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Unsung Heroes: Lesbian Activists in the AIDS Epidemic in North Carolina and California, 1981-1989

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Unsung Heroes: Lesbian Activists in the AIDS Epidemic in North Carolina and California, 1981-1989

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A Thesis presented to the Graduate Faculty of the College of William and Mary in Candidacy for the Degree of Master of Arts

Department of History

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The purpose of this study is to look at the AIDS epidemic from a new vantage point. AIDS is typically analyzed from the perspective of gay men because they were the ones most devastated by the epidemic; the story of AIDS is the story of gay men dying. Lesbian activists worked in AIDS service and direct action organizations, lead national gay and lesbian advocacy organizations, served as social workers, and healthcare providers. Examining AIDS through the lens of lesbian activism reveals a story of community building and empowerment: in the wake of the devastation of AIDS, gay men desperately needed the leadership and organizing skills lesbians had cultivated in previous social justice movements and their professional skills in healthcare and social welfare. Lesbians forged an alliance with gay men that did not previously exist before the outbreak of the epidemic. In doing so, they took their rightful place in leadership positions in AIDS service and larger gay and lesbian organizations.

The contributions of organizations like ACT-UP have made it into the history books because their admirable, flamboyant direct-action tactics caused a stir and created real change. Images of police officers breaking up civil disobedience protests wearing yellow rubber gloves to “protect themselves” from contracting AIDS from protesters are seared in our collective memory of the AIDS crisis. But, the invaluable work of thousands of lesbian activists -- including Susan Forrest, Riki Friedman, Julie Johnston, and Torie Osborn whose stories are told in the following pages -- have been lost in the historical record. It was the tireless work of lesbian activists that helped bring the AIDS crisis to the forefront of the national debate by the late 1980s. I hope this contribution helps fill the void by placing lesbian activists in the historical narrative of the AIDS epidemic and inspires future generations to continue to investigate the AIDS epidemic through the lens of lesbian activism.
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Special thanks to the champions of this project: Susan Forrest, Riki Friedman, Julie Johnston, and Torie Osborn. Thank you for inviting me into your lives and sharing your experiences with me. May your tremendous contributions to the fight against AIDS no longer be invisible in the historical record.
In October 1982, seven people died from ingesting cyanide-laced Tylenol in the Chicago area. As one would expect, the public outcry was tremendous: the Food and Drug Administration issued a nation-wide recall; over one hundred local, state, and federal agencies collaborated to investigate the poisonings; Johnson & Johnson contributed an estimated $100 million to the investigation; the New York Times wrote more than fifty articles, four of which were front-page news; and within five weeks the U.S. Department of Health and Human Services implemented new regulations for tamper-resistant packaging.¹

In short, “no action was too extreme and no expense was too great...to save lives.”² This was a reasonable reaction to a health scare, which quickly proved to be the result of an isolated incident and not a widespread attack, as originally feared.

In the fall of 1982, well beyond the spotlight of media coverage and government investigations of the Tylenol scare, hundreds of Americans had died and thousands more were being infected by a silent killer. By the end of 1982, 447 people had died of Acquired Immune Deficiency Syndrome (AIDS); by 1983, the death toll catapulted to 1,476, growing by the thousands each year thereafter.³ While a holocaust raged in the gay male community, the government, most health institutions, national and local media outlets, and the American public turned a blind eye to the devastation because AIDS was predominantly terrorizing social outcasts: gay men and, to a lesser extent, intravenous drug users as well as Haitians, another minority groups. “The assumption that the ailment was uniquely associated with homosexuality was a tragic error that will haunt history forever. It allowed a conservative President Ronald Reagan and most top political leaders worldwide since to turn their backs

² Ibid.
on an exploding plague.” In May 1987, when President Reagan delivered his first speech on
the epidemic, 36,058 Americans had been diagnosed with AIDS; 20,849 had died. The
response to the Tylenol scare illustrates the power of the American government to intervene
in the face of a possible national health scare. The response to the AIDS epidemic,
alternately, illustrates the power of egregious inaction on the part of the government, media
outlets, and the American public in the face of a disease that would ultimately infect over
one million Americans by 2009.

The early 1980s, when so little was known about the transmission of HIV/AIDS,
was a terrifying time for gay men. In his definitive work on the social impact of the AIDS
epidemic, *And The Band Played On*, Randy Shilts documents the paralyzing fear that crippled
the gay male community. He provides a painstakingly detailed account of the epidemic,
from 1979-1985, with the stylistic flare of a journalist’s pen. Shilts explains that gay men
would wake up every morning and check for purple spots on their bodies, the telltale sign
of Kaposi Sarcoma, while others would save money for when -- not if -- they became infected
with the mysterious disease devastating their community. During the early years of the
epidemic, many gay men felt it was only a matter of time before they became infected.

In the face of such devastation, willful inaction on the part of the government and
national health institutions reveals that gay men were considered an expendable population.
In great detail, Shilts chronicles the rising death toll and parallel idleness on the part of the
government and major health institutions. He acknowledges the efforts of the Center for
Disease Control, but explains that lack of funding crippled its efforts. On the other hand, he
pinpoints the deliberate inaction on the part of the National Institute of Health, which as

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early as 1982 refused to authorize grants that would have provided vital funding for AIDS research. Shilts also notes the refusal of mainstream media outlets to cover AIDS because it was a “gay disease” and the lack of coverage by the gay media due to fear that discussion of the disease would create unnecessary panic in the gay community. He further addresses the culpability of the Reagan administration, illustrated by its refusal to validate the crisis and allot funding for research. Government apathy coupled with federal cuts in funding for health care and social welfare programs had a direct impact on AIDS research and treatment.

Shilts’ most resounding, haunting point is that “no one cared because it was homosexuals who were dying.”† The death tolls proved that only “deeply rooted, systemic homophobia could explain the callous, even murderous, neglect by the government and the mass media.”

Given the lack of action by the government and health care institutions, the responsibility to fight AIDS fell to the gay community. Throughout the 1980s, AIDS service organizations and direct action organizations, such as the AIDS Coalition To Unleash Power (ACT-UP), popped up throughout the country. In 1988, Vito Russo, a prominent LGBT activist, film producer, and author who co-founded the Gay and Lesbian Alliance Against Defamation (GLAAD), gave a speech titled “Why We Fight” at an ACT-UP demonstration at the Department of Health and Human Services in Washington D.C. Russo died from

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* Founded in 1987, the AIDS Coalition to Unleash Power (ACT-UP) is an AIDS advocacy organization that employs direct-action and civil disobedience tactics to combat the AIDS crisis. ACT-UP was made famous by a series of well-publicized actions in the late 1980s. ACT-UP’s most notable actions include a demonstration at the Food and Drug Administration (FDA) on Wall Street in 1988 protesting the slow approval process for HIV/AIDS medication, which resulted in the FDA shortening the approval process by two years. In September of 1989, a handful of ACT-UP protestors chained themselves to a balcony inside the New York Stock Exchange, displaying a banner slamming Burroughs Wellcome, the manufacturer of AZT — the only FDA-approved HIV/AIDS drug at the time, for the inordinately expensive cost of HIV/AIDS medication at $10,000 per year. Burroughs Wellcome lowered the cost of AZT by several thousand dollars within a few days of the protest. The “Stop the Church” campaign, in December 1989, was ACT-UP’s most controversial campaign. Nearly 5,000 protestors arrived at St. Patrick’s Catholic Church in New York during mass to protest Cardinal O’Connor’s opposition to condom distribution and safe-sex education in the public school system. While chapters still exist today, ACT-UP peaked in the late 1980s and 1990s; their direct-action protests, like those outlined above, resulted in tangible victories in the fight against AIDS.
AIDS-related complications within two years of delivering this powerful speech; his haunting words echo the bitter struggle that was life for AIDS activists during those desperate times:

Living with AIDS in this country is like living through a war that's happening only for those people in the trenches. Every time a shell explodes you look around to discover that you've lost more of your friends. But nobody else notices; it isn't happening to them.

Such was the political and social climate of the 1980s. Russo's speech captures how AIDS activists toiled, facing insurmountable odds and death on a daily basis. In addition to politically active gay men, lesbian activists were among the strongest advocates willing to work with gay men to fight the AIDS epidemic.

The purpose of this study is to look at the AIDS epidemic from a new vantage point. AIDS is typically analyzed from the perspective of gay men because they were the ones most devastated by the epidemic; the story of AIDS is the story of gay men dying. Lesbian activists worked in AIDS service and direct action organizations, lead national gay and lesbian advocacy organizations, served as social workers, and healthcare providers. Examining AIDS through the lens of lesbian activism reveals a story of community building and empowerment: in the wake of the devastation of AIDS, gay men desperately needed the leadership and organizing skills lesbians had cultivated in previous social justice movements and their professional skills in healthcare and social welfare. Lesbians forged an alliance with gay men that did not previously exist before the outbreak of the epidemic. In doing so, they took their rightful place in leadership positions in AIDS service and larger gay and lesbian organizations.

In addition to providing a different, much-needed perspective on the outbreak and response to the epidemic, detailing lesbian activism in the AIDS epidemic helps to correct the historical record. The near-total lack of attention to lesbian involvement in the AIDS movement is reflective of a greater trend of lesbian invisibility in Lesbian, Gay, Bisexual & Transgender (LGBT) history. In her classic state of the field article on American women’s history, Linda Gordon explains that the purpose of women’s history is not simply “to paint additional figures” of women into the past, but rather to “repaint the earlier picture” entirely because this picture is often inaccurate and misleading. Gordon’s conceptualization of women’s history is critical to understanding the significance of lesbian activists’ efforts in the AIDS movement. The vast majority of scholarship on the AIDS epidemic focuses on the experiences of gay men, while the scholarship on lesbian activists is extremely limited.

My purpose in conducting such a study is not merely to document the unacknowledged work of lesbian activists. I also hope to illustrate how such an analysis of the epidemic highlights the critical role lesbians played in forging a united gay and lesbian community; dispel myths about lesbian involvement in AIDS work; and provide a critical, alternate analysis of the AIDS epidemic. This approach highlights how the AIDS crisis provided an opportunity for lesbians to take their rightful place next to gay men in the workforce and served as a catalyst for fearless, and tremendously effective, activism. My work further investigates why lesbians chose to engage in AIDS work and strives to understand tensions within lesbian communities between women who engaged in AIDS activism and those who made a conscious and deliberate decision not to participate. Using North Carolina as a microcosm of the South, this study further considers how the culture of the South created a unique environment for AIDS activists. I employ interviews with four

lesbians who participated in AIDS activism to compare and contrast the experiences of lesbian activists in North Carolina and California. My research indicates the culture and environment of the South generated a number of surprising advantages, not obstacles, for AIDS activists. There appears to have been considerably less infighting in both the gay and lesbian and lesbian communities in North Carolina, which created a close-knit gay and lesbian community in the years preceding the AIDS epidemic.

I began my interview research with several preconceived notions about what I would find based entirely on a number of inflammatory articles in a Raleigh-based local gay newspaper, *The Front Page*. I was quite certain my research would follow the canonical narrative: while gay men and lesbians were largely estranged during the 1970s, lesbians stepped up to fight alongside gay men against the AIDS epidemic based on their common bond of same-sex desire. The archival materials of the North Carolina Lesbian and Gay Health Project (LGHP) reveal an acrimoniuous relationship between gay men and lesbians working at the organization. Articles in *The Front Page* suggest that these trends prevailed in the greater gay and lesbian community. When considered exclusively, *The Front Page* articles suggest lesbians faced sexism from gay men within the workplace and the greater gay and lesbian community. My experience is a cautionary story about relying too heavily on newspaper articles and institutional materials. My interview findings proved very different in tenor from what I found in archival materials disproving my original hypothesis about lesbian activism in the AIDS epidemic.

This project argues that while a common bond of non-normative sexuality surely contributed to unifying gay men and lesbians in the wake of AIDS, many lesbian activists were more strongly motivated to participate in AIDS activism by a professional calling. Healthcare workers were compelled to take action because AIDS was a rampant health
crisis. Professional organizers committed to social justice saw an opportunity to employ years of experience in the Civil Rights movement, the women’s movement, anti-poverty, anti-war, and anti-nuclear efforts and translate these skills to AIDS activism. A personal loss, the death of a relative or friend to AIDS, motivated others. Lesbians were motivated to participate in AIDS activism by more than shared same-sex desire with gay men.

Moreover, my research reveals that lesbian activists faced little sexism from gay men and easily moved into positions of power in previously male-dominated work environments. While polarizing gender politics were certainly at play, they did not originate from gay men, stemming rather from a small, outspoken, highly politicalized faction of lesbian-separatists in the lesbian community. These women made a conscious decision not to participate in the AIDS movement, arguing that all lesbians should refrain from AIDS work because AIDS was a disease that overwhelmingly impacted gay men. Lesbians, they argued, should spend their time working on lesbian issues. Such criticism by lesbian-separatists created turmoil within the lesbian community. My research concludes that these separatist voices did not represent the actions and sentiments of lesbian activists in the AIDS crisis. Instead, the women I interviewed perceived AIDS as a healthcare and social justice crisis and felt called to action. They earned their positions in leadership, felt their critical contributions were respected and valued, and stood on equal ground next to gay men in the fight against AIDS.


Prior to the AIDS crisis, gay men and lesbians were largely separated in their own communities in metropolitan areas. Gay men and lesbians were much more unified in secondary cities and towns throughout the South, and elsewhere, but the historiography is dominated by the experience of gay and lesbian communities in major metropolises. John
D'Emilio, Lillian Faderman, and Torie Osborn discuss the creation of two separate sets of communities for men and women in the post-Stonewall era. The Stonewall Riots, in June of 1969, were a series of riots in opposition to police oppression at the Stonewall Bar in Greenwich Village, New York. According to D'Emilio, these riots marked the birth of radical gay activism. In a departure from their predecessors in the Homophile Movement, the new crop of activists in the Gay Liberation Front were radical, militant, and embraced direct action tactics to demand equal rights for gay men and lesbians. D'Emilio's "After Stonewall" is a survey article that maps the emergence of the gay rights movement and the evolution of separate gay and lesbian communities. D'Emilio refers to the decade following radical gay liberation as the "gendered seventies," because gay men and lesbians created same-sex communities that had little interaction with each other until the outbreak of the AIDS epidemic.¹¹

In the early 1970s, the Gay Liberation Front devolved into smaller gay rights organizations, populated mostly by white, middle-class gay men who organized around specific gay rights issues and embraced sexual liberation.¹² The Gay Activists Alliance (GAA) provides an ideal example of the type of organizing gay men were involved in during the 1970s. GAA was an organization comprised almost entirely of gay men that organized around single-issue campaigns, such as lobbying the American Psychiatric Association to eliminate homosexuality as a mental illness, working to increase media coverage of gay issues, and lobbying for legislative reform of sodomy laws.¹³ Meanwhile, lesbians formed lesbian-feminist circles, engaged in community building, and organized around broader social justice issues like family rights, economic justice, and anti-war and peace efforts.

¹² Ibid., 239-246.
¹³ Ibid., 249-251.
Lesbian-feminists created new woman-identified spaces in the public sphere where they could congregate, organize, and socialize. Women-centered coffee shops, bars, clubs, restaurants, bookstores, sports teams, parks, health clinics, and shelters popped up across the country during the second boom of feminism, in large part due to the efforts of lesbian feminists.14

In Odd Girls and Twilight Lovers, Lillian Faderman further discusses the divisions between lesbians and gay men. She explains that lesbian feminists were uninterested in aligning with gay men in legislative battles to promote “what they saw as trivial laws and mores that would make it possible for everyone to sleep around freely while maintaining the status quo of women’s powerlessness.”15 Faderman argues that lesbian-feminists felt gay men focused too heavily on sex and not enough on sex roles. Torie Osborn builds upon these issues in Coming Home to America: A Roadmap to Gay & Lesbian Empowerment, which chronicles her experience as a lesbian activist before, during, and after the outbreak of AIDS. Osborn explains that in the 1970s, “it seemed that gay men and lesbians lived on different planets,” as gay men’s “notions of what constituted gay life and happiness simply bore no relation to my own.”16 Osborn argues that lesbians often resented gay men because of their economic privilege, their disproportionate access to public spaces in the form of bars and clubs, the unequal responsibility of children and family commitments that burdened lesbians, and gay men’s fixation on sex. Ultimately, lesbian-separatism began to unravel as the 1970s came to a close. Their counterparts in male-dominated gay rights organizations failed to have a significant impact on the larger gay male community and lesbian-feminists had grown

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increasingly exclusive and utopian. As D'Emilio explains, we will never know what would have happened to these separate communities because with the dawn of the 1980s death and disease began to cripple the gay male community and a new battle began, one in which lesbians and gay men fought together.

D'Emilio's "After Stonewall" remains the definitive historical work on the division between lesbians and gay men in the 1970s and his assessment accurately reflects life in metropolitan areas. However, my research suggests there was considerably less segregation between gay men and lesbians during the 1970s in secondary cities and towns in North Carolina, and likely the greater South. Gay men and lesbians had more interaction in social and political circles in the Triangle-area of North Carolina (Chapel Hill, Durham, and Raleigh) than their counterparts on the coasts; thus, the AIDS epidemic strengthened a bond that previously existed in the Triangle; whereas in Los Angeles, New York, and San Francisco, the AIDS epidemic was the catalyst that created a bond between the two communities.

Although lesbians played a critical role in the AIDS movement, their story has remained largely untold. Most of the existing scholarship on AIDS discusses the experiences of gay men. Two rare exceptions are Melissa McNeill's master's thesis, *Who are "We"?: Exploring Lesbian Involvement in AIDS Work* and Ines Rieder and Patricia Ruppelt's collection of essays by women affected by AIDS, *AIDS: The Women*. Interestingly, the conclusions drawn by these two studies differ sharply from my own interview findings. McNeill chronicles the experience of nineteen lesbians who engaged in AIDS activism. According to McNeill, lesbians played critical roles in AIDS activism in organizational and caretaking capacities. She explains that as a demographic, lesbians have a rich history of involvement in

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health care and sociopolitical issues, including extensive organizing experience around social
issues like housing equality, parental rights, and sexual and reproductive rights. McNeil
argues these may have been factors in lesbians' motivation to get involved in AIDS activism,
which my research also supports. The women McNeill interviewed unanimously agreed
that, while they had good relationships with gay men, traditional power structures prevailed
within the gay and lesbian community. Half of the women she interviewed experienced
sexism from their male counterparts during their participation in AIDS activism. McNeill's
findings directly contradict my research. Unfortunately, due to the dearth of scholarship on
lesbian participation in AIDS work, it is impossible to offer anything more than speculation
as to why my research findings differ so sharply from McNeill's.

Many of the experiences McNeill cites are echoed in AIDS: The Women, a collection
of short, three to five page, personal accounts of forty-three women affected by AIDS. A
handful of the entries highlight themes that McNeill addresses, including how women served
in traditional roles as caretakers and unpaid volunteers and the lack of attention to women's
health issues. Both McNeill's research and passages from AIDS: The Women reference the
fact that lesbians felt the AIDS crisis was the first time gay men had experienced

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19 McNeill and I both relied heavily on oral histories, which have inherent pitfalls. Published in 1991, McNeill's interviews were conducted during the AIDS crisis while mine were conducted twenty years after her interviews. The women I interviewed had the advantage, or disadvantage depending on one's perspective, of hindsight and were not entangled in the throws of the crisis when they were interviewed. We both asked sensitive questions of women who spent years of their lives embroiled in an emotionally charged fight against a disease that claimed the lives of countless friends. It would not be surprising if some of McNeill's interview subjects were driven by emotion as they responded to questions given the gravity of the AIDS crisis in the late 1980s and early 1990s when they were interviewed. McNeill interviewed a significantly larger number of women than I did; all nineteen of her interview subjects were from large metropolitan areas on the east and west coasts. Conversely, two of the four women I interviewed engaged in AIDS activism outside of metropolitan areas. Furthermore, McNeill employed the "snowball sampling" method to garner interview subjects, meaning she selected women to interview based on referrals from other women she had interviewed, which can be subject to biases; whereas I used "purposive sampling" to identify interview subjects. I came across Riki Friedman's and Julie Johnston's names during the course of my archival research of the LGHP organizational materials at Duke University and later reached out to both of them for interviews. Susan Forrest responded to an electronic survey that I sent to various LGBT activist networks across the country in search of lesbian activists who participated in AIDS work who were willing to share their experiences with me. Both "snowball sampling" and "purposive sampling" are employed when the researcher selects subjects based on who they determine would be most appropriate for their research purposes. Some, or all, of these factors may explain why McNeill and I came to such different conclusions.
Lesbians understood and were able to relate to this; an alliance was thus created between the two groups over a shared experience of discrimination.

A review of the literature on the AIDS crisis paints a picture of a bi-coastal phenomenon. The vast majority of scholarship on the AIDS epidemic focuses on Los Angeles, New York, and San Francisco. In his doctoral dissertation, *In A Place So Ordinary: North Carolina and the Problem of AIDS, 1981-1997*, historian Stephen Inrig challenges the literature’s urban bias. Inrig addresses the absence of the Southern experience in the literature and historiography of the AIDS epidemic, noting that the disease had a disproportionate impact on African Americans in the South. “AIDS historiography...has been slow to reflect this regional diversity,” Inrig argues; by the time AIDS began to impact the South in comparable numbers to the devastation on the coasts, the disease had evolved past a “threatening, unmanageable disease that struck down gay men in the prime of their life” and was considered a chronic, manageable illness.

In another of the few scholarly pieces that addresses AIDS in the South, “Dateline Atlanta: Place and Social Construction of AIDS,” Meredith Raimondo discusses the evolution of AIDS in Atlanta, Georgia. Raimondo addresses unique barriers that AIDS activists faced in the South. She emphasizes how Christianity was used to forge a connection between AIDS, sexuality, and sin. Most southern states enforced sodomy laws that criminalized same-sex sexual acts more so than their northern and coastal counterparts.

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22 Ibid., 3.
This was an issue for activists in the North Carolina Lesbian and Gay Health Project (LGHP), as North Carolina enforced its “Crimes Against Nature” law.\textsuperscript{23}

**PART II: Lesbian Activism in the AIDS Epidemic: The Lives of Four Changemakers**

There is no better way to explore the history of lesbian activism in the AIDS crisis than from the participants themselves. My research project is built around interviews with four unique, courageous women: Susan Forrest, Riki Friedman, Julie Johnston, and Torie Osborn.\textsuperscript{24} These women are from different walks of life and professions, and they are all self-identified lesbians who were activists in the AIDS crisis. These four women likely represent thousands of other women, lost in the historical record, who committed years of their lives to a fight they could have easily opted out of. Theirs is the story of selfless heroism in its purest form.

Susan Forrest, who pinpoints being an “activist” as the most important component of her identity, has been involved in HIV/AIDS services for over twenty years. After leaving home at the young age of fourteen, Forrest lived in women’s centers and lesbian communities in New York City for a number of years. A young teenage activist active in the punk scene, Forrest engaged in anti-nuclear proliferation work and was committed to defending women’s reproductive rights before moving to California in 1983. A political, but not social, lesbian separatist, Forrest made friends with a group of gay men who quickly became her family after moving to California. She actively participated in street activism as well as organized community activism with ACT-UP San Francisco and Los Angeles.


\textsuperscript{24} I conducted in-person interviews with Riki Friedman and Julie Johnston in Durham, N.C. in October 2010. I conducted a telephonic interview with Torie Osborn in June 2010. Susan Forrest responded to an electronic questionnaire disseminated widely to LGBT organizations across the country in January 2010. The questions in the electronic questionnaire mirrored the interview questions asked of Friedman, Johnston, and Osborn. Forrest submitted written answers, as opposed to verbal responses gathered from Friedman, Johnston, and Osborn.
Forrest has extensive volunteer experience in Los Angeles’s HIV/AIDS planning bodies and other local organizations, such as the California HIV/AIDS Planning Group, the Los Angeles Commission on HIV, and the Los Angeles County Prevention Planning Group. Forrest currently works as an HIV Resource Specialist at Behavioral Health Services and lives with her spouse in Los Angeles, California.

Riki Friedman, a physician assistant, hails from Southern California. After receiving her bachelor’s degree in plant science at the University of California, Riverside, Friedman moved to Israel for a number of years, returning to California in the late 1970s. In 1979, Friedman moved to Berkeley to be part of the women’s health movement, volunteering at the Women’s Health Collective, the first freestanding community-based feminist women’s health clinic. Friedman was quickly promoted to a paid staff member working part-time running the Collective’s medical lab, while simultaneously working another part-time job teaching Hebrew at a local Jewish community center. In the early 1980s, Friedman co-founded The Lesbian Clinic, an offshoot of the Women’s Health Collective, dedicated entirely to lesbian health issues. In 1983, Friedman moved to North Carolina to attend the physician assistant program at Duke University. After graduating in 1985, she went to work as a volunteer coordinating lesbian health issues at the North Carolina Lesbian and Gay Health Project (LGHP). Friedman left the LGHP after a few years to practice medicine in the Triangle where she continues to do so. She currently lives with her partner in Durham, North Carolina.

Julie Johnston, a clinical social worker and practicing psychotherapist, grew up in a close-knit, progressive family in Charlotte, North Carolina. With the support and love of her family, both she and her brother, Oliver, were able to be “out” even in their youth in the South in the 1960s. After receiving her bachelor’s degree from Converse College, a small
women’s college in South Carolina, Johnston pursued music with a traveling theater company. In the late 1970s, she moved to New York City to live with her brother, one of the founding members of ACT-UP New York and co-creator of the “Silence=Death” campaign. Johnston returned to Charlotte in 1983, where she lived until 1987. She then relocated to Chapel Hill to pursue graduate studies in social work at the University of North Carolina. In 1987, Johnston began interning at the LGHP, providing free counseling services. In 1988, she was promoted to a paid position as volunteer coordinator, and in 1989 she was promoted again to interim executive director. Johnston’s tenure at the LGHP ended in 1991 when she took a job at Durham County’s Mental Health Services Center. She currently practices as a psychotherapist and lives with her partner in Durham, North Carolina.

Lifelong activist Torie Osborn traces her commitment to social justice to her childhood living in Spain under Franco’s regime. She received her bachelor’s degree from Middlebury College while working on women’s rights, anti-poverty, and anti-war efforts in the 1960s. Osborn moved to San Francisco during the heyday of lesbian feminism in the early 1970s, becoming an active participant in women’s music as Holly Near’s manager.

After receiving her M.B.A. from UCLA, she began her work in AIDS activism in the summer of 1986, when she was hired to work on the “No on Proposition 64” campaign in Los Angeles, California. Following the successful defeat of the initiative, which would have

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25 In 1987, a handful of young gay men in New York - one of whom was Johnston’s brother, Oliver - formed the “Silence = Death Project,” a predecessor to ACT-UP. This group of young men created and disseminated posters with a solid black background featuring a pink triangle in the foreground with the words “Silence = Death” beneath the triangle. The pink triangle is a reference to the inverted pink triangle gay men and lesbians were forced to wear in concentration camps in Nazi Germany, as markers of their sexual orientation akin to the yellow Star of David Jews were forced to wear. The goal of the slogan and accompanying image was to draw parallels between the holocaust in Nazi Germany of the loss of thousands of gay men to AIDS, urging people to lift the veil of silence around AIDS, safe sex practices, and action on the part of the government, health institutions, and the American public. The powerful, iconic imagery of “Silence = Death” campaign captures the spirit of AIDS activism in the 1980s and 1990s.

26 Proposition 64 was a California ballot initiative in 1986. The initiative’s proponents, namely Lyndon LaRouche and his supporters, claimed the goal of the proposition was simply to classify AIDS as a communicable disease. Opponents, like
Osborn was hired as the finance director at the Los Angeles Gay and Lesbian Center the following spring. She was quickly promoted to executive director in 1988 during the apex of the AIDS crisis. She served as the first female director in the organization’s seventeen-year history. Osborn quickly became a nationally recognized leader in the AIDS movement. Under her leadership, the Gay and Lesbian Center became the world’s largest community organization serving the gay and lesbian community, and was diversified in its racial and gender composition. Osborn currently lives in Santa Monica, California, working as a senior strategist for California Calls, a statewide alliance committed to expanding economic opportunity by reforming tax laws, while campaigning for office in the California State Assembly.

Through first-hand accounts of these women’s life’s work, I have explored lesbian activism in AIDS, allowing us to better understand lesbian activists’ motivation for getting involved in such large numbers in a cause that did not directly impact their community. Their experiences speak to the contentious, and at times hostile, relationship between lesbians who engaged in AIDS work and those who did not. Speaking with lesbian activists in the South and on the west coast, it became clear that there were great regional differences in the experiences of lesbian activists working during the AIDS crisis. I will analyze how Southern culture created several key advantages for AIDS activists in the Triangle area of North Carolina not afforded their colleagues in San Francisco and Los Angeles.

Osborn sets the stage for understanding lesbian activism in the AIDS crisis by dispelling two popular myths about lesbian involvement in AIDS work. She rejects the notion that lesbians came to the aid of gay men because women are natural caretakers, or, as

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Osborn, argued supporters of the amendment used fear-based tactics and AIDSphobia in an attempt to rally support. “The No on 64” campaign argued if the proposition passed it would open the floodgates for HIV/AIDS patients to be stripped of their civil rights, lose their jobs, and be quarantined in an effort to stop the spread of the epidemic. The proposition was successfully defeated by a landslide margin of 71% to 29%.
Osborn succinctly puts it, “that self-abnegating, lesbian Florence Nightingale bullshit.” Osborn compares her decision to engage in AIDS activism to her efforts against the Vietnam War and immigrants’ rights: “Am I putting somebody else in front of myself? No, I’m showing empathy and solidarity.” The second myth Osborn addresses about lesbian involvement in AIDS is the misconception that lesbians assumed leadership positions in previously male dominated organizations primarily because gay men vacated leadership positions by dying. She explains this sexist view of female promotion to leadership positions is not only incorrect, but it belittles the vital contributions of lesbians, and women in general, to the fight against AIDS. “Women took their rightful places next to men because they needed us. They needed our grassroots organizing skills; they needed our policy skills; they needed our health education, research, and nursing, and medical skills...There were many more needs and we had the skills and the leadership to fill them.”

Prevailing scholarship holds that lesbian and gay male communities, estranged for most of the 1970s, came together to fight AIDS in the early 1980s. The canonical narrative implies that lesbians stepped up to fight alongside gay men against the AIDS epidemic based on their common bond of same-sex desire. While a common bond of same-sex desire likely contributed to cooperation, a professional or personal calling more strongly motivated lesbian activists to engage in AIDS work. Bolstered by years of organizing experience in the Civil Rights and women’s movements, women’s health, anti-poverty, anti-war, and anti-nuclear efforts coupled with a commitment to social justice, lesbian activists were the ideal foot soldiers in the fights against AIDS.

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27 Tara Osborn, telephonic interview by author, Williamsburg, V.A., June 26, 2010
28 Ibid.
29 Ibid.
When the AIDS crisis emerged, lesbians bridged a partnership with gay men. According to Osborn, lesbians had “cut their teeth on the women’s movement” and brought grassroots organizing, leadership skills, and direct-action radicalism to the fight against AIDS. “Gay men didn’t bring that. They brought their fearlessness of power...some money...their camp, their sense of humor. [Lesbians] brought a whole set of skills.” Gay men and lesbians created an ideal partnership; each group brought their own strengths, which solidified their bond. Lesbians had a significant presence in the health care, social service, and mental health professions, and were called to AIDS activism to fulfill “a professional responsibility...a moral calling...an activist impulse.” Osborn recounts the moment when the “seeds of her AIDS activism were planted” in 1982, when nearly a dozen of her friends, all of whom were lesbian feminist nurses, volunteered at San Francisco General Hospital to care for the skyrocketing number of gay men dying of AIDS. During a time of intense fear and panic, when other healthcare providers refused to treat AIDS patients because the mode of disease transmission was unknown, this courageous group of nurses volunteered to care for these patients, willfully putting their own lives at risk, because patients desperately needed quality health care. “They didn’t do this because they were putting gay men ahead of their own needs; they did this because they were professionals...and they felt called to the frontline of a war,” explains Osborn.

As soon as lesbian activists stepped up to fight against AIDS, whatever their inspiration may have been, a unique bond welded them to gay men. In the early 1980s, when so little was known about the disease, working in the AIDS movement was like

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11 Ibid.
12 In 1981, scientists had yet to determine that AIDS is a virus transmitted through the direct exchange of bodily fluids. Many feared AIDS was spread through close contact, like the common cold or flu, so when these women volunteered to care for AIDS patients, they believed they were putting their own lives at risk.
working in a pressure cooker. AIDS activists were a minority fighting against federal agencies, health institutions, and an apathetic public. With limited financial and human resources, activists fought homophobia, discrimination, and indifference, all the while living and working on a daily basis with death and the horrors of the AIDS epidemic. Johnston explains that rampant hatred and AIDSphobia pushed lesbian and gay male activists closer together, allowing them to move beyond their “bereavement fatigue” and providing the impetus to channel their anger into action. It was not simply solidarity with gay men but the actual experience working in the AIDS crisis that made lesbian activism in AIDS simultaneously a professional and personal commitment. Osborn explains that gay men became her brothers; “you become family in a crisis like that.” Inspired by the words of Martin Luther King, Jr., Osborn recalls how lesbians and gay men “created a beloved community” from the “fires of the AIDS holocaust.”

In the 1970s, before the AIDS epidemic served as the catalyst to unite lesbians and gay men, lesbian feminists were organized in a “very coherent lesbian community,” in a time when “separatism was the name of the game in the women’s movement.” As previously discussed, historian John D’Emilio refers to that decade as the “gendered seventies,” an era when gay men traveled in entirely separate circles from lesbians. While this appears to be true in urban social and political circles, my research suggests that lesbians and gay men had much more interaction outside of big cities, and less separation in professional environments.

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15 Ibid.
16 Ibid.
17 Riki Friedman, in-person interview by author, Durham, N.C., October 9, 2010.
For Osborn and Forrest "the gendered seventies" was their reality. Osborn "lived in an entirely lesbian world" in San Francisco from 1977-1987, working in women's music, frequenting women-only coffee-shops and bookstores, and engaging in community-building and social action with progressive, politically-minded lesbian feminists. Likewise, Forrest had no men in her life during the 1970s until she moved to California from New York in 1983. Osborn captures the experience of many lesbian feminists who were separatists in their political and/or social circles. She notes that AIDS was a transformative experience for everybody. I didn't know or like gay men. I thought they were sexist. I thought they were foolish. I thought they were superficial. And, they, of course, thought I was a grim feminist; ‘What, I didn't know the words to musicals?!’ We were from Mars and Venus. The gendered seventies was my world. I lived in San Francisco for three years and knew one gay man.

Both Johnston and Friedman, on the other hand, had gay male friends before the epidemic, which is likely indicative of a greater trend. Johnston lived in the South, and credits her work as a musician -- "I was in the theater, for God's sake!"-- for cultivating friendships with gay men. Additionally, her close relationship with her brother served as a bridge to the gay male community. Friedman lived in Berkeley, California, the epicenter during the heyday of lesbian feminism and separatism, and had both gay and straight male friends before the epidemic. Friedman explains that the "seventies weren't exclusively gendered" in professional and spiritual/religious circles. Friedman credits her life outside lesbian feminism, namely her Jewish faith, an integral piece of her identity, for her friendships with men. She further highlights her professional work, such as attending gay and lesbian health conferences during the 1970s and 1980s. It was at one of these conferences, in 1980 or 1981, that she remembers first hearing about what would come to be known as AIDS, in a

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42 Riki Friedman, in-person interview by author, Durham, N.C., October 9, 2010.
poster series documenting the mysterious pneumonia and cancers afflicting gay men.
Friedman explains “the groups that were lesbian and gay – from the lesbian perspective –
were not considered the vanguard, they were not the most radical,” but they existed in
coastal cities, as well as outside major metropolises.43

Lesbian activists brought years of professional experience in organizing and
healthcare to the fight against AIDS, and were overwhelmingly heralded by gay men for their
tremendous efforts. Conflict surrounding lesbian involvement in AIDS arose, instead,
within the lesbian community. A small, vocal group of lesbian separatists strongly
disapproved of lesbian participation in the AIDS movement because the epidemic
overwhelmingly impacted gay men and these separatists felt lesbians should focus their
energy on lesbian issues.

In the 1980s, the lesbian community could be loosely divided into three groups:
lesbians who actively engaged in AIDS work, staunch lesbian separatists vocally opposed to
lesbian involvement in AIDS activism, and lesbians who chose not to engage in AIDS work,
but were not hostile toward those who did. The women interviewed for this project clearly
fall into the first category, but two of the four had roots in the separatist movement. Both
Osborn and Forrest were political separatists; Osborn had been a social separatist as well.
But unlike some of their contemporaries, both Osborn and Forrest moved away from their
separatist politics and embraced AIDS work as a coalition, community-building effort with
gay men.

While a significant number of lesbians were active in AIDS work, there were plenty
of lesbian activists who chose not to participate. These women were not hostile toward
lesbians who were involved in the AIDS crisis, but they “wanted to…focus on women’s

43 Riki Friedman, in-person interview by author, Durham, N.C., October 9, 2010.
issues because that’s where their interests lied,” explains Johnston. "Johnston uses the example of The Newsletter, a Triangle-area lesbian publication that she was actively involved in. She explains that The Newsletter included very little, if any, coverage of the AIDS crisis, not because of hostility or resentment toward gay men and/or lesbian participation, but rather it was simply a “reflection of the community wanting to focus on women.” Friedman had a similar experience at the Women’s Health Collective, explaining that working on women’s health issues during the early years of the AIDS epidemic was a “separate parallel track” not a “lack of sympathy” but simply “a different priority.”

The separatists most outspokenly opposed to lesbian participation in AIDS were based in coastal metropolises and primarily used print media as their platform for discontent. Osborn discusses an instance during her tenure as executive director at the Gay and Lesbian Center when a local lesbian separatist, Jinx Beers, wrote a “scathing article” about her in a Los Angeles lesbian publication. The article criticized Osborn for participating in AIDS activism, particularly because she was such an active lesbian feminist separatist in the 1970s. Beers accused Osborn of “betraying her people” by “no longer putting lesbians first.” Osborn responded by writing an open letter, summarizing Beers’ critique as “we can’t lose all our lesbians to take care of gay men” and her response as, “look, you can’t keep separatism forever. Grow up!”

Osborn explains that the “coherent lesbian community” in the 1970s “began to fragment and a lot of women blamed AIDS for the…fragmentation of the lesbian community.” “But it really wasn’t AIDS,” she insists. The community “was already

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15 Ibid.
16 Riki Friedman, in-person interview by author, Durham, N.C., October 9, 2010.
18 Unfortunately, efforts to locate Beers’ article and Osborn’s open letter response were unsuccessful; thus, I deferred to Osborn’s summary of the exchange.
becoming very...narrow in its focus...more exclusive and less inclusive and less vibrant.\textsuperscript{49} According to Osborn, Beers mourned the loss of a cohesive lesbian separatist community, blaming AIDS for the declining readership and demise of her “ideologically pure lesbian feminist newsletter.”\textsuperscript{50} As much as Osborn loved her “lesbian feminist days of hammering sheet rock, working with Holly Near, and living in the loft above The Artemis Cafe, the women’s coffee house...they couldn’t last forever!”\textsuperscript{51} Osborn agrees with John D’Emilio’s analysis that gay men and lesbians had both become isolated in their own ghettos and AIDS “resolved their isolation into a partnership that then re-energized and grew the gay movement.”\textsuperscript{52}

PART III: A Flourishing Community: Gay and Lesbian Life in the “Blue Dot” of the Tar Heel State

With only a handful of exceptions, LGBT scholarship focuses on Los Angeles, New York, and San Francisco.\textsuperscript{53} Interviews with Friedman and Johnston coupled with the LGHP’s archival materials reveals how the culture of the South created a unique environment for AIDS activists, uniting gay men and lesbians and creating a resilient close-knit community. There appears to have been much less division within the lesbian community as well, attributed to the smaller size of the population, the minimal voice of

\textsuperscript{50} Ibid.
\textsuperscript{51} Ibid.
\textsuperscript{52} Ibid.
separatists outside of coastal cities, and outside pressure pushing progressive communities together.

North Carolina is a regional state with a long history of conservatism punctuated by pockets of progressive politics in the cities of Wilmington, Ashville, and most notably in the Triangle region of Chapel Hill, Durham, and Raleigh. Johnston explains that North Carolina “wears two faces”: the Triangle is a national research hub for innovative forward-thinking in higher learning, technology, and medicine; Wilmington is well-known for the arts; Ashville is a liberal, spiritual, hippie town mirrored by spans of rural areas with intense poverty and conservative, reactionary politics. While there “has always been a very strong thread of progressive people,” explains Johnston, North Carolina has a longstanding history of Ku Klux Klan activism and is heavily influenced by conservative elements like tobacco, insurance, and banking money.

As for being “out” in North Carolina in the 1980s, local gay men and lesbians had to be more vigilant and aware of their surroundings than their counterparts in major cities, particularly in rural areas of the state. Johnston recalls that while she never felt unsafe holding her girlfriend’s hand in public in Manhattan, she would be very cautious to do the same in North Carolina. As one would expect, it was much safer to be “out” in the Triangle, Wilmington, and Ashville, than in the countryside. Johnston again points to the “two faces of North Carolina” when she discusses the vibrant gay and lesbian social scene in the Triangle in contrast to the well-publicized violent attack on three gay men sunbathing in Little River, north of Durham, in April of 1981, which resulted in the brutal death of one.

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55 Ibid.
man. Friedman sums up gay life in North Carolina by explaining, "it wasn’t terrifying, you were just careful."  

Given the political and cultural environment in North Carolina, it might seem somewhat surprising that there were several key benefits to gay and lesbian AIDS organizing in the South. Due to its smaller population and outside pressure from unfriendly and, at times, hostile forces, there was much less division within both the gay and lesbian and lesbian communities in North Carolina. The identity politics that raged in Los Angeles and New York fizzled in the Triangle because there was no space for infighting and splintering. A notable difference between the Triangle and its sister cities on the coasts was the cohesion between gay men and lesbians in the 1970s and early 1980s before the outbreak of the AIDS epidemic. While there were lesbian-only organizations and gay men’s social circles, there was solidarity between lesbians and gay men in the South before the AIDS epidemic.

By the 1970s, there was a well-established, spirited lesbian community in the Triangle. "The lesbian community was nicely organized. It was a fun, open, small community," Friedman explains. The Triangle Area Lesbian Feminists (TALF) was an offshoot of the Duke Gay Alliance, a consciousness-raising group for "women-identified women to...discuss topics relevant to ourselves, plan activities and just enjoy being with other lesbians." The Newsletter was a popular lesbian-centered local publication. Many lesbians were involved with Feminary, a journal written collectively by women for women and Ladyslipper Music, a catalog and resource guide for women's music, which is still in

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66 Riki Friedman, in-person interview by author, Durham, N.C., October 9, 2010.
67 Ibid.
existence today. There were more women’s and lesbian political organizations than gay male organizations, but there was a lively gay folk dancing social circle, created by Carl Whitman, one of the LGHP’s founding members, that was inclusive and gender-neutral, in which many lesbians and progressives alike participated. Johnston remembers a small, but not overwhelming, portion of the lesbian community being angry that so many lesbians were spending their time on AIDS work, but as far as both Freidman and Johnston recall, there was never a self-identified lesbian separatist movement in Durham.

Unity extended beyond the gay and lesbian community into wider progressive circles. Friedman fondly recalls how interconnected and vibrant the progressive community was as a whole, “there was a little bit of overlap...there [were] three separate parallel tracks, but we were all sort of welcome at each other’s events.” She explains that the progressive community “knew better” than to fight among each other because they were “the blue dot in the red state...and...when you’re dealing with the Klan...which was very active in North Carolina...when you’re dealing with institutionalized homophobia and racism, you’re not so insulated” she goes on to say “we were not confused who the enemy was.” Friedman further explains that activists within the progressive community might not be interested in each other’s activities, “but that was as far as we took it...we did not destroy each other; we didn’t fight.”

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59 It appears The Newsletter and Feminary may have been the same entity. Both Friedman and Johnston referred to the local lesbian publication as “The Newsletter,” but further research on the website noted above, in footnote 57, reveals that Feminary was first published in August 1969, but shifted direction after TALF was founded in the mid-1970s. An undated publication posted on the above-stated website explains Feminary shifted its focus from a feminist magazine to a lesbian feminist journal for the South sometime during the mid 1970s. This time period coincides with the period Friedman and Johnston referred to, which leads me to believe the two publications may be one in the same.
60 Ibid.
61 Ibid.
62 Ibid.
Friedman left Berkeley and moved to Durham in 1983, which she welcomed like a “breath of fresh air.”63 She left the Bay Area when the lesbian feminist community was beginning to fracture, succumbing to a vicious cycle of infighting. Friedman explains that when she left Berkeley, “the lesbian community was in the process of tearing itself apart over its differences...they had not figured out how to co-exist...they were not accepting of a different politic...it was identity politics mixed in with...intolerance.”64 Because the major coastal cities had considerably larger populations, there were thousands of lesbian feminists who would sub-divide into smaller groups. During its peak, it was exciting and liberating to find other women who shared specific interests with each other; Friedman affectionately recalls her experience working with other feminist Jewish women who applied a matriarchal ritual lens to traditional Hebrew texts. In Berkeley, she was one of group of women who “intellectually supported each other’s work,” but in the Triangle, she was the leader.65 While Friedman was frustrated in some regards because “the richness of the cross-fertilization” of ideas no longer took place, “there was [an] incredible blessing...a sense of peace” because lesbian feminists were “not fighting each other” in the Triangle.66

Friedman recalls an experience highlighting the marked difference between the two regions soon after she relocated to North Carolina. The highly contentious “Sex Wars” were raging within the lesbian community during this time, and Friedman remembers attending a meeting in Durham on the subject. The two camps were pitted against each other, intensely debating issues of sexuality, pornography, and sadomasochism in the lesbian community. The meeting was called to discuss whether sadomasochism in the lesbian community was a healthy form of sexual expression or the destructive, eroticization of

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63 Riki Friedman, in-person interview by author, Durham, N.C., October 9, 2010.
64 Ibid.
65 Ibid.
66 Ibid.
women. Friedman remembers speaking up at the meeting, calling for unity among lesbians regardless of their sexual practices. She feared the discussion would devolve into a screaming match, followed by “trashing each other in the media,” which was a common cycle on the coasts. Instead, after the meeting ended, the issue quickly dissolved in the public sphere because there was no room for infighting within with lesbian community in the Triangle like there was in metropolitan areas. Friedman uses this example to capture the spirit of gay and lesbian life in North Carolina.

It was more difficult in that you were not insulated... as soon as you stepped out the door, there were people who thought you were... crazy, wrong, or were going to fry in hell, or who wanted to kill you, simply. But, on the other hand, when you were in the door of the progressive community, there was a lot of support and... understanding.

Ultimately, the benefits of gay and lesbian life in the Triangle outweighed the obstacles. While outside pressures created tangible threats to one’s safety and limited internal dissent, they also encouraged unity and created a close-knit community.

The dynamic gay and lesbian community bolstered by the support of the local progressive community and the medical influence from the universities created the ideal environment for the LGHP, a health-focused institution unlike its sister organizations, which were centered around more general gay and lesbian issues. Aside from Atlanta, the Triangle was probably the only region in the South where the LGHP could have existed. “The most amazing part about the LGHP was that it existed, and in North Carolina!” Johnston said.

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67 Riki Friedman, in-person interview by author, Durham, N.C., October 9, 2010.
68 Ibid.
69 The threat of physical harm was not limited to North Carolina, but persisted throughout the country and remains a palpable threat in the present day for gay men and lesbians.
The AIDS epidemic completely devastated the gay community in Los Angeles, New York, and San Francisco. Osborn recalls attending a funeral once a week during the height of the crisis. Forrest hauntingly remembers, “when HIV testing became available, all of us got tested, and only myself and my best female friend were HIV negative. All the boys were positive. All of them are dead now with the exception of two.” While the epidemic’s wrath was not as overwhelming as it was in metropolitan areas, the impact on secondary cities and small towns was significant. When the AIDS epidemic began, 17% of all AIDS cases occurred in the South. By 1990, “the number of AIDS cases in the South corresponded to the region’s proportion of the American population (approximately 35%),” explains historian Stephen Inrig.

AIDS arrived early in North Carolina. In 1981, when the epidemic was first emerging on the coasts, three men fell ill and died in Chapel Hill, Winston-Salem, and Greensboro. All three men had returned home to North Carolina from New York City, which became a reoccurring theme: Southern-born men returning home to the South to die after contracting AIDS in a big city, namely New York. By the end of 1983, there were 19 cases of AIDS in North Carolina, 47 cases by the end of 1984, and 146 cases by the end of 1985. Inrig identifies the emergence of several trends during the early years of the epidemic in North Carolina: AIDS disproportionately affected African Americans, most cases were in cities, people with AIDS living outside of North Carolina influenced the nature of the

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72 Ibid.
73 Ibid., 16.
74 Ibid., 18.
epidemic within the state lines, and the wide scattering of cases throughout the state created
the perception that North Carolina had a low incidence of AIDS.6 By 1986, the epidemic
was “flourishing” in North Carolina, spreading beyond the urban centers, and “seeing the
same kind of increase...being seen nationwide.”6

In the fall of 1982, the North Carolina Lesbian and Gay Health Project (LGHP) was
founded by two lesbians, Timmer McBride and Aida Wakil, and two gay men, David Jolly
and Carl Whitman. Unlike many gay and lesbian advocacy and direct action organizations at
the time, the LGHP was not founded in response to AIDS. At its inception, the LGHP’s
mission was to combat homophobia in existing health care institutions and address the
quality of health care available to lesbians and gay men in North Carolina. Unfortunately, as
the AIDS epidemic raged and financial and human resources were increasingly strained, the
LGHP was forced to focus almost entirely on the health needs of gay men suffering from
AIDS in the Triangle community.

The LGHP quickly became the most visible source of information on AIDS and gay
life in the Triangle and soon fielded calls and letters from individuals throughout the
country. Because AIDS was so closely linked with being gay, particularly in the early years of
the epidemic, many gay men dying of the disease tragically could not rely on their family
networks for medical, financial, or emotional support; thus, the LGHP bridged the “gap
between informal support network and formal service organization.” The three major
programs were “Healthline,” “Homo 101,” and the “Buddy Program.” “Healthline” was a
referral system for health care providers in the area, which evolved into a general resource
for the gay community and advised people about gay friendly social events, churches, and

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6 Ibid., 19.
7 Ibid., 24.
bars in addition to healthcare services. "Homo 101" was a training program that reached out to local health professionals, gay and lesbian organizations, and student groups to increase awareness around gay and lesbian health issues. The "Buddy Program" provided direct services to people living with AIDS through advocacy, legal counseling, financial and emotional support, caretaking, and hospice care.

In 1983, the LGHP conducted its first campaign, a health survey to assess the needs of the local community. The survey addressed a variety of issues, including quality of care, health history, and demographic information. The LGHP received 459 completed surveys, which were used as a platform to design programming and services. As AIDS work increasingly dominated the LGHP's programming and services, lesbian health issues fell by the wayside. As the years passed, lesbians grew weary of the lack of attention to their health needs. In 1983, when the health surveys were analyzed plans to provide programs on alcoholism, depression, and eating disorders proposed by lesbians were postponed until the 1990s. In the same year, the LGHP began to receive criticism from the women's community for its lack of attention to women's health issues. The Steering Committee recognized in 1984 that "[We] need to address women's issues [and] try to refocus some goals of LGHP and address some women's issues…. It was suggested that we are losing credibility in the lesbian community." Throughout 1984, the steering committee minutes make similar references to "mending fences" with the Triangle Alliance of Lesbian Feminists and ramping up outreach in the community around lesbian health issues.

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79 Ibid.
80 Steering Committee minutes, February 1, 1984, Duke University, LGHP Administrative Files, Steering Committee Packets, 1983-1984.
In 1986, Friedman organized a lesbian health committee to train *Healthline* volunteers about lesbian health, sponsor discussions in the community about body image issues, and increase awareness about the transmission of AIDS among lesbians. A year later, Friedman dissolved the committee because she was frustrated by the LGHP steering committee’s failure to provide financial support. In his article on the community building efforts of the LGHP, Ian Lekus quotes Friedman discussing the challenges of addressing lesbian issues under the heavy burden of AIDS: “It’s very hard to talk about quality of life when you’re looking at people dying,” she said.\(^6\)

**PART V: Internal Turmoil: The Explosion of Gender Politics Within the Ranks of the Lesbian and Gay Health Project**

In the spring of 1989, the Raleigh-based gay newspaper, *The Front Page*, ignited controversy within the LGHP and the local gay and lesbian community with their article “Women in the AIDS Movement Face Criticism From Within and Without.”\(^6\) The article discusses the role of lesbians in the AIDS movement through a review of two books and interviews with three lesbian activists: Jill Duvall, the executive director of the LGHP, Christine Oscar, a minister at Greensboro’s St. Mary’s Metropolitan Community Church, and Catherine Walston, a volunteer buddy to people with AIDS.

The article claims that few people outside of the lesbian community were aware that “working in the AIDS support movement is not a universally admired activity for gay women,” claiming “unpublicized murmurs of doubt bubbled beneath the surface” as early as 1984 in radical lesbian separatist groups and spread to the wider lesbian community.\(^6\) The


\(^{6}\) *The Front Page* was a Raleigh-based newspaper for the gay and lesbian communities of North and South Carolina in circulation from 1979-2006.

article goes on to argue that some women in the lesbian community questioned whether lesbians should devote their wisdom, energy, and time to male-dominated AIDS organizations committed to addressing an overwhelmingly male problem and were “angry at their nurturing lesbian sisters, whom they believed were sabotaging the whole lesbian agenda.” The article includes a reference to Going Out of Our Minds: The Metaphysics of Liberation by Sonia Johnson, a prolific radical lesbian feminist writer and activist, in which she argues the AIDS movement was “sapping gay women’s time, money, and energy from their own issues” and claims lesbian publications “erupted in a storm of reviews and letters that overwhelmingly supported Johnson’s thesis.”

Duvall, when asked whether she felt marginalized by the greater lesbian community, explained that while she felt isolated at times, she was able to reconcile her allegiances to both communities because she did not consider AIDS to be a gay man’s disease, but rather an issue of ensuring quality healthcare for all. The turmoil that erupted in the community and within the LGHP was primarily because of Duvall’s response to a question about whether she felt AIDS had changed the gay male community:

Overall, it’s the same damn community with predominantly white male, middle-class values. The AIDS community, and gay men in general, do not want to consider their own classism, racism, sexism, and broader prejudices, although gay men are ahead of other groups in their understanding of these problems. [The gay male community is] all male-dominated, men are asked to give speeches on AIDS ethics and policy, and women are brought in to discuss nurturing and care-providing. I find that infuriating; but I don’t know of another field where I could work in where I would not face the same frustrations.

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85 Going Out of Our Minds is part autobiography and part critique of the American government, in which Johnson discusses her personal journey from being a devout Mormon housewife to an outspoken, radical feminist. Johnson was excommunicated from the Mormon Church in 1979 after publicly supporting the Equal Rights Amendment and criticizing the Mormon Church for its stance against the amendment. Johnson encourages women to work outside the “patriarchal government” system to create change and outlines wrongdoings against women by men, including her analyses of women’s involvement in the AIDS crisis.
87 Ibid.
A flurry of letters to the editors and follow-up newspaper articles ensued in the weeks and months following the publication of the “Women in the AIDS Movement” piece. Depending on the audience, the response to Duvall’s comments was either praise or condemnation. To some, she was preaching the gospel; to others, she was nothing less than a traitor. Both in the LGHP and the local community, it appears that women overwhelmingly supported Duvall, while the response from gay men varied from frustration to outright hostility.

On March 18, 1989, David Jones, a lobbyist with the North Carolina legislature and a former LGHP steering committee member, sent a letter to Duvall calling for her resignation. Jones’s emotionally-charged missive stated that Duvall’s comments “condemned” gay men, betrayed “a complete lack of understanding of AIDS and gay men,” and contained “support and comfort for Jesse Helms,” the arch-conservative North Carolina senator who staunchly opposed gay rights legislation and AIDS funding. Jones went on to argue that Duvall’s comments about classism, privilege, and middle-class values were “confusing” and should not have been addressed since the LGHP was focused on AIDS education and support services, not greater political, economic, and social issues. In the days following the receipt of Jones’s letter, Duvall submitted her resignation, citing a “sense of isolation and poor communication” with the LGHP board of directors. Duvall subsequently retracted her resignation for one week and resigned again the following week because she felt she could no longer work at the LGHP, as she no longer subscribed to the Board’s philosophy. In the end, Duvall left the LGHP in late April 1989.

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89 Ibid.
90 Ibid.
92 Ibid.
The controversy continued well after Duvall resigned. On April 4, 1989, the article “Men and Women Together” was published in The Front Page, featuring a split-page commentary in response to “Women in the AIDS Movement.” Leo Teachout, a gay man, and Jannelle Lavelle, a lesbian and associate editor for The Front Page, wrote the columns. Teachout began his commentary by acknowledging the contributions of lesbians to AIDS work. He then called for open communication between the two communities. But he went on to say “the view seems to be that we gay guys are sexist, classist, racist, non-nurturing, non-spiritual, non-caring, poor sick SOBs who either have AIDS or are ‘paralyzed by the fear of it,’ and thereby deserving of look-down-your-nose compassion by gay women…who feel that they are somehow better off.” Teachout’s emotional comments may have represented other gay men in the community who were also personally offended by Duvall’s comments.

Jannelle Lavelle’s section of the article discussed her conversations with gay men who called the paper to voice their anger and frustration about “Women in the AIDS Movement.” One man told Lavelle that “if money is denied by the General Assembly to help people with AIDS, it will be your [Lavelle’s] fault because you insisted on writing this article charging that gay men do not care.” Like Teachout, the men Lavelle spoke with felt the article served no purpose but to reinforce negative stereotypes about gay men. Lavelle went on to explain that The Front Page felt it was imperative to discuss the growing concerns within the lesbian community.

After “Men and Women Together” was published in early April, there was no substantial coverage about the LGHP in The Front Page and nothing remarkable in the LGHP’s administrative files until “Internal Conflicts Challenge LGHP” appeared on June 6,
1989. The publication of this latest article triggered another wave of impassioned responses from the community and reaction from the LGHP. The article discussed the severity of the financial crisis that plagued the LGHP, recapped the events that led up to Duvall’s departure, and speculated about the lack of board support and other stresses that may have contributed to Duvall’s comments and resignation.

In the subsequent issue of The Front Page, six of the seven letters to the editor were from women - they all expressed strong support for Duvall. One of these was from Julie Johnston, the Interim Executive Director of the LGHP. The women were outraged at The Trout Page for its failure to address the “vital and effective work Duvall had accomplished during her tenure.” Johnston agreed with Duvall that sexism and classism plagued the gay community, “the fact that we’re gay doesn’t magically exempt us from the ranks of those who discriminate...when people like Jill are willing to talk about it and shine a light on it, change can happen in the rest of us.” In addition to the letters published in The Front Page, the LGHP administrative files contain several letters addressed to the Board of Directors in support of Duvall, all from women. These letters applauded Duvall’s leadership, expressed frustration and disappointment that she was no longer with the LGHP, and reprimanded the LGHP Board of Directors and The Front Page for the way they handled her departure.

PART VI: Understanding the Fallout: Gender Politics, Sexism, and the Pressure of Working in the Shadow of AIDS

The hypersensitivity surrounding Duvall’s comments, the subsequent fallout and community response, and the controversy surrounding her resignation suggests more complicated issues were bubbling beneath the surface, resulting in a war over gender politics. The “Women in the AIDS Movement” article seems to have been seeking to spark

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4 Letters to the Editor, The Front Page, June 20, 1989.
5 Ibid.
controversy by presenting the separatist voice as mainstream. Friedman, Johnston, and Osborn all strongly disagree with Sonia Johnson’s assertion that AIDS work was “sapping gay women’s time, money, and energy from their own issues.” They reject the article’s claim that such comments were “overwhelmingly supported” in the greater lesbian community. Friedman and Johnston believe that separatists were a fringe population, disproportionally vocal, and did not represent the majority of the lesbian community, including those who participated in AIDS work and those who did not.

The “Women in the AIDS Movement” article makes a number of references to lesbian activists involved in AIDS work being frustrated by sexism from gay men. Aside from one instance of sexism discussed below, Osborn attests to having experienced no overt sexism from gay men during her tenure in AIDS work; neither did Friedman or Johnston. The article further argues that lesbians with ties to the AIDS movement and the separatist community were “torn by varying degrees of conflict,” which certainly was not Osborn’s experience. A self-identified separatist for the 1970s and early 1980s, Osborn felt no conflict participating in AIDS work; she felt separatists were disconnected and living in the past. In response to a discussion about Johnson’s book, Friedman commented that “there were a number of very prolific writers who would write this inflammatory garbage,” discounting its validity. Furthermore, Friedman highlights the fact that Sonia Johnson was active in the northeast and did not accurately represent local sentiments in the Triangle-area where, she and Johnston agree, there was little-to-no lesbian separatist presence.

The fallout from Duvall’s comments was likely made worse by internal conflicts within the ranks of the LGHP. Fueled by a lack of professionalism and organizational

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97 Ibid.
98 Riki Friedman, in-person interview by the author, Durham, N.C., October 9, 2010.
growing pains, a power struggle had been brewing for years within the LGHP. These organizational pitfalls coupled with legitimate concerns from the community about the lack of attention to lesbian health issues and Duvall and Jones’s inflammatory comments created the perfect storm. At its inception, the LGHP was a grassroots, volunteer-run, organization. The steering committee, which later evolved into a board of directors, was actively involved in the daily activities of volunteers and paid staff members. Tensions began to arise when steering committee members continued to insert themselves in the daily activities of volunteers and staff members after managerial paid staff members had been hired, which blurred professional boundaries and created confusion. According to Johnston, this is likely a common phenomenon for organizations like the LGHP, from which people “drew a lot of their identity,” particularly in the early years, which made it difficult for them to later step back and allow hired staff to do their jobs.\textsuperscript{99} Johnston explains there was a general lack of professionalism within the organization, which can also be inferred from the archival materials. Members of the steering committee would undermine Duvall’s leadership by speaking negatively about her and pushing their own agenda, which created tension.\textsuperscript{100}

The decisive blow seems to have been Jones’s open letter and the subsequent inaction on the part of the steering committee in the face of the controversial fallout. Johnston and Friedman agree that Duvall’s comments in “Women in the AIDS Movement” were taken out of context and might have blown over, and point rather to Jones’s letter as the main source of contention. Jones was not only a former LGHP steering committee member, but a powerful man involved in state politics with links to many influential people. He chose to write an inflammatory open letter in the media as opposed to contacting Duvall directly regarding his concerns. Jones may have been legitimately upset by Duvall’s

\textsuperscript{99} Julie Johnston in-person interview by author, Durham, N.C., October 7, 2010.
\textsuperscript{100} Ibid.
comments, but his decision to use the media, during a period when the LGHP received considerable media coverage, as an outlet to voice his concerns make his intentions questionable at best.

Regardless of whether Duvall’s comments were taken out of context in the article, and made worse by Jones’s subsequent open letter, she made a bold statement on the record during an interview with a news reporter. In Johnston’s opinion, Duvall was addressing a specific instance of sexism, which may have been her intention, but by referring to “gay men in general” not wanting to “consider their own classism, racism, sexism, and broader prejudices,” she made a sweeping statement about gay men.101 The closing line of Duvall’s quote, “I don’t know of another field where I could work in where I would not face the same frustrations,” is a reference to her general sense that sexism permeated all work environments.102 Osborn, the standing executive director of a gay and lesbian organization across the country at the same time as Duvall, agrees “there’s always sexism and racism” but “the question is, how do you call it out and how do you deal with it?” Osborn goes on to say, “if you are a leader in the middle of a war, you have to be a little careful of what you say.”103 Thus, while there may have been some truth to Duvall’s comments, she was the executive director of a prominent gay and lesbian organization; it was arguably not the most professional decision for her to voice her frustrations in the media.

Osborn’s aforementioned comments refer to the sole instance she experienced sexism during her tenure in the AIDS movement. There was a gay men’s fundraising event for one of the Gay and Lesbian Center’s projects and she was not invited to the event because she was a woman, although all previous executive directors had been invited.

102 Ibid.
Osborn called the board member charged with coordinating the fundraiser to inform him she was coming to the event, simply saying, “I’m the executive director; you cannot exclude me. Sexism has no home at the Gay and Lesbian Center.” Osborn explains that the male board member “was just doing what gay men had always done; he was doing things the way they used to do it, and I said ‘No longer. We do not do things the way we always did.’” Osborn recalls that his actions hurt her feelings very much, but explains, “there are ways that you deal with [sexism], and when you’re in the heat of a war, the war comes first. Comrades come first and building solidarity comes first,” which is why Osborn opted to deal with the instance of sexism quietly.

Aside from this instance, Osborn did not have any other encounters with sexism from gay men. Neither Friedman nor Johnston experienced sexism during their tenures in AIDS work either, all four women agree that the division of labor in AIDS organizations was fair and not divided along gender lines. Forrest sums up this point succinctly, arguing that “whoever was brave enough or loud enough, creative enough (or attractive enough) did whatever the hell they wanted and people supported them…whoever has access to a photocopier machine, or stickers, or spray paint, or a car…they were the rulers.” Osborn confirms this crucial point by explaining that the AIDS epidemic erupted in the years following the second wave of the women’s movement, so women were earning their promotions and taking their rightful place next to men in the workplace. Osborn tells a lighthearted story about the days immediately following her promotion. “I was the first woman to head-up the Gay and Lesbian Center. It had been around since 1971…So, it was noticed…One of the women wrote, “It’s a Girl!” on the reserved parking space for the

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105 Ibid.
Five years before Osborn was promoted to executive director, a woman was not even considered for the position. Thus it was certainly noticed that Osborn was the first female executive director in the Gay and Lesbian Center’s history. The same goes for Duvall; she was the only female executive director of a gay and lesbian organization in the entire state of North Carolina. The 1980s marked a turning point in women’s history: women had climbed the ranks into executive positions and were beginning to stand on equal footing next to men in the workforce.

CONCLUSION: Placing Lesbian Activists in the Historical Narrative of AIDS

In its prime, the lesbian feminist movement, including its separatist efforts, was groundbreaking. Lesbian feminists carved out women-only spaces in the public sphere that never existed before, allowing community building among women and the free and open exchange of ideas. They bolstered social justice efforts around women’s issues and pushed the women’s music movement into the mainstream. It is not surprising that as a movement with such vitality begins to splinter and fall apart, many would mourn the loss. Since such a large number of lesbian feminists participated in AIDS work, it is understandable that some outspoken, at times hostile, separatists re-directed their grief at the loss of their cohesive lesbian feminist community to the AIDS movement, an effort that was focused on the needs of men.

Unfortunately, separatists’ criticism of lesbians’ participation in AIDS work minimized lesbian activists’ tremendous contributions to the fight against AIDS. One of the myths about lesbian involvement in AIDS work, that lesbians stepped up to fight against AIDS because they were fulfilling a “natural” caretaking impulse, was promulgated in part by separatists. Friedman, Johnston, and Osborn all adamantly agree that the separatist criticism

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of lesbian involvement in AIDS does not accurately represent their experiences: gay men were not sexist, lesbians were not relegated to caretaking, nurturing roles, and they all resent such implications, because they trivialized lesbians’ vital contributions to fighting the epidemic. As Duvall said in the “Women in the AIDS Movement” article, “a lot of the heroes of the AIDS epidemic are women. They’ve been in the trenches since the beginning.” The article further explains that Duvall and the other two lesbian activists interviewed echoed the sentiments of the women editors of AIDS: The Women, as well as the four women I interviewed, when they said:

they continue their AIDS work because of both the nature of their own skills and the meaning their patients, clients and coworkers have brought to their lives. They resent any suggestion that [they] are passively filling some traditionally-female role, and believe they perform their particular work by choice, not through male stereotyping of their proper place.110

It is unfortunate that women were the source of such criticism of other women, but the fact remains that lesbian activists were the backbone of the fight against AIDS and their contributions cannot be overstated.

Forrest, Friedman, Johnston, and Osborn are but four of countless other lesbian activists who devoted years of their lives to a cause they could ignored. These women are the unsung heroes in the fight against AIDS. In the late 1970s and early 1980s, the gay male community was mostly unorganized. The AIDS epidemic shattered the community and gay men, a largely privileged community before the epidemic, began to experience systematic discrimination, something women had experienced for years.111 Lesbian activists brought years of organizing experience, a wealth of professional experience in health care and social

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111 Ibid.
112 Gay men certainly experienced discrimination before the AIDS epidemic, but arguably not on such a widespread scale as during the crisis. The purges of gay male federal employees during the Cold War and the ongoing persecution of gay men in the military are two prime illustrations of discrimination against gay men. For further reading, please see David Johnson’s first-rate monograph, The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government and Allan Berube’s definitive work, Coming Out Under Fire: The History of Gay Men and Women in World War Two.
work, a fighting spirit, and a lot of heart to the table. Together, lesbians and gay men formed the ideal partnership, successfully battling the epidemic, government inaction, and an apathetic public.

The contributions of organizations like ACT-UP have made it into the history books because their admirable, flamboyant direct-action tactics caused a stir and created real change. Images of police officers breaking up civil disobedience protests wearing yellow rubber gloves to “protect themselves” from contracting AIDS from protesters are seared in our collective memory of the AIDS crisis. But, the invaluable work of lesbian activists fearlessly creating change like Forrest, toiling year after year in county government HIV/AIDS planning groups; or Friedman, treating patients and working to advance lesbian health efforts; or Johnston, bringing calm to the tumultuous ranks of the LGHP’s leadership; or Osborn serving as the first female executive director of the world’s largest gay and lesbian center, have been lost in the historical record. It was the work of these four women, and thousands of other nameless lesbian activists across the country, which helped bring the AIDS crisis to the forefront of the national debate by the late 1980s.

I hope that this contribution helps fill the void in the historical narrative, and fulfills historian Linda Gordon’s charge to not merely “paint additional figures” of women into the past. \[112\] There remain a plethora of stories like the ones discussed above that have yet to be told; my hope is that this research project inspires future generations to continue to investigate the AIDS epidemic through the lens of lesbian activism.

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