Lesbian Feminists and the World of AIDS Activism

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Marea Murray documented her experience with the AIDS crisis in her five-part retrospective series "Battles Joined" in the Boston-based queer newspaper, *Gay Community News* during the late 1980s. In the first edition of the series, Murray documented the intensity of working in the early days of the AIDS movement. While she grappled with feelings of alienation from men within the AIDS Action Committee (AAC), Murray continued to carry out her duties as a caretaker for people with AIDS (PWAs). One of her clients was a three-year-old Haitian child. The young girl spent her days isolated in the children's ward. Because she was HIV positive--she was one of the first AIDS-related cases in the hospital but was not formally diagnosed--no one was willing to give her the warmth and care all sick children crave because there was so little research into the disease at the time that people were frightened to touch any person with AIDS[1]. Murray and her partner were often her only visitors, sitting with her and doing their best to make her feel cared for and seen in a place where her sickness ostracized her from her surroundings. In the winter of 1984, Murray received a call informing her that the girl had taken a turn for the worse, she was dead a half-hour before Murray entered the children's ward[2].

Murray documented many stories where those assigned to her care, and those surrounding her in the LGBTQ+ community fell to AIDS. These experiences caused Murray to become jaded and frustrated with AIDS activism. She constantly called out fellow activists and action groups for leaving out the invisible victims of AIDS: people assigned female at birth (AFAB), lesbians, and children, alluding to the misogyny all too common amongst cisgender gay men[3]. Murray and other lesbians found themselves wondering why they should undergo the anguish of AIDS activism while their community felt alienated from the main body of activism due to their status as lesbians, asking "'what are *they* doing for us?'"[4] Despite these mounting feelings of unease, Murray continued to contribute to AIDS activism for more than four years[5]. While the unease she felt about the lesbian position in AIDS activism only continued to increase over the years, Murray actively used her discomfort to criticize the movement, pushing it to be better and continuing to advocate for PWAs. This attitude is reflective of many lesbians who were involved in AIDS activism; they continued to work towards a better future for the LGBTQ+ community even when their relationship to activism and the community as a whole became complicated and uncomfortable. Lesbian experiences with feminism and misogyny both aided and complicated their response to the AIDS crisis. While their experiences with feminism allowed them to enrich AIDS activism, their relationships to patriarchal womanhood and misogyny also alienated many lesbians from AIDS activism.

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[1] Murray, Marea. "Battles Joined Series 1". *Gay Community News*, February 7-13, 1988. pg 9 Documented | Digital Collections of The History Project, accessed February 24, 2021, https://historyproject.omeka.net/items/show/332.
[2] Ibid
[3] Murray, Marea "Battles Joined Series 5". *Gay Community News,* March 6-12, 1988, pg 7., Documented | Digital Collections of The History Project, accessed February 24, 2021, https://historyproject.omeka.net/items/show/336
[4] Murray, "Battle Joines Series 1" 8
[5] Murray,"Battles Joined Series 5" 7

Before exploring how lesbians responded to the AIDS crisis, one needs to first reconcile with the fact that the identifier of lesbian does not inherently imply womanhood. This distinction is significant to keep in mind for the lesbian response to AIDS specifically as many of these responses are informed by experiences with misogyny, something not often considered when looking at people who identify outside of feminine identity. The experiences of cisgender women are often associated with concepts such as feminism and misogyny however, this paper will explore the two with the understanding that those people impacted can and do identify outside of this label. In the case of the lesbian community, lesbians can and do identify with a wide variety of gender identities, expressions, and pronouns. With this in mind, the following will use gender-inclusive language when the identity of those being discussed is not explicitly known.

In order to facilitate this approach, terms such as assigned female/male at birth AFAB/AMAB, and cisgender/cis will be used. While terms such as AFAB/AMAB were not commonplace in the 1980s-2000s the terms are valuable to use in this essay. Lesbians have always had complicated relationships with gender and gender identity and those experiences deserve to be honored and acknowledged in modern historical essays. Additionally, many lesbians who experienced the AIDS crisis are still alive today and may identify their genders differently now that having a complex gender identity has become less stigmatized. This fluidity of gender also deserves to be honored and will be in this paper.

The AIDS crisis in the United States is generally viewed as having started in 1981 with its peak in 1995, however it is still ongoing[6]. This paper will be focusing on events roughly between 1981 and 2000. The government and media stigmatized the AIDS crisis widely because it disproportionately affected the LGBTQ+ community, leading to PWAs being left without options for treatment, scientists being unable to gain appropriate funding for AIDS research, and a rising feeling of animosity against the government within the LGBTQ+ community[7]. Because AIDS was (and is) widely considered a disease that affects gay men, the efforts and struggles of lesbians were not often included in narratives surrounding the crisis. Medical research did not accommodate AFAB PWAs or sexual practices that did not include a penis. This lack of information contributed to the lack of medical representation for lesbians[8].

The initial LGBTQ+ response to AIDS took the form of accommodation activism characterized by community aid groups who focused on caring for PWAs, this is what Murray's caretaking role illustrated. This activism switched to become more confrontational and direct with the creation of ACT UP in 1987[9]. ACT UP is an organization founded in response to AIDS that became known for its confrontational and highly public activism techniques[10]. The media, scientists, government and in some cases the LGBTQ+ community widely left AFAB people out of conversations about AIDS despite the fact that they were still impacted by AIDS and had an active role in AIDS activism.

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[6] "A Timeline of HIV and AIDS." HIV.gov. Last modified 2019. https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline

[7] Stein, Marc. "GAY AND LESBIAN ACTIVISM IN THE AGE OF AIDS, 1981-90," in *Rethinking the Gay and Lesbian Movement*. pg 143-144. London: Taylor & Francis Group, 2012. Accessed April 10, 2021. ProQuest Ebook Central.

[8] Patton, Cindy. *Globalizing AIDS*. Minneapolis: University of Minnesota Press, 2002. Accessed April 22, 2021. ProQuest Ebook Central.

[9] Diedrich, Lisa. "Doing Queer Love: Feminism, AIDS, and History." Theoria: A Journal of Social and Political Theory, no. 112 (2007): 32. Accessed March 6, 2021. http://www.jstor.org/stable/41802353.

[10] Stein, "GAY AND LESBIAN ACTIVISM" 158

Many lesbians decided to commit themselves to AIDS activism in the 1980s-2000s. Some view this commitment as confusing due to the history of lesbian separatism—the feminist philosophy that, to escape the patriarchy, one must completely abandon all attachments to men—prevalent for much of the early twentieth century. To the benefit of the AIDS movement, many lesbians had started moving away from lesbian separatism and towards more inclusive feminism in the late twentieth century[11]. Experiences with more radical forms of feminism gave lesbians the perspective needed to understand that the queer community needed not only assistance but radical liberation via action. The remnants of this separatist mindset however, is what led to some lesbians alienating themselves from, and turning their backs on, AIDS discourse.

Many lesbian advocates involved in AIDS activism called for the LGBTQ+ community at large to take the crisis as an opportunity to politicize their health. Historically, AFAB people's medicine, especially concerning sexual health, was and is under-researched due to social stigmas surrounding AFAB people. These stigmas led to the necessity for AFAB people to politicize their health in order to get treatment. This politicization was particularly instrumental in feminist movements which focused on improving healthcare resources as well as research into AFAB people's health. Politicizing their health under feminism meant that lesbians knew medicine and medical research were strongly controlled by those groups in power at any given time[12]. With the government being heavily influenced by conservative Christian agendas in the form of the New Right during the 1980s, it was evident that AIDS was not going to be a priority concern because it predominantly affected the LGBTQ+ community[13].

Cis-men have long been the medical standard, from AFAB people being excluded from medication trials to crash safety tests exclusively using models based on male anatomy[14]. Because of this fact white cis-men rarely face medical discrimination. Being without medical clout was a somewhat alien concept for many cis white gay men, who had quickly become the face of the response to AIDS. This gap in experience is where lesbians became important figures in guiding the politicized response to AIDS. Lesbians knew what it meant to have their health reduced to a political debate, and were able to advise gay men on how to navigate the politics of medicine and health. Ann Northrup and Maxine Wolfe, two lesbian AIDS activists, recalled this relationship in a retrospective interview in 2018, explaining how AIDS activism was a rare situation where lesbians were looked to for leadership[15]. The leadership role lesbians adopted is reflected in the many lesbian-led AIDS responses such as the lesbian-organized blood drives[16]. Lesbians showed a capacity to organize and meet the medical needs of their community despite the system turning their back on them. Feminist self-help medical books such as *Our Bodies, Ourselves*—a book which brought medical knowledge to AFAB people when the

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[11] Stein, "GAY AND LESBIAN ACTIVISM" 148
[12] Ingram, Gordon Brent, Anne-Marie Bouthillette, and Yolanda Retter. "This Is about People Dying: The Tactics of Early ACT UP and Lesbian Avengers in New York City." Essay. In *Queers in Space: Communities, Public Places, Sites of Resistance*. Seattle: Bay Press, 1997.
[13] Stein, "GAY AND LESBIAN ACTIVISM" 144
[14] Holdcroft, Anita. "Gender bias in research: how does it affect evidence based medicine?." *Journal of the Royal Society of Medicine* (2007): 2-3. DOI: 10.1258/jrsm.100.1.2.
[15] Quiet Heros (2018): Roundtable w/Ann Northrop. Logo, August 2, 2018, Video. From YouTube, 31:00. https://www.youtube.com/watch?v=MHh-34KAoAo&feature=emb_title.
[16] Stein, "GAY AND LESBIAN ACTIVISM" 149-150

medical world refused to do so—is a comparable example of feminists organizing alternative medical aid for their community[17].

Lesbian activists also brought their experiences with feminist thought to gay men in AIDS outside of the realm of activism techniques. Lesbians were able to advise gay men on how to adjust their perceptions of identity as it related to their ideas of gender and sexuality. Lesbian activist Cindy Patton explained that men are expected to be active in sex while women are expected to be passive[18]. With this in mind, the safe sex measures—avoiding having multiple partners and fluid exchanging activities—being recommended to gay men were effectively asking them to have sex as women are thought to: passively.

Gay men were asked to completely reevaluate their sexual culture, abandoning the norms of sexual exploration and promiscuity developed during their own sexual liberation movement[19]. Lesbian activists advised gay men on how they could feel empowered in their sexuality while performing in a way labeled as womanly and therefore invalid[20]. This advice took the form of lesbians encouraging gay men to take ownership of their sexual pleasure separate from societal expectations as women seeking sexual liberation had been doing through the feminist movement.

Additionally, because of their experience with feminist activism, lesbians understood that gay men needed to learn that their sexual identities were intrinsically tied to their political identities. Lesbians had long understood that the femininity attached to them by society as well as their queerness would always be a part of how they were treated and perceived in the world. This created an environment where finding community within their minority identities was necessary for survival, as those minority identities turned them into social and political targets necessitating political activism as a means of self-defense. Many cis-gay men, on the other hand, tended to view the gay community as a largely social affair, and were able to be gay without their gayness being political. Early gay social groups such as The Mattachine Society even went so far as to actively avoid being political to avoid social risk[21]. Marea Murray documented this mentality in her “Battles Joined” series when quoting a gay man marveling at the presence of lesbians at the AAC. The man conjectures how the community had “always meant ‘parties, men, lots of shopping, men-.’”[22] This mentality of being gay meaning having reckless social fun led to a feeling also documented by Murray that “‘AIDS [had] taken all of the fun out of being gay’” among gay men at the time[23]. Because many were not a minority outside of their queerness, gay men were able to separate it from their political identities, often using it solely as a social unifier.

Lesbians and gay men understood their queer identity within different contexts. Lesbians understood their identity to be inherently political while many gay men divorced their sexual and political identities. This discrepancy in understanding caused the two groups to be fundamentally opposed in their approaches to politicizing their identities. Lesbians understood their queerness as yet another Achilles heel in addition to their AFAB status, meaning that the community they formed surrounding that identity was inherently political. Gay

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[17] Zeitz, J. "Rejecting the Center: Radical Grassroots Politics in the 1970s — Second-Wave Feminism as a Case Study." *Journal of Contemporary History 43, no. 4 (2008):* 679. Accessed September 6, 2021. http://www.jstor.org/stable/40543229.

[18] Brier, Jennifer. "Locating Lesbian and Feminist Responses to AIDS, 1982-1984." Women's Studies Quarterly 35, no. 1/2 (2007): pg 243. Accessed April 10, 2021. http://www.jstor.org/stable/27649663.

[19] Stein, “GAY AND LESBIAN ACTIVISM” 148

[20] Ibid

[21] Cain, Roy. "Disclosure and Secrecy among Gay Men in the United States and Canada: A Shift in Views." *Journal of the History of Sexuality 2, no. 1 (1991):* 29. Accessed September 6, 2021. http://www.jstor.org/stable/3704097.

[22] Murray, “Battles Joined Series 1” 8

[23] Ibid

men, on the other hand, were able to form a community around their queerness through a social lens without creating the same inherently political binding. That is not to say that all gay men didn't view their queerness as political, and no lesbians viewed their identity as social, just that gay men could previously choose to politicize their queer identity while lesbians existed in a constantly politicized state due to their femininity in a misogynistic world.

As Maxine Wolfe, the founder of the women's branch of ACT UP, explained, many gay men "were coming out only to fight the AIDS crisis. And they discovered the kind of experience of working with the gay community when you're gay...and became totally out."[24] Because of the privileges that come with being cis and male, the need to cling to a bonding identity such as being LGBTQ+ was not as pressing and easily avoided. It wasn't until there was an issue that directly and disproportionately affected them as cis-men that they realized the importance of coming out in order to function as a political community. Lesbians took it upon themselves to assist these gay men on how to handle their newly politicized identities in a way that could further gay liberation.

While the identity politics of the AIDS crisis was a major aspect of AIDS activism, the core issue and cause were always the PWAs and their care. In finding care for AFAB people with AIDS lesbians had a unique position in the conversation as it concerned their own sexual health due to the nature of lesbian sex and its relationship to medical research. To be blunt, there was no accessible medical research into lesbian sex and sexual health at the time[25]. Because of this reality, AFAB lesbians had no place to even begin when trying to avoid AIDS transmission from an AFAB partner. It was generally understood that vaginal fluids carried less risk of transmitting AIDS however, these studies only included research on sex that involved a penis and penetration, focusing mainly on how a person with a penis would contract the disease from someone with a vagina[26]. This research did not account for lesbian sex which was typically wetter, resulting in smearing and higher concentrations of vaginal fluids than in penetrative sex involving a penis. To understand lesbian transmission there needed to be studies looking at how AIDS could be transmitted when vaginal fluids came into contact with the face and hands, something studies at the time simply did not cover[27].

The lack of awareness surrounding AFAB people and AIDS was possibly most noteworthy in the exclusion of AFAB people from the CDC definition of AIDS[28]. This exclusion made getting a diagnosis as an AFAB person substantially more difficult. The CDC definition was enigmatic of the erasure from medical research AFAB people, including lesbians experienced during the AIDS crisis. While lesbians did make up a fraction of the AIDS cases between 1981 and 2000, AFAB people were the group with the most rapidly increasing rates of AIDS infection.[29] From 1981 to 1992 cases of AIDS among AFAB people increased by 5.3% while cases among AMAB people increased by 2.8%[30]. This data predated when the CDC changed their definition of AIDS

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[24] Ingram, Brent, Bouthillette, and Retter "This Is about People Dying"
[25] Rosser, Sue V. "Ignored, Overlooked, or Subsumed Research on Lesbian Health and Health Care." *NWSA Journal 5, no. 2 (1993):* 184. Accessed August 25, 2021. http://www.jstor.org/stable/4316259.
[26] Patton, Cindy, and Sue O'Sullivan. "Mapping: Lesbians, AIDS and Sexuality." Feminist Review, no. 34 (1990): pg 123. Accessed April 10, 2021. doi:10.2307/1395312.
[27] Ibid
[28] "Dead but Not Diagnosed – CDC AIDS Definition Kills Women," 1990. Judy Sisneros ACT UP/Los Angeles Records, ONE Archives at the USC Libraries. https://www.onearchives.org/its-not-over-posters-and-graphics-from-early-aids-activism/ (Accessed, May 12, 2021)
[29] "HIV and AIDS — United States, 1981–2000." *Morbidity and Mortality Weekly Report 50, no. 21 (2001):* 431. Accessed August 26, 2021. http://www.jstor.org/stable/24830506.
[30] "Morbidity and Mortality Weekly Report" 431

to include AFAB people in 1993[31]. AFAB people remained literally left out of AIDS discourse by those who were handling the crisis on an official level despite the fact that they were increasingly affected by the disease. Beyond this, AFAB people have historically been left behind in medical research from cholesterol medication being solely tested on AMAB people to aspirin as a treatment for heart disease being passed as a treatment without being tested on a single AFAB person first[32].

The lack of research into AIDS in AFAB people led to them needing to take charge of their treatment if they did contract AIDS. In an ACT UP meeting on women and AIDS, a woman is heard repeatedly asking how to approach her AIDS diagnosis and for direction on how to advise her doctor on treatment options[33]. This demonstrates how even in groups where AIDS and women were their main focus, the health of AFAB people who contracted the disease was widely a mystery. In response to this deficit, Gay Men's Health Crisis' cable show "Living with AIDS" did a special focusing on what safe sex looks like for AFAB people which explained the stigmas surrounding AFAB people and sex, and lesbians' misguided assumptions that they were immune to AIDS[34]. This was published due to the lack of information available to women on how to both prevent contracting AIDS and how to handle an AIDS diagnosis. With this in mind, the special demonstrated the lack of resources available to women with AIDS, connecting to how lesbians with AIDS were disadvantaged due to their social status.

It is important to note here that a majority of lesbians were not overly concerned with contracting AIDS themselves as they were the least impacted group[35]. However, when investigating how specifically lesbian feminists interacted with AIDS it is necessary to mention this discrepancy in care and resources. Lesbian feminists who did concentrate on this gap in care and research did so in order to highlight how their being AFAB was hindering their health as a continuation of the health activism seen in the 1970s. They were not scared of contracting AIDS necessarily, but rather bringing attention to yet another area where AFAB people were discriminated against due to their sex. With this being said, many lesbians had a critical outlook on the idea of lesbians being a "low-risk group" in AIDS due to their general status as AFAB people who were not expected to sexually interact with penises.

This outlook was in response to both lesbians existing behind the imaginary lesbian shield—the idea that lesbians were immune to AIDS due to the apparent absence of men from their lives—and the medical world carrying out research that did not include AFAB people. Marea Murray further explores this concept by attaching it to how when AFAB people were referenced they were mentioned only as vehicles of transmission, not as victims themselves[36]. Many lesbian feminists understood that not only were their AFAB community members with AIDS being left behind, but that their being left behind was a symptom of a larger issue that needed to be addressed, prompting them to expose the lapse in care. Women were diminished to side characters in a man's story, simply the vehicle of AIDS to a man rather than a PWA themselves.

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[31] Rosser, Sue V. "Ignored, Overlooked, or Subsumed"184
[32] Ibid
[33] Donated by Maxine Wolfe on 1993-07-26, Women in ACT UP Organizing Meeting, Lesbian Herstory Archives Audio-Visual Collections, accessed February 17, 2021, http://herstories.prattinfoschool.nyc/omeka/document/SPW1671.
[34] Carlomusto, Jean; Donated by Maxine Wolfe in 1993, "Living with Aids," *Lesbian Herstory Archives AudioVisual Collections*, accessed May 17, 2021, http://herstories.prattinfoschool.nyc/omeka/document/21.
[35] Stein, "GAY AND LESBIAN ACTIVISM" 149-150
[36] Murray, "Battles Joined Series 4." 7, 10

The lesbians who did not think they needed to practice safe sex or openly chose not to practice safe sex presented a challenge somewhat unique to the lesbian community. Cindy Patton, a prominent and respected lesbian AIDS activist, tentatively connects this, at least in part, to the trauma lesbians experienced when attempting to conform to heterosexual society[37]. In the mind of a lesbian at the time the words "safe sex" were connected to heterosexual sex and the prevention of pregnancy. This association could have caused lesbians to decide there was no need to practice safe sex when there was no penis involved or caused lesbians to reject the concept due to their feelings towards and/or past trauma with cisgender men. This trauma surrounding cisgender men was often tied to lesbian experiences with compulsory heterosexuality. Compulsory heterosexuality is a phenomenon identified in queer theory as an idea that heterosexual relationships are the only acceptable relationship type, and is, therefore, the only relationship style available to model after. This leads to lesbians without the experiences needed to see lesbianism as an option, causing them to choose to engage in relationships with cisgender men, sometimes without even having the perspective to understand their attraction to the same gender. Because those lesbians impacted by compulsory heterosexuality are engaging in relationships antithetical to their innate desires, compulsory heterosexuality often leads to feelings of displacement and dissatisfaction which are harmful to many lesbians[38].

Many members of the lesbian community were critical of lesbians who did not take AIDS seriously. This was partly because lesbians did still get AIDS and transmit it to other members of the community and partially due to the fact that blatantly ignoring AIDS sent a message to wider society that the LGBTQ+ community was not as united as they appeared in their activism. Appearing as a united front was essential to AIDS activism as it was the only way the community would get the clout and attention needed to make an impact. Despite this, lesbians acted as though the label of lesbian was a magical AIDS repelling shield and would engage in risky sex[39]. Lesbians were recorded as going so far as to engage in sex with random partners, sometimes upping the risk by engaging in oral sex while their partner was menstruating[40]. AIDS is a disease which is transmitted via sexual emissions and blood making the behavior exhibited by these lesbians especially risky.

AIDS safety resources identified the lack of concern for their own safety demonstrated by the lesbian community by explicitly addressing them. In the special made to draw women's attention towards safe sex during the height of the AIDS crisis, they go step by step explaining how lesbians can keep themselves safe when engaging with an AFAB partner. These steps included the obvious, in the cases of abstinence but also the less obvious, advising lesbians to use dental dams, gloves, and to refrain from sex with a menstruating person two days before, during, and two days after, their cycle due to the high likelihood of contracting AIDS[41]. This illustrates the lesbian position of viewing their sex as separate from notions that are typically associated with gay and heterosexual sex, once again bringing up the concept of lesbians' interactions with AIDS being colored by their rejection of men as previously established by lesbian separatism.

While lesbian activists often find themselves as the unsung heroes of AIDS activism, their role is undeniably crucial. Lesbian experiences with feminism and misogyny informed much of the work they did. The influence feminism and misogyny had on the lesbian response to AIDS was both an aiding force as well as a

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[37] Patton and O'Sullivan, "Mapping: Lesbians, AIDS and Sexuality" 124
[38] "Compulsory Heterosexuality," Equality Archive, October 12, 2017, https://equalityarchive.com/issues/compulsory-heterosexuality/.
[39] Van Gelder, Lindsay, and Pamela Robin Brandt. *The Girls Next Door: Into the Heart of Lesbian America*. New York: Simon & Schuster, 1996. (267)
[40] Ibid
[41] Carlomusto "Living with Aids"

complicating one in the way lesbians approached both the disease and the activism developed in response. Lesbians had experience with using health as a tool for liberation because of feminism, a fact which assisted them in their ability to direct the response to AIDS. Lesbians also had experience with politicized medical and sexual identities due to the sexual liberation and medical activism that took place in second-wave feminism. Because of this experience, lesbians could advise gay men on how to adjust their perceptions of identity to include their sexual identity, meaning they both had to take ownership of their sexuality and then politicize that identity, something lesbians had done before due to experiences with second-wave feminism.

Due to their experiences with feminism, lesbians were able to advise the response to AIDS despite the fact that many felt alienated from said activism due to misogyny. Many lesbians alienated themselves from existing safely in the world of AIDS due to their warped perception of how lesbianism protected them from contracting the disease due to misconceptions surrounding AFAB people, sex, and AIDS, as well as the lesbian attitude towards “male” issues. The lesbian relationship to cisgender men and heterosexuality, two things often rejected completely by the lesbian community directly informed this attitude. The misogyny experienced by many lesbians in AIDS activism led to many feeling alienated from those they were attempting to help, causing much personal distress as well as tension between lesbians and gay men. Beyond their peers in activism, lesbians also experience the pitfalls created by misogyny when attempting to get resources for AFAB PWAs. Much medical research is done without AFAB people in mind, a trend that was not suspended for AIDS research. This led to many AFAB PWAs without options for treatment or resources to understand how to protect themselves from contracting the disease. When investigating history, it is important to constantly re-approach any and all topics from a minority perspective in order to fully understand the scope of the topic. When it comes to AIDS activism there is much to learn and investigate and the role lesbian feminists played is just the tip of the iceberg.

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