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COMMUNITY ACTIVATION: RESPONSE TO AIDS IN CHICAGO

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ABSTRACT

The response to the AIDS epidemic in Chicago shows continuity with the national trend of fighting ignorance. In the 1980s, Chicago emerged as a hotspot of gay life, positioned between watershed moments in New York and San Francisco, crafting an opportunity to forge a powerful, accepting community within the city through community responsiveness, educational initiatives and political activism. Chicago is more representative of the typical American city and is why this study is centered here. Chicagoans provided their own actions in response to city and county government inaction. Medical activism by gay doctors at the Cook County Hospital, for example, helped spur treatment availability. Gay spacial concentration increased community support but did not address resource inequality. AIDS education in Chicago also took a new path. Education — sex positive verse sex adverse — was present throughout the city, yet racial differences were again present. The most important sources for this paper were primary accounts from both inside and outside the LGBTQ+ community during the 1980s and more recently. Including material from within the community clarifies how the community operated even if mainstream media was not covering it. The AIDS epidemic and the reaction from the LGBTQ+ community proved the group was resilient, united and visible, an important foundation for facing continued discrimination and oppression from groups such as the conservative Christian right. Despite challenges, the 1980s was a period of change in LGBTQ+ history that ushered in opportunity and acceptance for future generations of LGBTQ+ youth in the United States.

Though historically viewed through the lens of coastal living, the AIDS epidemic response in the 1980s reached further inland than New York City and San Francisco. Chicago, a bustling hub in the heart of the country, was not spared the consequences of a new disease ignored by political leadership. In the 1980s, Chicago emerged as a hotspot of gay life, positioned between watershed moments in New York and San Francisco, crafting an opportunity to forge a powerful, accepting community within the city through community responsiveness, educational initiatives and political activism. This allowed gay Chicagoans to prepare for the future of the AIDS epidemic. However, taking an intersectional look at race exposes inequalities between white and minority homosexuals in Chicago. In spite of these racial challenges, Chicago’s history with AIDS shows continuity with the national trend of the AIDS epidemic of fighting against ignorance.

Choosing Chicago for the location of analysis in this essay was a deliberate choice. Traditionally, historical scholarship exploring the development of gay life and gay liberation tends to focus on New York City and San Francisco. While these two cities did have large gay communities that were organized and connected, more gay people lived outside of these two cities. Therefore, the inclusion of Chicago as a study of gay rights in twentieth century America is an important development for LGBT history. Timothy Stewart-Winter in his 2015 book *Queer Clout:*
Chicago and the Rise of Gay Politics challenges the use of New York as the template for the scholarly narrative of US gay activism. He finds that Chicago is more representative of the typical American city, especially given the larger gay population that lived in the expansive rural areas of the interior. Moreover, the gay liberation movement in Chicago had more economic diversity among participants than New York and San Francisco, providing a more accurate sample of homosexuals in the United States. Queer Clout demonstrates continuity between gay liberationism and gay politics in the postwar era. Stewart-Winter does not emphasize Stonewall as being the radicalizing moment in gay history, instead looking to the 1968 Democratic National Convention in Chicago as an activating moment. The 1968 DNC made challenging the police in Chicago easier, leading to more radical activism in the gay rights movement. Additionally, Stewart-Winter takes an intersectional approach to examine how identity and privilege shaped activism while destabilizing the narrative that the white gay liberation movement and the black power movement operated independently from each other. Chicago provided the space where these two movements shared a common enemy – the police. In turn, Stewart-Winter argues this united these two movements which became integral in the 1980s and 1990s.

Race has been an important consideration in other scholarship in LGBT history. For example, in Not Straight, Not White: Black Gay Men from the March on Washington to the AIDS Crisis from 2016, Kevin Mumford seeks a black gay history that explores how black masculinity made black gay men invisible instead of historical subjects. Mumford also argues that queerness has been erased from prominent black gay leadership. Though the archival material that Mumford discovered shows black queer leaders having a sense of black queerness, it has been erased by “the presumption of [their] straightness.” Mumford continues by placing black gay activism in the history of gay liberation as black gay men were battling being in-between the white gay male community and the heterosexual black community, and struggling under the New Right, neoliberalism and the AIDS epidemic. Although inspired by the work of lesbian feminist women of color, black homosexuals struggled finding a place in society. While the liberal treatment of sexual and gender difference in black press had been challenging sexual and racial taboos in the immediate postwar years, by the mid-1960s the liberalism in black media had been replaced by the concern for heterosexual families in black communities. For black homosexuals in Chicago, this was especially disadvantageous as Curt Winkle, in his article “Gay Commercial Districts in Chicago and the Role of Planning” from 2014, demonstrates that Chicago’s gay economic activity that had once been centralized in the predominately black south side area of Bronzeville, abandoned the area for the predominately white north side of the city.

With the development of AIDS/HIV in the United States, historians began looking more into the daily lives of homosexual individuals. Gregory M. Herek and Beverly Greene show how AIDS changed the lives of thousands of individuals in 1980 with their book AIDS, Identity, and Community: The HIV Epidemic and Lesbians and Gay Men published in 1995. Herek’s and Greene’s focus on collecting oral history of those in the gay community that had survived the AIDS era in the 1980s provides a look at how the disease shifted perspectives. The two discovered in the oral history interviews that the epidemic altered life for gay men, lesbians and bisexuals who had come out before the onset of the disease. This demographic witnessed the dramatic changes

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1 Kevin Mumford, Not Straight, Not White: Black Gay Men from the March on Washington to the AIDS Crisis (University of North Carolina, 2016), pg. 21.
brought about by AIDS to their community. Those coming out in the early 1980s, however, have only known gay, lesbian and bisexual life against the veil of AIDS and HIV. For this other demographic, the gay experience was always marked by death and disease.  

While Herek and Greene were studying the epidemic in a period of minimal hope, more recent scholarship has a more uplifting tone influenced by the availability of new medicine. Perry N. Halkitis in his 2014 book *The AIDS Generation: Stories of Survival and Resilience* actively is pushing to expand the scholarship around HIV to improve the visibility of those infected and find better chances of defeating the epidemic. Halkitis shows that there is more than one story of AIDS, unified by a set of common conditions not set in stone. His point is not why AIDS happened to the gay community but rather that it did happen and has affected three generations of gay men. However, Halkitis does not challenge AIDS as a primarily gay disease despite more recent evidence of infection in all segments of the population nor does he acknowledge the experience of lesbians with the disease.

The focus of AIDS historical scholarship has often lacked a gendered dimension, ignoring the experience of lesbians and trans and non-binary individuals. Jennifer Brier’s work in “‘I’m Still Surviving’: Oral Histories of Women Living with HIV/AIDS in Chicago” from 2018, however, brings in a consideration of gender. Brier challenges the historiography that only relates the AIDS epidemic to white gay men. “HIV/AIDS is not, and never has been, an exclusively white gay male disease.” She argues that women were not widely acknowledged as victims of AIDS until mid-2000s public health campaigns. While initial cases were small, likely thousands of people – men, women, queer, straight, etc. – were likely sick but avoided the medical establishment out of fear of discrimination or dismissal. Emphasizing that AIDS/HIV is not a disease that only affects gay men is important for the development of this historiographical field. Examining how AIDS crosses race, gender, sexuality and class will help rediscover the stories of those who have been lost.

Going into the 1980s, the gay community was better prepared and more responsive than local, state or federal government on combatting AIDS. The U.S. federal government did not respond effectively to the increasing severity of the AIDS crisis in the 1980s. In part, the lack of a quick reaction had to do with funding and economics, as President Reagan was pulling back healthcare and social programs in the 1980s which cut funds that could have gone to AIDS research. In an interview with CSPAN, doctoral candidate Nancy Brown spoke to the paradox of AIDS in the federal government. While some advocated for increased funding and education for AIDS, the prevalence of the disease among gay men and IV drug users put up resistance to dissemination of material because the conservative public that backed Reagan “didn’t want to encourage that behavior or activity.” This resulted in the government talking around the issue and

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being indirect about what needed to happen. Moreover, although AIDS was first reported in the medical and popular press in 1981, President Reagan did not publicly speak about the epidemic until 1987. Homophobia was a central tenet to Reagan’s base of born-again Christian Republican conservatives and as president advocated for the government to not provide sex education information. Additionally, the Reagan administration refused to provide adequate funding for AIDS research. In the course of less than a year, the CDC spent less than $1 million on AIDS, but spent $9 million on Legionnaire’s Disease despite over 1,000 AIDS deaths and fewer than 50 Legionnaire’s Disease deaths in the United States. This theme continued throughout Reagan’s administration.

Due to this, the country, including the gay community, could not rely on hope that the federal government would provide any real financial assistance. Turning to state and local government, though, brings forth similar shortcomings. A writer for the Chicago Tribune accused Chicago’s Public Health Department of taking minimal action and the Illinois Department of Public Health (IDPH) for not acting sooner in March 1986. At this time, the city had only proposed a total budget to address AIDS that amounted to $654 per diagnosed case, providing no additional funding for future cases. The county had no budget for the Cook County Hospital AIDS Clinic and the IDPH was responsible for making sure no state money was spent on AIDS by March 1986 with the gutting of HB 725. The Illinois governor in 1986 did propose a budget that requested $2.4 million for AIDS projects, though the IDPH focused this money on pushing mandating state registration of HTLV-III antibody positive test results and contact tracking.

Drake proposed three priorities for the local public health department to change in his article in the Chicago Tribune: prevention, patient care, and confidentiality. While the gay community was independently conducting its own education campaign, the straight community had to rely on “supermarket tabloids for information.” Secondly, providers needed support in meeting the financial burden of assisting people with AIDS. Meanwhile, Drake found the proposal to register test results would guarantee no one would take the test and that the state needed to focus its efforts on guidelines to guarantee anonymity instead. “Convincing [the health departments] that doing so is their responsibility has become a frustrating and bitter experience. So is reading obituaries at the age of 32,” wrote Drake.

By May 1986, conditions had only marginally improved. On May 15, 1986, the City of Chicago announced $150,000 in city grants for AIDS education; however, half of the funds were immediately directed to projects aimed at drug addicts despite admitting male homosexuals and bisexuals who do not use drugs had been the group hardest hit in Chicago. From these grants, only $32,700 of the funds were received by two gay organizations in the city, Howard Brown

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Clinic in Boystown ($17,700) and Gay & Lesbian Horizons ($15,000). While addressing infection with IV drug users is important, the city government failed to adequately respond to the ailments facing the gay community.

Without government intervention, the gay community in Chicago took matters into its own hands. Chicago is unique in that its gay spaces have not been stationary throughout history. Curt Winkle explored evolving spatial patterns across the city, contrary to previous scholarship that looked at single locations within a city. Gay spaces in Chicago historically did not cluster and were widespread, but concentration and visibility of gay neighborhoods increased beginning in the 1970s. In the 1930s, Chicago’s gay spaces were scattered sporadically along the coast with the highest concentration in the predominately black south side neighborhood of Bronzeville and Hyde Park. By 1970, though, gay spaces had begun to move north, closer to the Loop and heavily concentrated in the Boystown neighborhood. The 1980s brought increased concentration with the gay community becoming centered along North Halstead Street in Boystown leaving Bronzeville a gay ghost town by the 2000s. Winkle argues that though voluntary migration explains part of the shift in concentration, it was the City of Chicago’s planning activity that concentrated gay resources in the predominately white north side of the city, being a historic step for explicitly addressing gay issues in North Halstead Street planning documents in 1997.

Gay spatial concentration was both advantageous and disadvantageous for a variety of reasons including racial inequities. What this concentration did bring about was increased community support. Within the span of three years, multiple nonprofit organizations were founded in Chicago to address the rising AIDS crisis including the AIDS Foundation of Chicago, Chicago House, Open Hand, Test Positive Aware Network, Stop AIDS, Kupona Network, AIDS Legal Council of Chicago and Chicago Women’s AIDS Project. These new organizations helped fill the gap left by lacking governmental response to address the wide array of problems the LGBT community was facing. While nearly all were touched directly or indirectly by AIDS in the 1980s, out gay men and lesbians across the city had very different experiences in access to funding, resources, and the impact of death and grief. Access to resource inequality was a problem early on with the first AIDS Walk in Chicago not funding representative groups, for example. As the population affected most by AIDS shifted, community advocates were not asking for the end to prevention and services for white gay men, but that services should expand overall.

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Furthermore, the gay community was increasingly cognizant to the lack of resources being presented to them by formal state entities by the late 1980s. “It’s an obvious fact to me that while the rest of the world did almost nothing and ignored AIDS – in fact, consciously looked the other way – best symbolized by the fact that our president [Ronald Reagan] didn’t utter the word until September 1986 … people did nothing, with the exception of the gay community,” stated one straight ally in July 1987.26

Community memorials also played an important role in advocating for AIDS issues in Chicago. The NAMES Project AIDS Memorial Quilt display at Navy Pier in 1988 was a unifying force for the community. In 2011, Tracy Baim spoke to the impact the NAMES Project Quilt had on the city. Though not founded by a Chicagoan, the NAMES Project Quilt has returned many times to Chicago since 1988 raising thousands of dollars for AIDS victims, spurred multiple advocating trips to Chicago by NAMES Project Founder Cleve Jones, and functions as a consciousness-raising tool.27

Community advocates were not alone, however, and did have support from inside the medical field from out gay and allied Chicago doctors. The AIDS Clinic at Cook County Hospital was created by hospital administration after being “lobbied by the gay doctors on its staff.”28 Two doctors were responsible for the founding of the clinic in 1983. Dr. Ron Sable, an openly gay man, and Dr. Renslow Sherer, a straight man, were the two responsible doctors. Sherer’s status as a straight married man with children helped him play a pivotal role for the community as he could relate to elected officials while pressing for the opinions he shared with gay activists.29 Two other gay doctors, David Blatt and David Moore, treated AIDS victims at the Illinois Masonic Hospital, as well.30 Nevertheless, access to medical treatment alone was not the only issue that needed to be solved.

The emerging disease presented a need for education that a diverse and complex community in Chicago forged throughout the 1980s that addressed both gay and straight experiences. Part of the difficulty promoting AIDS education was stigmatization of the disease. In 1982, the medical community commonly referred to the grouping of symptoms as GRID, or gay-related immunodeficiency, and only later was renamed AIDS, or acquired immunodeficiency syndrome.31 Part of the lacking early response can be attributed to mainstream doctors’ and agencies’ rhetoric of anti-gay feelings and AIDS-phobic activities. Children were cast out by their families after diagnosis and schools even tried to prevent HIV-positive children from attending classes.32 People with AIDS faced discrimination in many aspects of life. HIV-positive people lost their jobs, airlines discriminated against patients that were sick or that were thought to be gay, and patrons refused to be served by gay waiters in restaurants. One dentist even lost his job at a federal prison after he opened an office in Chicago for low-income, HIV-positive patients.33

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This discrimination was bolstered by the minority of individuals infected by AIDS that refused to accept their disease and change behavioral patterns. A 1987 news article identified Gaetan Dugas as “Victim Zero,” a gay man from French-Canada with a “voracious sexual appetite” that played a key role in spreading AIDS in the United States. Linked to at least 40 of the first 248 AIDS cases, Dugas knowingly continued to have sex with other gay men for two years after his official diagnosis of AIDS, four years after the original onset of symptoms. An article published by the New York Times in 1985 tells a similar story where a prostitute was arrested after believed to have been spreading AIDS in Chicago. Identified as Nadine Moore, she was charged with prostitution and public indecency but was released despite an AIDS test indicating previous exposure. The Illinois Department of Public Health had no way to legally quarantine Moore, so she was released, able to continue to pass on the virus to other sexual partners.

Two streams of education occurred in Chicago that experienced success and failure in an effort to combat rising AIDS cases. Two themes also prevailed in the educational resources provided by both streams: sex positive versus sex adverse education. The first stream of education came from non-governmental groups. Community-based education took many different approaches with some resources being sex positive and others sex adverse. One 1983 example was printed in a free monthly newspaper and was written by medical staff. The focus of this resource was mainly directed to bisexual and gay men and IV drug users. By 1983, the medical community knew how the virus was transmitted. Specifically, it was known HIV was not spread through casual contact and therefore a goal of this news article was to emphasize not to fear HIV-infected individuals. Taking a very sex positive approach, the two medical professionals offered liberal educational guidance for teenagers and young adults. Unlike material that will be discussed later, this article did not preach abstinence. Instead, it proposed taking care of one’s health by eating and sleeping well, relaxing, getting adequate exercise and avoiding or cutting down on alcohol and drugs. However, it presented readers with information on safe drug use by saying “Don’t use needles, but if you continue ‘DON’T SHARE NEEDLES and clean your works and your skin.” The final recommendation was to continue having sex, but having “sex that is SAFE, satisfying, and creative.” Published alongside this recommendation was a rather graphic list of ideas (for the 1980s) including masturbation, mutual masturbation, fantasy, using condoms, sexual massage, body rubbing, hugging, and other sexual activities where body secretions are not exchanged. Such sex positive educational material was hard to come by in the 1980s. More of the material being presented leaned conservative in tone, but still much more useful than governmental materials.

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Race also affected the availability of sexual education in regard to AIDS. Originally forgotten by scholarship, black activists were actually quick to respond to the need for education in Chicago. The problem was that African American gay activists were ignored by African American media sources. By the end of 1982, the National Coalition for Black Gays – Chicago Chapter had begun to offer HIV education and prevention materials to Chicago’s black gay community in Bronzeville and in 1985, the Kupona Network sponsored a conference on “Black People and AIDS” to educate the south side gay population.

The second stream of education which came from local and federal government was much less effective at providing resources on AIDS. In general, government-sponsored education came much later than community-sponsored education. Andrew Greeley, a Roman Catholic priest and sociologist wrote an editorial in 1987 to the Chicago Sun-Times detailing faults in both the conservative and liberal approaches to AIDS education. The conservative solution was chastity and abstinence. While AIDS was correlated to promiscuity, using abstinence as a solution to AIDS does not take into account human sexuality and desire. Greeley argued that the city’s public health officials needed to assume that humans are either unwilling or unable to comply with chastity and abstinence. Greeley also disagreed with the Roman Catholic bishops’ stance on ads for contraceptives encouraging promiscuity, stating that “sexual drives of youth come from their reproductive systems not TV ads.” Meanwhile, he found the liberal argument faulty because those likely to listen to state-sponsored education already know how to avoid activities that lead to HIV infection, asserting those who know about HIV and do not change their behavior are the result of the “kinks and the passions of human nature.”

These considerations place any governmental action in a difficult position, but action still needed to be taken nonetheless. The Chicago Sun-Times published an article a year after the United States government undertook an unprecedented publishing undertaking by setting the goal to deliver the “Understanding AIDS” brochure to every household, prison inmate, expat and homeless person. This brochure was deemed too little, too late by activists as it was not created until 1988 and avoided issues vital to AIDS prevention. The brochure was a controversial issue in 1988 and a battle ensued over what could be included and how sexually explicit it could be. The “Understanding AIDS” brochure had its limitations but did attempt to counter the idea that only members of “high risk groups” could be infected and that heterosexual cases were growing. However, it failed in its efforts to address the core issues in the spread of AIDS. While it outlined risky behaviors like sharing drug needles and unprotected sex with individuals that have many sex

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partners, its solution was a short, three-point list: “not having sex; sex with one mutually faithful, uninfected partner; not shooting drugs.”49 Contrary to the resource published in the Tenderloin Times in 1983 that was discussed earlier, the brochure published by the CDC was heavily sex adverse with material being abstinence-based, negative toward sex workers and placing the primary educational responsibility on the parents.50 Further, the publication was sealed with a message to dispose if the reader did not want to be exposed to its “graphic contents.”51

Government educational programs also did not address minority populations. Chicago health department officials made little effort to educate Hispanics about AIDS. The city’s focus had been on white homosexuals and drug users, though health officials would “answer questions about AIDS from concerned Hispanics.”52 What the city did provide, they did not adequately fund. The only two city-funded programs in Chicago to educate Spanish speakers were only given enough funding to maintain one full-time and one part-time counselor from February to June 1987.53 Minority populations in Chicago, therefore, were deliberately left out of the public discourse on AIDS prevention. That being said, more radical activism that occurred in 1980s Chicago was much more inclusive of all peoples.

The AIDS epidemic in Chicago pushed activism into the mainstream, uniting the community under a common political and social goal across divisions of sexuality. While Stewart-Winter demonstrated that the 1968 Democratic National Convention caused a rise in radicalism in the gay liberation movement, it was not the sole activating moment in LGBT history in Chicago.54 The DNC did change the environment of challenging the police, but the gay community needed connections throughout the city to be successful at pushing through change. Pierre Clavel highlights in his 2010 book Activists in City Hall: The Progressive Response to the Reagan Era in Boston and Chicago that neighborhood activists entering city hall in Chicago during the 1980s was important for changing how the city was governed.55 What made this a pivotal advancement for community activists in the 1980s was that this period stood in contrast to the normal course of city government controlled by business interests.56 With the election of Harold Washington to the mayoral office in 1983, a new wave of progressivism entered Chicago.

The mayor’s office played a key role in advancing gay rights and AIDS awareness. In 1983, Washington appointed new members to governmental positions that brought significant representation changes to city government. When Washington left office in 1987, it took two years for the city to elect a mayor with any longevity. Richard Daley was elected to the office in 1989.

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and was seen as originally not acting quick enough to increase AIDS spending, spurring protests at City Hall and was confronted by AIDS activists constantly. In November 1989, police arrested 15 gay rights activists outside City Hall protesting “Mayor Daley’s insensitivity to their concerns about AIDS” to demand a change to the city’s AIDS education campaign. Daley did eventually repair these relations with the gay community and served until 2011.

The connection to the political establishment in Chicago also allowed the gay community to work together to prevent the same controversy that occurred in San Francisco over the city’s bathhouses. Chicagoans made it clear that unsafe sex was widespread and that keeping the bathhouses open was important for controlling AIDS. Activists argued that the bathhouses were safer than parks and other cruising areas because condoms could be made available and accessible and safe-sex educational material could be added to the venues.

Gay activists also called upon other professionals in the city to help their cause and support those suffering from AIDS. In a letter to the editor published in the New York Times, Executive Director of the AIDS Legal Council of Chicago, James Monroe Smith, pleaded for legal assistance. Smith applauded lawyers in New York who wrote probate documents for people with AIDS at local hospitals, and, while the AIDS Legal Council of Chicago had been sponsoring a “wills clinic” at the Cook County Hospital, the group needed more assistance to provide all the legal services needed for people facing HIV discrimination in Chicago. People living with AIDS had difficulty getting their insurance to pay for drugs and therapies, were unable to pay medical bills once they became too sick to work, needed assistance filing for bankruptcy, and struggled obtaining their Social Security benefits. However, those suffering from AIDS faced challenges with legal ethics in Chicago. “We find that large corporations (including insurance companies) have spread out their work among so many large firms as to preclude them from representing clients facing HIV discrimination,” stated Smith. Because AIDS patients cannot access large firm resources alone, Smith calls upon legal professionals to ensure that those facing HIV discrimination have a legal voice or to donate money to not-for-profit legal services if they were unable to represent the individuals directly.

As uncovered by Stewart-Winter, professional connections were paramount for victories of the gay community in Chicago even before AIDS. In Queer Clout, Stewart-Winter describes how gay activists pressured the owners of the city’s biggest gay bars to stop throwing out same-sex couples who danced together with the help of the Black Muslims and their insurance agent. Planning a boycott at the Coliseum, the activists needed an insurance policy to be granted access.

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to the venue. Every other insurance agent denied the request to cover the event besides one man whose company had insured the Nation of Islam’s annual convention just weeks earlier.64

Activism also drew support from national celebrities. At the Chicago AIDS Benefit in 1987 hosted at the Chicago Theatre, celebrities such as Peter Allen, Chita Rivera, Oprah Winfrey, Mayor Harold Washington, U.S. Senator Paul Simon and all five Chicago gay and lesbian choral groups lead a benefit performance that raised over $1 million.65

More radical protests also brought increased awareness to AIDS in Chicago. For her Chicago Gay History Project, Tracy Baim interviewed gay men and lesbians and identified the rise of AIDS as both a blessing and a curse. She argued that “AIDS caused the voluntary and involuntary outing of thousands of gay people. With death on the line, many gay men were emboldened to come out and live a quality life, not a closeted one. The American public had never seen so many gay men and lesbians ‘coming out’ all within a short period of time.”66 In order to fight the curse, radical activist groups sprung up across the city. Chicago for Our Rights (C-FOR) and Dykes and Gay Men Against Repression (DAGMAR) were both radical groups of street protestors that brought together gay men, lesbians, and straight allies young and old.67 These two groups later merged to form the Chicago ACT UP Chapter. Chicago ACT UP organized a weekend of protests in April 1990 that became one of the largest AIDS demonstrations ever held.68 This protest brought national attention to AIDS in the Midwest and brought changes to Cook County Hospital. While the fight for AIDS would continue to drag on, Chica goans rose to the daunting task of advocating for the survival of their friends, family and community.

AIDS was not a disease tied to the coasts, nor was it a gay disease. The AIDS epidemic was far reaching touching people’s lives across the country whether directly though diagnosis or death of a love one or indirectly through witnessing changes in society. Either way, AIDS continues to impact the lives of Americans both gay and straight. Chicago remains a bustling city, more representative of the country as a whole than either New York or San Francisco. In the 1980s, Chicago emerged as a hotspot of gay life, positioned between watershed moments in New York and San Francisco, crafting an opportunity to forge a powerful, accepting community within the city through community responsiveness, educational initiatives and political activism. Reacting to the AIDS epidemic was disheartening and tragic, the experience garnered during the initial years of battling the disease proved that the gay community was resilient, united and visible. Though still facing discrimination and oppression by the conservative Christian right, the 1980s remains a pivotal change in the course of LGBT history that ushered in opportunity and acceptance for future generations of LGBT youth in the United States.

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