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# LGBTQ AMERICA

A THEME STUDY OF LESBIAN, GAY, BISEXUAL,  
TRANSGENDER, and QUEER HISTORY

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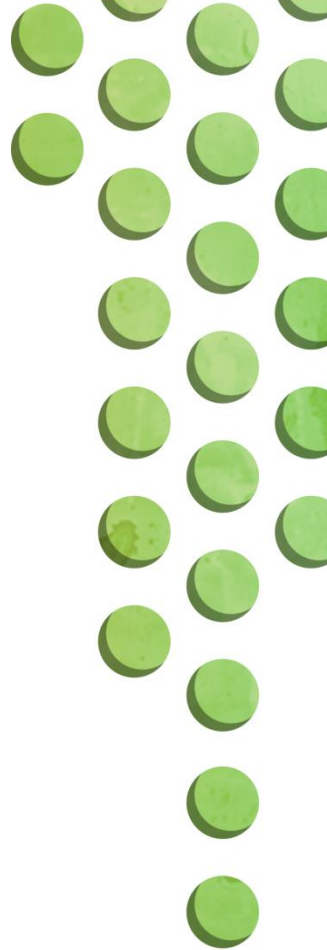
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# THEMES

*The chapters in this section take themes as their starting points. They explore different aspects of LGBTQ history and heritage, tying them to specific places across the country. They include examinations of LGBTQ community, civil rights, the law, health, art and artists, commerce, the military, sports and leisure, and sex, love, and relationships.*

# LGBTQ AND HEALTH

## 22

Katie Batza

## Introduction

Debates over what constitutes health and sickness have shaped LGBTQ history, identities, community building, and political activism in the United States since at least the nineteenth century. Deployed by mainstream medicine and utilized by sexual and gender minorities, “health” has fueled, reinforced, and challenged ideals of sexuality and gender, particularly as they have intersected with perceptions of race, class, ability, morality, and citizenship. In LGBTQ history, health has always meant more than simply charting rates of various illnesses and treatments, as the concept has been so crucial in defining and redefining LGBTQ people and communities. Consequently, a catalogue of LGBTQ health-related historic places extends far beyond the typical confines of health sites so that prisons and asylums, bars and bathhouses, city streets and parks, hotels and conference centers, government buildings and corporate headquarters prove equally important to the map of LGBTQ health history as do clinics, hospitals, and laboratories.

To provide some structure to this menagerie of sites as well as a corresponding timeline, I have devised three sections for this chapter:

Sites of Discrimination, Sites of Protest, and Sites of Service. Sites of Discrimination will examine the various ways and places in which “health,” sickness, and medicine have worked counterproductively against gender and sexual minorities to create pathologies and treatments that legitimized stigmatization and discrimination. Over time, members of LGBTQ communities resisted their medical classifications and the resulting mistreatment, sites of which I will explore in the Sites of Protest section. Sites of Service will document places where members of the LGBTQ community and allies within the medical field offered health care and services to LGBTQ individuals and where LGBTQ individuals have made significant contributions to medicine and health. While these categories allow for a roughly chronological historical narrative that showcases the full range of possible historic sites and illustrates the complexity of the relationship between health and LGBTQ histories, the categories are somewhat arbitrary and also fluid. For example, while I may list and explore a LGBTQ clinic in the Sites of Service section, it could also easily fit into the Sites of Protest section. Similarly, I list some places as Sites of Discrimination even as they were clearly Sites of Service because they illustrate the type and degree of discrimination common for LGBTQ individuals and communities in different periods. These sections will provide a brief historical overview of when, how, and why discrimination, protest, and service molded LGBTQ history, as well as an examination of related historic sites. While far from exhaustive, this approach should provide a strong orientation for future research on LGBTQ historic health sites.

In each of the following sections, as in LGBTQ history more generally, the concept of health works in two distinct, but overlapping ways: as it relates to LGBTQ communities as a group/groups and as it relates to individuals. From almost the first instances of medical research on sexual and gender minorities, which occurred in the late 1800s, doctors and scientists labeled them “deviant,” “pathological,” and “unnatural.” These medical designations then bolstered social stigma, legal persecution, and discrimination against the newly defined minorities. Consequently, early

definitions of normal sexual “health” excluded and ostracized gender and sexual minorities as a group/groups so much so that many avoided possible diagnoses of sexual or gender “deviance” for fear of the consequences that included incarceration, job loss, and social ostracism. This group experience of “health,” or perhaps more accurately “sickness,” had serious implications for health on the individual level as well. Individuals fearful of a possible sexual or gender “deviant” diagnosis avoided doctors to such an extent that, when they finally did go to the doctor about an unrelated health concern, gender and sexual minorities would often have illnesses more advanced and difficult to treat than their “normal” counterparts. This scenario continues to play out even today as members of the LGBTQ community still report higher mortality rates than heterosexuals for many illnesses, including various cancers.<sup>1</sup> Those individuals already classified as sexual or gender minorities found their personal experiences in doctor’s offices frustrating and counterproductive as many doctors focused on treating their perceived deviance rather than their actual illnesses. Understandings and definitions of health, both group and individual experiences of it, changed within and among the LGBTQ communities over time, but it has remained a consistently important factor in LGBTQ identity formation, community building, and politics.

## Sites of Discrimination

While legal and social discrimination certainly predated medical research of gender and sexual minorities, the terminology and pathology that resulted from the work of early sexologists, a new subfield of scientific research that emerged in the late 1800s to study sex and sexual practices, legitimized, perpetuated, and compounded this mistreatment. Inspired in part by Social Darwinism, eugenics, and the new interest in taxonomies, scientists and doctors of the 1880s began to study and categorize sexual

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<sup>1</sup> Jessica P. Brown and J. Kathleen Tracy, “Lesbians and Cancer: An Overlooked Health Disparity,” *Cancer Causes & Control* 19, no. 10 (2008); Kenneth H. Mayer et al., “Sexual and Gender Minority Health: What We Know and What Needs to Be Done,” *American Journal of Public Health* 98, no. 6 (2008): 909-995.

behaviors and gender nonconformity. In creating new medical categories and identities, these scientists changed the social understanding of homosexuality and gender nonconformity by interpreting sex acts and gender presentations as indicative of identity. Previously, for example, homosexuality did not exist as an identity; instead, people participated in homosexual activities and society viewed those acts, not necessarily the people who committed them, as perverse. With these new medical identities and the pathologies, diagnoses, and treatments that soon followed, doctors of the late 1800s and early twentieth century emerged as incredibly powerful regulators of gender and sexual expression as well as arbiters of sickness and health.

Diagnoses of “deviance,” “sexual inversion,” and “transvestism,” all common medical terminology by the early twentieth century, had the potential to ruin lives, or at least drastically alter them, causing many, like Murray Hall, to attempt living undetected.<sup>2</sup> Born “Mary Anderson” in Scotland in 1840, Hall immigrated to the United States where he began living as a man, married two women over the course of his life, and eventually became a well-known politician at Tammany Hall in New York City. Only after his death from breast cancer in 1901 did Hall’s female biology become widely known, sparking a national scandal and much intrigue.<sup>3</sup> Though publicized as unique and shocking, Murray Hall was far from the first woman to assume a male identity during a time when men had much greater privileges economically, socially, and politically. He was certainly not the only to die, in part, from his fear of a doctor discovering his gender nonconformity or sexuality. Yet fear and avoidance of medical treatment were hardly the only operative factors in this period.

Medicine worked much more as a criminalizing and penalizing force for many gender and sexual minorities during the first half of the twentieth

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<sup>2</sup> Havelock Ellis, *Sexual Inversion, Studies in the Psychology of Sex* (Philadelphia: F.A. Davis Co., 1901); R. von Krafft-Ebing, *Psychopathia Sexualis: Mit Besonderer Berücksichtigung Der ContraRen Sexualempfindung: Eine Klinisch-Forensische Studie*, 2. verm. und verb. Aufl. ed. (Stuttgart, Germany: Ferdinand Enke, 1887). The Murray Hall Residence is located in Greenwich Village, New York City, New York.

<sup>3</sup> “Amazed at Hall Revelations,” *Chicago Tribune*, January 19, 1901.

century than as a healing one.<sup>4</sup> Doctors and sexologists' work extended far beyond the hospital and doctor's office as they became expert witnesses, like sexologist Dr. James Kiernan in Chicago, at the criminal trials of gender and sexual minorities, or medical examiners of immigrants at Ellis Island where they regularly denied entry to immigrants suspected of homosexuality, or consultants to the government, like those at the Menninger Clinic and Sanatorium in Topeka, Kansas on how to use Rorschach tests to identify homosexuals in the military and in the State Department during World War II.<sup>5</sup> Those diagnosed as "deviant" faced a wide array of possible responses ranging from temporary acceptance of behavior attributed to a short phase of sexual development to state-mandated commitment to criminal insane asylums for indeterminate sentences.<sup>6</sup> The individual's race, class, gender, immigration status, ability, and family often, though not always, informed their experiences post-diagnosis.<sup>7</sup>

Certainly gender presentation, lack of family support, and poverty shaped the life of Lucy Ann Lobdell, an unemployed widow from Delaware County, New York who wore men's clothing and went by the name "Joe" for much of his adulthood. In 1876, Joe was imprisoned after his wife's uncle discovered he was a female. Reunited with his wife upon his release many months later, Joe became impoverished and then, at the urging of the almshouse keeper, committed to the Willard Asylum for the Chronic

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<sup>4</sup> Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: The University of Chicago Press, 1999).

<sup>5</sup> Alexis Coe, *Alice + Freda Forever: A Murder in Memphis* (San Francisco: Houghton Mifflin Harcourt, 2014); Margot Canaday, *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (Princeton, NJ: Princeton University Press, 2009); Martin S. Bergmann, "Homosexuality on the Rorschach Test," *Bulletin of the Menninger Clinic* (1945); and Ivan Crozier, "James Kiernan and the Responsible Pervert," *International Journal of Law and Psychiatry* 25, no. 4 (2002). The James Kiernan residence is located in Chicago, Illinois. Ellis Island, in New York Harbor, is part of the Statue of Liberty National Monument (designated October 15, 1965). The Statue of Liberty National Monument is managed by the NPS, and was listed on the NRHP on October 15, 1966. The Menninger Clinic and Sanatorium site operated from 1925 through 2003 at 5800 SW Sixth Street in Topeka, Kansas.

<sup>6</sup> Don Romesburg, "The Tightrope of Normalcy: Homosexuality, Developmental Citizenship, and American Adolescence, 1890-1940," *Journal of Historical Sociology* 21, no. 4 (2008).

<sup>7</sup> Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture*, Series Q (Durham, NC: Duke University Press, 2000); and Julian Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940* (Durham, NC: Duke University Press, 2007).

Insane (Figure 1) where he eventually died in 1890 after nearly ten years of “treatment.”<sup>8</sup> The Willard Asylum, like many asylums of the late nineteenth and early twentieth century, frequently housed gender and sexual “deviants” for indeterminate sentences because medicine at the time had determined their “deviancy” possibly contagious and a danger to society, a view that also fueled the sexual psychopath laws of the mid-twentieth century that incarcerated thousands in prisons for indeterminate sentences.<sup>9</sup>

Throughout the twentieth century, medicine—particularly the field of psychology—slowly evolved its understanding of sexuality and gender so that new “treatments” began to emerge, all of which generally left patients physically or psychologically scarred and mistrusting of medicine.<sup>10</sup> Even as asylums and prisons transitioned from places that quarantined the criminal and mentally ill to places of potential “rehabilitation” during the middle decades of the twentieth century, concomitant “treatments” that included hormonal castration, lobotomy, and psychoanalysis often did more harm than good. With the new psychological theories of the esteemed



Figure 1: A 1974 view of the Willard Asylum, where Ann Lubdell remained captive for nearly a decade before her death in 1890. The Willard Asylum was one of many asylums across the country where gender and sexual minorities were committed against their wills and for indeterminate sentences during the late nineteenth century and for much of the twentieth. Photo by Richard Meams, courtesy of the National Park Service.

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<sup>8</sup> P.M. Wise, "Case of Sexual Perversion," *The Alienist and Neurologist* 4, no. 1 (1883); James G. Kiernan, "Original Communications. Insanity. Lecture XXVI. - Sexual Perversion," *Detroit Lancet* 7, no. II (1884); and Jonathan Katz, *Gay American History: Lesbians and Gay Men in the U.S.A.: A Documentary* (New York: Crowell, 1976), 601. The Willard Asylum for the Chronic Insane in Ovid, New York was listed on the NRHP on June 7, 1975.

<sup>9</sup> Tamara Rice Lave, "Only Yesterday: The Rise and Fall of Twentieth Century Sexual Psychopath Laws," *Louisiana Law Review* 69, no. 3 (2009); and Estelle Freedman, "'Uncontrolled Desires': The Response to the Sexual Psychopath, 1920-1960," *The Journal of American History* 74, no. 1 (1987).

<sup>10</sup> Martin B. Duberman, *Cures : A Gay Man's Odyssey* (New York: Dutton, 1991).

Dr. Joseph Wolpe at Temple University and the nurturing of the well-regarded researchers at the Masters and Johnson Institute, the 1960s witnessed the widespread adoption of aversion therapy, a new outgrowth of the flourishing field of psychology.<sup>11</sup> Aversion therapy delivered unpleasant physical experiences (often in the form of electric shocks) to men and women who showed arousal at homoerotic images. The theory behind aversion therapy hypothesized that after treatment, patients would associate homosexual arousal with pain and unpleasantness, train themselves to shun homosexual thoughts, and thus cure themselves of homosexuality. While widely accepted and practiced in the 1960s, this treatment coincided with shifting sexual norms, budding gay political activism, and a growing minority of psychiatrists that questioned the validity of homosexuality's classification as a mental illness. These changes caused the removal of homosexuality from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1973.

Despite the important 1973 reclassification of homosexuality as no longer pathological, mainstream medicine remained a source of discrimination for many gender and sexual minorities for the remainder of the twentieth century. For one, numerous other diagnoses specific to gender nonconformity and some sexual practices remained classified as mental illnesses, ensuring that stigma endured for a large number of LGBTQ people and even making diagnoses of mental illness a prerequisite

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<sup>11</sup> Basil James, "Case of Homosexuality Treated by Aversion Therapy," *British Medical Journal* 1, no. 5280 (1962): 768; M.P. Feldman and M.J. MacCulloch, "The Application of Anticipatory Avoidance Learning to the Treatment of Homosexuality: 1. Theory, Technique and Preliminary Results," *Behaviour Research and Therapy* 2, no. 2 (1964): 165-183; M.J. MacCulloch and M. P. Feldman, "Aversion Therapy in Management of 43 Homosexuals," *British Medical Journal* 2, no. 5552 (1967): 594-597; John Bancroft, "Aversion Therapy of Homosexuality: A Pilot Study of 10 Cases," *The British Journal of Psychiatry* 115, no. 529 (1969): 1417-1431; Joseph Wolpe, *The Practice of Behavior Therapy*, 3rd ed., Pergamon General Psychology Series (New York: Pergamon Press, 1982); and William H. Masters and Virginia E. Johnson, *Homosexuality in Perspective* (Boston: Little, Brown and Company, 1979). Dr. Joseph Wolpe's office was located on the campus of Temple University Medical School, Henry Avenue, Philadelphia, Pennsylvania. The Masters and Johnson Institute opened in 1964 as the Reproductive Biology Research Foundation at 4910 Forest Park Boulevard, St. Louis, Missouri. In 1978, it became the Masters and Johnson Institute, and closed in 1994.

for hormones or surgery for trans\* individuals desiring those services.<sup>12</sup> Second, the removal of homosexuality from the DSM did not bring an end to treatment programs for homosexuality. Conversion therapy, encompassing a broad range of treatments including strict policing of gender roles, guided visualization, and practices common in aversion therapy, still remains common practice at the fringes of psychology, despite the disapproval of the American Psychological Association, the overwhelming body of evidence proving its ineffectiveness, and bans against it in a growing number of states.<sup>13</sup> Additionally, the medical disentangling of homosexuality from mental illness did not equate to quality medical care for LGBTQ patients. While a growing number of doctors no longer viewed their LGBTQ patients as innately sick, they rarely knew how to ensure their health as few received any medical training on LGBTQ-specific health issues or treatment.<sup>14</sup> Lastly, changing the medical classification did not erase the larger social stigma and discrimination against LGBTQ individuals that almost a century of medical research helped to build and support.

The AIDS crisis of the 1980s showcased the full and lasting extent of this discrimination. First reported in June 1981, the new and fatal illness disproportionately affected gay men from the outset, a fact emphasized by doctors, researchers, and the media to such an extent that doctors initially and informally called it Gay-related Immune Deficiency (GRID).<sup>15</sup> Acquired immune deficiency syndrome (AIDS) became the formal name of the disease in July 1982 at a Washington, DC meeting of gay community

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<sup>12</sup> Trans\* is an inclusive umbrella term that encompasses a wide range of gender nonconforming people that might also identify as transgender, transsexual, transvestite, genderqueer, and/or other terms. I use it here to be as inclusive and accurate as possible. Dean Spade, "Mutilating Gender," in eds., Susan Stryker and Stephen Whittle *The Transgender Studies Reader* (New York: Routledge, 2006).

<sup>13</sup> Erik Eckholm, "California Is First State to Ban Gay 'Cure' for Minors," *New York Times*, September 30, 2012; Tia Ghose, "Why Gay Conversion Therapy Is Harmful," in *livescience* (2015); and Angela Delli Santi, "Chris Christie Signs Ban on Gay Conversion Therapy," *The Huffington Post*, August 19, 2013, [http://www.huffingtonpost.com/2013/08/19/chris-christie-gay-conversion-ban\\_n\\_3779489.html](http://www.huffingtonpost.com/2013/08/19/chris-christie-gay-conversion-ban_n_3779489.html).

<sup>14</sup> D. G. Ostrow and N. L. Altman, "Sexually Transmitted Diseases and Homosexuality," *Sexually Transmitted Diseases* 10, no. 4 (1983); D. G. Ostrow and D. M. Shaskey, "The Experience of the Howard Brown Memorial Clinic of Chicago with Sexually Transmitted Diseases," *ibid.* 4, no. 2 (1977).

<sup>15</sup> "Gay Cancer Focus of Hearing," *The Washington Blade*, April 16, 1982; and L.K. Altman, "New Homosexual Disorder Worries Health Officials," *New York Times*, May 11, 1982.

leaders, government, and Centers for Disease Control and Prevention (CDC) officials, where gay leaders argued against GRID's inaccuracy and stigma, but the association remains intact today. Consequently, homosexual men as a group, whether infected or not, experienced extreme forms of discrimination in health care, employment, and everyday life as the public feared contracting the deadly disease that no one, at the time, understood. For those infected, the stigma and fear surrounding AIDS translated into tragic injustices ranging from denial of hospital service, eviction, job loss, ejection from public spaces such as pools and schools, and even rejection from funeral homes and cemeteries.<sup>16</sup> The Brewer's Hotel (Figure 2), a dilapidated hotel often a site for paid sex work above a long-standing blue-collar gay bar in Pittsburgh, exemplifies the consequences of this discrimination. During the AIDS crisis, the hotel became an informal AIDS hospice for people who had lost their homes to housing discrimination and money to ineffective and expensive treatments, literally providing them with a place to die as volunteer nurses tended to them.<sup>17</sup> The Arthur J. Sullivan Funeral Home in San Francisco was one of the few funeral homes to accept the bodies of those who died from AIDS in the earliest months and years of the epidemic.<sup>18</sup> This discrimination expanded in the 1980s to also affect bisexuals and men who had sex with men. AIDS hysteria became so fever-pitched that the federal government made public health history in 1988 when it sent the informational pamphlet "Understanding AIDS" to every household in the United States, totaling approximately 126 million copies, to raise awareness and quell fear.<sup>19</sup> The harsh realities of the early AIDS crisis expanded the list of historic sites of medically-related LGBTQ discrimination exponentially in number and scope but also created unprecedented in-depth education around LGBTQ health and sex more broadly that had positive

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<sup>16</sup> Philip James Tiemeyer, *Plane Queer: Labor, Sexuality, and AIDS in the History of Male Flight Attendants* (Oakland: University of California, 2013); and Sean Strub, *Body Counts: A Memoir of Politics, Sex, AIDS, and Survival* (New York: Scribner, 2014).

<sup>17</sup> The Brewer's Hotel is located at 3315 Liberty Avenue, Pittsburgh, Pennsylvania.

<sup>18</sup> The Arthur J. Sullivan Funeral Home is located at 2254 Market Street, San Francisco, California. In 2014, a developer filed plans to demolish and redevelop the property.

<sup>19</sup> D. Davis, "Understanding AIDS" – The National Mailer," *Public Health Reports* 106, no. 6 (1991).

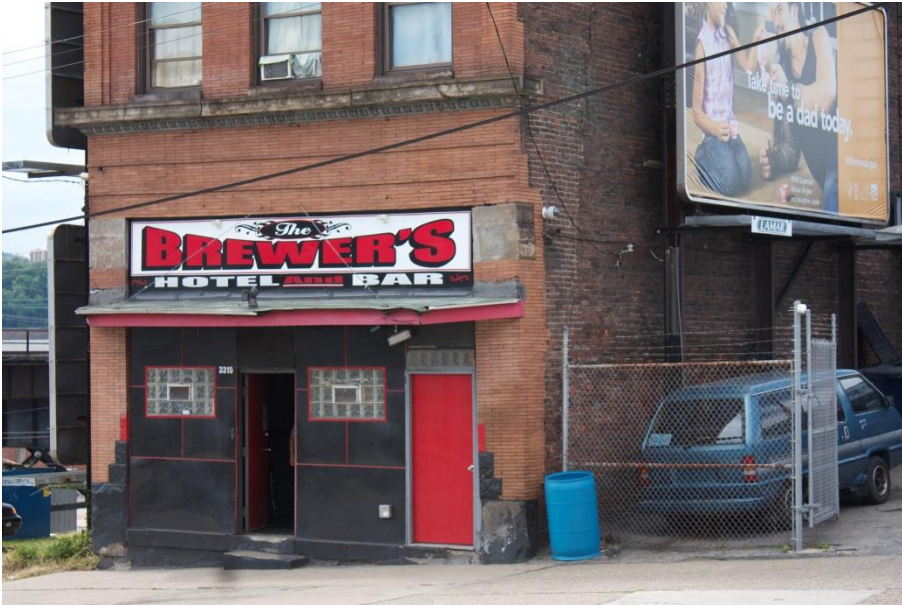


Figure 2: The Brewer's Hotel above a long-standing working-class gay bar and across the street from an old brewery became an impromptu AIDS hospice during the 1980s. Volunteer nurses would go from room to room caring for the gay men who had lost their homes and livelihoods as a result of their battle with HIV/AIDS. Photograph 2015, courtesy of Joseph W. Edgar.

repercussions on the health of people both in and beyond LGBTQ communities.

## Sites of Protest

While manipulating definitions of health proved a useful tool of discrimination against LGBTQ people and communities starting in the 1880s, it also sparked various forms of protest. In creating sexual and gender minority identities, medicine also inadvertently helped create communities of people who shared those new identities, including experiences of fear, discrimination, and mistreatment, as well as a desire for change. That same change had, in fact, been the intention of some of the earliest sexologists. Those whose work introduced “sexual inversion,” “transvestism,” and “deviance” into the scientific lexicon and legitimized existing social stigmas actually intended to create more understanding

and acceptance of sexual and gender minorities.<sup>20</sup> While doctors in the United States in the early twentieth century mostly embraced the more discriminatory aspects of sexological taxonomies, some “deviants” clung to their potential use for social acceptance. In December 1924, inspired by the work of German sexologist Magnus Hirschfeld, Bavarian immigrant Henry Gerber and African American pastor John T. Graves cofounded the oldest documented homosexual rights organization in the United States, the Chicago-based Society for Human Rights.<sup>21</sup> Though they faced police harassment and the organization only survived a few months, the charter “to promote and protect the interests of people who by reasons of mental and physical abnormalities are abused and hindered in the legal pursuit of happiness,” makes clear the importance of medical diagnosis in the organization’s origins.<sup>22</sup>

In the mid-twentieth century, activists changed tactics, challenging the medical diagnoses themselves rather than trying to harness their potential to create more social acceptance—as the Society for Human Rights unsuccessfully had. The 1948 and 1953 medical research studies from the Kinsey Institute in Bloomington, Indiana that suggested homosexuality was much more common than previously thought and Evelyn Hooker’s 1957 findings at the University of California at Los Angeles that questioned the categorization of homosexuality as an illness bolstered this perspective.<sup>23</sup> Local chapters of the midcentury homophile organization the Mattachine Society approached the questions of diagnosis and illness

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<sup>20</sup> Magnus Hirschfeld, *Die Homosexualität Des Mannes Und Des Weibes*, Handbuch Der Gesamten Sexualwissenschaft in Einzeldarstellungen (Berlin: L. Marcus, 1914).

<sup>21</sup> The Henry Gerber residence is located within the Old Town Triangle Historic District (listed November 8, 1984) in Chicago, Illinois. It was designated an NHL on June 19, 2015.

<sup>22</sup> Katz, *Gay American History*, 386-387.

<sup>23</sup> Institute for Sex Research and Alfred C. Kinsey, *Sexual Behavior in the Human Female* (Philadelphia: Saunders, 1953); Alfred C. Kinsey, Wardell Baxter Pomeroy, and Clyde E. Martin, *Sexual Behavior in the Human Male* (Philadelphia: W. B. Saunders Co., 1948); and E. Hooker, “The Adjustment of the Male Overt Homosexual,” *J Proj Tech* 21, no. 1 (1957). The Kinsey Institute for Research on Sex, Gender, and Reproduction is currently located at the University of Indiana, Morrison Hall 302, 1165 E Third Street, Bloomington, Indiana. When established in 1947, it was located in Biology Hall (now Swain Hall East); in 1950, the institute moved to Wylie Hall (on the NRHP as part of the Old Crescent Historic District, listed on September 8, 1980; in 1955 relocated to Jordan Hall, and in 1967 moved to its current location (The Kinsey Institute website, “Chronology of Events” at <http://www.kinseyinstitute.org/about/chronology.html>). Evelyn Hooker’s office was located in the Psychology department at the University of California, Los Angeles.

differently with Frank Kameny insisting “Gay is Good” as he led the Washington, DC chapter in its fight against the federal government’s post-World War II policy to identify and terminate all homosexual employees.<sup>24</sup> The New York City chapter saw the questions around homosexuality and health produce infighting and eventual fracture of the group, with one side wanting to accept but de-emphasize their classification as mentally ill and the other challenging the diagnosis.<sup>25</sup> From this perspective, medicine and health played a central and crucial role in kick-starting the earliest LGBTQ political activism and also in shaping the ways that activism evolved over time.

The flow of influence was multidirectional and LGBTQ political activism in turn, shaped medicine. Beginning in 1970, LGBTQ individuals, mostly former patients of psychiatrists who no longer accepted the validity of homosexuality as a mental illness, began protesting the American Psychological Association’s (APA) annual meetings, first at the San Francisco Civic Auditorium in 1970 then at the Sheraton-Park Hotel in Washington DC the following year. In 1972, as the APA met in the Dallas Memorial Auditorium and Convention Center, a man donning a paper sack to hide his identity and calling himself Dr. Anonymous appealed to his colleagues when he spoke of the challenges he faced as a psychiatrist who was also gay.<sup>26</sup> The protests proved effective when, in 1973 at the Sheraton Waikiki Hotel, members of the APA voted to remove

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<sup>24</sup> David K. Johnson, *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (Chicago: University of Chicago Press, 2004); and John D’Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States, 1940-1970*, 2nd ed. (Chicago: University of Chicago Press, 1998). Dr. Franklin E. Kameny’s residence in Washington, DC was listed on the NRHP on November 2, 2011.

<sup>25</sup> D’Emilio, *Sexual Politics, Sexual Communities*.

<sup>26</sup> Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton, NJ: Princeton University Press, 1987); Jack Drescher and Joseph P. Merlino, *American Psychiatry and Homosexuality: An Oral History* (New York: Harrington Park Press, 2007). The San Francisco Civic Auditorium, now known as the Bill Graham Civic Auditorium, is located at 99 Grove Street, San Francisco, California. The Sheraton-Park Hotel, now known as the Washington Marriott Wardman Park Hotel, is located at 2660 Woodley Road NW, Washington, DC; it was listed on the NRHP on January 31, 1984. The Dallas Memorial Auditorium and Convention Center, now known as the Kay Bailey Hutchison Convention Center, is located at Canton and Akard Streets, Dallas, Texas.

homosexuality from the DSM, from which its members drew diagnoses.<sup>27</sup> However, the 1973 vote did not mark the end of sexual and gender minorities' struggles with medicine or the APA. Just seven years later in 1980, members of the trans\* community found their identities and lives pathologized with the new addition of Gender Identity Disorder in the DSM, not only linking them to mental

pathology but also making them

reliant upon the diagnosis of

mental illness to gain access to hormone and surgical options.<sup>28</sup> Multiyear protests again resulted in the APA amending the DSM, replacing the longstanding Gender Identity Disorder with the less stigmatizing, though still problematic, diagnosis of Gender Dysphoria at their 2011 annual meeting held at the Hawai'i Convention Center (Figure 3).<sup>29</sup>

Protest played a central role in LGBTQ health history with the emergence of the AIDS crisis in the 1980s. For most of the 1980s, doctors and the public struggled to understand AIDS, how it was transmitted, who was susceptible, and how to treat those infected. Fear informed policy.

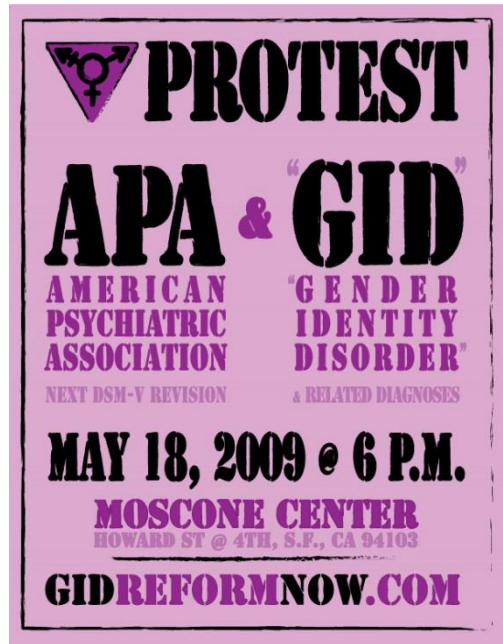


Figure 3: A poster made by activist Andrea James and used during a protest of the APA as it deliberated removing Gender Identity Disorder from the DSM in 2009. Protest poster by Andrea James, 2009.<sup>30</sup>

<sup>27</sup> American Psychological Association, "Memo Regarding the Status of Homosexuality as a Mental Disorder," in *Walter Lear Personal Collection* (Philadelphia 1973). The Sheraton Waikiki Hotel is located at 2255 Kalakaua Avenue, Honolulu, Hawai'i.

<sup>28</sup> Spade, "Mutilating Gender."

<sup>29</sup> Kenneth J. Zucker et al., "Memo Outlining Evidence for Change for Gender Identity Disorder in the DSM-5," *Archives of Sexual Behavior* 42, no. 5 (2013): 901-914. The Hawai'i Convention Center is located at 1801 Kalakaua Avenue, Honolulu, Hawai'i.

<sup>30</sup> License: CC BY 2.0. <https://www.flickr.com/photos/andreajames/3510437558/in/photolist-6mCUMu-6oCPAA-6pQCaH/>

Educated guesses drove research. Desperation fueled treatments. Community spaces such as gay bars and bathhouses became battlegrounds as health commissioners and mayors sought to shutter sites they saw as contributing to the epidemic, and gay community members fought to maintain the community hubs as sites for possible education and intervention. Until 1987, there were no Food and Drug Administration (FDA) approved treatments, and even then those patients on the medication AZT fared almost as poorly as those receiving nothing.<sup>31</sup> Not until 1996, with the discovered efficacy of a “cocktail” of approved medications did HIV-positive people in the United States see their prospects for daily quality of life and life expectancy improve.<sup>32</sup> However, access to these new antiretroviral (ARV) therapies varied widely across class and race. Disproportionately affected by the disease and the discrimination related to it, members of the LGBTQ community used protest to educate the public and doctors, demand research funding, insist upon humane treatment in medical settings, and fight widespread homophobia exacerbated by fear of the illness. Protests took many forms from quilting to kiss-ins, from spreading the ashes of loved ones to dispensing condoms, and from illegally importing treatments from abroad to speaking before legislators.<sup>33</sup>

While groups protesting AIDS discrimination are far too numerous to enumerate here, highlighting the work of a handful of organizations demonstrates both the scope of the crisis and the creativity employed in fighting it. The group ACT UP (AIDS Coalition to Unleash Power) began in March 1987, meeting in the basement of what is now the Lesbian, Gay,

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<sup>31</sup> Richard D. Moore and Richard E. Chaisson, "Natural History of Opportunistic Disease in an HIV-Infected Urban Clinical Cohort," *Annals of Internal Medicine* 124, no. 7 (1996).

<sup>32</sup> Roy Gulick et al., "Treatment with Indinavir, Zidovudine, and Lamivudine in Adults with Human Immunodeficiency Virus Infection and Prior Antiretroviral Therapy," *New England Journal of Medicine* 337, no. 11 (1997); and SM Hammer et al., "A Controlled Trial of Two Nucleoside Analogues Plus Indinavir in Persons with Human Immunodeficiency Virus Infection and Cd4 Cell Counts of 200 Per Cubic Millimeter or Less. AIDS Clinical Trials Group 320 Study Team," *ibid.*

<sup>33</sup> The basement of what is now the Lesbian, Gay, Bisexual and Transgender Community Center, 208 W 13th Street, New York City, New York, hosted New York ACT UP for many years. Tamar W. Carroll, *Mobilizing New York: AIDS, Antipoverty, and Feminist Activism*, Gender and American Culture Series (Chapel Hill: University of North Carolina Press, 2015); and Deborah B. Gould, *Moving Politics: Emotion and ACT UP's Fight against AIDS* (Chicago: The University of Chicago Press, 2009).

Bisexual and Transgender Community Center in New York City, and inspired chapters to start around the world. This group employed creative and disruptive tactics in direct action protests to draw attention and spur action on many fronts of the AIDS crisis (Figure 4). With a massive protest in October 1988, the group successfully shut down the FDA offices in Rockville, Maryland, drawing national media coverage and highlighting the slow and ineffective policies of the institution in administering drug trials and approving medications. A “die-in” protest against drug profiteering at the New York Stock Exchange a year later proved pivotal in forcing Burroughs Wellcome, the pharmaceutical company that developed and released AZT, to drop the medication’s annual cost from approximately \$10,000 per patient to \$6,400 per patient. The 1990 protest of the National Institutes of Health brought hundreds of activists and dozens of protest posters in the shape of gravestones to the campus lawn to challenge the slow paces of research and drug approval (AZT was the only approved drug after a full decade of the epidemic and more than one billion of research funding spent) as well as the lack of racial diversity in medical trials. A map of the ACT UP protests is diverse, ranging from the White House lawn to the Trinity Church in New York where organizers gathered for an early ACT UP protest on Wall Street and from the CDC in Atlanta to the FDA in Rockville.<sup>34</sup>

ACT UP, while among the most vocal and aggressive in their protests, was far from the only group protesting AIDS and memorializing those claimed by the disease. The Names Project, first conceived by San Francisco activist Cleve Jones in 1985, encouraged friends and family members of those who succumbed to the disease to create commemorative quilt panels. The organization then arranged for display of the quilt, and later pieces of the quilt, at cities around the world to heighten AIDS awareness. The last display of the entire quilt occurred in

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<sup>34</sup> The White House is located at 1600 Pennsylvania Avenue NW, Washington, DC. Trinity Church is located at 74 Trinity Place, New York City, New York. It was listed on the NRHP and as an NHL on December 8, 1976. The Centers for Disease Control (1980-1992), now the Centers for Disease Control and Prevention, is located at 1600 Clifton Road, Atlanta, Georgia. The Food and Drug Administration is located at 5600 Fishers Lane, Rockville, Maryland.



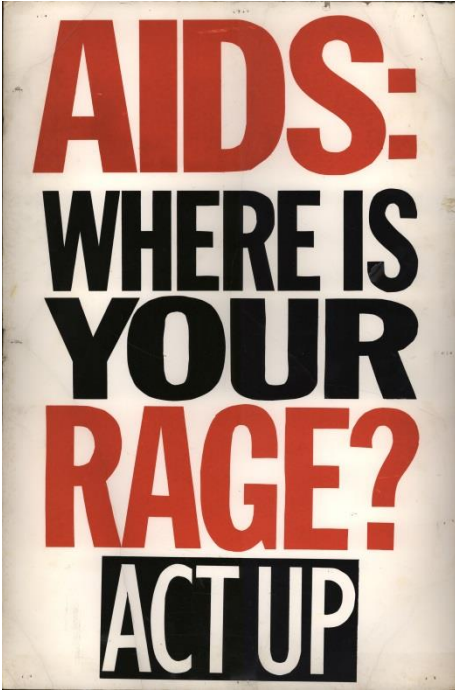


Figure 4: Activist and Kansas resident Bruce McKinney used this handmade poster during an ACT-UP protest in Wichita, Kansas. Created by Bruce McKinney. Photo courtesy of Tami Albin.

October 1996, when it filled the National Mall in Washington, DC. Founded in 1985 and displaying a completely different strategy to fight AIDS, amfAR, the Foundation for AIDS Research, has pushed research in new directions through funding initiatives and service programs directly. The works of these organizations expands the map of LGBTQ health history sites into sewing circles and living rooms across the country, hundreds of city parks and buildings, and into the labs of over the three thousand amfAR funded research teams.

LGBTQ people of color and working-class people faced another layer of complexity and discrimination that required protest.

Frequently pushed to the margins by the predominantly white and middle-class protesters within and beyond the LGBTQ communities, they often struggled to be heard by existing groups or built their own to highlight the health impacts of compounding forms of discrimination.<sup>35</sup> The annual Black Lesbian and Gay Pride event, held from 1991-1999 at Washington, DC's Banneker Field was one such event that proved incredibly successful in fundraising for HIV/AIDS-related services for the black community.<sup>36</sup> Regardless of which group organized the actions, the vast majority of protests were directed at sites of service, either to draw attention to

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<sup>35</sup> Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill: University of North Carolina Press, 2009); and Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999).

<sup>36</sup> Banneker Field is associated with the Banneker Recreation Center at 2500 Georgia Avenue NW, Washington, DC. The Banneker Recreation Center was listed on the NRHP on April 28, 1986.

inaction, ineffectiveness, or discrimination, or to raise awareness and money for them.

The ripple effects of the protests during the early AIDS crisis emanated into changing public attitudes toward people with AIDS, the LGBTQ communities more broadly, and in health policy. Most immediately for the AIDS crisis of the 1980s, protests led to the FDA streamlining its drug



Figure 5: Volunteers staff the first gay caucus booth at the American Public Health Association's annual meeting in 1975. Founded by Walter Lear, the American Public Health Association's gay caucus was one of the first of any professional medical association in the country and furthered LGBTQ issues within the public health profession and also improved the public health of the LGBTQ community at large. Within a decade, nearly all major medical professional organizations had a similar caucus, each working to make its specific field more welcoming to LGBTQ colleagues and better serve the LGBTQ community. Photo by Walter Lear and gifted to author.

approval process in 1987, shaving 2-3 years off of the standard time period required for drug approval. However, the impact of AIDS activism and the more sympathetic society it created translated into health policy that, by the end of the twentieth century, began to examine health disparities of sexual and gender minorities beyond mental health, substance abuse, and sexual health for the first time in American

history.<sup>37</sup> Other developments that resulted in policy shifts predated AIDS, most notably the creation of LGBTQ caucuses within all the major medical professional organizations between 1973 and 1981 (Figure 5). From their inception, these caucuses proved pivotal in propelling research, garnering support within the medical profession, and shaping LGBTQ health policy. Changing health policy is only as effective as its implementation and another battle that began in the 1970s, but continues today, seeks to make LGBTQ health a more prominent component of medical school training, expanding the map of LGBTQ history sites into medical schools across the country.<sup>38</sup>

## Sites of Service

Even as “health” was a source of discrimination and protest for much of LGBTQ history, gender and sexual minorities also found or created sites of service throughout the twentieth century in an effort to obtain needed health care. These sites, like those of discrimination and protest, include an unusual variety of venues and illustrate the true diversity of LGBTQ health needs. With the distrust produced by the stigma and consequences of diagnosis being so extreme for much of the twentieth century, many of these health sites appear in places or areas where members of the LGBTQ community already felt comfortable, such as bars or gay enclaves. These sites also had to serve an impressive array of health needs ranging from general care to research and from hormone therapy to fertility services. The sites of service exemplify the ingenuity of the LGBTQ communities to receive and provide health care in what was often an otherwise unwelcoming medical landscape. They also symbolize the literal growth and transformation of the LGBTQ’s relationship to health.

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<sup>37</sup> Steven Epstein, “Sexualizing Governance and Medicalizing Identities: The Emergence of ‘State-Centered’ LGBT Health Politics in the United States,” *Sexualities* 6, no. 2 (2003); Institute of Medicine Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding*, (Washington, DC: National Academies Press, 2011); Institute of Medicine, Andrea L. Solarz, ed., *Lesbian Health: Current Assessment and Directions for the Future*, (Washington, DC: National Academy Press, 1999).

<sup>38</sup> Marie Murphy, “Hiding in Plain Sight: The Production of Heteronormativity in Medical Education,” *Journal of Contemporary Ethnography* (2014).

The documentation of early twentieth-century sites of service is sparse, suggesting that most gender and sexual minorities either never disclosed their practices or simply avoided medical interactions altogether. However, the Portland, Oregon office of Dr. J. Allen Gilbert is an exception.<sup>39</sup> Here in 1918, Dr. Gilbert treated “H” (Alberta Lucille Hart) who transitioned to Alan Hart and went on to use x-rays in diagnosing tuberculosis in Boise, Idaho, a revolutionary screening method that saved thousands of lives.<sup>40</sup> Dr. Harry Benjamin’s New York and San Francisco offices also provided treatment for transgender patients starting in the 1940s and was the basis for research for his *Transsexual Phenomenon*, a foundational text of transgender care published in 1966.<sup>41</sup> Benjamin’s work also proved pivotal in the development of sexual reassignment surgery (SRS), a topic Susan Stryker discusses at great length in her chapter in this volume. While few in number, these sites show how members of the LGBTQ community occasionally found medical allies and built networks in the first half of the twentieth century.

The vast majority of service sites emerged in the 1970s and 1980s, as liberation politics combined with shifting sexual norms and the changing medical understanding of sexuality. The government support of community health clinics in the 1970s and the AIDS crisis of the 1980s also factored heavily in the development of many of these service sites.<sup>42</sup> Equally important in mapping these spaces, the definition of service also expanded during this time period to include social services for those infected with diseases, preventative care and public health initiatives, and research that addressed the gaps in medical knowledge left by a medical profession focused, for nearly a century, on treating gender and sexual

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<sup>39</sup> Dr. J. Allen Gilbert’s office was located at 601 SW Alder Street, Portland, Oregon.

<sup>40</sup> J. Allen Gilbert (October 1920), “Homo-Sexuality and Its Treatment,” *Journal of Nervous and Mental Disease* 2(4): 297–332; and Alan L. Hart, “Mass X-ray Surveys in Tuberculosis Control: A Discussion of Certain Phases of Mass Radiography in Continuous Tuberculosis Control Program,” (PhD diss., Yale University, 1948). Dr. Alan Hart’s home and office were located in Boise, Idaho.

<sup>41</sup> Harry Benjamin, *The Transsexual Phenomenon* (New York: Julian Press, 1966). Harry Benjamin’s offices were located at 728 Park Avenue, New York City, New York and 450 Sutter Street, San Francisco, California. 450 Sutter Street was added to the NRHP on December 22, 2009.

<sup>42</sup> Catherine Batza, “Before AIDS: Gay and Lesbian Health Activism in the 1970s,” (PhD diss., University of Illinois at Chicago, 2010); and Brier, *Infectious Ideas*.

“abnormalities” rather than the actual illnesses that gender and sexual minorities faced.

Each site of service set its own parameters of intended clientele and services, reflecting its capabilities, interest, and the needs of LGBTQ individuals and communities. Some, like the Gay and Lesbian Community Centers in Memphis, Washington, DC, New York, and dozens of other cities that emerged in the 1970s and 1980s, provided services for an expanding range of LGBTQ identified people.<sup>43</sup> Others, like the Tom Waddell Health Center in San Francisco that opened in 1993, limited their focus to addressing the specific and poorly-attended health needs of low-income trans\* identified people.<sup>44</sup> These different approaches illuminate logistical limitations but also speak to a larger and more complicated reality. Increasingly over the last four decades, the LGBTQ communities have aspired for unity and equality across all gender and sexual minorities but have also repeatedly, though often unintentionally, marginalized and underserved members of the trans\* community, women, people of color, and low-income individuals.<sup>45</sup> From this perspective, the spectrum of health services that emerged in the 1970s and 1980s illustrate the real health consequences of structural racism, sexism, transphobia, classism, and ableism that operate within LGBTQ communities as much as they do in every other segment of the population.

The services offered in these sites cumulatively recast the relationship between health and LGBTQ communities, paving the way for greater trust of the medical community among LGBTQ individuals, and ultimately improved health care and quality of life. While far from complete today, this shift toward positivity in the relationship between “health” and LGBTQ

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<sup>43</sup> The Memphis Gay and Lesbian Community Center is located at 892 S Cooper Street, Memphis, Tennessee. In 1975, the Gay and Lesbian Community Center of Washington, DC was located at 1469 Church Street NW, Washington, DC. It closed (two locations later) in 1990. Founded in 1983, the Lesbian, Gay, Bisexual, and Transgender Community Center is still at its original location, 208 W 13th Street, New York City, New York.

<sup>44</sup> The Tom Waddell Health Center was originally located at 50 Lech Walesa (Ivy) Street, San Francisco, California. In 2013, it was renamed the Tom Waddell Urban Health Center and many services, including the transgender clinic, were relocated to 230 Golden Gate Avenue.

<sup>45</sup> Brier, *Infectious Ideas*; Cohen, *The Boundaries of Blackness*; and Susan Stryker, *Transgender History*, Seal Studies (Berkeley, CA: Seal Press, 2008).

communities started with seemingly small service offerings that began in the second half of the twentieth century that would expand, or replicate elsewhere. The Homophile Health Services in Boston, Massachusetts, which began offering affirming, rather than pathologizing, mental health counseling to gays and lesbians in 1971, gave space to an emerging activism and branch of psychology that would lead to the removal of homosexuality from the DSM just a few years later.<sup>46</sup> The Man's Country Bathhouse in Chicago, Illinois initiated, in 1974, a VD Van program that traveled between various gay nightclubs to provide free venereal disease testing.<sup>47</sup> Communities in other cities copied the program and transformed bars and bathhouses from sites of transmission to sites of potential education and treatment (a concept much discussed and debated in the early AIDS crisis a decade later).<sup>48</sup> The Sperm Bank of Northern California, when it began as a side project of the Oakland Feminist Women's Health Center in 1982, granted lesbians and single women access to banked and screened sperm for alternative insemination for the first time, providing a new and influential pathway to lesbian motherhood.<sup>49</sup> Each of these sites, and the medical services they offered, altered the landscape for LGBTQ health in deeply impactful ways.

Research also propelled the improved relationship between health and LGBTQ communities during the waning decades of the twentieth century, expanding the sites of service to include medical labs and research facilities. Medical researchers' century-long focus on gender expression and sexuality as illnesses left a dearth of research on how LGBTQ individuals experienced actual illnesses and diseases or how gender and sexuality informed health experiences more broadly. While midcentury researchers like Kinsey and Hooker blazed a path into this kind of

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<sup>46</sup> Homophile Health Services was located at 112 Arlington Street, Boston, Massachusetts.

<sup>47</sup> Man's Country opened in 1972 and remains in business. It is located at 5017 N Clark Street, Chicago, Illinois.

<sup>48</sup> Batza, "Before AIDS: Gay and Lesbian Health Activism in the 1970s."

<sup>49</sup> Katie Batza, "From Sperm Runners to Sperm Banks: Lesbians, Assisted Conception, and the Fertility Industry, 1971-1983," *Journal of Women's History* Forthcoming (2015). "Feminists Open Their Own Sperm Bank," *The Evening Independent*, October 8, 1982. The Sperm Bank of Northern California, currently known as The Sperm Bank of California, is now located at 2115 Milvia Street, Berkeley, California.

research, medical researchers, many of them identifying as LGBTQ, took up this vein of research in earnest in the 1970s and 1980s. Responding to the 1978 research conducted by the Women's Clinic of the San Francisco General Hospital on the medical disparities lesbians experienced in traditional health settings (some of the earliest research in the United States to focus solely on women's health), Lyon-Martin Health Services opened in 1980, building upon more than a decade of feminist health clinics and activism across the country.<sup>50</sup> Dr. Fred "Fritz" Klein of San Diego, California founded the American Institute of Bisexuality in 1998 to research the largely unstudied experiences of bisexuals, improving and broadening understanding of their medical needs.<sup>51</sup>

LGBTQ activists and medical professionals also played a key role in the early identification and understanding of AIDS. Founded in 1982, the Gay Men's Health Crisis in New York City sought to connect those infected with willing service providers, but also initiated connections between researchers, doctors, and activists.<sup>52</sup> Also opening that year, the San Francisco AIDS Foundation offered the first national AIDS hotline and has been instrumental in educating San Francisco residents and officials, advocating on behalf of people with AIDS, and providing direct medical and social services to local people touched by the disease for over thirty years.<sup>53</sup> Community health clinics specifically serving the LGBTQ communities, like the Fenway Community Health Center in Boston or the Howard Brown Health Center in Chicago, also did this work while simultaneously conducting research into treatments and modes of

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<sup>50</sup> San Francisco General Hospital is located at 1001 Potrero Avenue, San Francisco, California. Lyon-Martin Health Services is located at 1748 Market Street, San Francisco, California.

<sup>51</sup> Fred Klein, *The Bisexual Option*, 2nd ed., Haworth Gay and Lesbian Studies (New York: Haworth Press, 1993). The American Institute of Bisexuality is located at 8265 West Sunset Boulevard, West Hollywood, California. The Fred "Fritz" Klein residence, where he lived with his partner Tom Reise from 1995 until his death in 2006, is located in San Diego, California.

<sup>52</sup> The Gay Men's Health Crisis was founded at 318 W 22nd Street, New York City, New York.

<sup>53</sup> The San Francisco AIDS Foundation, originally called the Kaposi's Sarcoma Research and Education Foundation, opened at 520 Castro Street, San Francisco, California.

transmission and serving as medical first responders to the first people with AIDS.<sup>54</sup>

AIDS research took many different forms from understanding modes of transmission to developing treatments, and even possible cures, for those infected. After identifying the specific retrovirus, later called HIV, that causes AIDS in 1984, AIDS researchers developed a screening test for the virus and then moved on to manufacturing treatments and prophylactics. Some researchers focused on designing treatments that would kill or render harmless the virus once inside the body, others honed in on preventing the virus from ever being transmitted, others still sought to develop a vaccine. Treatment development and government approval proved painfully slow and many well-conceived ideas proved ineffective or impossible to execute. However, these, and countless other AIDS research efforts have combined to provide a much better understanding of LGBTQ health as well as effective transmission prevention methods within and beyond the LGBTQ community.

LGBTQ scientists and doctors also shaped the medical field around them, both within and beyond the subfield of LGBTQ health. Just as Alan Hart had made great strides in tuberculosis treatment methods, Sara Josephine Baker played a pivotal role in improving fetal health, reducing infant mortality, and curbing Typhoid fever in the early twentieth century.<sup>55</sup> In the 1960s and 1970s, pioneering LGBTQ doctors like Walter Lear and Howard Brown fought to make the medical profession more accepting of LGBTQ practitioners.<sup>56</sup> Doctors Kenneth Mayer and David Ostrow conducted extensive and important research in the final decades of the

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<sup>54</sup> The Fenway Community Health Center, today known as Fenway Health, was founded in 1971 at 16 Haviland Street, Boston, Massachusetts. It currently has several locations in Boston, with the original one being the Haviland Street location. The Howard Brown Health Center began in a room above the grocery store across from Chicago's Biograph Theater in 1974. On October 4, 1997, they moved into their current facility at 4025 N Sheridan Road, Chicago, Illinois.

<sup>55</sup> Sara Josephine Baker lived much of her adult life with her female companion, novelist Ida A. R. Wiley. They eventually retired to a farm in Skillman, New Jersey.

<sup>56</sup> Walter Lear's residence was located in Philadelphia, Pennsylvania and in it he held regular meetings of LGBTQ health professionals and organized the creation of LGBTQ caucuses in many professional organizations. Howard Brown was a New York City Health Services Administrator before coming out and founding the National Gay Task Force (now the National LGBTQ Task Force) in 1973.



twentieth century on LGBTQ health regarding sexually transmitted infections, HIV/AIDS treatments, and creating inclusive medical services.<sup>57</sup> The work of these, and many other LGBTQ doctors and scientists, expands the map and scope of LGBTQ health-related historic sites.

## Conclusion

Few forces have shaped LGBTQ history to the extent that health and medicine have. The relationship between medicine and gender and sexual minorities has been complex since doctors first initiated it in the late nineteenth century, fueling extreme discrimination, harming countless individuals with physical and emotionally painful “treatments,” yet also providing the basis for LGBTQ community building and spurring political activism that factor prominently in our national history. The history told by the sites outlined here is equal parts adversity and redemption, sickness (of both society and individuals) and health, tragedy and hope, and discrimination and service. Each of the LGBTQ health-related sites reflect individual experiences of suffering that can be traced back to the first doctors who set gender and sexual minorities apart and classified them as “other” and “deviant.” The lasting legacy of that stigma is what unifies these sites, makes them noteworthy and, in fact, made many of them necessary at all.

This history continues to mold our present and future. The sites of discrimination presented here only scratch the surface of a reality that suggests that nearly every site that offered any sort of medical assessment or interaction (doctor’s offices, hospitals, court rooms, prisons, immigration entry points, etc.) before the 1970s was also very likely the site of discrimination for gender and sexual minorities. The sites of protest demonstrate the power of oppressed and vilified people, but also reflect their suffering and frustration with a medical system, society, and government that failed them. The temptation to view the sites of service

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<sup>57</sup> Kenneth Mayer’s office is located at the Fenway Health Clinic on 1340 Boylston Street, Boston, Massachusetts, with the clinic’s main office originally being on 16 Haviland Street. David Ostrow’s office was located at the Howard Brown Health Center in Chicago, Illinois.

as proof of progress and redemption exists, but the fact that so many of these service sites still exist to fill the gaps in medical treatments, research, and social services that LGBTQ people need, but can't find elsewhere, speaks to the lasting effects of gender and sexuality-based discrimination today. The future of LGBTQ health looks bright, but only in contrast to the darkness of its history. LGBTQ individuals still face discrimination in medical settings on a regular basis and LGBTQ communities still bear stigmas ascribed by a society informed by stereotypes and misunderstandings. Today's LGBTQ health statistics reflect these realities as fear of medical interactions, additional stress from structural discrimination, and uninformed medical professionals contribute to LGBTQ individuals experiencing more incidents of late diagnoses, more advanced disease, and death from a wide array of illnesses.<sup>58</sup> While this LGBTQ health-related history illustrates great strides already taken, there is much yet to do.

Though unfinished, the broader impact and significance of the struggle for LGBTQ health extends far beyond the LGBTQ communities. Through the experiences outlined here, LGBTQ health initiatives and research have improved broader understandings of sex, sexuality, and sexual transmission of disease in ways that benefit people across the full sexuality spectrum. They have illuminated another important dimension of the health consequences of structural discrimination that adds greater depth and nuance to research and services designed for those who experience racial, age, economic, and ability-based discrimination. The fights for and debates over LGBTQ health have, in fact, shaped understandings of health for all Americans and transformed aspects of

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<sup>58</sup> Kenneth H. Mayer et al., "Sexual and Gender Minority Health: What We Know and What Needs to be Done," *American Journal of Public Health* 98, no. 6 (2008): 989-995; M.K. Hutchinson, Angela C. Thompson, and Julie A. Cederbaum, "Multisystem Factors Contributing to Disparities in Preventive Health Care Among Lesbian Women," *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 35, no. 3 (2006): 393-402; Karen I. Fredriksen-Goldsen et al., "The Health Equity Promotion Model: Reconceptualization of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Disparities," *American Journal of Orthopsychiatry* 84, no. 6 (2014): 653; and Sean Cahill and Harvey Makadon, "Sexual Orientation and Gender Identity Data Collection in Clinical Settings and in Electronic Health Records: A Key to Ending LGBT Health Disparities," *LGBT Health* 1, no. 1 (2014): 34-41.



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health policy, medical research, pharmaceutical practices, government oversight, expectations of medical privacy, and interactions with individual care providers that regularly benefit individuals and society at large.