarding HIV available to their clients. Testing and counseling were not the only services the Montrose Clinic offered. By 1988 the clinic boasted a bilingual hotline whose staff answered questions, scheduled testing appointments, and referred callers to other medical or service agencies to suit their individual needs, treatment for pneumocystis pneumonia and occasionally, enrollment in clinical trials.

The clinic was also a major provider of HIV/AIDS education in the city of Houston, and in effect, those affiliated with organizations like the Montrose Clinic became the *de facto* local experts on HIV/AIDS. The clinic's administrators networked with doctors and spoke at United Way-sponsored lectures to educate both the medical and lay communities. Likewise, they distributed pamphlets throughout the city to raise awareness about AIDS and encourage those at risk to come to the clinic and get tested. Those looking for reassurance and the comfort of sharing their plight with other HIV-positive individuals, family members of those infected, and those concerned about infection could attend support groups through the Montrose Clinic several nights each week.¹⁷ In only a few years, the clinic had gone from a modest STD screening facility to a major resource for those affected by HIV/AIDS. It was instrumental in helping those with HIV/AIDS navigate the complicated system of social services and medical care facilities most pertinent to those with AIDS, in helping the sick return to work or otherwise manage their employment, and in extracting the realities of the disease from a mine of misinformation and stigma.

¹⁶Karen L. Morgan, "60,000 AIDS Tests: Happy Anniversary to the Montrose Clinic! Has it Been 20 Years Already?" *Outsmart Magazine* (November 2001), Botts Collection.

¹⁷ Reverend Ralph Lasher, Interview by David Goldstein, July 23, 2008, HPLDA.

Perhaps the most striking facet of Houston's community-based AIDS organizations were religious groups, who frequently cooperated with the gay community to care for patients with AIDS. Reverend Ralph Lasher, an Episcopal priest, became the director of programs at the Montrose Clinic in 1988. Lasher, who was gay, familiarized himself with the gay community in order to best serve its needs. Lasher also founded a support group, Empowerment Living, for HIV positive members of Houston's Metropolitan Community Church of the Resurrection.¹⁸ Through his work and faith, Lasher hoped to provide a nurturing and spiritual atmosphere for persons living with HIV/AIDS that was often lacking in the physically and emotionally sanitized setting of hospitals and clinics.

Religious institutions were spurred to action after seeing community members, often members of their own congregations, die from AIDS. Baptist minister Earl Shelp became involved with AIDS assistance after a friend and colleague at Houston's Center for Ethics, Medicine, and Public Issues was diagnosed with AIDS in 1985. Throughout the year, Shelp ministered to AIDS patients and started an education program for the clergy in the hopes of combating some of the stigma surrounding AIDS. Education, he recognized, would be the key to overcoming the negative public perceptions about the disease and those who had it. In 1986 Shelp and a number of other ministers formed the Clergy Consultation on AIDS, whose volunteers provided necessary care for AIDS patients such as feeding, bathing, administration of medicine, and emotional support.¹⁹ After receiving \$40,000 in federal grant money, Shelp expanded his vision to what became known as Interfaith Care Partners, a community outreach organization that provided care to individuals with chronic debilitating illnesses, including HIV/AIDS.

¹⁸ Ibid.

¹⁹ Richard West, "Called to Care," *Texas Monthly*, February 1988, p. 164.

In the mid-1980s, the Bering Memorial United Methodist Church created the Bering Community Services Foundation, providing individuals with AIDS a dental clinic, an adult care center, and spiritual support.²⁰ In order to provide emotional, social, and physical assistance to people with AIDS, Houston's gay community extended the alliance it had formed with local religious leaders in the 1970s. They worked in concert to educate the populous, advocate on behalf of people with AIDS, and give spiritual and psychological guidance to both the sick and their families. To be sure, Houston's ASOs set the standard for AIDS care in Texas.

Without a major medical center such as Houston's, Dallas was vulnerable to the harshest effects of the disease with few resources on which to fall back. Members of Dallas's established gay community found themselves pulled together by illness and grief, and as they mourned, so, too, did they fortify. Local gay leaders understood that, as in Houston, they would need to become the generals in a war against disease and discrimination.

Initially, Dallas-area gays established a local chapter of the AIDS Action Project, a national organization dedicated to AIDS advocacy. Howie Daire, a Dallas psychotherapist and co-founder of the Dallas AIDS Action Project (DAAP), spoke before the House of Representatives in 1983 about the AIDS crisis. There, Daire reported on the state of the epidemic in Texas, the socially devastating nature of the disease, how communities were handling the epidemic, and how government organizations had failed to support those with AIDS. Advocating on behalf of Texans with AIDS, Daire called upon government officials to reexamine the definition of AIDS so that medical professionals could begin AIDS initiatives much sooner in the course of disease. He also criticized the pace at which government funds became accessible to nonprofits, bringing to light the reality that nearly all of Texas' ASOs were funded by private

²⁰ Bering Omega Community Services, "About," <http://beringomega.org/about> (accessed March 12, 2013).

donations. Through Daire's work, DAAP acted as mediators between the medically needy and often unreachable government institutions.

In addition to advocacy, DAAP had a multifaceted plan to quell the swelling epidemic in the city. In the early 1980s DAAP held quarterly meetings to combat the spreading myths about AIDS and inform the public about local developments regarding the crisis. Without a gay newspaper at the time, public forums such as this were one of the only ways to reach the community. DAAP members held fundraisers, hosted events, and solicited donations, the proceeds of which went to create educational materials. Included in these educational materials were video recordings of their quarterly AIDS information forums, which they distributed to other local ASOs, ensuring their message would reach beyond those who physically attended their meetings. They, along with the Dallas Gay Alliance (DGA, formerly the Dallas Gay Political Caucus) and the Club Baths in Dallas, helped fund the publication of 15,000 AIDS brochures in 1983. DAAP was closely intertwined with the DGA, a relationship that would influence the development of other ASOs throughout the years.²¹

The DAAP also worked with other local ASOs to create a united, citywide response to AIDS. One of these responses was a hotline that individuals could call to have their questions about AIDS answered, get referral information for services, report AIDS cases, and field requests from medical institutions.²² Surely, organizers in both Dallas and Houston understood that information lines were essential to reaching their target population and those eager to learn more about AIDS. The DAAP also advised and organized programs at other ASOs, including individual and group counseling services, training of volunteers, the creation of companion

²¹ House Committee on Government Operations. *Federal Response to AIDS: Hearings before a subcommittee of the Committee on Government Operations*, 98th Cong., 1st sess., August 1-2, 1983. <http://archive.org/details/federalresponset00unit> (accessed February 25, 2013).

²² Ibid.

systems for those with AIDS, and fundraising efforts. The far-reaching and politically charged work of the DAAP was integral in securing the long-term success of grassroots, locally-initiated Dallas ASOs in the future.

Perhaps the first Dallas's-born ASOs was the Oak Lawn Counseling Center (OLCC, later Oak Lawn Community Services), which Howie Daire of DAAP opened in late 1981. Daire, along with therapist Candy Marcurn, started the center as an LGBT counseling facility, but quickly adopted AIDS as part of their mission after attending a seminar on the disease in Houston. At the beginning of their modest operation, Daire and Marcurn had only two phone lines, which they realized would not be enough to achieve their vision. They understood that while AIDS had maintained a low profile in Dallas thus far, the city would soon be facing the problems Houston was contending with. In 1983 the center moved to North Street, where it expanded to include housing facilities for individuals with AIDS. At its core, the community-funded Oak Lawn Counseling Center (OLCC) helped people with AIDS cope, financially, emotionally, and socially, with their diagnoses, especially as many of the OLCC's clients were acting as caregivers themselves for their partners.

The OLCC shared a number of similarities with Houston's KS/AIDS Foundation, including its Buddy Project, which Daire initiated in 1983. By March 1986 the OLCC had trained over two hundred volunteers to act as buddies for people with AIDS. While buddies with the KS/AIDS Foundation in Houston served as one-on-one companions, buddies for the OLCC in Dallas also acted as caregivers, with some clients needing as many as twenty-five buddies. Their responsibilities included grocery shopping, making appointments, arranging for home care, and above all, listening to their ill friends. Many volunteers for the Buddy Project were gay men who had seen their friends and loved ones taken by the disease, giving them insight into the pain

and seclusion that characterized death from AIDS.²³ Dallas's gay community thus formed a kinship with the sick, something that medical treatment alone could not provide. Efforts such as the Buddy Project at the OLCC were crucial in humanizing the disease.

As time went on and more were diagnosed with AIDS, the OLCC recognized the need to expand its housing program. In April 1986 the organization announced plans to provide a home care housing project for the county's indigent patients. It was Dallas's first such private endeavor. The project was beneficial on multiple levels, for it had the potential to lighten the financial burden on Parkland Memorial Hospital, where indigent patients were dumped after losing their insurance coverage. In addition it offered patients who had been kicked out of their homes or had lost their jobs and depleted their savings a safe place to stay and receive care. Moreover, this program created a sense of belonging for people dying of AIDS. With little to no money, cast out from mainstream society, and frequently grieving from the loss of loved ones, it was easy for Dallas's people with AIDS to feel that even the most basic forms of assistance were out of reach. Now, though, the OLCC offered affordable, compassionate care. There was enough space for ten patients.²⁴

The OLCC also aimed to be inclusive of all who needed service. In 1988 the center expanded its Spanish-language AIDS hotline, the goal of which was to overcome the language barrier Latinos faced with regard to AIDS education. With the number of AIDS diagnoses growing among the city's Latino population, the hotline hoped to increase awareness about AIDS, which, according to the counseling center's bilingual AIDS educator Lyndi Alber, was lacking among Latinos. Because the mainstream response to the epidemic had been, to that point, an Anglo-centric response, many Latinos remained unaware that they were vulnerable to

²³ Rita Rubin, "Buddies' Help AIDS Victims Cope," *Dallas Morning News*, March 23, 1986.

²⁴ Bill Deneer, "Refuge for AIDS Victims," *Dallas Morning News*, 16 April 1986.

infection, believing “that AIDS only strikes the Anglo gay man.”²⁵ To make the city's Latinos aware of risk, community activists and service organizations needed to involve individuals from the Latino community who spoke Spanish and understood the cultural nuances that shaped Latino attitudes toward AIDS. Other organizations followed suit, and by 1989, Spanish language services were offered at the Dallas County Health Department, Parkland Memorial Hospital, the Visiting Nurse Association, and other ASOs.²⁶

Dallas's LGBT political organizations were also involved in organizing for AIDS relief. One of these was the Foundation for Human Understanding (FHU), an LGBT equal rights organization that the DGA had founded in June 1983. Located in Oak Lawn, FHU was situated in the heart of Dallas's gayborhood. Although not initially an ASO, FHU expanded its mission to cover AIDS in 1984, by which time Dallas had officially reported thirty-two cases of AIDS.²⁷ In October 1985 FHU opened its AIDS Resource Center (ARC), a program engineered by local gay leaders Bill Nelson and Terry Tebedo and directed by John Thomas. Initially a referral and education service, soon the ARC grew to include a hotline and food bank, community outreach, assistance for clothing and other household goods, legal help, and more.²⁸ By April 1986, within six months of its opening, ARC had helped over one hundred patients.²⁹

ARC initiated a financial assistance program in January 1986, when two anonymous donors gave the ARC \$16,000 to help people with AIDS pay for living expenses. Such financial assistance was especially helpful to those without employment and the uninsured, who often were unable to pay for necessities such as food, rent, and utilities. The program's existence relied

²⁵ Michael Quintanilla, “Informing Hispanics About AIDS,” *Dallas Morning News*, August 3, 1988.

²⁶ “AIDS Support Services/Funding Sources,” 13 March 1989, folder 26, box 1, Resource Center LGBT Collection of the UNT Archives, University of North Texas, Denton, TX (hereafter cited as UNT RCD Collection).

²⁷ “Resource Center Dallas: A History of the Dallas LGBT Community,” n.d. folder 1, box 1, UNT RCD Collection.

²⁸ “Resource Center Dallas General File,” 1985, folder 6, box 1, UNT RCD Collection.

²⁹ William P. Brown, “Morality Won't End AIDS,” *Dallas Morning News*, November 13, 1986.

on the benevolence of donors and volunteers, and as such the center heavily regulated who could receive funding under the financial assistance program. It required recipients to have a positive diagnosis of AIDS or AIDS-Related Complex, have established residency in Dallas County for at least one month, provided proof that they are not receiving social security or disability benefits, and have a savings of less than \$1,700. Furthermore, individuals could receive no more than \$500 per month and could not exceed more than \$2,000 per year, and individuals could only stay on the program for six consecutive months.³⁰ In just a few years, the donation-funded ARC expanded from a modest awareness arm of the FHU to an organization with multiple programs that served a wide population. In 1987 the center boasted specialized intervention programs for the elderly, women, and people of color as well as gays.³¹ Between 1988 and 1989 ARC's caseload increased by 300 percent.

The city of Dallas, however, had spent little money on AIDS relief efforts and education. The engineers behind ARC used the political skills they had honed with the DGA in the 1970s to bring attention to this problem. In December 1987, on behalf of ARC, DGA members protested outside of city hall, drawing chalk outlines to represent the six hundred Dallasites who had died from AIDS. However, although the close relationship between ARC and DGA was intended to benefit patients with AIDS, it sometimes worked to ARC's detriment. When ARC had to dismantle its financial assistance program due to a lack of funding, DGA president William Wayburn posited that potential donors might have been reluctant to support a gay organization, despite ARC's service to all persons with AIDS.³²

³⁰ "AIDS Financial Assistance Fund Guidelines," n.d., folder 20, box 1, UNT RCD Collection.

³¹ Anita Creamer, "Divided They Stand: The old guard of Dallas's gay civil rights movement is satisfied with the small gains its moderate approach has produced The new guard isn't," *Dallas Morning News*, 17 May 1987.

³² Sherry Jacobson, "Increase in Caring: More agencies, funds helping Dallas victims of AIDS in '88," *Dallas Morning News*, 26 December, 1988.

Their relationship persisted in spite of scrutiny, and ARC continued to help Dallasites with AIDS, even establishing, with DGA, a research facility called the Nelson-Tebedo AIDS Research Clinic, where patients could enroll in clinical trials and receive experimental medical treatment.³³ Like other ASOs, ARC evolved as scientists learned more about AIDS. From awareness and education to treatment and drug trials, volunteers and staff adapted to the gay male community's growing needs in order to fill the gaps left by county and other local, public services and fulfilled the role in AIDS care when hospitals were unable to do so.

As in Houston, though, maneuvering the system of services created by Dallas's ASOs was challenging, and after receiving an AIDS diagnosis, people sometimes remained unaware of the services that were available to them. AIDS Arms, Inc., a nonprofit agency that started in 1985, hoped to help people with AIDS through this system. AIDS Arms's first initiative was a mobile response system, through which volunteers reached out to people with AIDS and those at risk of contracting the disease in their own neighborhoods to raise awareness about AIDS, offer testing services, and inform people with AIDS about local ASOs. According to Fernie Sanchez, who began working with AIDS Arms in the mid-1990s, the agency was a modest organization in its youth, consisting of a small number of case managers and volunteers.³⁴ By 1986 the agency had its first permanent location in Oak Lawn, had named Warren Buckingham its first executive director, and employed five full-time case managers.³⁵

Similar to the KS/AIDS Foundation in Houston, AIDS Arms pulled together information about other local ASOs and medical facilities to provide referrals, inform their clients about the social services available to them, and create a continuity of care in order to foster physical,

³³ "Resource Center Dallas: A History of the Dallas LGBT Community."

³⁴ Fernie Sanchez, Interview by Molly E. Bundschuh, November 1, 2013, University of North Texas Oral History Program, Denton, Texas.

³⁵ "AIDS Arms, Inc. History," c. 2013, flyer in author's possession.

social, and emotional health among the population they served. A side project of the Community Council of Greater Dallas, AIDS Arms created a network of nineteen affiliated agencies and ASOs that were willing to work with the HIV-positive population. This cooperation between the gay male community and the non-AIDS-specific service organizations built a network of support in much the same way the religious community did for people with AIDS in Houston. It alleviated the isolating effects of AIDS by including those beyond the affected population in AIDS prevention and care. In Dallas, AIDS Arms was essential for chipping away at the notion that people with AIDS were pariahs, outsiders to humanity, undeserving of assistance.

AIDS Arms also educated its affiliate agencies about the disease, explaining how to provide adequate care for individuals with such a unique illness, and its caseworkers used the ties they had built with other agencies to help those with AIDS take advantage of all the services available to them. Additionally, AIDS Arms created service programs of its own. Throughout the last half of the decade, for instance, it offered housing assistance to AIDS patients who could no longer support themselves. Members of the agency scoured the city for apartments, homes, and hotels they could use for their housing projects, so AIDS patients could enjoy a relative degree of comfort. In 1988 the federal government awarded AIDS Arms over \$850,000 to fund AIDS care, of which the agency used to fund the work of area affiliates, including the OLCC, and to provide in-home care to home-bound clients.³⁶ AIDS Arms strove to meet its clients on their level, in their homes, on the streets, or in their offices, in order to halt the spread of disease.

Dallas's ASOs were inextricably linked with existing gay organizations, which had experience in organizing for the purpose of civil rights. The leaders in the fight against AIDS in Dallas were established members of the gay male community who acted because their friends and loved ones were sick and dying. By using the lessons they had learned in their decade of

³⁶ Rita Rubin, "AIDS Coalition gets \$857,289 for Patient Care," *Dallas Morning News*, August 27, 1988.

political activism before the AIDS crisis, Dallas's gay leaders created a number of service organizations that together, acted as a safety net for people with AIDS and facilitated cooperation between the community and city leaders. In truth, the AIDS crisis politicized the Dallas gay male community more than anything else it had faced before.

As the epidemic began affecting populations outside of white gay men, gender and race-specific organizations came alive in order to serve the needs of those clients. Because HIV had also infected hemophiliacs, recipients of blood transfusions, and children born to HIV-infected mothers, there existed a need for AIDS interventions involving women, children, and heterosexual men. In many ways, those later organizations followed the example set by the gay community in their attempts to curb AIDS. Their efforts were essential not only in caring for patients with AIDS but also in raising awareness about the disease and bringing the horrors of illness and the injustices toward people with AIDS to public attention.

While state and local officials and institutions dragged their feet on the issue of AIDS, activists rushed to act on behalf of their friends and loved ones. Houston's and Dallas's ASOs, many of them almost entirely privately funded, used their connections with gay organizations to provide care and advocate for people with AIDS, and they helped refine the spirit of gay activism that had been building in these cities since the early 1970s. Although local hospitals and clinics struggled to treat the influx of AIDS patients, ASOs such as the Montrose Clinic and KS/AIDS Foundation in Houston and DAAP and ARC in Dallas secured experimental drugs for their clients, offered free or low-cost testing and medical services for those without insurance, and made sure their clients understood their diagnoses and treatment processes. Community agencies, including Houston's McAdory House and Bering Omega House, lightened the burden on public hospitals by offering hospice service for people with AIDS. Above all, these early

community-based AIDS relief organizations created a support system that brought people with AIDS together instead of keeping them apart.

CHAPTER IV

AIDS, ITS METAPHORS, AND THEIR CONSEQUENCES

Although activists and caregivers in Houston and Dallas created networks of institutions that provided care for people with AIDS, educated the public about the disease, and initiated prevention efforts to stem the epidemic, HIV/AIDS remained an especially formidable opponent. Indeed, the nature of HIV itself, its biological processes and manifestation within the body all but guaranteed that in an era without effective treatment, the virus occupied a unique space by existing as both a primitive, thoughtless invader and an exceptionally human illness. The way the virus spread from person to person, the sexual identities of those primarily affected by AIDS in the epidemic's infancy, and the physical evidence of HIV infection made apparent through AIDS encouraged policy makers and public officials to eschew compassion and instead consider isolating individuals with HIV/AIDS. Effectively, the public's understanding of AIDS in the 1980s sparked a 1986 debate in the state of Texas about quarantining people with AIDS, a public health tactic the state had used in the past to further marginalize minorities disproportionately affected by disease.

“AIDS is both a natural phenomenon and,” writes Stephen Jay Gould, “potentially the greatest natural tragedy in human history.”¹ Unlike other infections, which may target only a particular, identifiable part of the body, retreat to dormancy with little fanfare, or are easily cured with drugs, HIV hijacks the immune system and firmly intertwines itself with the host's DNA.² The virus permanently alters both an infected person's HIV status and his or her status as a human being. It matters not if the virus produces any discernible symptoms, only that it has

¹ Stephen Jay Gould, “The Terrifying Normalcy of AIDS,” in *While the World Sleeps: Writings from the First Twenty Years of the Global AIDS Plague*, ed. Chris Bull (New York: Thunder's Mouth Press, 2003), 46.

² Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York: St. Martin's Press, 1988), 104-107.

successfully breached the boundaries of flesh. Although HIV/AIDS was commonly characterized as an unfamiliar, alien insurgent, once inside of the body, it cannot be separated from the self. This permanent fixation extended beyond the physical; for individuals with HIV/AIDS, particularly those experiencing the disease before 1996, their HIV status transformed their emotional well-being, their interactions with society, and their citizenship within the human community.

Part of the reason for this lay within the modes of transmission of HIV. The Center for Disease Control's initial report on AIDS in 1981 identified only gay men as patients with the disease. Subsequent reports reiterated that the disease disproportionately affected gay men. By August CDC officials and other medical professionals were actively looking for an underlying causative agent that appeared to be targeting predominantly white gay males. Within months, however, reports came from across the nation, documenting the appearance of similar symptoms in heterosexual Haitian immigrants in Florida, intravenous drug users in Atlanta, and hemophiliacs in the Midwest. By September of 1982, when the term "AIDS" entered the national lexicon, it had become clear to researchers at the CDC that what had once been considered a disease afflicting only gay men was now an epidemic that knew no geographical, racial, or sexual boundaries. Nevertheless, AIDS had been solidified in the minds of many Americans as a gay disease, and this stigma would prove just as much a hindrance as scientific limitations in combating the AIDS epidemic.

Homosexual discrimination had grown in the United States in the decades before the AIDS epidemic, largely because of the increased visibility of gays and lesbians following World War II. Negativity toward homosexuality, however, boomed during the Cold War as government officials equated homosexuality with communism. In effect, gays, lesbians, and heterosexuals

who defied gender norms threatened the image many hoped a post-war America would achieve. Through McCarthyist rhetoric, politicians and policy makers described gay men as “soft,” effeminate, unable to resist the thrall of their sexual desires. In the minds of those leading the anti-homosexual charge, if these men were at the mercy of sexual temptation, they could certainly not withstand the pull of communism. They described homosexuals as sexual deviants and subversives, spoke of the perceived risk that homosexuality posed to American security, and stoked a smoldering distrust of homosexuals among the American public.³

Laws and language reflected this hostility toward homosexuality. A 1950 U.S. Senate report described homosexuals as “sex perverts,” and defined “those who engage in unnatural sexual acts’ and homosexuals [as] perverts who may be broadly defined as ‘persons of either sex who as adults engage in sexual activities with persons of the same sex.’”⁴ In doing so, the federal government effectively decided that homosexual behavior was inherently deviant behavior that defied nature and decency. Similarly, government documents referred to homosexuals by a variety of terms, including “moral weaklings”, “sexual misfits,” and “undesirables.”⁵ The notion that homosexuals were somehow morally inferior and incapable of sound judgment is reflected further by homosexuality's inclusion as a mental illness in the first publication of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) in 1952. Homosexuality was removed from the DSM in 1973, but its inclusion, along with the government's fixation on homosexual behavior, stigmatized homosexuality and solidified in the minds of many Americans the belief that homosexuals were inherently perverted or deviant.⁶

³ Stephen J. Whitfield, *The Culture of the Cold War* (Baltimore: John Hopkins University Press, 1996), 43-45.

⁴ U.S. Senate, “Employment of Homosexuals and Other Sex Perverts in Government,” Interim Report submitted to the Committee on Expenditures in the Executive Departments (Washington, DC, 1950), 2.

⁵ David K. Johnson, *The Lavender Scare: The Persecution of Gays and Lesbians in the Federal Government*, (Chicago: University of Chicago Press, 2004), 7.

⁶ *Ibid.*, Gidi Rubinstein, “The Decision to Remove Homosexuality from the DSM: Twenty Years Later,”

When the AIDS epidemic began in 1981, some believed the illness was an appropriate consequence for immoral sexual behavior. In 1983, for instance, the American Family Association mailed a fund-raising letter to its supporters, asking readers to sign a petition expressing their desire to quarantine homosexual establishments due to the threat of AIDS. The fundamentalist, anti-gay organization concluded its letter by reminding recipients that making a donation to their cause would, “protect Americans from the 'Gay Plague' and its perverted carriers.”⁷ The same year, President Ronald Reagan's senior advisor Pat Buchanan published an opinion piece in the *New York Post* about AIDS, wherein Buchanan wrote that, “The poor homosexuals, they have declared war upon nature, and now nature is exacting an awful retribution.”⁸ To be sure, for some Americans, AIDS acted as judge, jury, and executioner, a decision-making exactor of karmic justice for the “sin” of sodomy.

Texans, too, echoed the words of Buchanan and other anti-gay leaders. A 1984 letter to the editor appearing in the *Dallas Morning News* held the gay community responsible for infecting the nation's blood banks with HIV and condemned “this particular perverse segment of our society” with death.⁹ Columnist and *Dallas Morning News* editor William Murchison, in a 1985 opinion piece, bemoaned the ascendance of a “New Morality” that had stripped actions of their consequences and left children, society's “helpless others” at risk for infection with HIV.¹⁰ This suggested loss of morality due to wanton indulgence, promiscuity, and gay sex victimized not only those who indulged in it, but children, the most innocent bystanders. Only months later, Houston mayoral candidate Louie Welch joked that murdering gays would halt the AIDS epidemic. Unaware that his microphone remained on in between segments on a local news

American Journal of Psychotherapy 49 (Summer 1995), 425.

⁷ Cindy Patton, *Sex and Germs: The Politics of AIDS* (Montreal: Black Rose Books, Ltd., 1985), 85.

⁸ Patrick Buchanan, “AIDS Disease: It's Nature Striking Back,” *New York Post*, May 24, 1983.

⁹ Arlie C. Edwards, “Abstinence,” *Dallas Morning News*, May 5, 1984.

¹⁰ William Murchison, “Actions Have Consequences,” *Dallas Morning News*, September 17, 1985.

program, Welch stated one aspect of his four-point plan in the fight against AIDS was to “shoot the queers.”¹¹ Welch later told local ministers that AIDS served as a morality check for homosexuals. The issue of AIDS marred Houston's mayoral race and tainted the city's image in the eyes of the nation.¹² Despite the efforts of AIDS service organizations (ASOs) and other activists to educate the public about AIDS in Dallas, Houston, and throughout the nation, segments of society continued to cling to an outdated conceptualization that viruses are capable of judgment and illness is a punishment for behavior.

In addition to the stigma attached to gay sex, the place of AIDS in human consciousness was influenced further by the physical presentation of disease. Recollecting the nadir of his illness before starting drug treatment, AIDS activist Cleve Jones states, “I was down to about 130 pounds, and I had 20 T-cells, and my hair fell out...my mouth was filled with thrush, and I was having vision problems, and I couldn't walk up stairs. I was alone as well. I moved out into the country because I didn't want anybody to see me like that.”¹³ Many could not deny their affliction because their bodies publicly announced the extent of their illness. Writer and activist Susan Sontag wrote about the importance of AIDS's physical symptoms in her 1988 book, *Illness as Metaphor and AIDS and Its Metaphors*. Sontag argues that a culture's reaction to illness is based in part on how the disease looks. She credits the romanticization of tuberculosis in the nineteenth century, for instance, on its gentle appearance that proved favorable to Victorian sensibilities. Thinness and paleness were *en vogue*, and the melancholy that accompanied imminent death made the afflicted seem more interesting, more refined, and more credible as a

¹¹ “‘Shoot Queers’ to Stop AIDS, Candidate jests over ‘live’ mike,” *The Deseret News*, October 25, 1985.

¹² Nene Foxhall, “Campaign Rhetoric Scars City's Image,” *Houston Chronicle*, November 3, 1985.

¹³ Cran and Simone, *The Age of AIDS*.

source of wisdom. One could ignore the unsavory aspects of the disease, such as foul breath and crushing pain, for the creativity, mysticism, sensitivity, and attractiveness of consumption.¹⁴

Unlike tuberculosis, AIDS sometimes left the infected with unsavory visible reminders of their condition. Its symptoms did not seem delicate like those of tuberculosis but undignified. As diarrhea, thrush, and pneumonia threatened the body, parasitic infections and meningitis ravaged the brain. While nineteenth-century tuberculosis could envelop the sufferer with an aura of poetic sophistication, the diseases associated with AIDS could rob patients of their ability to communicate, their vision, and their lucidity. The wasting experienced by AIDS patients was not dressed in the charming, rosy-cheeked pallor of tuberculosis but in the lesioned, leprous skin of a pariah, sowing pity or disdain rather than adoration. Sontag emphasizes that diseases which affect the face carry with them a greater emotional charge than those confined to other parts of the body.¹⁵ While polio, for instance, could cripple the limbs, it left the faces of sufferers untouched, protecting their dignity as well as their identity. Although smallpox could scar the face, such speckling rarely worsened over time, marking the wearer a survivor rather than a victim. The Kaposi's sarcoma that marred the flesh of people with AIDS, however, spread across the body and face and increased in severity as the disease progressed. They reminded onlookers not of survival but of rot. Because many thought AIDS an appropriate punishment for seemingly deviant behavior, Kaposi's sarcoma and other AIDS-related skin conditions were a scarlet letter, a mark of Cain, warning gays, drug users, and other "deviants" of the fate that awaited them should they continue down their chosen paths.

These associations have created powerful metaphors for AIDS in the American collective unconscious that have become codified through mass media. Anxiety about HIV/AIDS,

¹⁴ Sontag, 27-33.

¹⁵ Sontag, 127-129.

confusion about the virus's modes of transmission, and the belief that individuals sick with AIDS deserved their plight can be seen clearly in popular culture. *Village Voice* author Richard Goldstein wrote in 1990 that the television programs that aimed to be sympathetic toward people with AIDS generally ignored gay male protagonists, for they were not the innocent victims that would attract the sympathies of audiences. Such a place was reserved for children born to HIV-infected mothers, hemophiliacs, victims who received contaminated blood via transfusion, and women who had been infected by their untrustworthy male partners.

Goldstein contends that in instances where men were protagonists, they were outsiders.¹⁶ They were not meant to be characters with which an audience could identify. Instead, popular AIDS narratives on television were about the families and communities placed in contention by the transgressor's actions (e.g., how to respond to the foreign invader that is AIDS). In the 1985 television film *An Early Frost*, a Chicago lawyer returns to his parents to tell them that he is both gay and dying from AIDS. The film's plot revolves not entirely around the man's illness, Goldstein contends, but around his family's struggle to reconcile with their son and his illness. Outside of fiction produced by the gay community, television programs implied that heterosexual viewers need not consider the possibility of becoming infected with HIV themselves, but asked how they would react should a loved one become infected.¹⁷

While television perpetuated the “othering” of people with AIDS, films, especially science fiction films, reflected the growing fear about infection and the primitive, almost biblical, belief that AIDS punished people who engaged in risky behavior. In particular, AIDS-era remakes of Cold War-era science fiction movies highlight the fundamental changes these films' antagonists have undergone in response to contemporary sensitivities. Such films are both

¹⁶ Richard Goldstein, “The Implicated and the Immune: Cultural Response to AIDS,” *The Milbank Quarterly* 68 (Supplement 2, 1990), 299.

¹⁷ *Ibid.*

symbols of social anxieties about AIDS and perpetrators of the sentiment that AIDS sufferers were fundamentally different from HIV-negative persons.

Jacqueline Foertsch explores these differences in her 1996 dissertation by examining the film *The Blob*. The 1958 original film concerns a gelatinous red mass that increases in size as it consumes the residents of a small Pennsylvania town. The blob reserves no judgment in choosing its victims; it devours an old man who initially discovers the blob, a doctor and nurse who treat the old man, a mechanic, an auditorium of movie-goers, and the local Downingtown Diner. The film's monster, sharing even its color with the Red Scare, operated in the same way Americans feared the real world monster of communism operated – by expanding its power through consumption. Indeed, theories governing foreign policy held that communist nations would “consume” their neighbors, spreading communism throughout whole regions.¹⁸ The blob, likewise, devoured anyone in its path, growing larger and more powerful along the way before gaining enough mass and enough fortitude to cover whole buildings. Its menace threatened all.

Conversely, the 1988 version of *The Blob* presented viewers with a villain who targeted only those who seemingly deserved its wrath: unmarried couples engaged in sexual behavior, single men, and boys. In a clear representation of HIV infection, the AIDS-era blob killed not by consuming people but by invading a body and jumping from host to host. Rather than engulfing its victims it wrought its havoc from within, much like HIV.¹⁹ On an epidemiological level, AIDS changed what it meant to be scary.

Another remake of a Cold War-era horror film, *The Fly* (1986), illustrates Americans' disquietude about the cause of AIDS rather than its spread. While the original 1958 version of

¹⁸ Jacqueline Foertsch, “Enemies Within: The Cold War and AIDS Crisis as Plagues of Postmodernism,” (Ph.D diss., Tulane University, 1996), 268-273; Dwight D. Eisenhower, “The President’s News Conference of April 7, 1954,” Public Papers of the Presidents of the United States: Dwight D. Eisenhower (1954) 381- 390.

¹⁹ Foertsch, “Enemies Within: The Cold War and AIDS Crisis as Plagues of Postmodernism.”

The Fly concerns a main character, a father, who places his family at risk through his scientific hubris, the remake involves a single man and the consequences of sexual indulgence. Motivated by romantic jealousy, Seth Brundle, the film's protagonist, accidentally intertwines his DNA with that of a housefly. Initially, this increases Brundle's physical stamina and sexual appetite, and soon, his girlfriend cannot satiate his desires and Brundle turns to bars and neighborhood loitering areas to pick up sexual partners. The metamorphosis Brundle undergoes from man to fly mimics the mysterious and unstoppable nature of the spread of HIV within one's body. Brundle's body decays, his limbs curl and seize, bumps and cracks protrude from his face. He warns his girlfriend that he has caught a disease and he worries she might catch it as well. The film presents a nightmarish portrayal of AIDS that lurked in the minds of viewers who waged mental battles between their proclivity to isolate those with AIDS and a fear that at some point, they might fall victim to the disease themselves.²⁰

Although science had determined by 1985 that HIV could not be transmitted through casual contact, these metaphors for AIDS, crafted through social perception and perpetuated in popular media, left policymakers, public officials, and laypersons fearful of the pathologized bodies of people with AIDS. Because AIDS manifested as a disease of the entire body, these fears often centered around those bodies rather than the AIDS virus itself. The result, in Texas, was a debate about whether or not the state's public health officials should quarantine people with HIV.

Texas had an established history of using medical isolation as a public health tool. The state's first quarantine regulations came into existence in Galveston in 1850 in response to a yellow fever epidemic. The state enacted a general quarantine law in 1870, making the Texas

²⁰ Edward Guerrero, "AIDS as Monster in Science Fiction and Horror Cinema," *Journal of Popular Film and Television* (Fall 1990), 91-92.

governor responsible for medical quarantines. The law was amended in 1879, creating the position of medical health officer for Texas, who would oversee issues of public health, quarantine, and sanitation. In practicality, the state's legislation awarded the governor the power to issue quarantines according to his own judgment for as long as he saw necessary.²¹

By the turn of the twentieth century medical isolation had become a relatively regular procedure used by the Texas government. In 1900, Governor Joseph D. Sayers established a quarantine on the Texas-Mexico border in the hopes of guarding against yellow fever, smallpox, bubonic plague, and cholera. Under Sayers's declaration, all individuals and vessels arriving to Texas from south of the border were considered infected until proven otherwise.²² Public health authorities also established quarantine stations outside of Houston in 1903 in an attempt to keep disease from spreading into the city.²³ In those stations public health officers detained travelers until their health status could be evaluated appropriately or as long as required for the purpose of maintaining public safety. Generally, when it came to medical isolation, the law entrusted a great deal of authority with local officials. Depending on the particular nature of a given disease outbreak and its location, quarantine measures could involve isolating diseased individuals within their homes, hospitals, or quarantine stations; quarantining infected homes by monitoring ingress and egress at the residence and notifying neighbors; inhibiting the movement of a city's residents by requiring individuals to present medical papers testifying to his or her health; and restricting access to entire cities by preventing outsiders from coming in and keeping residents from getting out.²⁴ As a result, although medical isolation could be used to successfully protect

²¹ Texas House of Representatives, 22nd Legislature, HB 623 "Quarantine," 1891.

²² Joseph D. Sayers and Geo T. Keeble, "Quarantine on the Coast of Texas: Proclamation by the Governor of Texas," April 13, 1900. *Public Health Reports (1896-1970)*, 847-848.

²³ Dr. C.L. Horton, "Inspection at Houston and Beaumont, October 24-27, 1903, by Dr. C.L. Horton, medical inspector," *Public Health Reports (1896-1970) Assoc. of Schools of Public Health 1925-1927*.

²⁴ Texas House of Representatives, "Quarantine."

populations from widespread disease infection, it could, as a public health tactic, have unsavory side effects.

These quarantines sometimes became points of contention, particularly those occurring along the coastline and in border regions. During the yellow fever epidemic in 1878, for instance, Corpus Christi, Galveston, and Indianola all established quarantines against the city of Brownsville, which sparked a full state quarantine against Brownsville and other border towns suspected of harboring yellow fever, meaning people could neither enter nor leave those cities.²⁵ Public health authorities considered the primarily Mexican residents of Brownsville and other South Texas cities to be medical threats to neighboring white populations. A local American lawyer, known only as Russell, spoke to a Brownsville community meeting regarding the quarantine, reaffirming his position that “we should not raise the quarantine for any reason, even if it is starving or harming the working poor. We must stop any invasion of yellow fever to prevent any American deaths...[because] one white man is worth ten Mexicans.”²⁶

The Brownsville quarantine ultimately resulted in nearly two thousand residents losing their jobs, depleting the city of funds and resources (which had been used to sustain the quarantine), and a souring of Mexican-American relations along the border. Similar quarantine situations occurred in Laredo, first in 1899 in response to a smallpox epidemic, and again concerning yellow fever in 1903. Quarantine measures against typhus in El Paso in 1916 created a wave of resistance among Mexican workers, for the interruption to the city's transportation network threatened the economic viability of the city's working poor. In cases involving the state's marginalized groups, medical isolation risked reinforcing negative associations regarding health among minorities. Certainly, by focusing on bodies rather than germs as carriers of

²⁵ John McKiernan-Gonzalez, *Fevered Measures: Public Health and Race at the Texas-Mexico Border, 1848-1942* (Durham: Duke University Press, 2012), 41.

²⁶ *Ibid.*, 57.

disease, and by ignoring problems such as sanitation issues that contributed to the spread of disease, quarantines could solidify the idea in the minds of Texans that particular groups of people were more unclean, more susceptible, or more deserving of infection.

Over time public officials generally used the state's quarantine statute to isolate individuals rather than towns, cities, or whole groups of people. Instead of keeping infected persons in quarantine stations, for instance, it became more common to order persons suspected with infections to seek treatment and confine them to a medical isolation wing within a hospital. Still, the state's history of quarantine procedures created a precedent for discriminating against the state's marginalized in the name of public health. So long as legislators listed a given disease as communicable under the state's health and safety code, persons suspected of disease could find their bodies, their personal liberties, and their economic and social well-being subjected to the whims of public health authorities. Because of the fear, stigma, and uncertainty surrounding AIDS, in addition to the already-strained relationship between the state's gay communities and public authorities, the suggestion of adding AIDS to the state's list of communicable diseases put the state of Texas at risk of reverting to a Progressive-era approach to public health.

The AIDS quarantine controversy began in October 1985, when Fabian Bridges, a thirty-year-old gay Houston man told his doctor he would continue to work as a prostitute despite his AIDS diagnosis. Houston's Health Director James Haughton responded by threatening to place Bridges under psychiatric evaluation at Ben Taub Hospital if Bridges were caught having sex. Despite criticism from both Houston and Dallas's Gay Political Caucuses, Haughton stated that he had “never worried about setting precedents if I thought they were justified...I don't think it's a civil rights issue.”²⁷ Later that month, Texas Health Commissioner Robert Bernstein told the

²⁷ Bruce Nichols, “AIDS Victim Enters Hospital after Surveillance by Police,” *Dallas Morning News*, October 3, 1985.

State Board of Health that it should consider giving public health officials and medical professionals the ability to detain and isolate people with AIDS by adding the disease to the state's quarantine list. Bernstein insisted that the proposed quarantine would not include all individuals diagnosed with AIDS; instead, Bernstein and supporters of the quarantine saw it as a tactic to isolate people who knowingly spread the disease by engaging in sexual behavior following an AIDS diagnosis.

Opponents, however, cautioned that a quarantine would discourage people at risk for AIDS from seeking testing and treatment options out of fear that they, too, could be detained. After all, one cannot knowingly expose a sexual partner to HIV if he or she is not known to be infected with the virus. Prominent Austin gay activist Glen Maxey remembered receiving phone calls about the proposed quarantine from gay political groups all over the state. In a 2011 interview, Maxey reported that the state's quarantine law held that if a public health authority *suspected* an individual had a certain disease, he or she could arrest and detain that person until they were no longer infectious. Because of the strong association between AIDS and homosexual behavior, members of the gay communities in Houston, Dallas, and throughout the state worried that gays would be targeted unfairly by county health department officials. Indeed, by the end of 1985, 90 percent of the state's 748 AIDS cases had been diagnosed in gay men.²⁸ Furthermore, there were no drugs to treat AIDS in 1985. Without effective disease management, the health department could theoretically hold people suspected of having AIDS indefinitely. For these reasons, Dr. Bernstein's proposed AIDS quarantine created a wave of uneasiness within the state's gay communities. The established history of police harassment and discrimination toward

²⁸ "William Wayborn, President of the Foundation of Human Understanding, to AIDS Resource Center Advisory Board of Directors," memo, January 14, 1986, folder 12, box 1, UNT RCD Collection.

the gay communities in Houston and Dallas provided a solid foundation on which the state's marginalized built their anxiety.

Glen Maxey and other gay activists fought the quarantine statute. Maxey arranged for Dr. Mathilde Krim, a noted AIDS and cancer researcher at the Memorial Sloan-Kettering Cancer Center in New York and chairman of the AIDS Medical Foundation (amfAR), to speak at the January 1986 legislative hearing that would decide the question of the AIDS quarantine. In addition, Maxey gathered fifteen closeted gay activists, many of them doctors, lawyers, and local religious leaders, as witnesses in his effort to convince the Texas legislature that such a public health measure could do more harm than intended.²⁹ Sue Lovell, then-president of the Houston Gay Political Caucus (HGPC), reminded the Texas Board of Health that Houston's police harassed Fabian Bridges instead of encouraging him to get help. They, along with a camera crew gathering footage for a PBS documentary, followed Bridges, who hid inside of a phone booth, while undercover police officers tried to solicit sex from Bridges in order to arrest him. Finally, Bridges called a member of the gay community, who convinced Bridges to check himself into the hospital voluntarily. Should state officials enact an AIDS quarantine, Lovell cautioned, AIDS patients throughout the state would be similarly backed into a corner, their fear of retaliation keeping them from seeking care.³⁰

Dr. Krim advised listeners that a quarantine would be far less effective at curbing the epidemic than teaching people how to minimize their risk of contracting the disease. Some voiced concerns that the threat of quarantine could discourage those at risk of contracting HIV from getting tested. Others worried that the language of the medical isolation statute could lead to witch-hunts against gay men, who could legally be detained and held until their bodies were

²⁹ Glen Maxey, interview by John Selig, *John Selig Outspoken*, podcast, episode 75, December 25, 2011.

³⁰ Jan Rich, "AIDS Quarantine Proposal Debated," *Houston Chronicle*, January 14, 1986.

proven to be free of HIV. Although Bernstein aimed his proposal at “incorrigible” AIDS patients (meaning individuals known to have the virus but still practiced risky behavior such as unsafe sex), Maxey and his allies made clear that the quarantine would make only a miniscule impact on the state's epidemic, at the cost of the potential loss of liberty for the state's gay men. Thus, Bernstein dropped his proposal, and the legislature agreed to postpone the question of quarantine until the following year in the hopes that the law would be rewritten with the counsel of the gay community.³¹

Over the next year, Maxey worked closely with gay activists such as Bill Nelson, Terry Tebedo, and William Wayborn of the Dallas Gay Alliance (DGA) and Sue Lovell and Annise Parker of the HGPC, as well as with activists from Austin and San Antonio, in reforming the AIDS quarantine statute. By the summer of 1986 the group had adopted a set of by-laws, had elected a board of directors, and had begun calling itself the Lesbian Gay Rights Lobby of Texas (LGRL). Maxey served as the LGRL's executive director and political lobbyist.³² The LGRL gathered support from legislators and reworded the language of the quarantine statute in the interest of protecting due process for the state's gay men.

Legislators introduced a number of bills to amend the quarantine statute of the Communicable Disease Prevention and Control Act. The authors of these bills intended the measures to strike a balance between halting the spread of disease and protecting the rights of the already-marginalized gay community. Nancy McDonald, a Democratic representative from El Paso, authored several bills designed to protect people with AIDS from discrimination and the gay community from unfair targeting by health officials. One of these, HB 1206, held that HIV test results must remain confidential except when required by law to report test results to the

³¹ Maxey, interview.

³² Ibid.

appropriate agencies in compliance with the Communicable Disease Prevention and Control Act.³³ By lobbying for confidentiality requirements, Maxey and the LGRL could help prevent, for instance, employers, police officers, and others in a position of relative authority from becoming aware of an individual's HIV status, therefore removing one of many barriers that kept those at risk from getting tested.

In 1987, Lena Guerrero, a Democratic representative from Travis County, likewise hoped to protect people with AIDS from employment discrimination. Guerrero authored HB 1903, which made it unlawful for employers to fire, refuse to hire, or unfairly compensate employees on the basis of their HIV status. The law also required that labor organizations and hiring agencies treat members and clients equally regardless of HIV status. Guerrero's anti-AIDS discrimination bill extended to housing and public facilities, making it illegal for landlords to terminate a lease or refuse to rent to those with, or perceived to have, HIV, for banks and lending agencies to withhold money for mortgages and necessary home-owning expenses or to offer unfair rates on the basis of HIV status, and for public facilities to deny service to people with HIV/AIDS or those suspected of having HIV/AIDS.³⁴ Although the proposed quarantine statute in question could lead to the medical isolation of some people with AIDS, bills like Guerrero's aimed to diminish the very real social and economic discrimination that many people with AIDS had been experiencing since 1981.

Another problem of the quarantine statute that the LGRL hoped to solve involved the possibility that gay men would be unjustly subjected to HIV testing. To combat that,

³³ Texas House of Representatives Committee on Public Health, 70th Legislature, *H.B. 1206: Relating to the confidentiality and disclosure of AIDS test results*, March 4, 1987, Austin, TX, Legislative Reference Library of Texas, Austin, TX (hereafter cited as: Legislative Reference Library).

³⁴ Texas House of Representatives Committee on Public Health, 70th Legislature, *H.B. 1903: Relating to discrimination in employment, housing, and public facilities because a person has or is perceived as having AIDS, HIV infection, or AIDS-related complex*, March 12, 1987, Austin, TX, Legislative Reference Library.

Representative Nancy McDonald proposed a bill requiring that medical professionals and testing facilities obtain the informed consent of persons submitting to HIV testing, which could protect individuals suspected of having HIV (i.e., gay men) from being subjected to testing without their expressed agreement. McDonald also authored a similar bill preventing medical professionals and other institutions from forcing patients to undergo mandatory HIV/AIDS screening unless such screening is necessary, as in the case of blood or organ donation.³⁵ In addition, Craig Washington introduced legislation in the Senate to prevent health insurance providers in Texas to test blood for HIV antibodies or to consider test results in determining an individual's eligibility for insurance coverage or health insurance rates.³⁶ Although these bills did not survive the legislative process, their language and spirit nevertheless were used to reform the quarantine statute. The efforts of the LGRLT and its allies in the state legislature sought not only to protect those already diagnosed with HIV/AIDS but also persons who may have been discouraged from getting tested or seeking care out of fear of discrimination.

On the final day of the first 1987 session, the 70th Texas legislature passed the statute adding AIDS to the list of communicable diseases, meaning individuals with HIV/AIDS could be required by court order to seek medical treatment and/or placed under protective custody in inpatient medical facilities. Through political maneuvering, however, Glen Maxey and other activists ensured that although health officials could quarantine individuals with or suspected of having HIV/AIDS, those individuals would have certain liberties protected under the law, including the right to keep the results of their HIV test between themselves, their doctors, and the state's medical authorities; the freedom from having to submit to an HIV test except in the case

³⁵ *Ibid.*, *H.B. 1001: Relating to tests for AIDS and related disorders*, February 26, 1987, Austin, TX, Legislative Reference Library.

³⁶ Texas Senate Committee on Economic Development, 70th Legislature, *S.B. 587: Relating to restrictions on insurers concerning blood tests for AIDS and related infections*, February 27, 1987, Austin, TX, Legislative Reference Library.

of medical necessity; and the legal support to work, live, and conduct business without the threat of interference from authorities on the basis of their HIV status. The LGRL also succeeded in compromising on the reporting of HIV test results to spouses and live-in family members of those who test positive for the disease by requiring that doctors can only notify spouses and family with the consent of the patient in question. In all, the LGRL, representing the state's gay communities, were satisfied with the AIDS quarantine bill, because it reintroduced due process to the quarantine statute and would, according to Maxey, “only restrict a particular person who has a particular behavior” rather than putting all of the state's gay men at risk.³⁷

Although Maxey and the LGRL successfully protected the rights of the gay community, people with AIDS in Houston and Dallas continued to face discrimination from current and potential employers, landlords and lending agencies, and local officials. Part of the reason for this is that Texas law did not explicitly include HIV/AIDS as a disability, which would grant people with HIV/AIDS and their caregivers protection under the Texas Human Rights Commission Act or the Human Resources Code. The state's Legislative Task Force on AIDS, which collected data between 1987 and 1989, found that in a survey of 434 respondents with HIV, 15 percent lost their jobs, 9 percent lost their homes, and over 30 percent reported being rejected by their families.³⁸ Despite protection from discrimination with regard to testing, the legislation enacted during the 70th Legislature was difficult to enforce, and people with AIDS continued to struggle with equality under the law.

According to Mark Rothstein, a University of Houston law professor who worked closely with AIDS service organizations, employers sometimes offered employees with AIDS a small

³⁷ T. Gregory Gillian, “Wrapping Up the Legislature – Civil Rights Activists and Homosexuals Support Bill Dealing with AIDS,” *Houston Chronicle*, June 7, 1987.

³⁸ Kathleen Myler, “AIDS in the Work Place – Anxiety Still Guides Many Firms' Dealing with AIDS Cases,” *Houston Chronicle*, May 1, 1988.

amount of medical assistance in exchange for terminating their relationship with the employer quietly. In other cases, employers directly fired people with HIV. Although Houston's Rainbow Lodge Inc., a restaurant and bar, maintained that they had fired Ronald Gardner for poor job performance, Gardner argued he was fired in 1987 after contracting HIV. A federal jury agreed in 1990 and awarded Gardner \$60,000 in back pay in the state's first AIDS discrimination lawsuit.³⁹ In 1989 the recently renamed Houston Gay and Lesbian Political Caucus (HGLPC) voted to boycott Randall's Food Market, a Houston grocery store, after Randall's fired Steve Little in 1985 because of a rumor that he had AIDS. Little, a butcher for Randall's, had taken his roommate to get tested for HIV. A coworker, Jack Bryce, told their employer that Little may have been exposed to AIDS or had the virus himself, and Randall's dismissed Little without investigating Bryce's claims. Although Little received a settlement from the company, the boycott lasted eleven months.⁴⁰ It was not only presumably gay men who suffered mistreatment from their employers. Janet Brunner lost her job at a Houston auto body repair shop after her employer learned she had volunteered at the AIDS Foundation Houston (formerly the KS/AIDS Foundation). Brunner told reporters that following her termination and subsequent loss of her home, she had to move every few months after her neighbors learned of her volunteer work. Brunner herself had tested negative for HIV.⁴¹

Don Elgin, Houston AIDS project coordinator for the Montrose Counseling Center, told the *Houston Chronicle* in 1988 that, “[a]t my most optimistic, I would say no more than 25 percent of the people I see are finding their employers responding helpfully.”⁴² Often employer

³⁹ “Waiter with AIDS Who was Fired from Restaurant Awarded \$60,000 with P-M Disabilities Act,” *Associated Press*, May 18, 1990.

⁴⁰ Ray Hill, interview by Jim Barlow, November 8, 2007, Houston Oral History Project, Houston Public Library, Houston, TX.; Earnest L. Perry, “Gay Activists May Life Boycott of Randall's after 11 Months,” *Houston Chronicle*, April 18, 1990, Botts Collection.

⁴¹ Myler, “AIDS in the Workplace.”

⁴² *Ibid.*

discrimination centered around health insurance. Elgin witnessed such a phenomenon first-hand, when his former lover, who later died of AIDS, had his insurance terminated after his employer assured him that the company's health plan would cover his medical expenses.⁴³ John McGann, likewise, had been working for H&H Music Company in Houston for five years when he was diagnosed with AIDS in 1987. McGann informed the company of his diagnosis. In July 1988, however, McGann found the maximum health benefits he had been entitled to as a person with AIDS had been slashed from \$1,000,000 during the recipient's lifetime to only \$5,000. McGann filed suit, but both the district and appellate court ruled that the company was not in violation of the law because the plan did not unfairly discriminate against McGann, only that H&H changed their insurance policy because of the high cost of the plan.⁴⁴ Houston resident Michael King lost his insurance in 1989 after his employer of ten years switched providers. The new policy did not cover AIDS patients.⁴⁵ The loss of insurance was detrimental to people with AIDS, whose medical expenses were unaffordable out-of-pocket.

Houston's AIDS patients also contended with discrimination in the housing industry. Nervous that realtors could face lawsuits by failing to disclose whether a previous resident of a home had been diagnosed with AIDS, the Houston Board of Realtors recommended that realtors inform potential homebuyers about the AIDS status of former residents. Effectively, the 1988 policy cast a pall on the listing. At worst, a former resident's HIV-status could be as detrimental as black mold or a cracked foundation. Gay activists worried that doing so would only increase AIDS stigma and devalue homes in neighborhoods like Montrose. A pending sale for a Montrose home, formerly owned by a person with AIDS, had already fallen through after the seller, the

⁴³ Ibid.

⁴⁴ McGann v. H&H Music Company, 1990, United States District Court, Texas, Houston Division.

⁴⁵ Claudia Feldman, "Insurance Woes Sap AIDS Victim," *Houston Chronicle*, November 15, 1989, Botts Collection.

Federal Home Loan Mortgage Corporation, asked the buyer to sign a waiver giving up their right to sue should the new residents contract the disease.⁴⁶ By putting such policies in place, lending companies gave credence to the notion that AIDS could be spread through casual contact.

Dallas's people with AIDS endured similar treatment. In 1986, Don R. Hilton, a Dallas employee of Southwestern Bell Telephone Company, was diagnosed with AIDS. The company terminated his employment while Hilton was on short-term leave. Hilton filed a lawsuit against his former employer, but a federal judge ruled in favor of Southwestern Bell, explaining that only those “severely impaired” were entitled to employment protection under state law. Hilton's attorney, Ken Molberg, disagreed, arguing that such logic failed to protect the majority of people with AIDS who were unfairly terminated from their jobs.⁴⁷ By refusing to recognize the special circumstance AIDS presented to both the legal and medical communities, judicial authorities prevented people with AIDS from achieving full equality under the law.

Although many companies in Dallas strove to treat employees with AIDS fairly and proliferate correct information about the disease among their employees, employment discrimination remained a problem. In 1989 alone, Dallas Legal Hospice investigated twenty-six complaints of discrimination regarding employment or health-benefits.⁴⁸ The Dallas gay community felt this discrimination so strongly, in fact, that in 1988, the Dallas People with AIDS Coalition laid the ground work for building a support network dedicated to helping such people find jobs following a positive HIV diagnosis.⁴⁹ Despite the efforts of a number of Dallas-based

⁴⁶ Ralph Bivins, “Realtors Seeking Relief from Thorny AIDS Issue,” *Houston Chronicle*, March 11, 1988, Botts Collection.

⁴⁷ Catalina Camia, “AIDS Patient's Suit Against Bell Dismissed,” *Dallas Morning News*, October 27, 1990.

⁴⁸ Catalina Camia, “Working with AIDS: Many Businesses Becoming Helpful to Stricken Employees,” *Dallas Morning News*, March 27, 1990.

⁴⁹ Sherry Jacobson, “Dallas Coalition Establishes Job Bank to Help AIDS Victims,” *Dallas Morning News*, June 25, 1988.

employers who were friendly to AIDS patients, discrimination remained a reality for many in the gay community.

Dallas's AIDS specific organizations and their allies came together in 1988 to challenge employment and housing discrimination in the city. Groups like the DGA and the People with AIDS Coalition fought to pass city ordinances that would protect people with AIDS from the unfair treatment that employers and landlords often subjected upon AIDS patients. The Dallas City Council, however, tabled the anti-discrimination ordinance because, according to some opponents, such legislation was not the concern of local officials.⁵⁰ Whatever the misgivings of city and county leaders, the global AIDS crisis nevertheless affected citizens on a local level. In Dallas, because local political and public safety leaders failed to advocate on behalf of AIDS patients, community members stepped in to fill that gap. By the end of 1988, for instance, gay leaders, with the assistance of Dallas-area lawyers, announced their plans to create a legal clinic in Oak Lawn that would counsel HIV-positive individuals about their civil rights in order to combat the institutionalized discrimination from which the law had so far failed to protect people with AIDS. Although it seems the clinic never came into being, local lawyers still spent time helping AIDS patients use the law to combat discrimination.⁵¹

Although activists had succeeded in securing legal protection for people with AIDS on paper, enforcing that legislation proved challenging. AIDS had fundamentally altered the nature of disease, and had redefined what it meant to be sick. Unlike other illnesses, AIDS shaped an individual's status as a citizen. Depictions of AIDS in media frequently reaffirmed what many already believed to be true – that AIDS, a disease of reckless perversion, threatened all those who were unlucky enough to cross its path. Its mystery and menace prompted Texas' leadership

⁵⁰ Jeffrey Weiss, "AIDS Bias Ordinance is Shelved," *Dallas Morning News*, March 9, 1988.

⁵¹ "Volunteer Legal Clinic for People with AIDS Planned for Dallas," *Houston Chronicle*, December 12, 1988, Botts Collection.

to treat science with caution and react instead with fear, despite assurance from medical professionals that compassion and knowledge were more effective than isolation in the fight against AIDS. Texas' AIDS quarantine controversy and legal battles in Houston and Dallas over fair housing and employment illustrate how deeply the public's understanding of AIDS influenced law and policymaking throughout the 1980s. While local gay activists certainly made strides in correcting the offenses suffered by people with AIDS, the fight was certainly far from over.

CHAPTER V

AIDS AND THE TEXAS HEALTHCARE SYSTEM

Understandably, access to medical care was of primary importance to people with AIDS. While AIDS service organizations (ASOs) provided testing and limited treatment opportunities, it remained essential that people with AIDS have support networks in private and public hospital systems. Those systems would make it possible for people with AIDS to achieve a continuity of care between ASOs, local hospitals, and their doctors, and cooperation between these groups would create a higher standard of medical care for AIDS patients. In Houston and Dallas, however, AIDS patients faced a number of challenges within the state's health care system, including unaffordable hospital visits, poor access to medications, and a lack of compassionate care. While Houston struggled to support the nation's first AIDS specific hospital, the Dallas County Hospital District suffered from a staffing shortage that prohibited appropriate treatment for people with AIDS.

The nature of AIDS as a full-body disease, as well as the unique psychosocial aspects of the disease, presented a complication to general medical facilities. Although California's San Francisco General Hospital had dedicated a specific unit for AIDS services as early as 1983,¹ there existed no facilities committed entirely to the treatment of AIDS in the United States. As a result, people with AIDS sought medical care through a variety of avenues: in emergency hospitals, urgent care centers, crowded and under-funded county hospitals, or, for Houstonians with AIDS, the M.D. Anderson Cancer Center. Some hospitals, of course, were more suited than others at handling the nature of this particular disease, which required both acute and long-term

¹With its opening on July 25, 1983, San Francisco General Hospital's Ward 5B became the nation's first hospital unit devoted entirely for the care of AIDS patients. Named because of its location on the hospital's fifth floor, doctors had previously used Ward 5B as sleeping quarters for resident physicians. Its conversion to an AIDS unit gave doctors a space in which to treat AIDS patients by setting aside twelve beds to be used specifically for people with AIDS.

care. For instance, AIDS patients could present with multiple infections, which placed a greater strain on doctors and nurses. Likewise, general care units were often ill-equipped to meet treatment needs or provide a continuity of care for AIDS patients during their frequent yet sporadic hospitalizations.²

By 1984 researchers had isolated HIV, the virus responsible for AIDS.³ At that time Dr. Peter Mansell recognized that M.D. Anderson Cancer Center would soon look for an alternative facility to send AIDS patients. That same year, a number of events took place that hastened the creation of an AIDS-specific hospital. American Medical International (AMI), which owned eleven for-profit hospitals in Houston, came to M.D. Anderson Cancer Center with the idea of turning the former Citizens General Hospital (located north of Houston between the city and Spring, Texas) off of Interstate 45 into an AIDS hospital. AMI, a private hospital-owning company, recognized the potential for profits found in the business of AIDS. The National Institutes of Health (NIH) had recently announced plans to create and fund fourteen AIDS Treatment and Evaluation Units (ATEUs), which were intended to provide care for AIDS patients, offer clinical trials of drugs to treat AIDS, and conduct research on the nature of the disease.

A group of Houston doctors, including Peter Mansell, Dan Moreschi, Joe Ainsworth, John Ribble, John Porretto, Bob Inge, and John Darrouzet, wrote a grant proposal in the hopes that they might receive the funds necessary to create an AIDS hospital in Houston. The NIH approved their proposal and granted M.D. Anderson Cancer Center \$5.8 million to be used over

² “Project Assessment for SWIID and Related Foundations” June 1, 1985, Series 12, President's Office Records: Charles A. LeMaistre, 1969-1998, Historical Resources Center, Research Medical Library, The University of Texas M.D. Anderson Cancer Center, Houston, Texas (hereafter cited as HRC-MDA)

³ Although doctors had identified the virus in 1984, the name “HIV” was not used until 1986. Previously, doctors had called the virus “human T-cell leukemia virus type iii” (HTLV-iii), because of its similarities with HTLV-I, a virus known to cause certain kinds of leukemia and lymphoma. Researchers in France also used the name “lymphadenopathy-associated virus” (LAV) to describe the virus.

five years for the nation's first ATEU. AMI extended an additional \$1 million in seed money to fund the hospital, known as the Institute for Immunological Disorders (IID). AMI also offered annual stipends for primary care physicians, pledged to compensate the University of Texas systems \$225,000 for medical consultants, and reimbursed M.D. Anderson \$140,000 per year for the services of Drs. Peter Mansell and Adan Rios.⁴ Between fall 1985 and spring 1986, M.D. Anderson Cancer Center, the University of Texas, AMI, and the NIH prepared for the institute's tentative opening in the summer of 1986.

The creation of a dedicated AIDS hospital, however, was not without opposition. Although single-disease hospitals had been popular in the first decades of the twentieth century, by 1950 general hospitals had replaced disease-specific hospitals as the backbone of medical care in the United States. The challenges faced by single-disease hospitals in the past, such as overcrowding, shortages of properly-trained medical staff, and vulnerability to budget cuts, made critics hesitant to endorse the return to a seemingly outdated system. Furthermore, the effective treatment of AIDS relied on a variety of specially-trained medical professionals, including immunologists, infectious disease specialists, psychologists, and oncologists, raising the question of whether a general hospital might be more effective at managing the disease than a single-disease hospital. Isolating doctors from general facilities, and thus from colleagues, could result in a lower quality of care at a single-disease hospital. Additionally, the stigma surrounding AIDS meant that an AIDS-specific hospital might face difficulties in attracting a significant number of qualified staff members, for many potential doctors and nurses were still quite anxious about working with AIDS patients in the mid-1980s.⁵

⁴ Richard R. D'Antoni to Distribution, "Southwest Institute for Immunological and Infectious Disorders (SWIID), February 2, 1986, HRC-MDA.

⁵ David J. Rothman and Eileen A. Tynan, "Advantages and Disadvantages of Special Hospitals for Patients with HIV Infection: A Report by the New York City Task Force on Single-Disease Hospitals," *New England Journal*

Others worried that designating a particular place for treatment would increase the stigma surrounding AIDS patients. Houston's health director, Dr. James Houghton, for instance, reminded Houstonians that the IID might lend credence to the belief that AIDS patients needed to be quarantined. "It's an easy step from an AIDS hospital," he stated, "to a barbed wire fence around that hospital."⁶ The association of AIDS as a plague afflicting supposed moral degenerates encouraged individuals to see an AIDS-only treatment and research facility as an endorsement of the impulse to exclude homosexuals and intravenous drug users from mainstream society. Critics like Houghton explained that institutes like the IID would only isolate AIDS patients further. Similarly, the early characterization of AIDS as a gay disease had inhibited public support for AIDS treatment and care facilities. Groups such as the Alert Citizens of Texas and Dallas Doctors Against AIDS lobbied to keep state and municipal funds from being allocated to AIDS support groups. Funding, they believed, was a monetary pledge of support for risky homosexual behavior that would only increase incidences of AIDS.⁷

Fear of homosexuality and ignorance about the ways in which AIDS is transmitted also diminished the quality of care patients received. For some observers, AIDS patients were not seen as victims of a non-discriminating and deadly virus but as lepers, whose irresponsible and reprehensible behavior had given them what they deserved. Those infected were touched, not by the warm hands of caring physicians, but by rubber gloves and cold utensils; their doctors' faces and bodies were often obscured by masks and suits. Nurses sometimes refused to work with patients with AIDS. The concept of an AIDS-specific hospital, staffed with individuals who were

of Medicine 323 (September 13, 1990): 764-768.

⁶ Katherine Kerr, "Houghton Raps Plan to Create AIDS Hospital," HRC-MDA.

⁷ House Committee on Government Operations. *Federal Response to AIDS: Hearings before a subcommittee of the Committee on Government Operations*, 98th Cong., 1st sess., August 1-2, 1983. <http://archive.org/details/federalresponset00unit> (accessed February 25, 2013).

educated about AIDS and trained to care for the afflicted, brought hope for a future where AIDS patients were treated with compassion, as people rather than pariahs.

The proposed IID in particular faced a number of challenges because of its predecessor, the Citizens General Hospital. The hospital's twenty-mile distance from the M.D. Anderson Cancer Center made it difficult to transport existing patients to the new facility. Patients also hesitated to continue their care at the institute because they were uncertain about whether or not they would be turned away based on their financial status. Furthermore, the former hospital had a negative reputation among laypersons and medical providers alike, leading to a general anxiety surrounding the future success of the institute. Because of its location at Citizens General, many believed the IID would be doomed from the start. The facility itself had several shortcomings, including an inadequate laboratory and a barely usable emergency room.⁸ Such features were necessary in providing care for Houston's AIDS population. Before the IID opened, much work needed to be put into transforming the hospital physically to turn it into a fully-functional AIDS hospital.

Of course, stigma proved the hospital's main foe, for community members who lived and worked near the Citizens General Hospital wrote to University of Texas administrators and AMI, urging them to consider relocating the AIDS hospital. While they were not unsupportive of AIDS treatment and research, they did not want the sorts of people associated with AIDS in their neighborhood. Their pleas, though, went unanswered, and Houston's primary AIDS facility moved from a unit at M.D. Anderson Cancer Center to its new location on the North Freeway.⁹

After a number of delays the Institute for Immunological Disorders opened its doors in September 1986. The IID was the first of its kind in the nation, staffed by faculty from the

⁸ Irwin Krakoff to Charles LeMaistre, August 30, 1985, HRC-MDA.

⁹ Ibid.

University of Texas and M. D. Anderson Cancer Center, supported by AMI, and funded with \$5.8 million over five years in federal grant money to be used for clinical testing.¹⁰ While other ATEUs offered either clinical research or treatment to AIDS patients, the IID provided both. The hospital's doctors and nurses attended a week-long training session to understand the specifics of AIDS transmission and how it affected the lives of the afflicted. Its staff included psychologists and social workers to help patients contend with the emotional and social implications of AIDS. According to Terrence Curley, the chief executive officer for the IID, the institute planned to devote 10 percent of its staff to social services and hoped to expand in the coming years to include hospice services and home care.¹¹ Patients at the IID, it seemed, would benefit from the variety of social services that general care facilities were unable to provide. Additionally, the IID offered testing for HIV. The staff's outreach efforts, though, did not end at the hospital's doors. Mansell, for instance, brought testing services to gay bars in Houston's Montrose neighborhood. Essentially, staff members were expected to be available to assist patients regardless of the day or hour. It was a tireless endeavor dedicated to bringing relief to the city with the fourth largest AIDS epidemic in the nation.¹²

The former Citizens General Hospital offered the new institute 150 beds, mostly in two- and four-bed rooms, a small operating room, a maternity suite (which could be re-purposed to suit the particular needs for the IID), and a small emergency clinic, which operated at all times.¹³ The institute planned a number of projects, including studies for Kaposi's sarcoma therapy, clinical trials for anti-retroviral drugs and immunorestoratives, and laboratory examinations of viral cultures to understand the processes of retroviral infection. In order to meet the

¹⁰ Mansell and Cooper, interview.

¹¹ Houston Magazine, October 1986.

¹² Ruth Sorelle, "Houston Now Ranks 4th in AIDS Cases," Houston Chronicle, November 18, 1986.

¹³ Ibid.

requirements of the contract with the NIH, the IID needed to evaluate at least 50 patients each year, totaling 300 over a five-year period, and enroll 25-30 patients each year in drug trials. To remain profitable, the institute would need to remain 60 percent full.¹⁴ This number seemed reasonable, as at that time, Houston's AIDS population had risen to 1,025. While the doctors and nurses at the IID remained hopeful that the hospital would be a success, it quickly faced a number of challenges that would prove fatal to the institute's existence.

In particular, the state of healthcare in Texas, and more specifically in Houston, remained a steadfast deterrent to the IID's success during its year of existence. By 1986, the year of the IID's founding, the percentage of non-elderly Texans with private health insurance stood 7 percent below the national average.¹⁵ In the United States as a whole, Medicaid offered coverage to 66 percent of Americans living in poverty. Texas insured only 30 percent, one-third of whom lived in Harris County, with Houston its largest city. Harris County met its legal obligation to provide medical care for the indigent by operating a hospital district with public hospitals that could not turn away patients because of an inability to pay. A 1985 report to the Texas Association of Public Health revealed the average urban Texas public hospital expended over \$20 million on uncompensated bad debt and charity care, nearly twelve times the average for non-profit hospitals. In 1983, the Harris County Hospital District reported 84 percent of revenues uncollected.¹⁶ Though private hospitals treated a higher percentage of paying patients and could typically afford to offset the cost of non-paying patients, the IID needed to accept the indigent in order to comply with the terms of its contract with the NIH. Furthermore, it had been understood since the early days of the institute's planning that the IID would not turn away patients who

¹⁴ *Los Angeles Times*, December 11, 1986.

¹⁵ William S. Custer, "Employer Health Care Plan Design, Plan Costs, and Health Care Delivery: A Full Report" (Washington, DC: Employee Benefits Research Institute, November 1989), 5-8.

¹⁶ "A Report to the Texas Association of Public Health," 1984, Texas Task Force on Indigent Care, 1977-1985, TSLA.

could not pay. While public hospitals could rely on tax money to soften the financial blow of indigent care, because it was a private facility, the IID had no such recourse.¹⁷

Due to the physically and socially devastating effects of the disease patients at the institute remained vulnerable to the state's negligent healthcare system. The symptoms that overwhelmed infected bodies kept people with AIDS from maintaining meaningful employment. Some had become so ill by the time of diagnosis they died within hours or days of hospitalization. The perception of AIDS as a gay disease remained firmly entrenched in the minds of the American public; in fact, 94 percent of Houston's AIDS patients were homosexual men, so for many patients, an AIDS diagnosis was essentially a coming-out statement.¹⁸ In those instances, some people with AIDS lost their jobs. Inadequate Medicaid and Social Security Disability programs did little to help their cause. Most patients could not afford to pay out-of-pocket for their prohibitively expensive care.¹⁹

The hospital's administrators expected, perhaps optimistically, that the monetary losses related to indigent care would be offset by a sufficient number of paying patients. In reality, the IID saw a much smaller patient population than anticipated during the institute's planning phases. The patient shortage at the IID was due to a several reasons, including the city's large number of hospitals. At the time of the IID's founding, there were forty-six hospitals operating in Houston, including the eleven hospitals owned by AMI. Paying patients were reluctant to leave their private doctors in favor of attending a new facility, especially one housed in a former hospital with a poor reputation among doctors and patients alike. Some private doctors, according to Mansell, resented the institute's presence and the threat it posed to their wallets. As a result, few

¹⁷ Ibid.

¹⁸ "Project Assessment for SWIID and Related Foundations," 1985, HRC-MDA.

¹⁹ Eugene M, McKelvey to Frederick Y. Becker, "AIDS Treatment Facility – AMI," letter, 1985. HRC-MDA.

private physicians referred their patients to the IID, preferring instead to continue care management themselves. Those who did refer their patients to the IID often did so after those previously paying patients exhausted their insurance, dumping the now-indigent patients on the institute.

Location proved to be another hindrance for the hospital, which was located twenty miles from downtown Houston and Montrose, where most of the city's gay population and AIDS specialists lived and practiced. Patients with insurance and the ability to pay could receive care at much more convenient facilities, and those who relied on public transportation discovered traveling to the IID more expensive than they could afford. Ignorance about the disease, too, complicated public transportation for AIDS patients. Cab drivers sometimes refused to transport individuals to the hospital, fearing they might somehow come into contact with the AIDS virus.²⁰ Thus the \$250,000 in expenditures the institute had anticipated for its first year of operation snowballed into millions of dollars lost.²¹

Desperate for funds, the IID looked for a way to stem the cash hemorrhage. The IID stopped accepting patients who were unable to pay in March 1987. The institute continued taking on new patients who had insurance, even though the hospital's directors and doctors knew it was unlikely they would remain insured during the course of their illness. Existing indigent patients, too, would continue to receive care.²² To save more money, the institute laid off twenty-six of its 175 employees. Still, the hospital continued to lose over \$600,000 per month.²³ Growing desperate to earn money and keep up enrollment numbers in drug trials, Dr. Mansell approached Ben Taub hospital and offered to take on its AIDS patients. Because of its relationship with the

²⁰ Mansell and Cooper, interview.

²¹ *New York Times*, April 5, 1987.

²² "Statement: Institute Policy Regarding Indigent Care," March 11, 1987, HRC-MDA.

²³ *Associated Press*, December 11, 1987.

NIH, the IID had access to azidothymidine (AZT), a drug initially developed in 1964 as an unsuccessful treatment for cancer. Clinical trials revealed in the 1980s, however, that AZT was effective, at least for a time, in slowing the harmful effects of HIV infection.²⁴ The drug remained unaffordable for most, and patients at hospitals such as Ben Taub had no access to AZT. Mansell proposed Ben Taub pay the IID what they were spending each day in treating AIDS patients. In turn, the patients from Ben Taub would gain access to AZT. This arrangement had the added benefit of lightening the patient load for the Harris County Hospital District. For reasons unknown, the administrators at Ben Taub refused.²⁵

The institute's financial situation was further complicated by Mansell's outpatient care model, adapted from the care model used at the M.D. Anderson Cancer Center. This policy involved treating patients as outpatients unless no better alternatives existed to provide sufficient treatment. At the time of the institute's opening, the length of stay for an AIDS patient in both public and private hospitals averaged roughly one month, and inpatient care for AIDS patients averaged \$1,200 per day.²⁶ Those hospital stays did little to extend the nine-to-eighteen-month life expectancy of AIDS patients. Indeed, frequent and lengthy hospitalizations served only to strengthen the financial strain on people with AIDS. The model of care at the IID ensured that patients would only be hospitalized if absolutely necessary, opting for acute care and outpatient management, which cost the hospital only one-third of the cost of inpatient care, and allowed patients to live out the remainder of their days more comfortably in their own homes or hospice facilities without the worry of mounting hospital bills. The result was an average hospital stay of only nine days. Although this provided a greater level of physical and financial comfort for the IID's patients, it brought in far less money than AMI had planned. Of the roughly 700 patients

²⁴ Shilts, *And the Band Played On*, 597.

²⁵ Mansell and Cooper, interview.

²⁶ *Ibid.*

who received treatment there, the institute averaged only twelve inpatients at a time.²⁷ By the fall of 1987, the institute had experienced losses exceeding \$8 million, of which \$5 million was due to indigent care, with another \$6 million loss expected in the following year. Thus, in a memo dated August 5, 1987, AMI Group Vice President Thomas C. Sawicki announced the company's plans to begin phasing out the IID's programs and services.²⁸ The nation's first experiment with treating and researching AIDS at a single-disease facility had come to a premature and unfortunate end.

Over the next two months, AMI, the IID, and the M.D. Anderson Cancer Center made arrangements for the institute's existing patients and research programs. The IID continued to provide treatment for all AIDS patients currently being seen at the institute, yet they accepted no new patients and scientific research programs were gradually phased out. AMI also hunted for facilities to transfer the five drug protocols underway at the IID. Patients enrolled in drug trials were sent to private physicians and Jefferson Davis Hospital in the Harris County Hospital District with the understanding that they would continue to receive AZT until the end of the trial period.²⁹ Two weeks after AMI's decision to close the hospital, the IID's staff began working with patients in earnest to organize viable treatment options after the hospital's closure. Following the IID's creation a year before, M.D. Anderson Cancer Center dismantled the resources they had used previously in treating AIDS patients. As the IID's days came to an end, M.D. Anderson's administrators concluded the cost, staff, and space associated with absorbing the institute's patients would be too great. Though the Cancer Center would continue to accept individuals with AIDS-related cancers, the rest of the IID's former patients had to look elsewhere

²⁷ *New York Times*, August 7, 1987.

²⁸ Thomas C. Sawicki to the Board of Regents at the University of Texas System, August 5, 1987, HRC-MDA.

²⁹ Peter W.A. Mansell to Contracting Officer, December 15, 1987, HRC-MDA.

for care. The Institute for Immunological Disorders officially closed on December 11, 1987. The contract with the NIH was terminated on New Year's Eve, 1987. Dr. Peter Mansell returned to M.D. Anderson Cancer Center; M.D. Anderson returned an unused \$4 million in grant money to the federal government, and Houstonians with AIDS returned to the community for support.³⁰

Community ASOs were prepared to fill the void left by the IID. The Montrose Clinic had offered HTLV-III/HIV antibody testing since 1985, and by 1988 the clinic replaced the IID as a research facility, gaining authorization to conduct clinical trials for potential AIDS drugs.³¹ In 1998 the clinic began providing primary care services for indigent patients who were HIV-positive.³² The AIDS Foundation Houston and Omega House continued offering services to AIDS patients. In the mid-1980s, the Bering Memorial United Methodist Church created the Bering Community Services Foundation (BCSF) found on Hawthorne Street in Montrose. BCSF provided individuals with AIDS with a dental clinic, an adult care center, and spiritual support. In 1999, the Bering Community Services Foundation joined with the Omega House to become one of the most important AIDS services centers in Southeast Texas. Their joint venture, called Bering Omega Community Services, has housing assistance and day treatment programs in addition to their dental program and hospice center provided by the Omega House. Today, they serve 25 percent of people with HIV/AIDS in Harris County, particularly the indigent and uninsured.³³ In the 1990s, with a decade of service history in their employ, Houston's community-based ASOs flourished in the wake of the IID's demise.

³⁰ Mansell and Cooper, interview.

³¹ Joyce Elizabeth Elder Yost, "AIDS Talk" (PhD diss., University of Texas Houston Health Science Center, 1996), 329.

³² Legacy Community Health Services, "Historical Timeline," <http://www.legacycommunityhealth.org/OurLegacy/History.aspx> (accessed February 7, 2013).

³³ Bering Omega Community Services, "About," <http://beringomega.org/about> (accessed March 12, 2013).

The IID's closure made clear to some observers that Texas' approach to the AIDS crisis had not been appropriately vigorous given the extent of the epidemic in the state's major cities. Dr. Robert Bernstein, the Texas Commissioner on Health, among others, explained that Houston officials' lukewarm treatment of AIDS inhibited the amount of dollars that state and federal officials were willing to allocate to Houston.³⁴ Cooperation between local government bodies, both the public and private health sectors, and ASOs was crucial for securing federal funding necessary for access to clinical trials and experimental drugs. The state certainly was starved for drug studies. Between 1986 and 1989, the federal government created forty-five AIDS Clinical Trial Units. Only one, a pediatric unit in Houston, could be found in Texas.³⁵ Without those studies, Texans with AIDS lost one final hope for preventing an early death. To be sure, the state's legislative task force on AIDS surveyed Texans with HIV, who “overwhelmingly identified access to experimental therapies as their most important need.”³⁶

The task force also identified restrictions to medical care and social services as major obstacles to people with AIDS, blaming those restrictions on “the lack of financial resources...agencies' minimal experience with HIV-infected clients, and inappropriate fear and discrimination against people with HIV.”³⁷ Responses to the task force's survey unearthed the seeming therapeutic desert in which AIDS patients were stranded. Almost all respondents had visited a doctor in the three months before participating in the survey, while 44 percent had been hospitalized during that same period. Although more than 60 percent of Texans surveyed with HIV reported taking AZT, almost 80 percent of those individuals relied on public funding for access to the drug. In fact, nearly half of respondents were unable to obtain medications due to

³⁴ Ruth Sorrell, “State not serious enough about AIDS, many say,” *Houston Chronicle*, August 29, 1988.

³⁵ *Ibid.*

³⁶ “AIDS in Texas: Facing the Crisis,” Legislative Task Force on AIDS Report to the 71st Legislature, Austin, TX, January 1989, p. 31.

³⁷ *Ibid.*, 43

financial restrictions; 42 percent of people with AIDS were without insurance and relied on indigent care facilities for treatment.³⁸ In Houston, Harris County Hospital District officials estimated that one-fifth of the city's AIDS patients sought care at Jefferson Davis Memorial Hospital or Ben Taub General Hospital in 1986, the city's primary indigent care facilities. By 1988, following the IID's closure, Houston's acute general care facilities felt an enormous amount of pressure. At Ben Taub, hospital employees were forced to divert patients due to overcrowding, citing the growing needs of AIDS patients, a shortage of nurses, and the strain of indigent care as reasons for the diversions. A spokeswoman for Ben Taub told the *Houston Chronicle* that although the hospital cared for 34 percent of the city's AIDS patients, it only had 16 percent of New York's medical and surgical beds.³⁹ Nearing the end of the 1980s, it seemed Houston's hospitals were incapable of contending with the AIDS crisis.

Although Dallas responded to AIDS with more financial vigor than Houston, it, too, suffered from a limited access to traditional medical care and clinical trials for people with HIV/AIDS. Parkland Memorial Hospital, Dallas County's only public hospital, cared for nearly one-third of the city's 905 people with AIDS in 1987. By 1988, 55 percent of Dallas's people with AIDS sought care at Parkland.⁴⁰ Staffing problems plagued Parkland and its AIDS clinic, which only had one full-time and one part-time physician. Dr. James Luby, Parkland's head of infectious diseases, cited a reluctance on the part of physicians to work with AIDS patients as one reason for the staffing shortage. The hospital's staffing woes limited the number of patients who could receive AZT at any given time. Although one hundred patients were receiving AZT in January 1988, another forty remained on a waiting list, some dying before ever receiving the

³⁸ "AIDS in Texas: Facing the Crisis," np.

³⁹ Stephen Johnson, "Ben Taub Joins List of Plagued Public Hospitals," *Houston Chronicle*, April 20, 1988.

⁴⁰ Sherry Jacobson, "AIDS Program Expansion Considered at Parkland," *Dallas Morning News*, December 16, 1987; George J. Annas, "AIDS, Judges, and the Right to Medical Care," *The Hastings Center Report* (August 1, 1988).

drug.⁴¹ Dallas's people with AIDS, particularly those who were unable to receive care at private hospitals, found access to medical care to be considerably lacking.

These issues were at the heart of a 1988 lawsuit filed by the Dallas Gay Alliance (DGA) against Dallas County's Parkland Memorial Hospital. In the suit, DGA, along with five named plaintiffs, petitioned the court to compel Parkland to cease what the plaintiffs identified as discriminatory practices against AIDS patients. In particular, DGA argued that Parkland denied patients access to AZT through the use of waiting lists, that Parkland did not offer patients experimental treatments (including the use of aerosolized pentamidine, a non-Food and Drug Administration (FDA)-approved drug proven successful at treating pneumocystis pneumonia [PCP]), that Parkland allocated a certain number of beds that could be used for HIV/AIDS patients, and that those patients suffered from inadequate and discriminatory treatment at the hands of uncaring hospital employees.⁴²

DGA and Parkland had been negotiating prior to the lawsuit, and although the hospital reduced the waiting list and promised to increase physician staffing and obtain a clinical trial for aerosolized pentamidine by July 1, 1988, DGA filed suit on May 19, 1988 in the 14th Judicial District Court of Dallas County, asking the court to issue an immediate temporary restraining order against the hospital. Judge John M. Marshall issued the order, abolishing waiting lists for those eligible for AZT, requiring the hospital to dispense aerosolized pentamidine to those who needed it, and to allow bed control only for hygiene purposes, regardless of HIV/AIDS status. On June 17, 1988, the case moved to the Dallas's U.S. District Court, where the plaintiffs filed their complaints.

⁴¹ Sherry Jacobson, "Gay Leaders Request Changes to Boost Parkland AIDS Care," *Dallas Morning News*, January 18, 1988.

⁴² *Dallas Gay Alliance v. Parkland Memorial Hospital*, 719 F.Supp 1380 (1989).

Ron Woodroof, one of those plaintiffs, was diagnosed with AIDS-Related Complex on March 1, 1988. By the end of the month, Parkland's Dr. Daniel Barbaro recommended the use of AZT to treat Woodroof's condition. Rather than giving Woodroof the drug, Parkland placed him on a waiting list, where forty-five people ahead of him were already waiting for AZT. Woodroof instead went to the AIDS Resource Center (ARC), where he began receiving AZT free of charge on April 21. Plaintiff Bill Hunt had a similar story. Hunt came to Parkland because he could not afford his AZT prescription. Yet, between February and April, Hunt remained on a waiting list without access to the drug his doctor had prescribed. Like Woodroof, Hunt received AZT from ARC, and he did so within a week of seeking their assistance. Parkland told Bill R. Seals, another named plaintiff in the suit, that the waiting list for AZT was four months long.⁴³ Thus, ASOs such as the ARC faced the double burden of offsetting the psychosocial effects of AIDS as well as medical treatment, making up for the public hospital's shortcomings.

Likewise, the suit's plaintiffs expressed a desire to participate in experimental therapies, including the use of aerosolized pentamidine, an oral spray, to treat PCP. Because the FDA had already approved intravenous (IV) and intramuscular (IM) use of pentamidine for PCP, licensed physicians could prescribe the spray to those who needed it. At Parkland, however, doctors prescribed the medicine for only three patients before June 21, 1988, despite a demand for the drug and growing evidence for its efficacy in treating and preventing PCP. Woodroof requested aerosolized pentamidine from Parkland's AIDS clinic on April 4, 1988, before being told inexplicably that Parkland would not prescribe the drug. James Wakefield, who was diagnosed with AIDS in 1986, suffered three bouts of PCP between the summer of 1986 and January 1988, during which time he was treated with IV and IM pentamidine at Parkland. In anticipation of

⁴³ "Plaintiff's First Amended Complaint – Class Action," document (June 29, 1988), 16-19, UNT RCD Collection.

another round of pneumonia, Dr. Daniel Barbaro gave Wakefield a prescription for aerosolized pentamidine, but Parkland never filled it. Bill Hunt and Irvin Riddle, both of whom were given prescriptions for aerosolized pentamidine by their private physicians but were unable to pay for the treatment, learned that Parkland would not provide the spray despite the necessity of such medical intervention. In all cases, as they had done to receive AZT, the plaintiffs went to ARC, where they were given treatment. In all, the center gave aerosolized pentamidine to twenty-four times the number of patients who received it at Parkland.⁴⁴

DGA and other plaintiffs were not only concerned with access to treatment. Through their experiences with Parkland, some claimants believed the hospital had instituted bed control procedures that limited patient's access to care at the hospital. Wakefield alleged that he came to Parkland's emergency room in critical condition in December 1987. Despite the hospital's knowledge regarding his diagnosis, his condition, and the availability of beds in the hospital, Wakefield waited for twelve hours before receiving a room. Likewise, in January 1988, Riddle came to Parkland's AIDS clinic due to a medical emergency around ten o'clock in the morning. After four hours, officials transported Riddle to Parkland's emergency room, where he was kept until around midnight, at which point he was given a bed. In total, Riddle waited fourteen hours. An unknown plaintiff known to have HIV and possibly suffering from AIDS waited for seven hours at Parkland's emergency room although his condition was critical. These wait times, the plaintiffs argued, existed because the hospital allowed only a certain number of beds in the hospital to be used for people with AIDS, and those beds only became available when the AIDS patients occupying the beds died or were released from care. Those who had been denied beds at Parkland relied on ARC for care and advocacy.⁴⁵

⁴⁴ Ibid., 21-26.

⁴⁵ Ibid.

The suit's plaintiffs argued that Parkland's policies were rooted in discrimination. In his deposition, Wakefield stated that during his hospitalization from December 29, 1987 to January 19, 1988, he was treated unfairly. Wakefield recalled that, “when you're put in isolation and everybody comes in with masks on and so forth...it appears no one wants to be...in the room.”⁴⁶ No one came to the room to clean, he stated, despite the presence of blood on the floor for several days. Wakefield believed he received unfair treatment from the hospital's nurses on the basis of his AIDS diagnosis. The lawsuit alleged that inconsistencies in care and access to treatments between AIDS and non-AIDS patients violated the equal protection clause of the Fourteenth Amendment to the United States Constitution.⁴⁷

The Dallas County Hospital District maintained that any inadequacies in care were due to staffing and funding complications, and that resources for AIDS patients had not been limited intentionally. The waiting list, they argued, existed only because the hospital lacked the staff necessary to administer the drug responsibly. Furthermore, the defendants rebutted, because Parkland and its AIDS clinic had complied with the terms of the temporary restraining order, even after its dissolution once the case ascended to the federal court system, and because all named participants in the lawsuit were receiving AZT at the time of the suit's filing, the plaintiffs claims in the lawsuit were moot. The defendants argued the same with regard to aerosolized pentamidine. Parkland also insisted that no patient had suffered harm as a result of the alleged bed control policy, thus the plaintiffs had no legal standing on which to file a claim against the hospital.⁴⁸

⁴⁶ “Deposition of Benjamin J. Wakefield,” Dallas County 14th Judicial District (June 16, 1988), 9, UNT RCD Collection.

⁴⁷ “Plaintiff’s First Amended Complaint,” 9.

⁴⁸ Dallas Gay Alliance v. Parkland Memorial Hospital, 719 F.Supp 1380 (1989).

The American Civil Liberties Union (ACLU) joined the lawsuit in support of the DGA on July 1, 1988.⁴⁹ The same day, DGA petitioned the court to declare the case a class action lawsuit on behalf of all past, present, and future AIDS patients seen at Parkland Memorial Hospital. The defendants, in response, held that the plaintiffs failed to establish appropriate class representation within the lawsuit, neglecting to represent the population for whom they claimed to be speaking. The Dallas County Hospital District asserted that DGA focused its attention not on the rights of people with AIDS, but on gay rights, and that DGA could not speak on behalf of the interests of women, children, and heterosexuals who became infected with HIV.⁵⁰ The defendants concluded by claiming the plaintiffs failed to establish that their complaints were consistent among all AIDS patients and that they did not sufficiently prove numerosity needed for establishing a class action suit.⁵¹ Ultimately, a federal judge dismissed the lawsuit due to a lack of persuasive proof, and in August 1989, the Office of Civil Rights/ U.S. Department of Health and Human Services cleared the hospital of the AIDS discrimination charges.⁵²

Despite the unsuccessful lawsuit, Dallas' gay community and people with AIDS did gain headway in the fight against AIDS through their legal efforts. Certainly, their struggle brought to light the medical injustices Dallas's AIDS patients faced. It was, in fact, DGA's negotiations with Parkland and the ensuing restraining order that secured experimental treatment and AZT for people with AIDS. No longer would AIDS patients die while waiting for potentially life-extending treatment. Following the restraining order, more and more individuals began receiving aerosolized pentamidine, and by the end of 1988, over three hundred patients were using the

⁴⁹ Nora Zamichow, "ACLU Joins Parkland AIDS Suit," *Dallas Times Herald*, July 2, 1988.

⁵⁰ "Dallas County Hospital District's Amended Response and Brief," folder 5, box 464 UNT RCD Collection.

⁵¹ John A. Scully, "Defendant Daniel W. Foster, M.D.'s Response to Plaintiff's Motion for Class Certification," July 1988, folder 5, box 464, UNT RCD Collection.

⁵² "Parkland is Cleared of AIDS Bias Charge," *Dallas Morning News*, August 20, 1989.

spray, compared to only three before the lawsuit. In February 1989 the FDA granted special status to aerosolized pentamidine in order to make the treatment more widely available to AIDS patients. In June the FDA approved two other drugs, one to treat a viral infection common in AIDS patients and another to treat AIDS-related anemia.⁵³ The DGA's work had not been in vain.

The lawsuit's dismissal also failed to dampen the enthusiasm of Ron Woodroof, one of the plaintiffs in the lawsuit and founder of the Dallas Buyers Club (DBC), an organization that worked internationally to secure drugs not currently approved by the FDA for AIDS treatment. Buyers clubs existed across the country; New York City's People with AIDS Coalition was the most prominent. But Dallas's buyers club was noted for being particularly ruthless. Ron Woodroof started the DBC following his own diagnosis in March 1988. By the time of *DGA v. Dallas County Hospital District*'s dismissal, the DBC boasted nearly six hundred local members. To participate, people with AIDS purchased a membership from Woodroof, who used the money to maintain his own "clinic" and travel to Sweden, Mexico, Switzerland, and Japan, where he purchased drugs and smuggled them back into the United States. While the federal government had only approved a handful of medications to treat AIDS, roughly sixty treatments were available through buyers club networks. Generally, the FDA chose to ignore the illegal operations. Although some doctors worried about potential negative health effects as a result of using non-FDA approved drugs, others recognized the desperate situation in which most people with AIDS found themselves.⁵⁴ Not pursuing treatments had proven fatal, and many were willing to do whatever they could to prolong their lives regardless of safety.

⁵³ Rita Rubin, "FDA to Give AIDS Drug Special Status," *Dallas Morning News*, February 2, 1989.

⁵⁴ Bill Minutaglio, "Buying Time: How Dallas got to be a Center of the Black Market in Unapproved AIDS Drugs," *Dallas Life Magazine*, August 8, 1992., 9-10.

Though Houston and Dallas's medical systems struggled for different reasons, in both cases, the networks of community support that had been building for years were there to help those with AIDS when state institutions failed them. In Houston, the IID's closure resulted in a reliance on ASOs for care. Local clinics took up the task of offering clinical trials in addition to testing and counseling services. They served to lighten the burden placed on the already overcrowded public hospital district. In the absence of adequate medical care on the part of the local and state governments, the community members became caregivers. Dallas's gay male community fought against the substandard care given to patients at Parkland Memorial Hospital and advocated for treatments when local officials and health providers were reluctant to intervene. The state's lack of funding and lack of support for indigent care made it nearly impossible for appropriate medical services to exist in the AIDS crisis without the cooperation of local gay men.

CHAPTER VI

CONCLUSION

In October 1996, the AIDS quilt went on display in its entirety for the final time. Fifteen years into the epidemic, the quilt had grown large enough to cover all of Washington D.C.'s National Mall. The quilt's panels contained familiar names such as Michael McAdory and Michael B. Wilson of Houston and Bill Nelson and Terry Tebedo of Dallas. Though their names remained on display for only a short while, their legacy continued in Houston and Dallas for years.

AIDS and its response in Texas had changed dramatically in those fifteen years. By 1996 nearly 40,000 Texans had been diagnosed with AIDS. Most of the men leading the charge against the epidemic had died. Fewer people seemed safe from AIDS's reach, with more diagnoses occurring among women, children, heterosexuals, and racial minorities.¹ Although the majority of AIDS cases still were diagnosed in gay men, AIDS prevention and education efforts increasingly targeted other at-risk populations. The face of AIDS was no longer the face of the young, white, gay male.

Between 1983 and 1989, the number of Houston AIDS cases among Latinos increased from 6 percent to 13 percent.² To meet the needs of this population, several agencies came together to form a Hispanic coalition. One of those agencies, called Amigos Volunteers in Education and Services, Inc. (AVES), provided education and prevention services, including free condoms, to a large number of Latinos in churches, schools, and other community groups. Although most minorities infected with HIV remained gay men, AVES reported in 1990 that nearly one-third of their clients were women, reflecting the transformation of AIDS within the

¹ "AIDS Action Council, HIV/AIDS in Texas: Profile of the Epidemic," fact sheet (1996), Botts Collection.

² Norma Martin and Jo Ann Zuniga, "Minorities' AIDS Fight Going Slow – Poverty, Culture Inhibit Progress," *Houston Chronicle*, September 9, 1990.

local community.³ The needs of Houston's HIV-positive population were undoubtedly changing. In fact, in 1996, Houston hosted the first conference on AIDS entirely in Spanish.⁴

Although Latinos comprised only 5 percent of Dallas's AIDS cases, a number of initiatives aimed toward Latinos with AIDS came into being in the late 1980s and early 1990s. Laura Trujillo-Koster organized Project Esperanza, or Project Hope, as a support group for HIV positive Latinos, in particular those who came to Dallas through the Federal Amnesty Program. In 1991 Project Esperanza partnered with AIDS Interfaith Network (AIN), a religiously-based Dallas organization founded in 1986.⁵ With assistance from AIN, Project Esperanza helped Latinos with HIV/AIDS work successfully with other AIDS service organizations in Dallas. Project Esperanza saw about 135 clients in 1992.⁶

AIDS Arms, Inc also began offering a variety of Latino-specific services in the 1990s. Fernie Sanchez came to Dallas in 1986 and began formally working in AIDS service in 1996. Through his work at AIDS Arms, Inc., Sanchez became involved with the recently-created HIV/SIDA Coalition of Greater Dallas. Fifteen front line workers from the city's AIDS service organizations started the coalition, and they then went into Latino communities and interacted directly with those at risk on their own level. Sanchez describes their testing, prevention, and education projects as street outreach. "We would target," he states, "using the Dallas County Health Department data in looking at where infections were occurring, especially where Latinos lived."⁷ Sanchez recounts organizing dozens of volunteers, parking the Dallas County Health Department's HIV testing van in Latino neighborhoods, and getting those individuals tested

³ Ibid.

⁴ Jo Ann Zuniga, "First Spanish Conference on AIDS Set Here," *Houston Chronicle*, May 17, 1996.

⁵ Sanchez, interview.

⁶ Judith Lynn Howard, "Network Preaches Compassion: Interfaith Reaches Out to Hispanics, Blacks," *Dallas Morning News*, December 5, 1992.

⁷ Sanchez, interview.

within their own communities.⁸ The HIV/SIDA Coalition went where it was needed, into Latino communities, to bring into services those Latinos who were reluctant to seek help on their own or were not informed about what avenues for assistance were available to them.

Incidences of AIDS had increased among African Americans as well. Cases among Houston's black population had jumped from 12 percent in 1983 to 20 percent in 1989. In 1995, more African Americans in Houston were diagnosed with AIDS than Anglos, comprising 44 percent of AIDS diagnoses that year.⁹ In the 1990s, African American women with AIDS became a major concern in Houston. A Texas Department of Health study in 1993 concluded that those most at risk for HIV infection were African American teenage mothers, who had likely been infected through unprotected sex, and risked passing the virus to their children.¹⁰ Harris County contained the highest number of HIV-positive mothers in the state, with one HIV-positive for every 85 negative mothers.¹¹

AIDS diagnoses had increased for African Americans in Dallas as well. In 1990, African Americans represented 13 percent of Dallas's AIDS cases.¹² Members of the black community formed a nonprofit organization called Renaissance III Inc. in response to the AIDS epidemic's impact on their friends and loved ones in 1993. Their goal was to extend the reach of support to African Americans with AIDS in culturally sensitive ways. By creating services that were more tuned into the particular needs of the black community, Renaissance III Inc.'s leadership hoped

⁸ Ibid.

⁹ Ruth Sorelle, "State of the Art/AIDS Cases on the Rise for African Americans," *Houston Chronicle*, July 26, 1996,

¹⁰ Ruth Sorelle, "Study Finds Moms Ages 15-19 have Highest AIDS Rate," *Houston Chronicle*, August 25, 1993.

¹¹ Sorelle, "State of the Art."

¹² Catalina Camia, "Seminar to Address AIDS Problem for African Americans," *Dallas Morning News*, July 20, 1990.

to lower that community's viral load. It was a daunting task. By 1996, AIDS was the number one killer of black men in Dallas.¹³

While the ASOs that had formed in the early 1980s set the stage for later AIDS services and advocacy, their response was one tailored largely for their target population – gay white men. To combat the epidemic moving into the twenty-first century, it would be necessary for agencies and groups to learn from the efforts of existing ASOs and adapt them to suit their unique needs. Although the AIDS community had morphed into something new, the community was nevertheless the most important weapon in the fight against AIDS in Houston and Dallas.

The transformation of the AIDS epidemic was, however, not wholly negative. In fact, the most important national developments in the epidemic's trajectory had been positive. The untimely death of Ryan White (an HIV-positive hemophiliac teenager from Indiana who waged a well-known fight against the Indiana Department of Education to continue attending school despite his diagnosis) prompted the passage of the Ryan White Care Act in 1990. A federal initiative, the Ryan White Care Act granted money to ASOs for the purpose of providing HIV/AIDS medical services to the financially and medically needy. The legislation, along with reforms to the Medicaid program, ensured that AIDS patients seeking medical assistance would not be turned away based on their inability to pay.¹⁴

Perhaps most important, by 1996 medical researchers had created an effective treatment for HIV. Known as Highly Active Anti-retroviral Therapy (HAART), the treatment involved a group of drugs known colloquially as the “triple cocktail.” Although clinical trials had, up to that point, been unable to prevent HIV from replicating within a patient's cells, HAART essentially

¹³ Eleska Aubespín, “Support Group for Black Men with AIDS Moves to South Dallas,” *Dallas Morning News*, September 17, 1996.

¹⁴ U.S. Senate, 101st Congress, 2nd Session, S. 2240, *A bill to amend the Public Health Service Act to provide grants to improve the quality and availability of care for individuals and families with HIV disease*, Washington, D.C., 1990.

attacked the virus by cornering it through the use of multiple drugs. In clinical trials, HAART had successfully brought patients' viral counts to undetectable numbers, and consistent and proper use of the drugs had kept those patients undetectable for over one year. Initially, the drug regimen was not easy; patients had to maintain a strict schedule for taking their medicine in order to suppress the virus, and the drugs had side effects that sometimes were worse than the disease itself. Over time, however, the FDA approved the use of combination pills for the treatment of HIV, and today, for those who are diagnosed early and seek treatment, HIV is primarily a chronic condition.¹⁵

Although the AIDS crisis has come to an end, the epidemic has continued into the twentieth century. In 2009 the CDC estimated that over one million people thirteen years of age or older in the United States had been diagnosed with HIV. Just over five thousands Texans received an HIV diagnosis in 2011 alone. By 2011 around 487,000 Americans were living with AIDS, with approximately 32,000 new diagnoses occurring in 2011, the majority among African Americans.¹⁶ Globally, over thirty million people live with HIV, and nearly two million people died from AIDS in 2010.¹⁷ The epidemic is far from over.

The 1990s brought some relief to people with AIDS in Texas as well. In 1991 the state legislature added the Human Immunodeficiency Virus Services Act to the Health and Safety Code. The act called for the proliferation of factual AIDS education services and materials in schools and the workplace. It expanded on the employment protection legislation pushed through by lobbyists in 1986. It also aimed to increase the amount of state and federal dollars for ASOs, created an HIV medication program for those ineligible for other income-based medical

¹⁵ Cran and Simone, *The Age of AIDS*.

¹⁶ Centers for Disease Control, *HIV Surveillance Report: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas*, 23, 2011.

¹⁷ World Health Organization, *Global HIV/AIDS Response: Epidemic Update and Health Sector Progress Toward Universal Access*, 2011.

assistance initiatives, and placed a greater degree of responsibility for AIDS relief on state institutions.¹⁸

At great cost, the AIDS crisis in Texas from 1981 to 1996 raised a number of questions about the state's ability to handle such an emergency. Motivated by fear and discrimination, state and local authorities reacted to AIDS slowly and dispassionately. State policy with regard to indigent care hastened countless deaths from AIDS. Conflicts between institutions, organizations, and government officials slowed the flow of federal funding for AIDS programs to a trickle. The state's inaction strongly affected the gay communities in Houston and Dallas, which had been increasing in both size and political consciousness since the early 1970s. These gayborhoods used their fledgling political skills and community networks to provide the many services that state and local institutions could not. Though the majority of Houston's and Dallas's early AIDS activists would not live long enough to see the end of the AIDS crisis, they certainly died fighting. Whether they fought against discrimination or aloof government leadership, for drugs or compassionate care, or alongside the religious community or other local agencies, AIDS activists in Houston and Dallas fought with and for their lives.

Their efforts built the state's first support systems for people with AIDS. While public institutions dragged their feet, LGBT communities in Houston and Dallas rapidly addressed the needs and concerns of their male members, many of whom became diagnosed with the disease. In doing so, the AIDS epidemic bolstered those communities even further, uniting them against AIDS, an indifferent state government, and an uninformed populace. In a crisis riddled with hate, terror, and death, the story of Houston's and Dallas's gayborhoods is one of love, fortitude, and compassion

¹⁸ "Human Immunodeficiency Virus Services Act," Title 2, *Texas Health and Safety Code*, Sec. 85.001, 1991.

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