

**The New York City Bathhouse Battles of 1985:
Sex and Politics in the AIDS Epidemic**

Samantha J. Walker

*An honors thesis submitted to the History
Department of Rutgers University,
Written under the supervision of
Professor Julie Livingston.*

School of Arts and Sciences,
New Brunswick, NJ
April, 2010

CONTENTS

Introduction.....	1
Chapter 1: The New Sexual Frontier.....	9
Chapter 2: Bathhouse Battles.....	30
Chapter 3: The Beginnings of “Gay Cancer”.....	65
Chapter 4: Sexuality Debates.....	84
Conclusion.....	98
Bibliography.....	101

Introduction

“All of the patients were gay men in their early to mid – thirties, and all were from the New York City area...We don’t know yet, but the sudden occurrence of this abnormality of immune regulation in the same population, at the same time, and in the same principal location as the AIDS epidemic suggests more than coincidence.”¹

Dr. Lawrence Mass, “New Disease Reported in Gay Men,”
Native, November 8 – 21, 1982.

Only a year and half prior to this observation, the first report on what was to become known as the AIDS (Acquired Immunodeficiency Syndrome) epidemic entitled “Disease Rumors Largely Unfounded,” was published by Dr. Lawrence Mass, a doctor and medical contributor to New York City’s gay newspaper, the *New York Native*, on May 18 1981. What at first looked like a “gay cancer,” or “gay plague,” in a few urban populations in America, would become epidemic to the United States. New York City, from the very beginning, was the center of the epidemic in America. In comparison to other American cities, New York was hit first and by far more intensely than any other.² As reported by the CDC, by March 11 1985, there were a reported 3088 cases in New York, versus 1030 cases in San Francisco, the city only second to New York hit hardest by the epidemic.³

AIDS caught Americans by surprise. Its’ early years were marked by uncertainty and confusion. The process of defining scientific and medical knowledge of the disease was slow and marked by disagreement between scientists and physicians, after all, the era of infectious disease was declared over after the smallpox virus was eradicated in 1977. Socially, the virus was initially labeled a gay one, and this association placed a stigma upon and increased

¹ Lawrence Mass, “New Disorder Reported in Gay Men,” *Native*, November 8 – 21, 1982.

² See Chapter Three.

³ “AIDS Statistics Reported by the CDC,” *Native*, March 25 – April 7, 1985, 22.

discrimination against homosexuals. Due to this association, questions were raised about possible connections between this mysterious disease and the “promiscuous” sexual lifestyles of gay men. HIV exploited weaknesses in societal and political processes, had an uncanny ability to highlight prejudice and discrimination in society and capitalized on fear. The AIDS epidemic created complex social, cultural, political and medical implications that became the subject of vigorous debate concerning sexuality, civil rights, and HIV/AIDS.

Paula A. Treichler argues in *How to Have Theory in an Epidemic*, that because the AIDS epidemic produced different social and cultural meanings well beyond scientific and biological implications that this epidemic must be called an *epidemic of signification*.⁴ Therefore, AIDS and the complex implications and debates that it produced must be analyzed through a lens incorporating medical, cultural, sociological and historical perspectives. Cultural theorist Stuart Hall writes in his article “Cultural Studies and Its Theoretical Legacies,” that,

“AIDS is indeed a more complex and displaced question than just people dying out there. The question of AIDS is an extremely important terrain of struggle and contestation. In addition to the people we know who are dying, or have died, or will, there are many people dying who are never spoke of. How could we say that the question of AIDS is not also a question of who gets represented and who does not? AIDS is a site at which the advance of sexual politics is being rolled back. It’s a site at which not only people die, but desire and pleasure will also die if certain metaphors do not survive, or survive in the wrong way.”⁵

These tensions are indicative of the difficulty in achieving a cohesive understanding of AIDS due to its complexity. The story of the American epidemic is complicated and exists at the intersection of narratives from various communities including scientists, physicians, religious

⁴ Paula A. Treichler, *How To Have Theory In An Epidemic: Cultural Chronicles of AIDS*, (Durham, NC: Duke University Press, 1999), 1.

⁵ Stuart Hall, “Cultural Studies and Its Theoretical Legacies,” In *Cultural Studies*, ed. Lawrence Grossberg, Cary Nelson, and Paula A Treichler, (New York, NY: Routledge, 1992): 285.

institutions, politicians, gay individuals, patients, and public health officials.⁶ Each of these narratives have their own contextual implications, however, they all affect each other because they all address the epidemic.

The New York City bathhouse controversy of 1985 is an example of such a narrative and is the primary subject of discussion in this thesis. Particularly, this thesis examines the bathhouse controversy as a microcosm of the many complex debates the AIDS epidemic catalyzed in New York City between 1981 and 1985 concerning sex, sexuality, discrimination, health and public policy. There were two main sides of the controversy. One claimed that the baths must be closed in order to prevent the spread of the virus. Others argued to keep the baths open because prevention needed to focus on education and behavioral modification. They felt that closing the baths would be counterproductive to that process because closure would not affect an individual's sexual behavior. The thesis also discusses the debate that emerged concerning gay men's sexuality because the public blamed gay men for spreading the virus because of their sexual lifestyles. Such debates over sexuality must be analyzed in the context of the complexities of the epidemic and the history and importance of sex within the gay community. The bathhouse controversy was a product and emblematic of the sexual and social questions that were raised and deeply complicated by the profound existence and stakes of the AIDS epidemic. New York City serves as the geographical context and focus of this discussion because it was the center of the American epidemic, and therefore, is better served to highlight the epidemic's unique qualities and narratives.

Bathhouses are a major focus because they were not merely sex establishments, but were also symbols within the gay community of sexual freedom and liberation. As a result they

⁶ Paula A. Treichler, *How To Have Theory In An Epidemic: Cultural Chronicles of AIDS*, (Durham, NC: Duke University Press, 1999), 25.

provided an arena for questions produced by the first decade of the epidemic. Before the epidemic, as a result of the gay liberation movement and the sexual revolution homosexuals gained a new visibility in public, sexual freedoms and greater equality. AIDS posed a challenge to this progression because it raised questions concerning gay sexuality and threatened their communities. The epidemic jeopardized social advances that gay individuals made in the previous decade.⁷ The effect the epidemic had on the gay community was profound. New forms of activism developed and the importance of sexual behaviors and freedoms were reoriented in critical ways.

The bathhouses also provided a forum to address the public versus private sex debate. Sociologist Gary Kinsman raises questions and discusses this debate in “The Contested Terrains of “Public Sex.” He asks,

“What is “public”? “What is private?” This shifts and changes historically. What is public can become private and what is private can become public. These are flexible notions that have a sociology and a history. These distinctions are often bound up with the relations of social power. In the context of the AIDS crisis, notions of the “general public” have been used to exclude gay men, Haitians, injection drug users, sex workers, and people living with AIDS/HIV. By reading us out of the “general public” we then become “high risk groups” that can have stigmatization and discrimination mobilized against us.”⁸

The “privatization” of sexual practice affected men who had sex with men. This denial of space for them to participate in sexual activities led men to claim certain state – defined public places, such as bathhouses, as their own space. But as the AIDS epidemic changed the social context of this debate and led people to question gay men’s sexual lifestyles, bathhouses became a major place of debate between different New York communities. The bathhouse controversy addressed this ongoing debate, and also challenged the rights and sexual freedoms of queer men.

⁷ Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis*, (Princeton, NJ: Princeton University Press, 1987), 197.

⁸ Gary Kinsman, “Foreward: The Contested Terrains of “Public Sex,”” In *PEEK: Inside the Private World of Public Sex*, by Joseph Couture, (New York, NY: The Haworth Press, 2008), viii.

Therefore, my analysis goes beyond how the AIDS epidemic affected New York City and the gay community. The bathhouse controversy represents a case study of not only how the debates initiated by AIDS played out in the city, but also of how it affected greater social and political issues concerning public policy and civil rights. This thesis also outlines a story of profound tragedy and death, and this product of the epidemic must not be lost within the complications and politicization of AIDS. It also highlights political and social problems within American society that must be addressed to respond more effectively to future problems.

In the context of the wider historiography of the American AIDS epidemic, many secondary materials address various aspects of the epidemic that are discussed in this thesis. *Fighting For Our Lives* written by Susan Chambre is a social history of the AIDS community in New York and provides valuable knowledge on the epidemic's initial impact in the city and the role of AIDS activists and doctors in the sexuality debate. In *Sex Between Men*, author Douglas Sedgwick discussed the sexual relationships and behaviors of gay men. The chapters that address sex during the sexual revolution and the AIDS era help in understanding the importance of sex to queer men and how AIDS impacted their sexual lives. In *Impure Science*, author Steven Epstein analyzed the development of scientific and medical knowledge of HIV/AIDS highlighting the ways AIDS activists shaped scientific knowledge products. A collection of public health articles within *Gay Bathhouses and Public Health Policy*, edited by William Woods and Diane Binson, provide knowledge on the social organization and legal aspects of bathhouses. Other secondary materials aided in the construction of this thesis; however, there has not been a study devoted purely to the New York bathhouse controversy. Although it has been addressed in many AIDS materials, a construction of the controversy's narrative has never been constructed.

The majority of the materials used are primary in nature. There are a wide range of sources, including interviews, memoirs, newspapers, and legal documents, in order to provide multiple perspectives of this complex narrative and argument. In certain parts, homoerotic literature and sexual diaries are used in order to emphasize the importance of sex to my argument, but also to provide an ethnographic context of these experiences, sensibility around language and the body, and to give the reader true insight into this sexual world. Many newspaper articles published by the *New York Times*, which considers itself the paper of record, and the *New York Native*, the city's main gay newspaper, are both used to construct the narrative of the controversy and provide greater insight to how the epidemic affected New York and gay rights and activism. Other primary materials such as short stories, novels, letters and government documents are used to provide evidence of the effects AIDS had on society.

The term "gay community" is used throughout the thesis, and therefore, it is important to explain what this term means. This "community" is a self – defined group of homosexual men who understood and referred to themselves as members of the "gay community." Besides sharing a common sexual orientation, these men also shared a similar culture and sense of activism. Under the context of the AIDS epidemic, these men also shared the same fears and uncertainties of the virus and faced the same discrimination due to their sexuality and their associations with the disease that other communities and populations did not have to endure.

This thesis is divided into four main chapters. The first chapter provides a brief history of gay liberation and sexual revolution of the 1970s in New York City and discusses the importance of these movements. There are several examples of how sex changed in the 1970s which show how sex was used both as a tool for liberation and symbol of sexual freedom. The remainder of the chapter focuses on the social organization, sexual behaviors and complexities of

bathhouses to highlight the importance of sex to gay individuals but also to provide a context for how sex changed after the emergence of AIDS and the bathhouse debate.

The second chapter is the narrative of the New York City bathhouse controversy of 1985. It was constructed using primary materials, mainly newspaper articles published by the *New York Native* and the *New York Times*, along with a few interviews and newsletters. Any secondary material used was synthesized with primary materials to develop an analytical framework of the narrative. The narrative is meant to give the reader an understanding of the bathhouse debate, who was involved, and how the story played out. Additionally, it is meant to showcase the controversy's complexities and introduce various perspectives concerning issues involved with AIDS in the city.

The third chapter explores the early years of AIDS in America and New York City. It is here that a discussion of how AIDS emerged in American society and within New York City is addressed. Next, there is a discussion how AIDS affected society on a national scale because that effected local New York policies, events and opinions. The chapter will switch focus strictly to the relationship between AIDS and New York. Overall, the chapter addresses the development of scientific knowledge, the attachment of AIDS and stigma to the gay community, how AIDS sparked incredible fear and uncertainty, and the formation of a unique AIDS community.

The fourth chapter focuses on how AIDS initiated a debate in the city concerning gay male sexuality. The discovery of high numbers of HIV within gay populations brought into question the sexual lifestyles of gay men. The discussion is largely devoted to the development of the safe sex movement and how HIV/AIDS affected the sexual behaviors of gay men in the

city. The third and fourth chapters are meant to unpack, explain and provide context for the complex implications introduced in the narrative of the bathhouse controversy.

Chapter 1: The New Sexual Frontier

Gay Liberation

On Friday, June 27, 1969, nine plainclothes police detectives raided The Stonewall Inn, at 53 Christopher Street in Greenwich Village, a bar known for its homosexual clientele. “Hundreds of young men went on a rampage...The young men threw bricks, bottles, garbage, pennies and a parking meter at the policemen, who had a search warrant authorizing them to investigate reports that liquor was sold illegally at the bar...Thirteen persons were arrested and four policemen injured,”¹ was the description of the events according to the *New York Times* article entitled “4 Policemen Hurt In ‘Village’ Raid.” The story seemed quite simple; the police raid the bar because it was selling liquor without a license, close the bar, arrested employees and kicked out clientele. As a result, an angry mob of young gay men and lesbians formed in the street and attacked the police.²

However, journalists Truscott and Howard Smith of *The Village Voice* offered more detailed coverage of the riot. After the initial raid, patrons were escorted out and, “Suddenly, the paddywagon arrived and the mood of the crowd changed. Three of the more blatant queens – in full drag – were loaded inside, along with the bartender and doorman...The next person to come out was a dyke, and she put up a struggle – from car to door to car again.”³ After several patrons were arrested, “It was at that moment that the scene became explosive. Limp wrists were forgotten...“Pigs!” “Faggot cops!” Pennies and dimes flew...The door crashes open, beer cans and

¹ “4 Policemen Hurt in ‘Village’ Raid,” *New York Times*, June 29, 1969.

² Ibid.

³ Donn Teal, *The Gay Militants*, (New York, NY: Stein & Day, 1971), 18.

bottles hurtle in.”⁴ After a police officer “slap[ed] the prisoner five or six times very hard and finishe[d] with a punch in the mouth,”⁵ the mood of the crowd became explosive, threw bottles, trash cans, cobblestone, coins and a parking meter. Smith retreated inside the bar and wrote, “...the mind’s eye has forgotten the character of the mob; the sound filtering in doesn’t suggest dancing faggots any more. It sounds like a powerful rage bent on vendetta.”⁶ The police threatened the crowd with a fire hose, but the attempt was weak to ward off a mob. Then, “One cop shout[ed], “Get away from there or I’ll shoot,” as the crowd threatened to barge into the bar. Within the last few minutes the event concluded with increased intensity as Truscott described it,

“I hear, ‘We’ll shoot the first motherfucker that comes through the door.’ I can only see the arm at the window. It squirts liquid into the room, and a flaring match follows. Pine (an officer) is not more than 10 feet away. He aims his gun at the figures. He doesn’t fire. The sound of sirens coincides with the whoosh of flames where the lighter fluid was thrown...It was that close...It lasted 45 minutes.”⁷

The description of events given by the *New York Times* did not signify anything important or unique occurred, after all, police raids in gay bars were not new to the city. There was no indication that what happened at The Stonewall Inn would write itself into the history of gay and lesbian rights as the iconic moment, and it would become especially important in the history and culture of the gay community in New York City. For the next several days, there were a series of riots outside the site of Stonewall, in Sheridan Square. On June 29, the *New York Times* reported in the article “Police Again Rout ‘Village’ Youths,” that the crowd had “Their arms linked, a row of helmeted policemen stretching across the width of the street made several sweeps up and down Christopher Street.”⁸ Each gathering was violent, as a proceeding riot was described, “A number of people who did not retreat fast enough were pushed and shoved along, and at least two men were clubbed to the

⁴ Donn Teal, *The Gay Militants*, 18.

⁵ *Ibid.*, 19.

⁶ *Ibid.*, 19.

⁷ *Ibid.*, 19.

⁸ “Police Again Rout ‘Village’ Youths,” *New York Times*, June 30, 1969.

ground. Stones and bottles were thrown at the police lines, and the police twice broke ranks and charged into the crowd.”⁹ However, one main difference exists between the police raid on the 27th and the riots during the days after. The mob and violence that ensued the first raid was intense and spontaneous and a result of the first riot. Whereas, the riots that followed were pre – planned, suggesting the police raid at the Stonewall Inn was responsible for sparking a certain level of organization within the gay community. And this effect is why the raid on the Stonewall Inn was unique and significantly more important than any previous police raid. Donn Teal, author of *Gay Militants*, described the triumphant crowd that returned to Stonewall on June 28 as,

“...being led in “gay power” cheers by a group of gay cheerleaders. “We are Stonewall girls/We wear our hair in curls/We have no underwear/We show our pubic hairs!”...Hand – holding, kissing, and posing accented each of the cheers with a homosexual liberation that had appeared only fleetingly on the street before. The generation gap existed even here. Older boys had strained looks on their faces and talked in concerned whispers as they watched the up – and – coming generation take being gay and flaunt it before the masses.”¹⁰

The riots catalyzed an awakening within the gay community in New York City, or as Donn Teal wrote, “It jolted awake, instead, an only half – remembered outrage against straight society’s bigotries in those older, generally conservative “Boys in the Band” who had been out of town on the weekend of the 27th – 28th – 29th tanning their thighs at Cherry Grove and the Hamptons.”¹¹ Gay populations of New York came out with a vengeance, and began to rapidly re – establish a strong community.

The Stonewall riots have become synonymous with the Gay Liberation Movement in New York City. Martin Duberman wrote in *Stonewall*, “Today, the word [Stonewall] resonates with images of insurgency and self – realization and occupies a central place in the iconography of lesbian and gay awareness. The 1969 riots are now generally taken to mark the birth of the modern

⁹ Ibid.

¹⁰ Donn Teal, *The Gay Militants*, 21.

¹¹ Ibid., 17.

gay and lesbian political movement.”¹² Within only a few days after the riots, the Gay Liberation Front of New York formed. As stated in one of their manifestos, the Gay Liberation Front was, “a militant coalition of radical and revolutionary homosexual men and women committed to fight the oppression of the homosexual as a minority group and to demand the right to the self – determination of our own bodies.”¹³ The Gay Liberation Front was not the first established gay rights organization; the Mattachine Society formed during the late – 1960s in New York City and provided a branch for the gay rights movement to grow from. However, unlike the other groups, the Gay Liberation Front formulated around the basis of using more radical tactics, as a result of the success the community proclaimed at Stonewall. They held many protests in the city, and chanted and held signs which stated, “Say it loud, gay is proud,” “All power to gay people”.¹⁴ The Gay Liberation Front is a local example of a movement and liberation that occurred nationally throughout the late 1960s and 1970s. Liberation allowed more gay individuals to come out, especially if they resided in a cosmopolitan area such as New York City or San Francisco where vibrant gay communities quickly developed in the early 1970s.

By 1977, the gay community in New York made large strides in becoming more unified. Grace Lichtenstein of the *New York Times* described the growth of the community on October 25, 1977 in her article entitled “Homosexuals In New York Find New Pride.” She wrote that, “Homosexuals are now showing a greater willingness to identify themselves. Homosexual neighborhoods, for example, are growing in parts of the Greenwich Village, Chelsea, the Upper

¹² Martin Duberman, *Stonewall*, (New York, NY: Penguin Books, 1993), xv.

¹³ Terrance Kissack, “Freaking Fag Revolutionaries: New York’s Gay Liberation Front, 1969 - 1971,” *Radical History Review* 62 (1995): 107.

¹⁴ Lacey Fosburgh, “Thousands of Homosexuals Hold A Protest Rally in Central Park,” *New York Times*, June 29, 1970.

West Side and Brooklyn Heights...gains by homosexuals in New York and elsewhere have been enormous.”¹⁵

There is often a misconception that the 1970s produced the first vibrant gay communities in America. Historian George Chauncey discussed the gay world in New York City that existed before the Second World War in his book *Gay New York*. He points out that policing of the gay world before Stonewall inhibited the gay populations ability to act as a community, to an extent. But before policing increased during the 1950s and 1960s, gay men did have a thriving community in New York that resembled the community that came out in the 1970s including: neighborhood enclaves, social events, bars, restaurants and even a sexual underground.¹⁶ The gay community in New York of the 1970s was not new. Rather, it re – emerged as a result of gay liberation.

Despite incredible social progress during this period of political liberation, society was still reluctant to embrace homosexuals and continued to enact discriminatory policies. Approximately a year after Stonewall, many accused the New York City Police Department of increasing their harassment of homosexuals, especially within the ‘gay ghettos’ of the city, Greenwich Village, Central Park West and midtown Third Avenue, as reported by Gerald Fraser of the *New York Times*. The Police Department denied the accusations even though there were reports of persons being arrested on Christopher Street.¹⁷ Moreover, the City Council rejected the enactment of a bill that would have “extend[ed] the city ban on bias in housing, employment and public accommodations to include discrimination because of ‘sexual orientation.’”¹⁸ The Council sided with opponents of the bill composed of teachers, Catholic clergy, and members of the city’s fire and police departments. The Catholic News asserted that passage of the bill would “...afford unrestricted opportunities to

¹⁵ Grace Lichtenstein, “Homosexuals In New York Find New Pride,” *New York Times*, October 25, 1977.

¹⁶ George Chauncey, *Gay New York: Gender, Urban Culture and the Making of a Gay Male World 1890 - 1940*, (New York, NY: Basic Books, 1994), 1.

¹⁷ C. Gerald Fraser, “ ‘Gay Ghettos’ Seen As Police Targets,” *New York Times*, August 30, 1970.

¹⁸ Maurice Carroll, “City Council’s Bill on Homosexual Rights,” *New York Times*, May 5, 1974.

propagandize deviant forms of sexuality. Homosexuality is an increasing threat to sound family life in our city today. We must make every effort to promote the principles and values of the family as the basic unit and foundation of society.”¹⁹ The ruling was not very surprising considering the newness of gay liberation in 1974. More importantly, the ruling shows the influence and persuasive abilities the police and fire departments and Catholic community had on the political legislators of the city. The gay community did not have much power politically because they were a minority, in addition to the stigma that remained attached to homosexuality, therefore, the council had to satisfy their more powerful constituents. This power struggle would later lay the groundwork for major debates concerning sexuality in the 1980s when HIV/AIDS hit the city, especially arguments which addressed the bathhouse controversy.

Sexual Revolution

The Gay Liberation Movement was intimately connected with the Sexual Revolution of the 1970s. Although the changes that took place as a result of these movements looked and were primarily political, their main crusade was sexual.²⁰ The Gay Liberation Movement and the Sexual Revolution posed many implications for the civil rights of gay individuals, the culture of gay communities, and the ability of queer individuals to express themselves freely and sexually. Michael Bronski writes in his critique of gay eroticism entitled *How Sweet (And Sticky) It Was* as part of his anthology of gay erotic literature entitled *Flesh and the Word 2*, “It is easy to forget, that the promise of Stonewall was (among other things) the promise of sex: free sex, better sex, lots of sex, sex without guilt, sex without repression, sex without harassment, sex at home and sex in the streets.”²¹

¹⁹ Ibid.

²⁰ Douglas Sadownick, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, (San Francisco, CA: Harper Collins, 1996), 80.

²¹ Michael Bronski, “How Sweet (And Sticky) It Was,” in Preston, ed., *Flesh and the Word 2*, pg. 74.

The Sexual Revolution was a product of the radical movements and conflicts of the 1960s in America: the Civil Rights Movement, blacks against whites, the Vietnam War, youth against elders and tradition, women against men and the increasing visibility of sex and drugs. As gay and sexual liberation were emerging, America as a whole was in revolution. Therefore, the Sexual Revolution must be identified as a part of these other national and local tumultuous events of the same era that gave it birth.²² But other forces were at work during the 1960s that influenced the development of the revolution. Changes in sexual behavior among individuals did not happen suddenly; on the contrary, gradual changes occurred throughout the decade. Even though the sexual behavior of gay men remained largely invisible to the public primarily because society penalized individuals who violated its sexual codes, the increase in these types of public sexual encounters continued to rise and, as a consequence, the space between “public” and “private” sex widened.²³ The Sexual Revolution was also influenced by the transformations, which took place as a part of postwar America, including: social mobility, the rise of national culture, detachment from value and traditions and the increase in discussions involving rights and liberties. Although changes in sexuality occurred gradually during the 1960s, the transformations of the 1970s within gay individuals were more visible and drastic.

Although gay and sexual liberation shared similar objectives, there was also a dichotomy between the movements. Gay liberation theorists criticized other gay men engaged in the movements for creating an exploitative gay world, where furtive sex in public places was commonplace, because they believed it caused homosexual oppression rather than liberation.²⁴ Gay liberationists and lesbian feminists believed this behavior was constructed to ensure male

²² Beth Bailey, *Sex in the Heartland* (Cambridge, MA: Harvard University Press, 1999), 137.

²³ *Ibid.*, 137.

²⁴ Sheila Jeffreys, *Unpacking Queer Politics: A Lesbian Feminist Perspective*, (Malden, MA: Blackwell Publishers Inc., 2003), 11.

dominance. As a result, women would be relegated to the private sphere, lesbians would be persecuted for challenging the private sphere and gay men would be persecuted for challenging the typical sexual, dominant male role.²⁵ Therefore, these two movements were not completely cohesive. But this dichotomy between opinions expressed foreshadows a later split within the gay community of this form of sexuality by the late 1970s.

Anonymous sex among gay men was not a new trend that emerged in the 1970s. Anonymous sex occurred well before the onset of gay liberation, mostly because there was no other legal or safe way for homosexuals to have sex. For many gay men, there was little private space available for meeting other men and for sexual encounters.²⁶ Before liberation, gay men resorted to having sex in “tearooms,” rest stops, alleys, and closets; contrary to popular belief, public sex was not new during the Sexual Revolution.²⁷ The difference, however, was that gay men stopped having public sex furtively. In *Sex Between Men*, author Douglas Sadownik provides several examples of queer erotic literature and sexual experiences found in journals from during the time of the Sexual Revolution. For example, “Marine Ron Hardcastle” kept journals of his sexual experiences throughout the 1960s and 1970s in California, and Bronski included a segment of Hardcastle’s journal.²⁸ Hardcastle explains how the pursuit of anonymous and public sex changed during liberation,

“There would be furtive sex in the back corners and in the crowds but, for me at least, most of the sex occurred outside...The sex a block north of Greg’s Blue Dot Bar on Highland could sometimes be almost as plentiful as it was at the baths. Sometimes you’d find trucks parked there, and all variety of sex taking place. If you were good looking or good at sex (or combination thereof), you could sometimes meet ten or more guys on a good night. I had many good nights back there, sometimes getting the guys to return to my apartment, although most of the men in the alley were looking for a quick sex scene, a quick orgasm, and cheerio –

²⁵ Ibid.

²⁶ Michael Bronski, “How Sweet (And Sticky) It Was,” in Preston, ed., *Flesh and the Word 2*, pg. 75.

²⁷ Douglas Sadownik, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, 82.

²⁸ Ibid., 82 – 83.

see – you – around...Places like Los Angeles, and San Francisco and New York were incredible for meeting guys in the late '60s and '70s. Those were the days of my frequent gym workouts and religious trips to the beach, so I was as hard as I was golden, and I seemed to meet guys just about everywhere I went. It was an important part of my life.”²⁹

As gay communities in urban, cosmopolitan areas of the country developed, the standards and meanings of sex changed. Anonymous sex became a good thing; it no longer occurred as a means of concealing what was deemed unlawful and taboo, rather, it became entrenched in what it meant to be politically liberated. Sex was a tool for liberation. Sex provided a means for gay men to explore what it meant to be gay in America during a time of social revolution.³⁰

For many within the gay community, public sex became an expression of their identity and civil rights. Bronski included segments of various erotic writings from different individuals written during the Sexual Revolution within the section of the anthology entitled *How (Sweet and Sticky) It Was*. Bronski writes, “[Public sex] increased gay visibility; that it broke down the stifling barriers between the private and the public, the personal and the political; that it was a celebration of gay sexuality. Others, less rhetorically oriented, found that it was quick, easy, cheap and fun.”³¹ A sexual adventure on the Massachusetts Turnpike documented within Bronski’s writing explores the conflict of queer public sex,

“It is dark and we are mostly hidden in shadows as I unbutton Jim’s jeans and take out his dick. Stroking it, I get it hard and bend over and take it in my mouth. Soon I get down on my knees and begin working it in earnest. Suddenly a car zooms along the turnpike and for split seconds its headlights flash through the supporting concrete pillars, illuminating us. Another car speeds past. Can they see us clearly or are we just blurs, phantom figures hidden in the crevices of a maze of steel and cement? I continue sucking Jim’s cock and more cars whiz by, their headlights and our privacy is made, if only for split seconds, public. The cars rush past, and in my head our sex takes on a new dimension: public, private, public, private, public, private. The constant change blurs the vary parameters of these notions – public private public private public private public private – until they become obscure, almost

²⁹ Douglas Sadownick, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, 82 – 83.

³⁰ *Ibid.*, 83.

³¹ Michael Bronski, “How Sweet (And Sticky) It Was,” in Preston, ed., *Flesh and the Word* 2, 75.

meaningless, in the reality of our hard dicks, our warmth, our feelings for one another.”³²

Public sex had always been a controversial topic. Sex between homosexuals was criminalized long before the Sexual Revolution, state anti – sodomy laws made sex between queer men illegal regardless of whether it was public or private. For many in the heterosexual arena, public sex was offensive, disgusting, criminal and acted as a constant reminder of homosexual’s presence in society. Police have a long history of arresting men who had sex with men in public spaces, while heterosexual couples who got caught were usually told to move along.³³ But, the gay community used sex as a way of forcing those who condemned and ignored them to, at the very least, acknowledge their existence. Therefore, public sex was not just a political assertion, but also a way of acknowledging and feeling they have the right to their sexuality.³⁴ It provided a way to celebrate their sexuality, which previously had to be repressed in public in order to be accepted.

The Sexual Revolution was not just about sex – that is, what about certain sexual acts were legitimate or legal and what forms of sexuality and sexual acts could be publicly seen. The Sexual Revolution also involved issues and concepts of human and civil rights, and equality within different cultures and sects of American society.³⁵ Therefore, sex was not just a tool used for liberation, but was also a symbol for larger freedoms and goals. These implications highlight how sex was crucial to the identity and development of gay communities across the nation. New York City, along with San Francisco, developed the most visible and unified gay communities and cultures in America during the 1970s, and therefore, the Sexual Revolution in these urban areas carried more significant effects on the importance of sexual expression.

³² Ibid., 80.

³³ Gary Kinsman, “Foreward: The Contested Terrains of “Public” Sex,” in Joseph Couture, *Peek: Inside the Private World of Public Sex*, (New York, NY: The Haworth Press, 2008), vii.

³⁴ Douglas Sadownick, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, 84.

³⁵ Beth Bailey, *Sex in the Heartland*, 137.

Sex at the Bathhouses

Michael Rumaker made his first trip to a bathhouse, at 45 years of age in 1977. He chose to go to the Everard Baths, on West 28th Street. He packed a duffel bag and paid for an overnight stay, at a cost of seven dollars. Although Rumaker felt slightly uncomfortable in the mysterious sexual atmosphere of the bathhouse, he decided to experience all aspects of Everard before exploring any sexual opportunities. Rumaker was sure to change first, if not he would be an outcast amongst a sea of white towels and bare skin. He first visited the massage room, but the masseur was busy with a patron. He made his way to the pool, but decided not to go in because “the enclosedness, the dank chemical smell of them, has always turned me off.”³⁶ He also went to the steam room, the showers, and sauna before returning to his room. During his short trip to the different rooms and activities the bathhouse offered, Rumaker was enlightened with a sense of the environment and thought of the bathhouse:

“Here, we were our naked selves, anonymous, wearing only our bodies, with no other identity than our bare skins, without estrangements of class or money or position, or false distinctions of any kind, not even names if we chose none. Myself, the other naked men here, were the bare root of hunger and desire, our prime need to be held, touched and touching, feeling, if only momentarily, the warmth and affectionate response of another sensuous human. Here, was the possibility to be nourished and enlivened in the blood – heat and heartbeat of others, regardless of who or what we were. Nurturing others we nurture ourselves.”³⁷

The baths were not simply places for men to have anonymous sex. Gay bathhouses appeared in the city at the turn of the 20th Century and were a gay institution by the First World War.³⁸ The baths during this time, however, were usually not meant for sexual encounters, although that happened on occasion. Just as the gay community in New York changed during the time of liberation, so did the bathhouses. They became intertwined with the convulsions of the Sexual Revolution and became a

³⁶ Michael Rumaker, *A Day and a Night at the Baths*, (Bolinis, CA: Grey Fox Press, 1979), 13.

³⁷ *Ibid.*, 17.

³⁸ George Chauncey, *Gay New York: Gender, Urban Culture and the Making of a Gay Male World 1890 - 1940*, 207.

means by which gay men expressed their sexuality and connection with their community. As the main location for public sex, the bathhouse was a symbol of the Sexual Revolution; it became as iconic and politicized as Stonewall was for gay liberation. Although sex was definitely a part of their existence and why men habitually went to them, the bathhouses, unlike other establishments which allotted space for sex such as gay clubs or bars, were more complex and dynamic. This complexity speaks to how the baths and gay sexual culture changed during the Sexual Revolution, but also of the symbolic importance of the baths and their unique components.

There are several aspects of bathhouses that are universal. Sociologists Martin Weinberg and Colin Williams analyzed the social organization of gay bathhouses in an article they published in 1975, near the height of the sexual revolution. They described a bathhouse in its' most basic form:

“The whole bath is extremely crowded, with all facilities – bar, discotheque, TV, utilized. The hallways around the private rooms are full of people, and it is difficult to circulate because sexual activity has begun in one of the corridors. Group sex involving at least five persons has also begun in another corridor, and the covey of spectators makes passage even more difficult. Few words are spoken but the air is filled with grunts and moans, exacerbated by a great deal of sexual activity going on in a concentrated space.

The orgy room is equally crowded. Two males are engaging in anal intercourse on a central bed, surrounded by some 15 – 20 spectators. Throughout the room, cruising and sexual activity are taking place. When they come into the room, patrons move clockwise around the room, squeezing through the crowd.

The room is very hot and humid, with a great deal of traffic and no conversation. Upstairs in the discotheque, an audience of towel – clad males roar their appreciation of an elderly female burlesque star doing a striptease.”³⁹

As the article was published in the mid – 1970s, it provides insight to the social structure of the baths during the Sexual Revolution. This description does not provide the necessary insight in order to properly show the complexities of bathhouses such their environment, the

³⁹ Martin S. Weinberg and Colin J. Williams, “Gay Baths and the Social Organization of Impersonal Sex,” *Social Problems* 23 (1975 – 1975): 127 – 128.

men's body language, the needs and wants of the patrons, and many other details which distinguish bathhouses from other establishments that provided space for sexual acts. These unique components of bathhouses must be discussed in order to understand their complexity.

Bathhouses were appealing to many men, including many who were not self – identified gay individuals, because they protected their patrons by encouraging anonymity.⁴⁰ Patrons were not all necessarily openly gay or bisexual; therefore, they could go to bathhouses and enjoy sexual encounters without fear of being exposed, which was a possibility in other public sex establishments. In “Bathhouse 101: A Beginner’s Guide and Etiquette Primer,” journalist Joseph Couture wrote, “You might be surprised to discover that there have been men coming and going from a secret location right there under your nose in your own quiet hometown without you even knowing it for many years.”⁴¹ In 1988, for example, a controversy emerged within the black community as fears rose of black men who were in heterosexual monogamous relationships while having sex with other men. As a result, these men spread HIV to their female partners. They hid their bisexual desires and lives from their partners by going to bathhouses.⁴² Although the controversy focused on the fear of contracting HIV/AIDS, it still demonstrated a need for certain bathhouse patrons to keep that aspect of their life and identity secret.

Many physical aspects of a bathhouse fostered anonymity. Most areas of the bathhouse are dimly lit as Rumaker pointed out, “After the bright light of the lobby, I was surprised, when I entered the second floor, to find myself in a long, barely – lit corridor which turned out to be a narrow labyrinth of halls, with the same half – naked men padding up and down or leaning mutely

⁴⁰ Martin S. Weinberg and Colin J. Williams, “Gay Baths and the Social Organization of Impersonal Sex,” *Social Problems* 23 (1975 – 1975): 128.

⁴¹ Joseph Couture, “Bathhouse 101: A Beginner’s Guide and Etiquette Primer,” in *Peek: Inside the Private World of Public Sex*, 1

⁴² Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. (Chicago: University of Chicago Press, 1999), 230.

against the walls, faces expressionless but eyes alert, active to every newcomer.”⁴³ Most of the rooms were barely lit. These aspects of the baths helped conceal one's identity, and this was a very important feature to many patrons as there were still many people who were still closeted. Also, bathhouse rules dictated that patrons wear only a towel or otherwise be naked. Thus, all possible social identifiers such as clothing or uniforms were stored in lockers, making it very difficult to recognize anyone outside of the bathhouse.⁴⁴ These aspects may seem superficial, however, these physical details played an important role in attracting clientele who were not openly gay. Therefore, bathhouses were not only important to members of the gay community. In fact, they may have been more important to those who were not members because they enabled them to be gay sexually, without having to announce it to society.

The towel was significant in another way; patrons maneuvered them, and their bodies, in specific ways in order to communicate with others without having to speak. Considering it was his first time at a bathhouse, Rumaker struggled learning this unique language:

“Several men poked their heads in the door but didn't linger. My towel was still draped modestly over my middle and I wondered if I should remove it, or at least uncover myself partially. I tried to figure out how I could arrange my arms, my legs – perhaps I should cant my hips – in a fetching manner...My friend told me that if you lay on your back at the baths that meant you wanted to be sucked; if you lay on your stomach that meant you wanted to be fucked. I wondered what would happen if I laid on my side? I also wondered if I should leave the light on or turn it off – I'd noticed some of the men recline on their beds in total darkness, perhaps with the notion of enhancing mystery or, more likely, with the intent of erasing real or imagined physical “flaws.”⁴⁵

This very specific type of communication may seem arbitrary, this was important at a bathhouse. Towel movements were far from the only signals given by individuals to indicate sexual interest. Leaving a door open to one's private room signals an open invitation, either for sex or even for

⁴³ Michael Rumaker, *A Day and a Night at the Baths*, 17.

⁴⁴ Martin S. Weinberg and Colin J. Williams, “Gay Baths and the Social Organization of Impersonal Sex,” *Social Problems* 23 (1975 – 1975): 128.

⁴⁵ Michael Rumaker, *A Day and a Night at the Baths*, 21.

others to watch. Just a single nod or wink is enough to express sexual interest. If a bathhouse guidebook existed, these behavioral codes would be listed. It was common practice, "...for a hand to crawl into your room, travel up your leg, hit a vital organ, rest for a moment, then, just as quickly, travel out. If, by chance, that hand feels it has hit gold, and you don't care for the arm behind it, you plead exhaustion. White lies are permissible among gentlemen."⁴⁶ These behaviors and communications were the norm at bathhouses. These specific communications were unique and significant because they indicated how complex bathhouses were socially and psychologically. Only at a bathhouse did the placement of a towel around ones waist denote such an important need. Patrons developed this very detailed system over time, through the course of the history of bathhouses. Additionally, these behaviors were universal among all bathhouses; if a gay man traveled across the country from New York City to San Francisco, he would have found the same standards of behavior.

But these standards were the bare minimum required in terms of sexual expression. Sex at the baths was taboo and considered highly experimental and challenging by some, others thought it was amazing.⁴⁷ Rumaker's encounter with the orgy room illustrates how the baths often housed the most extreme sexual acts:

"A youth stands spread – legged at the side of a bed, bucking his hips into the face of another sitting on the mattress. The one thrusting clenching fistfuls of hair, straining the throat of the other back, the seated youth gripping the thruster's thighs, his head rocking. A tight ring of men forms around the bed to which the man has been hauled. As they watch, slow and langorous intertwining of arms and legs among them. The movement quickens, a hurrying, urgent tempo. Bodies like pale blades of petals in a sudden wind slice away from the central mass of flesh, coupling, or joining in threes and fours, drifting and sinking onto adjoining beds in an entanglement of limbs. Hands searching in blind light, grasping; pelvises rearing, sharp cries, like neighs, gasps of pleasure indistinguishable from pain. A trickly noise of urine splashing on flesh. The abrupt rank odor of human waste."⁴⁸

⁴⁶ Douglas Sadownick, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, 95.

⁴⁷ Douglas Sadownick, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, 94.

⁴⁸ Michael Rumaker, *A Day and a Night at the Baths*, 68 – 69.

Rumaker describes the sex in the orgy room as a watcher, he was too nervous to join the activity. The orgy room was not for everyone. However, some did go to the bathhouses for the experimental and intense sex. If there was a sexual envelope, the men at the baths pushed it as far as possible. For example, there was an activity called “felching” where a man would drink the semen or urine out of someone’s ass that had been placed there by a third party.⁴⁹ Another activity, although not taboo within the standards of bathhouse sex, but was unique to queer men was the use of poppers, or the inhalation of the drug alkyl nitrates inhaled at the time of climax to enhance sexual pleasure. Among members of the gay community who went to baths for new, unmentionable forms of sexual pleasure, it could be considered a statement of freedom; participating in banned sexual acts as a means of stating their liberation to society. And some just wanted to have sex, or participate in both “normal” and experimental forms of sexual pleasure.

In contrast, some men were not looking for a night of sexual excitement through attending the baths. There were other things to do without having sex at all, including exercise, gyms, movies, reading, parties, conversation or even just to be with someone; the baths developed a sense of community. They are not strictly sex establishments. Couture, in “Bathhouse 101: A Beginner’s Guide and Etiquette Primer,” provided an example of a different popular activity found in bathhouses:

“Bars where you can sit and have a drink and relax or chat with friends and strangers are a welcome feature of my favorite bathhouse... “The bar is not a great source of revenue for us,” he [the bathhouse owner] told me once. “We do it so that people have a place where they can go and just be around other men for company... There are lots of lonely gay men in the world and sometimes they come to the baths to just be around other gay men who are not judging them, and they do it regardless of whether they want or get sex.”⁵⁰

⁴⁹ Douglas Sadownick, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, 94.

⁵⁰ Joseph Couture, “Bathhouse 101: A Beginner’s Guide and Etiquette Primer,” in *Peek: Inside the Private World of Public Sex*, (New York, NY: The Haworth Press, 2008): 16.

Sometimes men went to the baths with no intention of having sex, they went to be touched, be around people and have conversation. This situation was not exceptional. The Everard baths were compared to a clubhouse, “It was fun to meet friends at the Everhard, to catch up on old gossip and to even talk some politics, while catching one’s breath between men.”⁵¹ Therefore, the baths combined the need to have impersonal and exciting sex with the need of community in a distinctive way and were a symbol of what the gay community developed as a product of gay liberation. As a result, different baths catered to different people’s wants and needs. “In New York City, the Continental was known for its entertainment, the Everhard boasted a swimming pool and great social atmosphere; businessmen could go to the nearby Wall Street sauna. New York University students preferred the 10 – story Man’s Country on Fifteenth Street. In the East Village, The St. Mark’s Baths attracted hipsters and executives. Executives also liked the Beacon. Mount Morris was up in Harlem and the more sexually risqué preferred the New Barracks for its known S&M community.”⁵² Thus, the differences in clientele and accommodation offered by the diverse baths adhered to what different individuals wanted out of the experience.

This variation attests to the diverse clientele: businessmen, students, the single and out of the closet, the married and who went secretly, the gay men who were closeted, the young, the old, white, black, Asian, and Hispanic. The different baths did not simply attract those who wanted sex or a sense of community, but also men from all backgrounds and demographics, such as the married bisexual men who went and transmitted HIV/AIDS to their wives in the late 1980s.⁵³ Even though the clientele of the baths were primarily composed of Caucasian men, men of varied races could be found within a bath’s walls. Rumaker takes notice of men who were not of Caucasian descent.

⁵¹ Douglas Sadownick, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, 94.

⁵² Douglas Sadownick, *Sex Between Men: An Intimate History of Sex Lives of Gay Men Postwar to Present*, 95.

⁵³ Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. (Chicago: University of Chicago Press, 1999), 230.

Several times he labels a man by his skin color, as that was often the most evident identifier: "...the black man lying on his back, the white crouched over him..."⁵⁴ "A black youth slipped out of the shadows..."⁵⁵ "I kept thinking about the Oriental youth..."⁵⁶ Thus, the baths did not exist strictly for those out and active within the gay community. The significance of the bathhouses cannot be restricted to gay populations because the importance of them permeated throughout different communities.

But, the bathhouse community was small in proportion to those in society who opposed the baths, both within and outside of the gay community. In 1978 Larry Kramer, who would become a radical HIV/AIDS activist of the 1980s and 1990s, wrote a novel entitled *Faggots*. Kramer compared the world of gay sex in 1978 in New York to sex before the 1970s, as something that is filthy and regressive, when men resorted to bathrooms and alleys to have sex. He accused gay men of engaging in nothing but "one cock tease and one doormat."⁵⁷ He believed that new gay sexual life was antirevolutionary and was taking a step back from social progress. Kramer ranted that gay men abused their new freedoms by partaking in sexual irresponsibility, as one character screams, "We have the ultimate in freedom, and we're abusing it!"⁵⁸ Therefore, this gave the general public an incentive to persecute the gay community, especially with the known increase of venereal disease among homosexual men in New York. Nathaniel Sheppard Jr. reported in a *New York Times* article from 1976 entitled "V.D. Found Rising In Homosexuals," that half of the new 7,000 cases of syphilis were found in homosexual individuals, while numbers in the straight population have declined. The author made a generalization and placed part of the blame on sexual "promiscuity" as he wrote, "The homosexual man's life style often provides for easy access to

⁵⁴ Michael Rumaker, *A Day and a Night at the Baths*, 64.

⁵⁵ *Ibid.*, 69.

⁵⁶ *Ibid.*, 27.

⁵⁷ Larry Kramer, *Faggots*, (New York: NY, First Grove Press, 1978), 44.

⁵⁸ *Ibid.*, 175.

anonymous sex in bathhouses.”⁵⁹ Kramer faced condemnation from many gay individuals, not necessarily for placing blame in the rise of STD’s on sexual irresponsibility, but rather for betraying the community. However, it is hard to imagine that he was the only openly gay man in America who held the same opinion.

Even after the success of the Gay Liberation Movement and Sexual Revolution, discrimination against homosexuals was still rampant in society. Christian fundamentalists, a prominent community in America, publicized some of the most incredible discriminatory opinions of homosexuals. Their opinions later influenced the Reagan administration’s HIV/AIDS policies due to the establishment of an alliance between the two groups in the 1970s. Christian fundamentalists were concerned about the visibility of gay institutions aimed at sexuality, such as bathhouses.⁶⁰ They saw this as a step backwards in the moral growth in America, and believed they were a threat to society. In 1981, the famous preacher and political figure Jerry Falwell stated that homosexuality was a “symptom of [a] nation coming under the judgment of God...they are after my children and your children...”⁶¹ Although these opinions are radical, or seem as a misrepresentation of the general public’s opinion, they are not. The opinions expressed by Kramer share some striking parallels with Christian fundamentalists. Kramer was not faulting the gay community on a religious or moral basis as Falwell was. Additionally, Kramer was not discriminating against homosexuals either; he focused strictly on their sexual “promiscuity.” However, overall, both believed that the new sexual frontier that emerged out of the Sexual Revolution took a step back from progress; for Kramer the progress was gay rights and freedoms, for Falwell and other fundamentalists the progress was the new religious influence in society and politics.

⁵⁹ Nathaniel Sheppard, “V.D. Found Rising In Homosexuals,” *New York Times*, July 26, 1976.

⁶⁰ Lang, *AIDS and American Apocalypticism: The Cultural Semiotics of an Epidemic*, (Albany, NY: State University of New York Press, 2005), 5.

⁶¹ Fund-raising letter from the “Old-Time Gospel Hour,” in *Gay and Lesbian Rights in the United States: A Documentary History*, Yolanda Retter and Walter L. Williams, ed., (Westport, CT: Greenwood Press, 2003), 162.

Gay liberation and the Sexual Revolution initiated change in gay male sexual culture and practices that were a part of American gay communities movement for personal and political freedoms and sexual equality. As a part of this movement, complex changes occurred in bathhouses during the 1970s and, as a result, became a symbol for sexual freedom. Although the baths were state – defined “public” places, the complexities of and the gay communities claim on baths created “private” erotic spaces within this public institution.⁶² Before the emergence of HIV/AIDS, several competing opinions, even within the gay community, concerning the gay men’s sexual behaviors and the “public” versus “private” nature of bathhouses had already been established. Therefore, once the AIDS epidemic came into the picture, new implications and consequences for the development arose and these opinions become rooted in a sexuality debate and controversial public health policy.

⁶² Gary Kinsman, “Foreward: The Contested Terrains of “Public” Sex,” in *Peek: Inside the Private World of Public Sex*, by Joseph Couture, (New York, NY: The Haworth Press, 2008), x.

Chapter 2: Bathhouse Battles

“Indeed, the question can be asked: is it possible that AIDS will close the baths?”¹ Dr. Jon Howard first addressed this critical question in an article written in the *Native* entitled “Will the Epidemic Close the Baths?” published in December 1982. At the time, the main theory of HIV/AIDS causation was the multiple infectious agent theory, which posited that people who lived more risky lifestyles such as those who had anonymous and unprotected sex were more prone to suffer from immune deficiency because they were exposed to a cornucopia of infectious agents.² Eventually this theory would be proved false, however, in 1982 it made sense because HIV/AIDS was mostly seen within the gay community, and especially those who were sexually “promiscuous.” This pathologization of gay sex brought intense scrutiny to its sites, and so, the debate was born: what should the city do about the bathhouses? And, was it simply an issue of public health, after all, the field’s main objective is to prevent the spread of disease? The answer is no. Public health policy is inherently political. Its success depends on any given policy’s degree of social acceptance, its credibility with the public, the political parties and interests that are involved and the implications and costs for enacting such a policy. The debate over the bathhouses arose in the wake of the successful social, political and sexual assertiveness of the Gay Liberation movement and therefore at a time when sexual rights and community spaces were highly politicized as vital to the self-identified gay community. Thus, if the policy came to fruition would it address the sexual rights of individuals, and the political and social realities of

¹ Jon Howard, “Will the Epidemic Close the Baths?” *Native*, December 6 – 19, 1982.

² Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge*, (Berkeley, CA: University of California Press, 1996), 59.

the gay movement? With all of these conflicts and questions up in the air, the debate was set to be hotly contested in the 1980s by public health officials and experts, gay activists, politicians, and numerous public constituencies.

The beginning to mid – 1980s represented a new era in New York City. The city was coming out of the financial crisis of the 1970s, and therefore, the Koch administration had room for increased budget spending and allocations. Property values in the city steadily increased and the city was under process of major aesthetic renovation.³ Nationally, President Reagan was recently inaugurated into office, and carried with him very socially conservative and politically influential constituents. “The Reagan Revolution” was a political movement in America that followed Reagan’s fiscally conservative policies and his aim at government deregulation. Another primary aspect of his platform involved his connections to the Moral Majority, a highly political Christian organization, who helped Reagan win the Election of 1980.⁴ Overall, American society was moving in a more conservative direction and New York City was in process of major change. Therefore, these national and local politics provide context for the bathhouse controversy and influenced future public health policy.

The early years of the American AIDS epidemic were marked by incredible uncertainty, fear and pain in society. Initially, when the illnesses were first observed and reported, there was much confusion. However, during the beginning, the illness was most visibly observed and reported by public officials to be strictly a “gay cancer.” The initial attachment of the virus to gay populations catalyzed discrimination against homosexuals and attached a stigma to their

³ See Chapter Three.

⁴ See Chapter Three.

community.⁵ These initial reactions to the epidemic played a significant role in the development of the bathhouse debate.

Dr. Stephen Caiazza, President of New York Physicians for Human Rights said in a New York City council hearing on January 4, 1985 that, “The City of New York has spent, for all practical purposes, nothing on education [about AIDS]” and he added that cases in New York at this time would be around 3,000, double from the previous year.⁶ Caiazza was right, in February 1985 there were 2,886 reported cases of HIV/AIDS in New York City versus 7,962 reported cases nationally.⁷ The city consistently reported higher numbers than anywhere else in the nation, including San Francisco. AIDS was very much a New York City problem.⁸ It was also true that, New York did not have enough money to properly respond to the health crisis as a result of large national budget cuts and fiscal problems within the city. This was a major concern, the problem of HIV/AIDS had to be addressed at all fronts.

Later in the same hearing, bathhouse closure became a possible solution when Jim Fouratt, a gay – activist, declared the baths must be closed. He said, “In an ideal world, government has no business telling people how to conduct their lives, but this isn’t an ideal world.”⁹ In light of the severity of the HIV/AIDS epidemic, the concern over the spreading of the virus in the baths was an important issue as the baths were notorious sites for unprotected sex. However, Fouratt also said, “Gay activists are afraid, and rightfully so, for civil rights

⁵ See Chapter Three.

⁶ Steven C. Arvanette, “Council Hearing Explores City’s Response to AIDS,” *Native*, January 14 – January 27, 1985.

⁷ *Ibid.*

⁸ See Chapter Three.

⁹ Steven C. Arvanette, “Council Hearing Explores City’s Response to AIDS,” *Native*, January 14 – January 27, 1985.

reasons.”¹⁰ The gay community’s espousal of sexual freedom was now threatened by the likelihood that the free exercise of that civil right actually killed.

From 1982 – 1983, although the issues concerning bathhouses were brought up occasionally, there was never any discussion indicative that closure was a real option, unless it occurred behind closed doors. It was not until the end of 1984 when the issue was suddenly put on the table for debate and considered seriously. The timing of the debate may be due to the San Francisco bathhouse battles of 1984. San Francisco was the first city where debates broke out over policies for bathhouses. The baths were used as a point for debate between city officials and community members concerning the best methods to prevent the spread of HIV. During mid – to – late 1984, the people of San Francisco pushed for which policy they thought would be most effective; whether to close them, keep them open or change them. By the end of the year, city officials ordered closure of the baths.¹¹ Most importantly, the debate in San Francisco climaxed just as the bathhouse battles in New York finally began to be seriously discussed.

The hearing on January 4 1985 was the first time the issue and possibility of closing the baths was critically discussed. It represented the starting point of a battle that grew to involve many actors in New York’s political economy including: politicians, public health officials, the self-described gay community, doctors, and gay, civil, human and HIV/AIDS rights activists. Often a split of opinion existed within each faction on whether or not the baths should be closed, therefore demonstrating the enormous complexity the baths posed for the city at the time and diversity of interests within the different factions. By 1985, strong views concerning the regulation of the baths were very well established. As the epidemic gripped the gay community,

¹⁰ Steven C. Arvanette, “Council Hearing Explores City’s Response to AIDS,” *Native*, January 14 – January 27, 1985.

¹¹ Christopher Disman, “The San Francisco Bathhouse Battles of 1984: Civil Liberties, AIDS Risk, and Shifts in Health Policy,” in *Gay Bathhouses and Public Health Policy*, William J. Woods and Diane Binson, Eds., 71 – 73.

the bathhouse became an arena for debate concerning a whole set of questions and issues that addressed and had implications for the gay community, sexuality, public health policy and the law and the politicization of HIV/AIDS.

Mayor Edward Koch was opposed to closing the baths, but was open to regulations. He was also, apparently, open to changing his point of view depending on his political interest, to those of his vocal constituents, and the state of his political career. Koch had many reasons to satisfy the gay community as they represented a large portion of his constituents. Since 1977, many in New York openly speculated that Koch was homosexual. He appointed judges and commissioners who were openly gay and three weeks after taking office in 1978 he issued Executive Order 4 that prohibited discrimination based on sexual orientation in the work place. In 1982, he issued Executive Order 50 that banned vendors from discriminating on the basis of sexual orientation.¹² Koch always denied the public speculations about his own sexuality, but his political actions built a large constituency within the gay community. However, the unforeseen HIV/AIDS crisis posed many problems for the Koch administration because the epidemic was so dramatic in the city, and yet attempts to address it had to be undertaken while trying to adapt to the complex national and local politics of the time.

Initially, the administration was accused of not responding quickly enough. AIDS and gay rights activists constantly compared his policy to the more visible efforts of San Francisco's, where the crisis was severe, but still not as pronounced as in New York. Some in the gay community believed his lackluster efforts were due to a cover – up of his own sexuality: “Mayor Koch is terrified of anything that might link him with his homosexuality – remember that slogan

¹² Edward Koch, “The Mayor Responds” *Native*, July 15 – 28, 1985.

‘Vote for Cuomo, not the homo?’ Whether this terror is real or not, Koch has remained extraordinarily aloof from the very real tragedy being played out in this city.”¹³

Koch could not afford to lose a large portion of his base with the Democratic Primary Elections only five months away. Regardless of whether Koch believed closing the baths would be both discriminatory and also hypocritical (based on previous policies), he had other political reasons to satisfy the gay community. If he threatened to close the baths, he risked losing an entire voting block whose allegiance was at issue.

Yet Koch also had a large base with the white, middle – to – upper class society in New York.¹⁴ They were not largely affected by the HIV/AIDS crisis at this time, as the virus was still mostly restricted to certain risk – groups. This group of New Yorkers was more concerned about the virus “spreading into” their society; they were not concerned about the baths closing. The density of New York’s public spaces and housing added to irrational fears of the disease spreading into other communities in the city. As Mayor, he was responsible for protecting the reputation of the city. As a result, Koch’s position remained neutral and he rarely made public statements concerning the matter. This was a political strategy on his behalf in an effort to please as many people in the city as possible without causing too much harm.

Dr. David Sencer, New York City Health Commissioner and other public health officials were responsible for protecting the health of the entire municipal population. First, they were responsible for all prevention policies and strategies. If there was a health crisis they were in charge of containing it. In respect to the HIV/AIDS epidemic, containment meant continued efforts to prevent the spread of the virus. Their interests were not about placating constituents, but rather creating and employing public policy aimed at preventing the spread of a deadly

¹³ Charles Ortleb, “Mayor Announces New City Initiatives to Deal With AIDS Crisis” *Native*, April 8 – 21, 1985.

¹⁴ See Chapter Three.

infectious disease. Therefore, public health official's perspectives on possible regulation or closure of the baths were pertinent to future outcomes. Dr. Sencer's policies would be heavily scrutinized by doctors, queer individuals and AIDS activists. His policies were routinely compared to those of San Francisco's, where much more funding was allocated toward HIV/AIDS but the population was one – tenth of New York's.¹⁵ Sencer allocated more funds and expanded the overall HIV/AIDS health policies with Mayor Koch. In regard to the bathhouses, Sencer was wholly against their closure.

In a *New York Times* article appearing in the middle of the bathhouse debates, reporter Joyce Purnick wrote, "Dr. Sencer maintains that closing bathhouses will have little if any impact on the control of AIDS and could even be counterproductive."¹⁶ Many officials, including Sencer, claimed that closing the bathhouses would do nothing to prevent the spread of HIV/AIDS. Instead, their prevention policies were aimed at education and behavioral change, not limiting areas where men could meet to have sex. Within the March AIDS initiatives, the policy included more preventative programs, information and community based counseling programs targeted to at – risk groups.¹⁷

Practicing AIDS doctors in New York also played a significant role in the formation of HIV/AIDS policies, because they, unlike politicians and public health officials, knew the patients on a personal basis, and, unlike community activists, had the mantle of professional authority. These AIDS doctors did not view people with HIV/AIDS as part of a population or constituency. They saw them as individuals. This, therefore, influenced their opinions and suggestions of HIV/AIDS related policies. The three most important doctors involved with HIV/AIDS patient

¹⁵ Charles Ortleb, "Mayor Announces New City Initiatives to Deal With AIDS Crisis," *Native*, April 8 – 21, 1985; Robert Lindsey, "Bathhouse Curbs Called Help in Coast AIDS Fight," *New York Times*, October 24, 1985; Randy Shilts, "Horror Stories and Excuses," *Native*, March 25 – April 7, 1985.

¹⁶ Joyce Purnick, "AIDS and the State" *New York Times*, October 30, 1985.

¹⁷ Charles Ortleb, "Mayor Announces New City Initiatives to Deal With AIDS Crisis" *Native*, April 8 – 21, 1985.

care and public policy in the city were Dr. Joseph Sonnabend, Dr. Lawrence Mass and Dr. Stephen Ciazza. These three activist doctors were part of a small group of AIDS doctors who took an active role in demanding better HIV/AIDS care, treatment and prevention in the city. As doctors, they were required to provide medical care for their patients, and as such, advised them to lower their number of sexual partners and use protection because there were correlations between sex and HIV/AIDS as Dr. Roger W. Enlow suggested in a Gay Men's Health Crisis newsletter distributed to people in 1982: "Limit the number of sexual partners whose good health is not certainly known to you. For many, this will mean fewer sexual partners. Avoid sexual contact with individuals who themselves have many different partners. Anonymous sexual encounters in baths, backroom bars, and movie theaters are particularly ill – advised."¹⁸ However, these suggestions were only a means of individual prevention, and did not imply that public sex establishments be shut down. Dr. Lawrence Mass asked Dr. Alvin Friedman – Kien in an interview that was published in the *Native*, "If an individual location is believed to be a source of disease, it could be declared a public health menace and shut down. Do you see any such developments for any gay establishments?" To which Dr. Friedman – Kien replied,

"I don't think we can be sure until proper epidemiologic studies are completed. Not unless it could be shown that there were a specific communicable disease being spread from a specific location because of that location. The frequent sexual exposures that may take place at some baths or bars with back rooms are unquestionably a factor in venereal transmission. But the location itself is not the issue."¹⁹

These doctors' individual and personal relationships with their patients influenced how they perceived the bathhouse issue. To doctors, sex was a matter of personal responsibility, which could only be controlled by that individual. Their role was simply to warn their patients of the

¹⁸ *GMHC newsletter*, no. 2, 1982, pg. 12.

¹⁹ Dr. Lawrence Mass, Interview with Dr. Alvin Friedman found after "Cancer in the Gay Community," *Native*, July 27 – August 9, 1981.

risks associated with sex, so closing a certain location where unsafe sex took place would not affect whether someone would engage in such activities.

The medical community on a national level at the time was divided concerning HIV/AIDS related issues. A majority of physicians and medical institutions actually refused to care for AIDS patients. Such doctors only added to the sense of fear, and helped establish boundaries and distance from AIDS patients and, to an extent, homosexual individuals. These doctors were not necessarily acting out of discrimination, but rather out of fear, as a surgeon from Milwaukee explained, “I’ve got to be selfish. It’s an incurable disease that’s uniformly fatal, and I’m constantly at risk for getting it. I’ve got to think about myself. I’ve got to think about my family. That responsibility is greater than to the patient.”²⁰ In effect, doctors who refused to treat people with HIV/AIDS abandoned their duty as doctors to treat the ill. Surveys conducted during the mid – 1980s confirmed that a majority of doctors shared these beliefs.²¹ Doctors, who were willing to treat AIDS patients such as Dr. Lawrence Mass, were a particular politicized subset within the medical community.

HIV/AIDS rights activists opinions of the bathhouses often differed because their primary interests and obligations were in conflict. AIDS activist groups were often composed of a variety of people including doctors, public health officials and members of the gay public, so opinions expressed by groups often corresponded. Michael Callen, founder and head of the Coalition for Sexual Responsibility, and Richard Berkowitz were two of the most energetic HIV/AIDS activists in New York. Both men were openly gay men and Callen was actually HIV positive. From the beginning of the epidemic, they were outspoken critics of risky and unsafe

²⁰ Ronald Bayer and Gerald M. Oppenheimer, *AIDS Doctors: Voices From the Epidemic*, (New York, NY: Oxford University Press, 2000), 4.

²¹ Ibid.

sexual practices and wrote the first pamphlet on Safe Sex Guidelines.²² Callen and Berkowitz were in favor of bathhouse closure because of the risks associated with potentially acquiring HIV as they said, “If going to the baths is really Russian Roulette, then the advice must be to throw the gun away, not merely to play less often.”²³ For them, and other activists, keeping the baths open promoted a message which condoned risky sexual behavior. When, in fact, they could possibly be aiding in the spread of the virus or potentially acquire it themselves.

In contrast, The Gay Men’s Health Crisis (GMHC), an organization that formed in response to the epidemic, was against closing the baths, but promoted regulations to be put into place if they remained open. The GMHC released a statement of position in July 1985 that stated, “We oppose any governmental closures or attempts by anyone to police individual behavior...proprietors of these places have a responsibility to provide AIDS information, condoms, and adequate lighting. And we agreed that, any establishment which does not, should be boycotted by the community.”²⁴ Therefore, within the activist community there were varying opinions on the debate depending on what reasons and objectives the organizations were founded. For the Callen and the Coalition for Sexual Responsibility the focus was on promoting knowledge of safe sex practices and, Callen believed, keeping the baths open would negate that process. Whereas, the GMHC had an intimate connection with the gay community, as it was run and founded by the community, and as such had to keep the sensitivities of the community’s ideals and sexual liberation and rights in mind. Although, Callen was also an open member of the gay community and a PWA (Person with AIDS), therefore, it was not that he did not care about protecting sexual freedoms, but maybe in light of the epidemic he perceived their importance differently.

²² See Chapter Four.

²³ “Blood and Politics: An AIDS Notebook” *Native*, February 1983, pg 23.

²⁴ David France, “Albany Creates Bathhouse Sub – Committee,” *Native*, July 1 – 14, 1985.

Many in the gay community felt that closing the baths would be a denial of their sexual rights, and this notion paralleled with the objectives of many civil and gay rights activists. In an interview Dr. Mass conducted with one of his AIDS patients, who remained anonymous, the patient expressed frustration concerning imminent closure of the baths, “Look. If rimming makes you more likely to get hepatitis, OK. It’s a risk. But going into the subway during the winter flu season, traveling to Mexico and eating vegetables there, these are similarly risky.”²⁵ This man, along with many others, expressed this same opinion. They believed it was unjust to place focus on the sexual casual nature that was common in the community as it was discriminatory and was an invasion of their personal freedoms. Not that people ignored the risks associated with unsafe sex practices, but even the proposal of closing the baths was perceived as an attack on the gay community and their sexual rights. Civil and gay rights activists put this same argument forward. Ron Najam, Media Director of the National Gay Task Force, was asked by a *Native* reporter “Would you say that the proposal, as it is currently written, endangers the civil rights of gay people?”²⁶ Najam responded and said, “I think it does. It’s troublesome. It appears to target private behavior rather than regulating business in order to discourage his – risk activity. These regulations suggest an unequal application of the law.”²⁷ Even Michael Callen, who promoted strict bathhouse regulation or closure, said “The underlying principle is that two consenting adults have the right, in private, to engage in behavior which the majority of medical experts may well feel is not in their best interest. It’s a very unattractive liberal position; I sometimes compare it to the right of Nazis to march in Skokie. Basically, consenting adults in private have a right to kill themselves if that is what they want to do. I believe people ought to have that right, but before people make these momentous life – and – death decisions, they must

²⁵ Dr. Lawrence Mass interview with anonymous patient, Lawrence Mass Papers, Box 14.

²⁶ “Health or Homophobia?” *Native* November 11 – 17, 1985.

²⁷ *Ibid.*

make them in an informed manner, so that they're not making those decisions out of ignorance...My position has always been that the status quo in these places is unacceptable during an epidemic.”²⁸

This debate had many sociological and legal implications. If the baths were closed, it would be potentially damaging to the cohesiveness and sexual expression of the self-avowed gay community. Many believed that closing the baths would be a step forward toward reinstating New York State anti – sodomy laws.²⁹ The questions remained, did the state or city have the right to control what sexual behaviors men could and could not do in a public or private space? Were the baths public, or were they considered private as they were a gay space and owned privately? If not, did the city or state have the power because of the health crisis?

However, many gay men struggled with the concept and implications of the issue, and not all felt they should be kept open. Before HIV/AIDS, the baths were mostly viewed as a positive symbol within the gay community, where one could express their sexuality without fear of retribution from society. But, that changed once this life – threatening illness struck gay populations. An inner conflict emerged for most, should the baths be supported because of their importance to the community and many individuals, or should they be closed due to the medical crisis? The fear of the virus in the gay community had a profound effect on their perceptions of morality and sexuality. A short story written by Marty Levine entitled “Fearing Fear Itself” published within the Gay Men’s Health Crisis Newsletter of July 1982 expresses this form of fear.

²⁸ “Health or Homophobia?” *Native* November 11 – 17, 1985.

²⁹ Darrel Yates Wrist with Barry Atkins, “State To Regulate Gay Sex,” *Native*, November 4 – 10, 1985; Joyce Purnick, “City Closes Bar Frequented by Homosexuals, Citing Sexual Activity Linked to AIDS,” *New York Times*, November 8, 1985; Bruce Mailman, “The Battle for Safe Sex in the Baths,” *New York Times*, December 5, 1985; “Health or Homophobia?” *Native*, November 11 – 17, 1985.

“The panic also reaches very deeply into the marrow of our sexuality. We now regard cruising and tricking as fraught with danger...After watching friends and lovers die...many of us now regard out once – glamorous and exciting lifestyles as toxic. We are left frightened, nervous and confused. We wonder what we have done to our bodies. Do all these years of frenzied orgies at the baths mean it is only a matter of time before we will be stricken?”³⁰

This inner conflict affected how many men thought about the baths and sexual activity. HIV/AIDS brought into question their ideals and freedoms of sexual liberation. As a result, by 1985, attendance at the city’s baths declined.³¹ Although most within the community continued to support the baths on a theoretical basis, this also meant that some believed it would be best to close them. Joey Levone, a hotline worker at GMHC, believed that regulations would not prevent men from having unsafe sex in the baths because he thought the efforts of preventative education would not work. “Gay people in Manhattan call like they had just heard about it, And then there are people who know everything about it and don’t care about safe sex...it’s time to stop pulling people out of the river and figure out what’s pushing them upstream.”³² Therefore, not everyone in the gay community supported the baths. This presents an interesting conflict. Trying to keep the baths open became a much more difficult prospect without complete unification within the community.

In February 1985 the New York State Department of Health became directly involved in the city’s bathhouse issue when it created a Bathhouse Sub – Committee within the state’s AIDS Institute. Its purpose was to investigate the pros and cons of regulating or closing the baths. The committee was composed of Dr. Stephen Caiazza, Michael Callen, Robert Lee Cecchi, a member of Gay Men’s Health Crisis, Richard Failla, New York City judge, Dr. Jeff Laurence, physician at New York Hospital, Dr. Mathilde Krim, chairperson of AIDS Medical Foundation and David

³⁰ Marty Levine, “Fearing Fear Itself,” *Gay Men’s Health Crisis Newsletter*, no.1, July 1982, pg 15.

³¹ Jane Gross, “Bathhouses Reflect AIDS Concerns,” *New York Times*, Oct 14, 1985.

³² David France, “Albany Creates Bathhouse Sub – Committee,” *Native*, July 1 – 14, 1985.

C. Leven, chairperson of the committee.³³ All members were part of the New York City community, and reported to the New York State Department of Public Health. However, the interests of the committee members, mostly doctors and activists, were different than New York State Governor Mario Cuomo and New York State Health Commissioner David Axelrod. The committee quietly met three times before releasing an interim report on its findings in June. The report contained recommendations for bathhouse owners that included: posting safe – sex posters, maintaining clean premises, supplying clean linens, providing information tables and pamphlets, providing medically approved condoms, and adequate lighting.³⁴ Overall, the committee felt, “that state closure of the bathhouses is simply a means of controlling and regulating consensual sexual relations between gay men, and there is not currently a compelling need so great as to justify governmental interference of this magnitude.”³⁵ Additionally, the committee argued that if the baths were closed in the future, “then, perhaps, few obstacles would exist to further regulation of such relations in other locations, perhaps even in private homes.”³⁶ This report established the bathhouse debate as a state and city issue. The state certainly has certain power over one of its cities, and as a result, changed the movement of the battle.

Two competing candidates for mayor of New York against Koch, Rabbi Yehuda Levin from the Right to Life Party and Diane McGrath of the Republican Party supported closing the baths. Their reasons for closing them were different from other opposing sides as both candidates supported their closure on a moral basis, rather than for medical or public health

³³ Ibid.

³⁴ David France, “Albany Creates Bathhouse Sub – Committee,” *Native*, July 1 – 14, 1985; The Associated Press, “Cuomo Panel Proposes Rules To Curb AIDS at Bathhouses,” *New York Times*, October 10, 1985; Barry Adkins, “AIDS Advisory Council Proposes Gay Bathhouse Regulations,” *Native*, October 21 – 17, 1985; Robert D. McFadden, “City Seeks Cooperation of Bathhouses in Enforcing Rules on AIDS,” *New York Times*, October 27, 1985.

³⁵ David France, “Albany Creates Bathhouse Sub – Committee,” *Native*, July 1 – 14, 1985.

³⁶ Ibid.

reasons.³⁷ McGrath said at a news conference promoting her candidacy that, “It is our duty to protect these people from themselves. They are a clear and evident menace to the health of their patrons.”³⁸ In concordance with McGrath’s point of view, Rabbi Levin led a demonstration in protest of the baths in front of the New Saint Mark’s Baths in the East Village on September 18th and 19th, 1985. Protestors, composed of Christian and Jewish clergy, handed out flyers condemning homosexuality and the homosexual lifestyle and believed that HIV/AIDS justified closure of the baths.³⁹ The morally and politically conservative and religious factions of the city represented a substantial voting block. In light of the baths controversy, McGrath potentially revealed a highly conservative platform on the issue in order to appeal to that voting block. Additionally, at the time, President Reagan promoted the Christian Right and Moral Majority and carried them as part of his constituency. Therefore, the moral platform was very popular in American society during the 1980s. The religious communities had influence in politics and public policy, and the bathhouse controversy was certainly an issue that appealed to their interests. If politicians were at all inspired by public morals, it would seem like an opportune moment to shut the bathhouses down considering their controversial nature.

Cuomo and Axelrod’s position on the bathhouse issue remained neutral at first. But once they became heavily involved in the conflict their opinions were in favor of at least establishing strict regulations on the baths. Initially, Cuomo used the recommendations suggested by his AIDS advisory council; the baths and any place of “high – risk” sexual activity should have regulations put in place. Under the proposal, all bathhouses had to distribute literature on sexual

³⁷ Frank Lynn, “McGrath Proposes Closing Homosexuals’ Bathhouses,” *New York Times*, Oct. 2, 1985; Sarah Schulman, “Anti – Abortion Group Pickets Gay Bathhouse,” *Native*, September 30, 1985; The Associated Press, “McGrath Threatened Over Views on AIDS,” *New York Times*, October 4, 1985; “Morality, AIDS and the Bathhouses,” *New York Times*, October 19, 1985.

³⁸ Frank Lynn, “McGrath Proposes Closing Homosexuals’ Bathhouses,” *New York Times*, Oct. 2, 1985.

³⁹ Sarah Schulman, “Anti – Abortion Group Pickets Gay Bathhouse,” *Native*, September 30, 1985.

behaviors that prevent the transmission of HIV/AIDS.⁴⁰ As New York State's Health Commissioner, Axelrod sided with Cuomo. Although it appears the state and the city opted for regulations instead of closure, conflict between the two camps soon arose. On September 4 Cuomo and Koch asked their Health Commissioners, Axelrod and Senser, to investigate the bathhouses and determine if closure was feasible.⁴¹ Barry Adkins of the *Native* reported on October 21, 1985 in his article entitled "AIDS Advisory Council Proposes Gay Bathhouse Regulations" that "...there remains unconfirmed rumors within the councils that closure is still being considered in high government offices. It has also been said that Cuomo and Koch have privately clashed over the closure issue..."⁴²

Private disagreement between Koch and Cuomo became public as Cuomo decided to act on his own accord by enacting new policy. On October 24 Axelrod reported to Cuomo "I have concluded that establishments which allow, promote and/or encourage sexual contacts that produce blood to blood or semen to blood contact are a serious menace to the public's health and must be prohibited."⁴³ Therefore, under new state health regulation determined by Axelrod and the New York State Public Health Council, the baths would be closed. When Cuomo was asked if the baths could stay open if they continued to operate as places where anal intercourse was practiced he replied, "Would they have to close? Yes. Unless they want to do something else, like have baths."⁴⁴ Within a matter of weeks, Cuomo and Axelrod changed their position on the

⁴⁰ The Associated Press, "Cuomo Panel Proposes Rules To Curb AIDS at Bathhouses," *New York Times*, October 10, 1985; Barry Adkins, "AIDS Advisory Council Proposes Gay Bathhouse Regulations," *Native*, October 21 – 17, 1985

⁴¹ Barry Adkins, "Closing In On The Baths," *Native*, October 28 – November 3, 1985.

⁴² Barry Adkins, "City, State Clash Over Bathhouse Controversy," *Native*, November 11 – 17, 1985; Joyce Purnick, "AIDS and the State." *New York Times*, Barry Adkins, "AIDS Advisory Council Proposes Gay Bathhouse Regulations," *Native*, October 21 – 17, 1985.

⁴³ Maurice Carroll, "State May Shut Bathhouses In a Drive to Combat AIDS," *New York Times*, October 25, 1985.

⁴⁴ *Ibid.*

baths and became in favor of closing the baths.⁴⁵ Even if Koch remained an opponent of such a policy, the city did not have power over state health policy. As such, Axelrod and Cuomo would be able to enact new permanent bathhouse policy by altering the rules of State Sanitary Code. The policy also contained emergency regulations which gave health authorities the right to padlock the baths for the next 60 days, and this went into effect immediately after the vote by the state's Public Health Council.⁴⁶

There were speculations that Cuomo's interests in the decision were mainly political. Michael Callen of the AIDS Advisory Council of New York believed "My perception is that the Governor is caught in a political bind. He has to be seen to be doing something. Nobody knows quite what to do, so it's all show. If he has presidential ambitions, he doesn't want to be confronted in a debate with the charge: "You're the one who kept the bathhouses open."⁴⁷ Callen was not alone; many other opponents expressed similar opinion of Cuomo's motives. Thomas B. Stoddard of the New York Civil Liberties Union said, "There's no evidence this will change people's conduct. What he's done is push this issue on Koch, while he plays to a larger constituency."⁴⁸ Cuomo denied these accusations and claimed his sole intentions were to prevent the spread of HIV/AIDS. But if this were his main concern, why would he go against the regulations his AIDS Council advised him to follow? This policy allowed Cuomo to play the middle ground: he enacted the policy, but only city officials would inspect and close establishments if necessary. Focus of the controversial nature of the bathhouse debate would be placed on Koch and the city, and therefore, protect Cuomo and his political interests.

⁴⁵ Robert D. McFadden, "Cuomo and Koch Reconsidering Their Opposition to Closing of Bathhouses," *New York Times*, October 5, 1985.

⁴⁶ Sarah Schulman, "Committee Resolves to Close Baths," *Native*, December 2 – 6, 1985; John A. Fall, "Council Passes Bathhouse Resolution," *Native*, December 2 – 6, 1985; Maurice Carroll, "State Permits Closing of Bathhouses to Cut AIDS," *New York Times*, Oct. 26 1985; Jane Gross, "Bathhouses Reflect AIDS Concerns," *New York Times*, October 14, 1985.

⁴⁷ Joyce Purnick, "AIDS and the State," *New York Times*, October 30, 1985.

⁴⁸ *Ibid.*

The new policy regulating the baths also connects to other politicized debates concerning AIDS happening in the city. A public elementary school in Queens was the center of a debate that addressed whether HIV positive children were allowed to attend school. Some parents formed a coalition in protest of this possibility and argued that it endangered their children.⁴⁹ At the same time, there was a conflict concerning the proposal of needle exchange programs, where IV drug users turned in their used needles in exchange for clean ones in an effort to reduce transmission rates of HIV. This program was opposed by many sects of New York City, including more conservative factions and black churches, who claimed this type of program sends the wrong message to the public.⁵⁰ Therefore, the bathhouse controversy happened within a broader AIDS politics in the city at the time. As a result, the regulations may have also been a response in part to the same constituency who wanted to keep the children out of school and prevent the implementation of needle exchange programs.

This policy catalyzed opposition from different political groups within New York because of the policy's questionable effectiveness. Many questioned whether the overall policy would actually negate risky sexual practices, and whether the policy was workable considering how disorganized the city and state were in communication with one other. The main argument, proposed by officials, doctors and activists claimed bathhouse closure would do little or nothing to stop men from engaging in unsafe sexual practices.⁵¹ Nancy Roth, Director of Gay Rights National Lobby claimed,

“Bathhouses don’t spread AIDS, people spread AIDS. By focusing our attention on the bathhouses, we are diverting attention from positive things that we can do

⁴⁹ Jennifer Brier, “‘Save Our Kids, Keep AIDS Out:’ Anti-AIDS Activism and the Legacy of Community Control in Queens, New York,” In *Journal of Social History*, (Summer 2006): 965.

⁵⁰ Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, 165.

⁵¹ “Health or Homophobia?” *Native*, November 11 – 17, 1985; Barry Adkins, “City, State clash Over Bathhouse Controversy,” *Native*, November 11 – 17, 1985; Joyce Purnick, “AIDS and the State,” *New York Times*, October 30, 1985; Bruce Mailman, “The Battle for Safe Sex in the Baths,” *New York Times*, December 5, 1985; John A. Fall, “Friedlander; Gottfried Denounce PHC Sex Regulations,” *Native*, December 30, 1985 – January 5, 1986.

to reduce the spread of AIDS. By focusing our energy on closing the baths, which is not a terribly effective health measure, we are diverting energy from education. I think the reality is that people are going to behave the way they want to behave – in baths, hotel rooms, and the privacy of their own homes.”⁵²

Therefore, the bathhouses were perceived as primary locations where it was possible to distribute educational materials to patrons on the risks associated with unsafe sex and contracting HIV/AIDS. Closing the baths placed attention on a place that was most symbolic; the behaviors would continue whether the baths were open or closed. So the new policy was considered counterproductive.

Additionally, Cuomo acted on his own accord, without regards to the city’s inability to implement policy without proper communication or resources. Joyce Purnick of *The New York Times* reported that Koch’s approval was not sought before the regulations were announced. Hours after the policy was announced, Koch was unable to answer questions at a news conference because he was unaware of the situation.⁵³ City officials said they needed at least ten days to develop implementation guidelines and resources, such as inspectors, in order to follow through with bathhouse closure policy. However, on the same day, Cuomo said “we’ll start closing them today” in reference to the baths, further demonstrating the lack of coordination between the city and state.⁵⁴ Chairman of the AIDS Medical Foundation, (and member of the state advisory council) Dr. Mathilde Krim, said, “I doubt that it is enforceable, particularly on such quick notice. They dumped the whole thing on the city, and there is no mechanism in place to carry out these instructions.”⁵⁵ Regardless of whether one supported bathhouse closure, it seemed almost impossible to apply such policy given the urgency Cuomo expressed and the lack of communication between Albany and New York City. Closing businesses requires officials to

⁵² “Health or Homophobia?” *Native*, November 11 – 17, 1985.

⁵³ Joyce Purnick, “AIDS and the State,” *New York Times*, October 30, 1985.

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

go through many bureaucratic steps to ensure the legality of such a controversial policy, but because of the emergency measures Axelrod outlined within the guidelines, the city had no choice but to follow state orders whether they were possible or not.

Mayor Koch opposed the new state policy when it was first announced. After he initially heard of the policy, he spoke about the city's problems with the guidelines. "What is the sense in our doing something that is going to be thrown out of court? What would it look like if we take action and close a bathhouse and two days later a court opens it up? Then we look like jerks."⁵⁶ But, Koch quickly changed his tune. By 2:30 PM the same day, only hours after he complained about the policy, he said the city could prepare for the guidelines within two days.⁵⁷ Surprisingly, the guidelines were in place and implemented by 5 PM.⁵⁸ At a press conference, when asked what accounted for the shift, Koch said, "I don't think anything has changed." Within a matter of hours, Mayor Koch completely changed his opinions of the guidelines, or at least that was how it appeared to the public. It was reported that earlier in the day, after Koch made his complaints public, Axelrod threatened to send state inspectors if the city did not comply.⁵⁹ Koch faced pressure from the state, to close the baths, and from the public to act promptly and effectively against the spread of HIV. In an effort to support the state and public, Koch followed the new guidelines and said "We want people to know that we are not letting grass grow under our feet but what we are seeking to do is to make sure, when we talk to the courthouse, that we are there with good evidence that will sustain a judgment in our favor."⁶⁰

⁵⁶ Joyce Purnick, "Koch Says City Will Now Enforce New State Rules to Combat AIDS," *New York Times*, Oct 31, 1985.

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Barry Adkins, "City, State Clash Over Bathhouse Controversy," *Native*, November 11 – 17, 1985; Joyce Purnick, "AIDS and the State," *New York Times*, October 30, 1985.

⁶⁰ Joyce Purnick, "Koch Says City Will Now Enforce New State Rules to Combat AIDS," *New York Times*, Oct 31, 1985.

The emergency resolution allowed officials to act immediately because the policy added a new regulation to the State Sanitary Code. The addition to the code, in section 24 – 2.2, states “Prohibited facilities: No establishment shall make facilities available for the purpose of sexual activities where anal intercourse, vaginal intercourse or fellatio take place. Such facilities shall constitute a threat to the public health.”⁶¹ From this point forward, authorized city officials had the power to close any such establishment. City inspectors would enter bathhouses undercover, and if evidence of unsafe sexual activity were found, the city would close the establishment.⁶² Additionally, the guidelines authorized state health officials to assess fines up to one – thousand dollars to establishments that allowed high – risk sex.⁶³ Bathhouses and homosexuals were not specified within the Sanitary Code, so the term “establishment” meant that the policy was aimed at any place where sex may have occurred, including bars and private clubs.⁶⁴ However, baths in New York City, and a few others in Buffalo and Rochester, were the primary establishments the Code was intended.⁶⁵ Therefore, the tide of the debate changed; it was no longer a matter of if, rather, it became a matter of when.

Meanwhile, bathhouse owners’ began to comply with the guidelines even though they were publicly advocating against them. Bruce Mailman, owner of the New St. Mark’s Baths, said that in addition to distributing safe – sex information and condoms, employees would notify patrons of the new restrictions on having unsafe sex. Additionally, patrons had to sign a pledge, which stated that they read the safe – sex literature, and would comply with the new guidelines.

⁶¹ NY State Sanitary Code, 10 NYCRR 24-2.2 oct. 25 1985 as emergency measure.

⁶² Joyce Purnick, “Koch Says City Will Now Enforce New State Rules to Combat AIDS,” *New York Times*, Oct 31, 1985.

⁶³ Robert D. McFadden, “City Seeks Cooperation of Bathhouses in Enforcing Rules on AIDS,” *New York Times*, October 27, 1985.

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

⁶⁶ However, Mailman and other owners only complied in an effort to avoid closure, and believed that the policy was misguided. Mailman wrote an editorial for the *New York Times* entitled “The Battle for Safe Sex in the Baths,” where he expressed all of his problems with the bathhouse regulations. First, he felt that the measures were ineffective, “No public health purpose is served by closing bathhouses; certainly the small number of compulsive homosexual men who still engage in unsafe sex will continue to do so whether or not bathhouses and bars remain open.” ⁶⁷ Second, Mailman thought “...the Public Health council has overstepped its bounds by making the amendment excessively restrictive and by violating the constitutional rights of homosexual man and bathhouse owners.” ⁶⁸ In addition to the policy being too restrictive and unconstitutional, Mailman thought the policy was also very unclear and actually counterproductive as “...[it] fail[ed] to distinguish between safe and unsafe sex, the amendment takes us a step backward in the highly successful educational effort that we and other responsible establishments have undertaken.” ⁶⁹ He believed the policy was a contradiction to what officials had publicly announced, if the difference between safe and unsafe sex was so important to the prevention of HIV/AIDS, then why wasn’t there an explicit discussion of that dichotomy within the regulations? Furthermore, Mailman expressed problems with the city and state’s intentions and motives behind the policy. He said the guidelines were “the worst kind of sloppy, craven legislation. I think it’s a nightmare,” and that “...Axelrod want to be lieutenant governor and he’s playing politics with gay men to gain points. What he’s doing isn’t medical. It’s political. He’s using the office of the health department as a political forum.” ⁷⁰ Obviously, it was in Mailman’s best interest to try to protect the New St. Marks Baths from closure. But, he made

⁶⁶ Darrel Yates with Barry Adkins, “State to Regulate Gay Sex,” *Native*, Nov 4 – 10, 1985.

⁶⁷ Bruce Mailman, “The Battle for Safe Sex in the Baths,” *New York Times*, December 5, 1985.

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

⁷⁰ Darrel Yates with Barry Adkins, “State to Regulate Gay Sex,” *Native*, Nov 4 – 10, 1985.

valid points against the bathhouse guidelines that paralleled what some in the gay community, civil rights groups and practicing HIV/AIDS doctors had been saying since the beginning of the debate. From the start, he did not want to get involved in order to protect himself and his establishment; he did not want to make himself a target or entice the state to take action. But with imminent closure on the horizon, every bathhouse was a target and guidelines were set in place so it was the right time for owners to get involved.

One of the main arguments promoted by Mailman and others who opposed bathhouse closure was that many gay men adopted sexual behavioral modifications, which therefore resulted in a decrease in sexually transmitted diseases.⁷¹ Mailman argued that this point was largely overlooked because of HIV's long incubation period, so current statistics in 1985 did not reflect any modifications. However, since HIV and gonorrhea are transmitted in the same manner, Mailman pointed out that CDC statistics showed a 59% decline and the New York City Health Department reported an 80% decline of gonorrhea among gay men between 1980 and 1985.⁷² Public Health researcher John L. Martin confirmed Mailman's argument in 1987. Martin interviewed 745 gay men, ages 20 to 65, as part of an effort to determine the impact the AIDS epidemic had on the at-risk community. Overall, the results indicated that major changes to all aspects of sexual behavior had occurred since men became aware of the AIDS epidemic; frequency of sexual episodes decreased by 70 percent, an increase in condom use from 1.5 to 20 percent. Most important to the context of the bathhouse controversy, sexual activity in homes and extra – domestic places declined by 78 percent, where the largest decline occurred in the use of baths at 34 percent. Additionally, men decreased their number of sexual partners by 78

⁷¹ Bruce Mailman, "The Battle for Safe Sex in the Baths," *New York Times*, December 5, 1985; "Health or Homophobia?" *Native*, November 11 – 17, 1985.

⁷² "Letter from Bruce Mailman addressed to Mayor Koch," *Native*, Dec 2 – 8, 1985.

percent.⁷³ Based on these results, Martin concluded, “To the extent that HIV infection rates parallel those of other STDs, we would expect the spread of HIV to be slowed by changes in sexual behavior as we have described here.”⁷⁴

Therefore, based on these results, it can be concluded that efforts made by such groups as the Gay Men’s Health Crisis and the Coalition for Sexual Responsibility and AIDS doctors to educate the gay community on the AIDS epidemic and safe – sex were at least having a partial effect of how people had sex in the epidemic. There are other reasons why the figures could go down – HIV testing was available by 1985, or maybe statistics had caught up with actual mortality rates and it skewed Martin’s evidence – regardless, because the safe sex movement was so heavily publicly promoted that it had to have some type of an effect. Many who opposed closure supported their argument by suggesting that funding should be allocated toward education, rather than closure as they thought it would be more effective. Nancy Roth, Director of the Gay Rights National Lobby said the city should “...pour money into public education about what AIDS is and is not, what the symptoms are, how it is spread, and what kinds of behavior are less risky. Time and money need to be spent on thinking about how to make behavioral changes socially acceptable.”⁷⁵ If educational efforts conducted by AIDS doctors and rights groups, were successfully permeating knowledge throughout the community, as could be argued based on the documented decline in sexual activity, then the city and state’s main line of reasoning for closing the baths could have been potentially negated. Cuomo, Koch and Axelrod claimed that the bathhouses promoted risky sexual behavior that would promote the spread of

⁷³ John L. Martin, “The Impact of AIDS on Gay Male Sexual Behavior Patterns in New York City,” *American Journal of Public Health* 77 – 5 (May 1987): 581.

⁷⁴ John L. Martin, “The Impact of AIDS on Gay Male Sexual Behavior Patterns in New York City,” *American Journal of Public Health* 77 – 5 (May 1987): 581.

⁷⁵ “Health or Homophobia?” *Native*, November 11 – 17, 1985.

HIV/AIDS.⁷⁶ However, the other side believed that using the bathhouses as places to educate individuals would be a more effective way of preventing the spread of the virus.⁷⁷ The city focused on the institution rather than the at – risk communities. Lori Behrman of *Gay Men’s Health Crisis* said, “We feel that focusing on the bathhouses alone takes away from the broader issue of education. Bathhouses themselves do not cause AIDS; behavior does. These activities would probably take place in locations that we would not be able to get to, to educate the patrons.”⁷⁸ These polar arguments were reflective of the tensions related to sexuality in New York at the time as a product of the controversial nature and newness of the HIV virus.⁷⁹ And although this argument was sound, and despite strong efforts from many representatives of the AIDS community who promoted it to stop closure of the baths, they had little power over both the state and city’s political leaders.

On November 7, 1985 New York State Supreme Court Justice Jawn A. Sandifer, on behalf of New York City, issued the first order to close a bathhouse. The Mine Shaft, located at 835 Washington Street, notoriously known as the granddaddy of the New York baths, was shut down. Three city inspectors, who visited the bathhouse the previous week, reported that even though the Mine Shaft distributed condoms and safe – sex literature, they reported seeing many instances of anal intercourse, fellatio and even heard sounds of whipping and moaning.⁸⁰ They

⁷⁶ Joyce Purnick, “City Seeks to Close AIDS – Risk Place,” *New York Times*, November 7, 1985; Maurice Carroll, “State May Shut Bathhouses In a Drive to Combat AIDS,” *New York Times*, October 25, 1985; Robert Lindsey, “Bathhouse Curbs Called Help in Coast AIDS Fight,” *New York Times*, October 24, 1985.

⁷⁷ “Health or Homophobia?” *Native*, November 11 – 17, 1985; Joyce Purnick, “AIDS and the State,” *New York Times*, October 30, 1985, Bruce Mailman, “The Battle for Safe Sex in the Baths,” *New York Times*, December 5, 1985; John A Fall, “St. Marks Baths Closed,” *Native*, December 23 – 29, 1985.

⁷⁸ “Health or Homophobia?” *Native*, November 11 – 17, 1985.

⁷⁹ See Chapter Three and Four.

⁸⁰ Joyce Purnick, “City Closes Bar Frequented by Homosexuals, Citing Sexual Activity Linked to AIDS,” *New York Times*, Nov 8, 1985; Barry Adkins, “Judge Orders Mine Shaft Closed,” *Native*, Nov 18 – 24, 1985; Joyce Purnick, “City Seeks to Close AIDS – Risk Place,” *New York Times*, November 7, 1985.

also said they saw men moving from one partner to another and condoms were not being used.⁸¹ In response to the inspectors reports, Koch said, “It’s tough stuff to read. It must be horrific, horrendous in its actuality to witness.”⁸² Furthermore, Koch wanted to clarify that he was not trying to put restrictions on sexuality; rather he was acting in regards to the HIV/AIDS crisis. The Mayor stated at a news conference that the closure “...brings to the consciousness of those who have a predilection to engage in this suicidal behavior how ridiculous it is. Maybe it will deter them as well. We don’t know. But we’re going to do the best we can.”⁸³ Within less than one year, Mayor Koch went from being at odds with Governor Cuomo for advocating against bathhouse closure, to closing a bathhouse and calling gay sex “suicidal.” Koch always denied that his recent change of opinion was not for political reasons, but that would become much more difficult for anyone to believe after he closed the Mine Shaft.

City Council members voted for Resolution 1685A on November 19 which directed Sencer to “close down bathhouses and other public heterosexual and homosexual establishments which make facilities available for certain high risk practices...known to contribute to the spread of AIDS.”⁸⁴ Only a few Council members voted against the resolution, who voiced concern that it did not address such issues as research and education and was merely a replication of Cuomo’s regulations. Despite some concerns from specific members, the resolution passed by a huge majority. The Resolution did not have a significant impact on bathhouse policy, as it iterated what was outlined within the state guidelines. However, it did put Dr. Sencer in an unfavorable position. He had opposed bathhouse closure from the start, and unlike Mayor Koch, never

⁸¹ Joyce Purnick, “City Closes Bar Frequented by Homosexuals, Citing Sexual Activity Linked to AIDS,” *New York Times*, Nov 8, 1985.

⁸² Joyce Purnick, “City Closes Bar Frequented by Homosexuals, Citing Sexual Activity Linked to AIDS,” *New York Times*, Nov 8, 1985.

⁸³ Ibid.

⁸⁴ John A. Fall, “Council Passes Bathhouse Resolution,” *Native*, December 2 – 8, 1985; Sarah Schulman, “Committee Resolve Close Baths,” *Native*, December 2 – 8, 1985.

succumbed to the political or public pressure to support bathhouse regulation and closure. Once the state amended the guidelines, Sencer had no choice but to follow orders from Cuomo and Koch, who abandoned him, as he said “I did not feel this would contribute to the control of AIDS, but when this became state regulation, I, of course, agreed with it.”⁸⁵ But, with the resolution passed, he was now at odds with Cuomo, Koch, Axelrod, the Public Health Council and the City Council.

By December 4 Sencer announced his resignation effective January 3 1986. Koch denied that his leaving had anything to do their differences over the bathhouse issue, but he also praised Sencer for not wavering in the wake of the controversy.⁸⁶ The gay community was disappointed by his resignation, Lori Behrman of the Gay Men’s Health Crisis said she “never had any disagreements with him,” and that Sencer gave “sound advice regarding bathhouses.”⁸⁷ Although Sencer had support from the gay community, the enormous opposition he faced from his superiors made it impossible for him to use his own status as Health Commissioner of the city to promote or enact any of his policies to prevent the spread of HIV/AIDS. In short, he was unable to do his job. The direction the city’s HIV/AIDS policies were going in 1985 were opposite of what he promoted. Sencer was also highly criticized for suggesting the implementation of a needle exchange program, and allowing children who were HIV positive attend public schools.⁸⁸ It was not just the bathhouse debate that influenced his resignation, but the overall focus and direction that New York’s HIV/AIDS policies were going and his inability to act independently or even compromise that affected his decision to leave. His departure was a

⁸⁵ John A. Fall, “Council Passes Bathhouse Resolution,” *Native*, December 2 – 8, 1985

⁸⁶ Barry Adkins, “Sencer Resigns,” *Native*, December 16 – 22, 1985.

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

reflection of the enormous complexity and tensions the HIV/AIDS crisis in New York produced and, as a product of that, the bathhouse controversy as well.

On December 6, 1985 State Supreme Court Justice Stanley Parness closed the New St. Marks Baths in the East Village at 6 St. Marks Place.⁸⁹ Nine undercover investigators went to the bathhouse between November 2 and December 4 and reported they saw at least 50 acts of unsafe sex in public areas.⁹⁰ They said that as they entered the establishment they were handed a condom and a pamphlet on safe sex and HIV/AIDS. Therefore, even though the bathhouse followed the regulations, the inspectors deemed their efforts disingenuous because risky sexual behavior was still taking place.⁹¹ However, John A. Fall, reporter for the *New York Native* believed that the “evidence” given by the inspectors was subjective. He found several inconsistencies and ambiguities found between the inspectors written reports and oral affidavits. For example, an inspector reported the following as high – risk sexual activity: “When I canvassed the 100 level, I heard a loud voice saying ‘fuck me hard’ and ‘come in my ass’ accompanied by grunting and groaning. A few moments later I heard a loud sigh and a voice say ‘it feels so warm.’ I narrowed the sound down to cubicle 106. I could not observe any activity as the door was closed.”⁹² One inspector reported that he noticed, “several used condoms on the floor” while other inspectors said they saw few. The reports offered by the inspectors were filled with such inconsistencies. They also reported moaning and masturbating as instances of high – risk sexual behavior because it was “sexually suggestive.” Fall believed these reports were

⁸⁹ John A. Fall, “City Moves To Close St. Marks Baths,” *Native*, December 16 – 22, 1985; John A. Fall, “St. Marks Baths Closed,” *Native*, December 23 – 29, 1985; Joyce Purnick “City Shuts Down a Bathhouse As Site of ‘Unsafe Sex’,” *New York Times*, December 7, 1985.

⁹⁰ John A. Fall, “St. Marks Baths Closed,” *Native*, December 23 – 29, 1985; Joyce Purnick “City Shuts Down a Bathhouse As Site of ‘Unsafe Sex’,” *New York Times*, December 7, 1985.

⁹¹ Joyce Purnick “City Shuts Down a Bathhouse As Site of ‘Unsafe Sex’,” *New York Times*, December 7, 1985.

⁹² John A. Fall, “St. Marks Baths Closed,” *Native*, December 23 – 29, 1985.

simply subjective perceptions of individual behavior rather than fact.⁹³ It is impossible to know what exact sexual behaviors occurred at the bathhouse during that time period; however, this minor conflict between journalist and city health inspectors would foreshadow future events concerning the closure of the New St. Marks Baths.

Unexpectedly, City Council member, Miriam Friedlander and New York State Assemblyman Richard Gottfried, denounced the new regulations at a press conference on December 13. The event, sponsored by the Gay and Lesbian Anti – Defamation League, marked the last day for submitting public testimony on the issue where hundreds of gay men and lesbians gathered to condemn the new guidelines and closures.⁹⁴ Friedlander said, “The guidelines will not serve the purpose of stopping AIDS. This kind of guideline says, ‘I don’t like your kind of lifestyle, so I’m cutting in on you.’ And that is illegal.”⁹⁵ Gottfried iterated a similar argument, “Like most prohibitions, they only make the problem worse. At the same time, they have once again blamed the victims.”⁹⁶ The League’s chairperson told the crowd that the regulations reinstitute sodomy laws and insinuate that the government was proclaiming some lives were more worthy than others.⁹⁷ This conference was the first and only time any other local government officials spoke out against the sex regulations aside from Dr. Sencer. Significantly, it represents how different constituencies with New York’s began to combine forces in opposite of the bathhouse guidelines and closures. In 1984, different groups who were opponents of possible bathhouse closure were not necessarily acting together. Their reasons for resistance of closure while similar, were not exactly the same; the gay community focused on rights related

⁹³ Ibid.

⁹⁴ John A. Fall, “Friedlander, Gottfried Denounce PHC Sex Regulations,” *Native*, December 30, 1985 – January 5, 1986.

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Ibid.

issues, while AIDS doctors and Dr. Sencer directed their arguments on HIV prevention and education. Once, the city actually closed the Mine Shaft, it became clear that acting separately would not be nearly as effective. Therefore, this conference, where the gay community and, surprisingly, New York politicians were both present was symbolic of a combining of forces. From this point forward, arguments declared by the different factions in contention with closure were united in order to present a stronger coalition.

The bathhouse closures and regulations posed many problems to opponents. In several letters sent to the *New York Native*, in response to the regulations, members of the gay community expressed their opinions on the matter. One letter entitled “Dictating Morality” written by Mark W. Bently and addressed to Governor Cuomo points to the main arguments posed by the opponents within different constituencies of the city. First, the government did not have the power to control sexuality, and therefore, deems the policy ineffective because people will participate in that activity whether or not bathhouses exist.⁹⁸ Second, bathhouses “...could be used as vehicles for reaching people directly with information that could save their lives,” such as on safe – sex, and HIV/AIDS prevention and symptoms.⁹⁹ Thus, by closing the baths people would continue to engage in risky sexual activity and a means of promoting education would be lost. Third, closing the bathhouses “...is a capitulation to the pressure of special interest groups and right – wing conservatism.”¹⁰⁰ He then draws comparisons between Mayoral candidate Diane McGrath and religious moralists, and concludes they were looking for

⁹⁸ “Health or Homophobia? Responses to the Bathhouse Guidelines: Readers Responses,” *Native*, November 11 – 17, 1985; “Heath or Homophobia?” *Native*, November 11 – 17, 1985; John A. Fall, “St. Marks Baths Closed,” *Native*, December 22 – 29, 1985; Joyce Purnick, “AIDS and the State,” *New York Times*, October 30, 1985; John Howard, “Will the Epidemic Close the Baths?” *Native*, December 6 – 19, 1982.

⁹⁹ “Health or Homophobia? Responses to the Bathhouse Guidelines: Readers Responses,” *Native*, November 11 – 17, 1985.

¹⁰⁰ *Ibid.*

“scapegoats” during the AIDS crisis, and the gay community was their target.¹⁰¹ As a result, “Closing the bathhouses will be a major civil liberties victory for these ultra – conservatives and defeat for civil liberties.”¹⁰² Finally, Bentley describes the discrimination in New York City against homosexuals as a result of the initial statistical representation of gay men being the group with the highest rate of HIV/AIDS.¹⁰³ Although he points to the inaccuracies of the statistics, he remarks that the discrimination never went away, to the general public AIDS was equated with gay. “Closing the baths will be seen as an agreement on the part of the government that AIDS is a problem caused by gay people and therefore actions against gay people will be tolerated.”¹⁰⁴ Bentley’s letter summarizes and points to all of the major arguments that were posed at the time by AIDS rights activists, the gay community, AIDS doctors, Dr. Sencer and some politicians. Although these claims were well supported and backed with evidence, the people who proclaimed them did not have nearly as much power in directing and deciding government policy and implementation as the state and city political powerhouses did. As a result, these claims remained up in the air, without the government acknowledging them as real considerations.

When Mayor Koch was asked if he intended on closing more bathhouses on December 16, he responded, “I hope so. We are monitoring institutions which, we believe, are allowing unsafe health practices to continue.”¹⁰⁵ While the city and state aimed to close more bathhouses, those who opposed the closures were preparing to take legal action. On January 6, 1986 New York City’s request for an injunction to keep New St. Marks Baths closed for up to a year or

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ See Chapter Three.

¹⁰⁴ “Health or Homophobia? Responses to the Bathhouse Guidelines: Readers Responses,” *Native*, November 11 – 17, 1985; See Chapter Three.

¹⁰⁵ Sarah Schulman, “Koch Requests Action on Health Services And Insurance,” *Native*, January 27 – February 2, 1986.

more as a “public nuisance” was granted in court by Judge Richard W. Wallach.¹⁰⁶ The City of New York argued “This action by the health authorities...is taken against defendant the New St. Mark’s Baths as a step to limit the spread of the disease known as AIDS.”¹⁰⁷ The city’s main proof that high – risk sexual activity was taking place at the bathhouse were evidenced in affidavits submitted by health inspectors. The plaintiffs argued,

“This evidence of high risk sexual activity, all occurring either in public areas of St. Mark’s or in enclosed cubicles left visible to the observer without intrusion therein, demonstrates the inadequacy of self – regulatory procedures by the St. Mark’s attendant staff, and the futility of any less intrusive solution to the problem other than closure.”¹⁰⁸

Finally, the City defined New St. Marks bathhouse as a ‘public nuisance’ in the context of the Nuisance Abatement Law, where such an establishment is “By conduct either unlawful in itself or unreasonable under all circumstances, he knowingly or recklessly creates or maintains a condition which endangers the safety or health of a considerable number of persons,” or as a place that “knowingly conducts or maintains any premises, place or resort where persons gather for purposes of engaging in unlawful conduct.”¹⁰⁹ Overall, The City of New York maintained that under the Nuisance Abatement Law and the newly amended State Sanitary Code, the Public Health Department legally shut down the New St. Mark’s Bathhouse as they reasoned that the high-risk sexual behavior which took place there after the regulations were approved violated the law and code because it people a population at risk for acquiring HIV.

The legal representatives of New St. Mark’s Baths and its’ owners argued that these claims made by the City were unlawful and, in addition, were in violation of individual’s basic constitutional rights. The defendants’ case relied largely on documents submitted by experts in

¹⁰⁶ Barry Adkins, “Bad News for St. Marks,” *Native*, January 20 – 30, 1986.

¹⁰⁷ *City of New York v. New St. Mark’s Baths*, 160 A.D.2d 311, 562 N.Y.S.2d 642 (New York, 1986).

¹⁰⁸ *City of New York v. New St. Mark’s Baths*, 160 A.D.2d 311, 562 N.Y.S.2d 642 (New York, 1986).

¹⁰⁹ *Ibid.*

AIDS-related or gay health – related fields including scientists, doctors, and health officials.¹¹⁰ Dr. Sencer submitted the most convincing document in what was a letter written by him to Mayor Koch dated October 22, 1985 where he said, “The closure of bathhouses will contribute little if anything to the control of AIDS and has the potential to be counterproductive in terms of prevention. The issue is human behavior, not where the behavior takes place. There is a risk to the public health in closure.”¹¹¹ The primary argument posed, which had been iterated many times before, was that by closing the baths the city rids itself of an opportunity to educate an at – risk group and only moves the behavior, that can spread the virus, somewhere else where it would be impossible to educate individuals, and therefore was ‘counterproductive.’ Additionally, the defendants argued that these actions committed by the City abridged the constitutional rights of New St. Mark’s Baths patrons, including the rights to privacy and freedom of association. They also claimed that the City failed to produce solid scientific accuracy of the regulations and that their basis of closure on the Nuisance Abatement Law was flawed.¹¹²

Despite the New St. Mark’s Bath’s arguments to keep their establishment open, Judge Wallach sided with the City of New York. Wallach concluded that the State had a definite interest in “acting to preserve the population” due to the compelling scientific evidence presented by the plaintiffs, including AIDS statistics in the city and state and the outlined transmission routes. As such, the State did not violate any constitutional rights because during such a health crisis these rights are lesser priority in comparison to methods of HIV/AIDS prevention.”¹¹³ In addition, Wallach said, “...it is by no means clear that defendants’ rights will, in actuality, be

¹¹⁰ Barry Adkins, “Bad News for St. Marks,” *Native*, January 20 – 30, 1986.

¹¹¹ Barry Adkins, “Bad News for St. Marks,” *Native*, January 20 – 30, 1986.

¹¹² *Ibid.*

¹¹³ *City of New York v. New St. Mark’s Baths*, 160 A.D.2d 311, 562 N.Y.S.2d 642 (New York, 1986).

adversely affected in a constitutionally recognized sense by closure of St. Mark's. The privacy protection of sexual activity conducted in a private home does not extend to commercial establishments simply because they provide an opportunity for intimate behavior or sexual release.”¹¹⁴ As for the defendant's argument that bathhouses should serve as forums for safe – sex and HIV/AIDS education Wallach replied that although this proposal had merit, “It is not for the courts to determine which scientific view is correct in ruling upon whether the police power has been properly exercised.”¹¹⁵ Also, he believed that the City submitted ample amount of legitimate proof that high - risk sexual behavior was occurring at St. Mark's baths and because of that, the City's request for an injunction can be supported by the courts as “the St. Mark's staff had actual knowledge of high risk sexual activity upon the premises and chose to condone it.”¹¹⁶ Finally, addressing the challenge that the city acted erroneously in closing St. Mark's in violation of the Nuisance Abatement Law, Wallach cited an Administrative Code which said, “The department may institute and maintain all suits and proceedings which are reasonable, necessary and proper, to carry out the provision of the laws under which it acts.”¹¹⁷ As a result, the City was granted a preliminary injunction that would keep the New St. Mark's Baths closed for a year or more.¹¹⁸ The different claims proposed by the defendants and plaintiffs were a representation of the diverse arguments made by different communities in New York stemming from the beginning of the debate.

The New St. Mark's Baths filed several appeals through 1992, two against the City of New York and two against the State Health Commissioner David Axelrod. However, for each

¹¹⁴ City of New York v. New St. Mark's Baths, 160 A.D.2d 311, 562 N.Y.S.2d 642 (New York, 1986).

¹¹⁵ Ibid.

¹¹⁶ Ibid.

¹¹⁷ City of New York v. New St. Mark's Baths, 160 A.D.2d 311, 562 N.Y.S.2d 642 (New York, 1986); Barry Adkins, “Bad News for St. Marks,” *Native*, January 20 – 30, 1986.

¹¹⁸ Ibid.

motion, in 1986, 1990, 1991 and 1992, New St. Mark's Baths lost.¹¹⁹ No other bathhouses were closed by the city after New St. Mark's. Over a year after the first court proceedings, four bathhouses remained open in the city, the others closed throughout the year as a result of loss of business.¹²⁰ After the closures of the Mine Shaft and The New St. Mark's Baths, the bathhouse controversy in New York slowly came to an end. With the exception of St. Mark's court appeals, the bathhouses were no longer to focus of an intense debate in the city after 1986. Axelrod stated, in early 1987, "Today, many of the baths openly encourage safe – sex practices. And based on our observations, dangerous sexual activities are no longer being encouraged and, in fact, are not occurring. We believe the remaining bathhouses have acted very responsibly."¹²¹ Once the political leaders of the city and state conceded their mission of shutting down all the baths, the opponents of closure stopped debating as well.

The bathhouse controversy of the mid – 1980s in New York City was a reflection of the enormous amount of tension, debate and fear the HIV/AIDS epidemic catalyzed among different communities and factions in the city and nation. The varying arguments in relation to the debate were a product of the different trains of thought concerning how to address the AIDS epidemic in the city. The bathhouse controversy was a powerful microcosm of much larger overall issues that dealt with how to handle the epidemic in terms of prevention, treatment, discrimination, education and sexuality. The bathhouses were an example of how the broader debate about HIV/AIDS played out – raising issues of private and public space, sexual freedom versus loss of liberation and identity, harm reduction versus abstinence prevention policies, and state or local

¹¹⁹ The City of New York, et al., Plaintiffs v. The New St. Mark's Baths, etc., et al., Defendants, 130 Misc.2d 911, 497 N.Y.S.2d 979 (New York, 1986); The City of New York, et al., Plaintiffs – respondents and David Axelrod v. The New St. Mark's Baths, et al., Defendants – Appellants, and Paul Coorigan, 168 A.D.2d 311, 562 N.Y.S.2d 642 (New York, 1990); City of New York, Axelrod (David, M.D.) v. New St. Mark's Baths, Corrigan (Paul), 77 N.Y.2d 939, 572 N.E.2d 53, 569 N.Y.S.2d 612 (New York, 1991)

¹²⁰ Scott Bronstein, "4 New York Bathhouses Still Operate Under City's Program of Inspections," *New York Times*, May 3, 1987.

¹²¹ *Ibid.*

control and regulation. In addition, the debate was representative of the many varying communities and arguments proposed during the beginning of the epidemic. Therefore, the bathhouse controversy stemmed from larger issues that resulted from the emergence of HIV/AIDS, such as prevention strategies, the sexuality debate, the safe – sex movement, discrimination and civil rights. HIV/AIDS produced a unique set of circumstances when it arrived in New York City, and the resulting complexities influenced different arguments and policies in the city of the bathhouses.

Chapter 3: The Beginnings of “Gay Cancer”

The first news report on what was to be known as HIV/AIDS was published on May 18, 1981. In the *Native* article entitled “Disease Rumors Largely Unfounded,” Dr. Lawrence Mass reported there were rumors of a new “exotic” disease in the gay community in New York City, presenting itself in the form *pneumocystis carinii*, a very rare and deadly form of pneumonia. But he, and Dr. Steve Phillips of the New York Department of Health, believed that the rumors were largely unfounded, because there was not enough evidence at the time to establish a clear correlation between this new disease and the gay community.¹ However, Dr. Phillips described how this form of pneumonia usually presented itself in people who were extremely immuno – compromised such as cancer patients or the elderly, but “What’s unusual about the cases reported this year is that eleven of them were not obviously compromised hosts. The possibility there exists that a new, more virulent strain of the organism may have been “community acquired.”² It would soon be found that these rumors were true.

Although it is difficult to determine the exact origins of the AIDS epidemic, we do know that AIDS officially entered the lives of the American people over twenty-seven years ago. On June 5, 1981, University of California – Los Angeles Dr. Mark Gottlieb and Centers for Disease Control (CDC) Dr. Wayne Shandera published an article in the *Morbidity and Mortality Weekly Report* (MMWR), a weekly newsletter distributed by the CDC. The article, entitled “Pneumocystis pneumonia – Los Angeles,” detailed an outbreak of *pneumocystis carinii*, a rare pneumonia that had struck five homosexual men in Los Angeles the previous year. Doctors were concerned that all five cases involved homosexual men, as that might suggest “an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact.”³ Doctors were primarily concerned about how all of the patients exhibited signs of major immune system deterioration. Tests revealed they had shockingly low levels of T-cells, microscopic cells that detect

¹ Dr. Lawrence Mass, “Disease Rumors Largely Unfounded,” *Native*, May 18 – 31, 1981.

² Ibid.

³ Bayer and Oppenheimer, *AIDS Doctors: Voices from the Epidemic*, 11.

pathogens and signal for immune system response.⁴ Four weeks later, on July 3, a second report appeared in the MMWR. This time, however, the report was about the appearance of Kaposi's sarcoma, an extremely rare form of cancer striking middle-aged healthy homosexual men.⁵ These reports echoed what Dr. Mass highlighted in his *Native* article published only a month prior, however, his article focused only on cases in New York City, not Los Angeles. As a result, this connection signified what was thought to be endemic, was in actuality the beginning of the American AIDS epidemic.

After the CDC released the reports, conclusions and theories surrounding the “exotic” disease were made. “Cancer in the Gay Community,” an article written by Dr. Mass, published only weeks after his first on July 27, was the first time possible theories of causation and transmission were discussed in print. He wrote that most of the new cases of Kaposi's Sarcoma (KS) and *Pneumocystis carinii* (PC) were found in homosexual males in urban areas, and due to this circumstance, theories of causation were based on this fact, since doctors and scientists were still unable to determine important knowledge about the disease.⁶ There were three main initial theories: the multifactorial theory, the behavioral theory and the environmental theory. The environmental theory posited that homosexual males were exposed to a biological environment that was different to what the rest of the population was exposed to such as a microbial agent, a carcinogen, or even something in their drinking water. The multifactor theory posited that for some reason, homosexual men were exposed to a combination of infectious agents and environmental factors that could suppress their immune systems.⁷ Lastly, the most popular one, the behavioral theory proposed “...that sexual frequency with a multiplicity of partners – what some would call promiscuity – is the single overriding risk factor for developing infectious diseases and KS...It simply means that the more sexual contacts one has, the more likely one is to contact STD's.”⁸ Overall, male homosexuality was at the core of understanding within all theories and speculations of etiology.⁹

⁴ Greg Behrman, *The Invisible People: how the U.S. has slept through the global AIDS Epidemic, the greatest human catastrophe of our time* (New York; London: Free Press, 2004), 5.

⁵ Bayer and Oppenheimer, *AIDS Doctors: Voices from the Epidemic*, 20.

⁶ Dr. Lawrence Mass, “Cancer in the Gay Community,” *Native*, July 27 – August 9, 1981.

⁷ *Ibid.*

⁸ *Ibid.*

⁹ Epstein, *Impure Science*, 47.

Between 1981 – 1983, there were almost one thousand reported cases of these rare forms of cancer and pneumonia.¹⁰ At the time, doctors and scientists were still unable to determine important knowledge about the disease such as how it was transmitted or what its origins and causes were. In the first few years of the epidemic, most statistics showed the majority of the patients diagnosed with the disease were homosexual men. Later, we would learn that other groups, like intravenous (IV) drug users were also infected early on. At the time, however, they were not captured by the statistics. After the MMWR reports were released, Dr. Jim Curran, head of CDC Venereal Disease Prevention Services conducted research and determined that Kaposi's sarcoma and pneumocystis carinii were only found in homosexual populations. However, because most of the early cases in America were homosexual men, the disease began to be labeled and portrayed within the healthcare system and media as gay-related immunodeficiency disease, or GRID.¹¹ The initial name of the virus was misleading because it soon became clear with better understanding of the disease that it was not just a gay disease or, as some called it, "gay plague." The name, GRID, represented the attachment of the disease as something that was strictly confined to the gay population. This would produce, or promote a flashpoint for existing discrimination and hate directed toward homosexual individuals. But this would also generate fear, both among those directly and indirectly affected by the virus. In response to evidence that suggested the disease also affected heterosexuals and was transmissible via blood, in 1982 the CDC replaced the name GRID with AIDS, acquired immunodeficiency syndrome.¹² On March 3, 1983, the CDC announced there were four groups at high risk for infection: homosexual men, intravenous drug injectors, Haitians who immigrated into the United States recently, and hemophiliacs.¹³ Even after this knowledge about the virus was discovered, discrimination targeted at homosexuals continued, or arguably intensified once it was confirmed it was sexually transmissible. The stigma designated to homosexuals remained even after it was proved that AIDS affected different groups. It would remain in the minds of many that HIV/AIDS was a "gay disease."

¹⁰ Behrman, *The Invisible People: how the U.S. has slept through the global AIDS Epidemic, the greatest human catastrophe of our time*, 6.

¹¹ Ibid.

¹² Ibid.

¹³ Patricia D. Siplon, *AIDS and the Policy Struggle in the United States* (Washington D.C.: Georgetown University Press, 2002), 6.

There was an early initial focus on homosexuals and many believed there was some factor within the community causing gay men to get sick. The commonality between these theories was the connection between certain homosexual male populations and disease. The behavioral theory influenced the most significant debates that arose as a result of the AIDS epidemic because, unlike the environmental and multifactorial theories, the behavioral one suggested there were implications for some gay men's sexual behavior and lifestyles. This, in turn, amplified discrimination against homosexuals. The variation between the theories also points to the incredible amount of uncertainty that surrounded the disease, such as its cause or agent, and its mode of transmission. Overall, the first few years of the epidemic were primarily years of mystery, confusion and fear because the disease was so new and deadly.

During the beginning of the AIDS epidemic in America the gay community was stigmatized by society because they were initially statistically represented to be infected with the disease. The designated stigma played a profound role in the development of an AIDS community in New York City, composed of activists, doctors, public health officials and homosexual individuals. Additionally, it influenced the federal and New York government's indifferent HIV/AIDS policies, because they had to satisfy certain constituents who were against so – called sexual “promiscuity” and homosexuality. The beginning of the AIDS epidemic carried complex social, cultural and medical implications that would grow to become the subject of vigorous debates concerning sex, sexuality, HIV prevention, treatment and human rights. As the initial causal theories placed a focus on gay men's sexual lifestyles, the bathhouses became a major issue to address and were central to these debates because they carried implications for all spectrums of gay life, sexuality and HIV/AIDS in the city. In order to understand the implications of these scientific developments and the human dynamics of the virus and how this affected New York City bathhouses, the political landscape on a national and local basis must be discussed in order to understand how the Reagan and Koch administration's reacted to the virus.

AIDS in the United States

President Reagan ran a successful and appealing campaign that highlighted social conservative values for the 1980 election where he aligned himself with the Christian Right's Moral Majority political machine.

However, economic and fiscal conservative political policies also attracted a lot of support to his campaign. The "Reagan Revolution," as it came to be known, aimed to reinvigorate American morale, and reduce people's reliance upon government. In his Inaugural Address on January 20, 1981, Reagan said, "government is not the solution to our problem. Government is the problem."¹⁴ Throughout his campaign, Reagan articulated the need to curb the influence of federal government and cut spending. He also advocated tax cuts, free markets, small government and was in favor of removing regulations on corporations. His economic plans appealed to a large portion of the population.¹⁵ These economic policies, especially the cuts on government spending, later played a significant role throughout his presidency. Reagan's privatization and small government philosophy had a large effect on funding allocations for many of his policies, including those addressing the AIDS epidemic.

The Christian Right served as a main source for AIDS discrimination and stigma in the United States and this would have direct influence in the White House. To conservative Christians, the AIDS epidemic served as legitimization and moral vindication to earlier discriminatory perceptions of homosexuals and their sexual practices that first escalated in response to their publicly displayed sexuality of the 1970s. AIDS fueled these perceptions. As a majority of the earlier GRID patients were by definition homosexual men, the Christian Right saw AIDS as an opportunity to publicly prove their opinions of homosexuality.¹⁶ On July 4, 1983, at a Moral Majority rally held in Cincinnati, Ohio, Jerry Falwell, leader of the Moral Majority, called AIDS a "gay plague" and "the judgment of God."¹⁷ He also warned President Reagan that he would be held accountable if AIDS spread into the general population.¹⁸ Conservative Christians did not have a problem with the virus itself, only with those who were spreading it. AIDS struck those in American society who were least tolerated due to their engagement in activities that mainstream Americans considered taboo: homosexual sex, prostitution, and IV (Intravenous) drug use.¹⁹ AIDS was transmitted in ways that the

¹⁴ Fitzburgh Mullan, *Plagues and Politics* (New York, NY: Basic Books, Inc., 1989), 194.

¹⁵ *Ibid.*

¹⁶ Yolanda Retter and Walter L. Williams, ed., *Gay and Lesbian Rights in the United States: A Documentary History*, 183.

¹⁷ "Gay Rights Movement in the United States." MSN Encarta Online.

http://encarta.msn.com/encyclopedia/701843822/2/gay_rights_movement_in_the_united_states.html (accessed November 28, 2008).

¹⁸ *Ibid.*

¹⁹ Behrman, *The Invisible People: how the U.S. has slept through the global AIDS Epidemic, the greatest human catastrophe of our time*, 25.

Christian Right and mainstream society deemed unacceptable. The Christian Right used the AIDS epidemic as a tool to support its conservative political agenda.²⁰ A 1983 article written by Ronald S. Goodwin that was published in the *Moral Majority Report* shows how the Christian Right articulated how they felt the government should handle the AIDS epidemic. Goodwin wrote: “Why have federal health authorities not stipulated...that homosexuals: (1) be forbidden from working in food handling businesses, (2) be forbidden to donate blood – both on pain of legal penalty?”²¹

This attitude significantly affected the Reagan administration's response to the epidemic. As a result, the Reagan administration held a negligent and indifferent attitude toward the disease and its patients during the early years of the American epidemic through Reagan's first term in office. By 1982, it started becoming clearer to the medical community that AIDS affected more than just homosexual male populations. However, the Reagan administration had not acted or spoken about AIDS. Later that year reporter Lester Kinsolving questioned White House press secretary Larry Speakes about the Reagan administration's initial response to the emerging epidemic. The following exchange occurred on October 15, 1982:

“Les Kinsolving: Larry, does the president have any reaction to the announcement the Centers for Disease Control in Atlanta, that AIDS is now an epidemic and have over 600 cases?”

Larry Speakes: What's AIDS?

Kinsolving: Over a third of [the victims] have died. It's known as gay plague. No, it is...I wondered if the president is aware of it?

Speakes: I don't have it. Do you? [laughter]...

Kinsolving: Does the president, does anybody in the White House know about this epidemic, Larry?

Speakes: I don't think so. I don't think there's been any...

Kinsolving: Nobody knows?

Speakes: There has been no personal experience here, Lester...I checked thoroughly with Dr. Ruge this morning, and he's had no (laughter) patients suffering from AIDS or whatever it is.”²²

This exchange revealed the Reagan administration's lack of care or knowledge concerning AIDS. Also, the comedic responses exhibited by Speakes show the apparent ignorance and negligent attitude held by the administration. At the time, much was still unknown about AIDS such as: how it was transmitted, its causes

²⁰ Douglas A. Feldman and Julia Wang Miller, ed., *The AIDS Crisis: A Documentary History* (Westport, CT: Greenwood Press, 1998), 24.

²¹ Ronald S. Goodwin, “AIDS: A Moral and Political Time Bomb,” *Moral Majority Report* in *The AIDS Crisis: A Documentary History*, Douglas A. Feldman and Julia Wang Miller, ed., 24 – 25.

²² U.S. Office of the Press Secretary, *Press Briefing by Larry Speakes* of October, 1982, (Washington, DC, 1982).

or origins. However, by 1982 the CDC reported there were over 600 known cases of this new deadly disease and that usually signifies that there is a major epidemic on the rise and requires the government to address the health crisis seriously. The epidemic did not receive the same attention as the Legionnaires Disease outbreak in a hotel in Philadelphia even though there were significantly fewer reported cases than GRID. Another press briefing concerning AIDS occurred on December 11, 1984, over two years after the first exchange:

“...Kinsolving: No, but, I mean, is he [Reagan] going to do anything, Larry?

Speakes: Lester, I have not heard him express anything on it. Sorry.

Kinsolving: You mean he has no expressed opinion about this epidemic?

Speakes: No, but I must confess I haven't asked him about it. (Laughter.)

Kinsolving: Would you ask him Larry?

Speakes: Have you been checked? (Laughter.)”²³

At the time, much more was known about AIDS. Nonetheless, Kinsolving's inquisition of Speakes proved how little both Reagan and his cabinet cared about AIDS and its patients. Speakes attitude indicates the administration was comfortable publicly exhibiting this carelessness, enough to actually laugh about a deadly epidemic. However, even though the medical community no longer labeled AIDS a “gay disease,” a heavy connection and stigma remained between gay men and the disease. This influenced the Reagan administrations initial response to AIDS. The two press briefings with Larry Speakes represent the similarity in attitudes between the administration and Reagan's conservative Christian base. AIDS from the beginning was political.

During the epidemics early years, the Reagan administration continually exhibited a careless position towards the disease, known scientific knowledge of AIDS, and the main populations it involved, and this effected their response to the growing epidemic. The administration's fiscal policies, the attitude held towards AIDS and its sufferers, and submission to the Moral Majority influenced funds allocated toward research, education and treatment. Executive departments faced unprecedented budget cuts upwards of twenty-five percent due to the administration's conservative fiscal policies, including the Department of Health and Human Services, the National Institutes of Health and the Centers for Disease Control. These departments are responsible for protecting the health of the American people and of conducting medical

²³ U.S. Office of the Press Secretary, *Press Briefing by Larry Speakes* of December, 1984, (Washington, DC, 1984).

research. It became very difficult for the departments to conduct all necessary efforts for the growing AIDS epidemic because they lacked the necessary budget.²⁴ However, because the Reagan administration was indebted to the Moral Majority, they failed to request needed funds for AIDS programs from Congress. Every year, Congress would allocate significantly larger budgets for research, education and treatment than the administration requested.²⁵ For example:

“Congress earmarked \$5.6 million dollars for AIDS activities in fiscal 1982 and \$28.7 million in 1983; neither the president’s budget proposal nor any Public Health Service agency request for those two years allocated any money to AIDS. In 1984, Congress obligated \$61.5 million to AIDS (54 percent more than the president’s request) and \$97.4 million the following year (61 percent more).”²⁶

The administration was given more funds than requested and was willing to allow the funds to go unspent if they were to help a reprobate community. Margaret Heckler, Secretary of Health and Human Services, said on April 12, 1983 that the agencies responsible for AIDS research received adequate funding.²⁷ Heckler and the administration believed that because AIDS was so mysterious, it was solely up to the scientists to figure out what was going on. They claimed extra-allocated funds would not make a difference. In contrast, Dr. Don Francis, an epidemiologist at the CDC, wrote a plea to his bosses on the same day Heckler made her announcement for more funds and wrote that, “Our government’s response to this disaster has been far too little...The inadequate funding to date has seriously restricted our work and has presumably deepened the invasion of this disease into the American population.”²⁸ Nonetheless, the administration was unenthusiastic in supporting and allocating funds that were needed in order to harness the growing epidemic.

On December 31, 1984, the Centers for Disease Control reported that 7, 699 Americans were either dead or diagnosed with AIDS.²⁹ However, Reagan still had not even mentioned the term “AIDS” in public yet. In 1985, Representative Henry Waxman, an outspoken AIDS activist since the epidemic’s arrival, stated: “It is surprising that the president could remain silent as 6,000 Americans died, that he could fail to

²⁴ Mullan, *Plagues and Politics*, 194.

²⁵ Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press, 1999): 64.

²⁶ Ibid.

²⁷ PBS. “The Age of AIDS.” PBS Frontline Web site. <http://www.pbs.org/wgbh/pages/frontline/Video/flv/generic.html?s=frol02p6b&continuous=1> (accessed November 29, 2008).

²⁸ Donald Francis, letter, April 12, 1983. <http://www.pbs.org/wgbh/pages/frontline/aids/docs/francisplea.html> (accessed November 28, 2008).

²⁹ Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic* in *The AIDS Crisis: A Documentary History*, ed. Douglas Feldman and Julia Wang Miller, 169.

acknowledge the epidemic's existence. Perhaps his staff felt he had to, since many of his New Right supporters have raised money by campaigning against homosexuals.”³⁰ The administration acted out of political expediency in order to protect its religious conservative base.

These national happenings had direct influence and effect in New York City. The discrimination promoted by the Christian Right only amplified stigma and fear within the American public. As President, Reagan had the power and image to reverse the widespread panic and discrimination, but he did not. Reagan's fiscal policies affected the ability of the nation and city to respond to the epidemic properly and effectively. It is necessary to discuss AIDS on a national basis in order to understand how it affected the American public, and therefore, New York. However, it was important to examine the beginning years of the epidemic separately from New York in order to have a clear understanding of their differences. The response from New York City communities was more complex, due to the personalized presence of the disease there.

AIDS in New York City

Edward Koch was re – elected Mayor of New York City in 1981. Koch already had most of the liberal support compared to his main opponent, future governor Mario Cuomo. Therefore, running a liberal campaign would do little to gain more voters, but moving to the political right would appeal to more constituents. Additionally, he favored more conservative fiscal policies compared to his predecessor, Mayor Lindsay, because he wanted to raise New York out of the financial crisis of the 1970s. Koch won the election by forging disparate political voters, including his core middle – class, Jewish constituency, democrats, white Catholics, real estate developers and investment bankers.³¹ Beginning in 1981, the city emerged from its fiscal crisis. As a result, Koch expanded fiscal capacity to work with, enabling him to raise expenditures without increasing tax rates, encourage office building, increase budget spending and reward constituents for support. Overall, Koch created a political coalition composed of varying political forces and satisfied opponents by allocating portions of the budget to their needs.³² At the same time, homosexual individuals in

³⁰ Allen White, “Reagan’s AIDS Legacy: Silence Equals Death,” *San Francisco Chronicle*, June 8, 2004
<http://www.sfgate.com/cgi-bin/article.cgi?file=/chronicle/archive/2004/06/08/EDG777163F1.DTL> (accessed October 12, 2008).

³¹ Mollenkopf, *A Phoenix in the Ashes*, 109.

³² *Ibid.*, 114.

the city developed a vibrant community coming out of the 1970s sexual and political liberation movements. Homosexuals had more rights than ever before, while some supported this progression, there were many who proclaimed their aversions to homosexuality, especially those from more fundamental religious groups. In 1981, New York City was in a state of transition; Koch's shift from liberal to conservative appeal and policies, the forging of unlikely political forces, and the move from recession to an economic boom.

What at first seemed like a "gay plague" became epidemic in the United States and pandemic worldwide. But if one were to locate an epicenter for the United States epidemic, it would be New York City or arguably San Francisco. The implications created by the virus, such as discrimination, stigma, and fear that occurred nationally, happened at higher levels in New York due to the extreme pace the virus spread in the city. The city was hit early, and hit hard, far worse than any other city in the country. In addition, New Yorkers felt the implications of the virus intensely, as the city's density made it impossible for individuals to escape the disease. In 1982, once there was more clear knowledge that GRID was an epidemic, the cover of *Native* read "The Epidemic Continues: Facing a New Case Every Day, Researchers Are Still Bewildered."³³ At that time, more than half of all reported national cases by the CDC (Center for Disease Control) originated in New York. Dr. James Curran, director of the CDC, said he believed the reported 270 cases was just the tip of the iceberg. As a result of the morbidity rate of GRID in New York, the city faced much more serious implications of the virus. The theories of causation were still uncertain. One theory even posited the existence of a certain microbe that only existed in New York.³⁴ In turn, people living in the city were not merely reading about the new epidemic from the newspaper in their cozy home in a far away suburb. They were somehow directly affected by the virus because of their proximity, whether it was because they were sick, their friends and neighbors were dying, or they were understandably afraid that they could somehow "catch" the disease. What was happening in New York concerning AIDS, cannot be generalized into an overarching statement of national happenings. New York City, in this sense, was unique to the development of reactions and complexities that resulted from the personalized nature of the virus in the city.

³³ Dr. Lawrence Mass, "The Epidemic Continues, Facing a New Case Every Day, Researchers Are Still Bewildered," *Native*, March 29 – April 11, 1982.

³⁴ *Ibid.*

Stigma and uncertainty about transmission and causation caused fear and social isolation among early patients and the general public.³⁵ Bob Cecci of the GMHC (Gay Men's Health Crisis) said that during the initial years:

“Nobody knew what to advise us so we were advised about everything. Things that were ludicrous. Don't touch money. Don't go into restaurants. Don't go into grocery stores during the day when there are a lot of people in there...Don't breathe the air – that was the big one. So I literally sat in my apartment for six months afraid to open the windows. Afraid that if I took a deep breath I would get pneumocystis. Afraid to really be around other PWAs (People with AIDS).”³⁶

People were afraid, especially gay men. During the first several years of the epidemic, no one really understood what was going on, and combined with the debilitating symptoms and one – hundred percent mortality rates, PWAs became isolated. And although these fears seem irrational in retrospect, it is understandable why people feared the disease at the time, in the context of the lack of knowledge concerning the virus and the ignorance facilitated by the Regan administration's policies and attitude.

This fear was especially felt within the gay community, as they were the first population directly affected by the virus. More importantly, their friends and lovers were getting sick and dying every day, and they were afraid they were next. In a story written by Marty Levine in the first GMHC newsletter published during the summer of 1982 entitled “Fearing Fear Itself,” he expressed the fear that permeated throughout the community,

“Wherever we gather – at our gyms, in bars, at parties – clone banter is switching from the four D's (disco, drugs, dick and dish) to who is the latest victim of Kaposi's Sarcoma. Hospital visits and funerals are becoming as commonplace as levi's 501 jeans...After watching friends and lovers die, certain that tricking and drugs killed them, many of us now regard our once – glamorous and exciting lifestyle as toxic. We are left frightened, nervous and confused. We wonder what we have done to our bodies. Do all those years of frenzied drug orgies at the baths mean it is only a matter of time before we will be stricken?”³⁷

Gay people faced the brunt of discrimination and fear, after all, the public and even the President was either blamed or ignored them. These early years would prove to be the most difficult for gay individuals. The emergence of the epidemic made them question their identity and lifestyles. The 70s was a time of liberation and sexual expression, but now they faced seeming repercussions for the risks involved in that activity.

³⁵ Susan Chambre, *Fighting For Our Lives: New York's AIDS Community and the Politics of Disease*, 32.

³⁶ Ibid.

³⁷ Marty Levine, “Fearing Fear Itself,” *GMHC Newsletter*, no. 1, July 1982, 15.

“John is a legendary figure in “pig” circles, but now he’s sleazy no more. Once a regular at the Mine Shaft and the Everhard, he is now celibate. Occasionally he masturbates to a Colt Studios videocassette. What happened. Two of his fuck – buddies died.”³⁸ People were not simply anxious about acquiring the illness, but also of how to cope with AIDS as friends and lovers began developing symptoms one after the other.

For those who had AIDS, perspective on the illness was quite different. Coping with AIDS has never simply been an issue of dealing the physical consequences of the illness. Emmanuel Dreuilhe, diagnosed with AIDS in the early 1980s, wrote a narrative of his personal battle with AIDS entitled *Mortal Embrace: Living With AIDS*. Dreuilhe writes,

“This plague has attracted the inevitable swarm of AIDS researchers, officials, businessmen, and journalists, and they are the ones who have monopolized the media. We people with AIDS, who devote each waking moment to our own survival, have been unable to prevent those loquacious experts from stealing our thunder and robbing us of the only things we have left: our illness.”³⁹

The moral attributions of blame and discrimination often promoted as a social issue in the media placed a stigma upon those who suffered from the disease. The highly charged social aspects of AIDS influenced the attitudes of their family members, co – workers and friends, who often felt the need to abandon them as a result of the politics of blame. Dreuilhe writes “The epidemic had been raging long enough for neighbors, friends, lovers to have vanished discreetly from my life,”⁴⁰ and he goes on to explain the loneliness that comes with the disease, “For AIDS is perhaps above all a mental illness, not so much because the virus may affect our brains as because it forces upon such isolation and anguish that it drives us mad.”⁴¹

Contracting HIV had serious implications for patients’ families, friends, employment, and medical treatment. Although many received support from their families, there were some families who reacted with condemnation. An HIV patient, a gay black male, said that while he was lying in the hospital bed, “They came in and they marched in a single file waiting to condemn me, and they condemned me...I was very frustrated with that and I called the nurse and I had every last one of them put out. There were six or seven of

³⁸ Marty Levine, “Fearing Fear Itself,” *GMHC Newsletter*, no. 1, July 1982, 15.

³⁹ Emmanuel Dreuilhe, *Mortal Embrace: Living With AIDS* (Hill and Wang: USA, 1988), 3.

⁴⁰ Dreuilhe, *Mortal Embrace: Living With AIDS*, 3 - 4.

⁴¹ *Ibid.*, 8.

them, my family members.”⁴² He said his family always believed that his homosexuality was wrong.⁴³ In the face of HIV, some familial relationships unraveled because it revealed some form of underlying distrust, whether it be concealed homosexuality or drug – use.⁴⁴ Many either lost their jobs or left them, due to inability to work or discrimination. Another patient met opposition from his boss and was told “If you have fucking AIDS I don’t want you in my fucking restaurant. If you have fucking AIDS I can’t afford to lose my business. You get the hell out of here.”⁴⁵ PWAs faced serious implications and repercussions with their families, friends, employers and even landlords due to the stigma and panic attached to the disease.

An anonymous interview with a New York City patient in August 1981 with Dr. Lawrence Mass showed how even in the very early years of the epidemic, patients already developed very unique relationships with each other. The patient said “I’ve become very close with one of the other patients whose disease is more extensive. I really feel I understand what he’s going through in a way that those who haven’t been in this situation can’t. Our communication has meant a lot to both of us. I’m sure it’s going to have a positive influence on our getting well. Hope, the will to live, these are important aspects of the healing process. As more of us come together, the more positive that influence will be.”⁴⁶ AIDS patients had no one to turn to, except for each other. This was part of a developing trend in the city. The public and even a majority of doctors were afraid to treat or even contact patients because in 1981 the routes of transmission were uncertain. No one else could truly understand what living with HIV/AIDS meant to their identity and the affect it had on their daily lives. Budding support between patients and the development of support groups represents the beginning of the formation of a unique AIDS community in New York. The groups were a lifeline for patients; they helped them cope with abandonment, stigma and isolation. Patients developed a sense of community as they exchanged their experiences and all shared a similar life. A number of these groups developed in New York into more formalized organizations, and became a community of activists, patients, and doctors.⁴⁷

⁴² Adam & Sears, *Experiencing HIV: Personal, Family and Work Relationships* (New York: Columbia University Press, 1996), 104.

⁴³ *Ibid.*, 104.

⁴⁴ *Ibid.*, 105.

⁴⁵ *Ibid.*, 117.

⁴⁶ “Cancer as Metaphor,” *Native*, August 6 – September 20, 1981.

⁴⁷ Susan Chambre, *Fighting for Our Lives: New York’s AIDS Community and the Politics of Disease*, 33.

While patients learned to cope with their new fate, and the public was afraid of the disease and its implications, the media and government in New York presented little knowledge on the epidemic. In a comparison of newspaper articles between the *Native* and *The New York Times* written from the start of the epidemic in 1981 to 1985, an uneven balance existed between knowledge concerning AIDS presented by the newspapers. The *Native*, a newspaper whose audience is primarily New York's gay community, continually presented new information and updates of the epidemic, in almost all its biweekly releases. In contrast, although *The New York Times* reported on the epidemic, it was not consistent and most of the articles lacked detail. *The Times* began to report more towards the middle of the decade, but at the same time, the *Native* also increased its' AIDS publications, especially during the bathhouse controversy. This differential parallels the indifference and ignorance of AIDS during its beginnings and the initial focus on homosexuals and the impact on their community. However, it is still surprising given the circumstance of the virus in the city that *The Times* coverage was almost negligent especially given the newspaper is published daily and considers itself the "paper of record."

The *New York Times* reporting on the epidemic correlates with the Reagan administration's response, and to a certain extent, the Koch administration's response. In concordance with Koch's new budget allocations, he increased spending in almost all components of city spending, but the increases were part of his political strategy to consolidate his political position. As a result, increases in spending were not directly allocated for the rise of social problems in the city, including AIDS and homelessness, because Koch would not be maintaining his conservative position to satisfy his new constituents.⁴⁸ Undoubtedly, the mystery that encompassed the beginning of the epidemic clearly played a role in the city's and nation's slow responses, but according to budgets, especially in comparison with San Francisco's allocations, it appears the response never caught up with the rapid pace at which AIDS spread. For the 1984 – 1985 fiscal year, San Francisco, a small city with a large activist gay community with very complex AIDS politics, reported allotting twelve million for AIDS programs and services, with an estimated 1030 reported cases. Whereas in New York City Dr. Sencer reported approximately one million a year in a city with three times as many reported cases

⁴⁸ Mollenkopf, *A Phoenix in the Ashes*, 200.

(3088).⁴⁹ Why was San Francisco spending so much more money per year, when the epidemic in New York was worse?

By 1985, it was clear the city's response to the AIDS epidemic was wholly inadequate and completely ineffective. AIDS doctors and researchers agreed the response to the crisis by the city's public health department was woefully insufficient. The main argument promoted proposed New York City had no outpatient AIDS services to care for patients in the early stages of the disease. As a result, patients were forced to go to hospitals where, by law, they were not allowed to be discharged until there was sufficient improvement. And because these patients were in hospitals when they should have been in outpatient care, those who suffered from severe infections, accompanied by the last AIDS stage of the disease were often left waiting for days to be admitted. A clinician at St Luke's Roosevelt Hospital Medical Center criticized the lack of coordinated public health response, "We're not talking about a nightmare that's going to happen. It's already a nightmare. The whole system is falling apart and nobody wants to face it."⁵⁰ HIV/AIDS patients had to be hospitalized for any problem, or any treatment, even if hospitalization was not required without any type of outpatient care. Additionally, it cost much more money and wasted a lot of hospital resources.

This reliance on hospitals for AIDS patient care had two major implications for proper treatment. One, ill patients often waited for days for hospitalization. Dr. Stephen Ciazza said "It's absolutely criminal that these people have to be put on a waiting list. The situation is going from marginal to desperate. A year from now, people will be dying because they cannot get into a hospital."⁵¹ Second, this response relied on the quality of staff at each hospital, often not very knowledgeable of AIDS, because there were no centralized "AIDS wards" in individual hospitals. Therefore, hospital administrators could control the amount of AIDS admissions, making sure they did not take more than their share. "Every hospital will tell you they don't have a quota system for AIDS patients, but they all have a quota system. Nobody wants to become known as the AIDS hospital."⁵² Overall, there was no plan which addressed how the city was going to provide treatment to their increasing amount of AIDS patients. San Francisco established outpatient care services in

⁴⁹ Randy Shilts, "Horror Stories and Excuses: How New York City Is Dealing With AIDS," *Native*, March 25 – April 7, 1985.

⁵⁰ *Ibid.*

⁵¹ *Ibid.*

⁵² *Ibid.*

1983, once it was clear there was a growing epidemic. San Francisco's AIDS programs included an AIDS outpatient clinic and an AIDS ward in San Francisco General Hospital. In addition, the city funded counseling services, hospice units, shelter for homeless patients, a variety of social services and even chronic care beds for patients too sick to live at home, but not sick enough to require long – term hospitalization. Due to San Francisco's more centralized AIDS care and services, patients had better access to new drug experimentation trials. Seventy percent of individuals who participated in an Interferon trial were patients at San Francisco General Hospital's AIDS clinic.⁵³ Dr. Krim, a doctor and researcher at Memorial Sloan – Kettering Cancer Center in Manhattan said, "This is not San Francisco. We have not had the kind of coordinated, planned response to AIDS that has happened in San Francisco."⁵⁴ The main difference being AIDS in New York was essentially a political issue, so whenever suggestions were proposed they were argued on political terms, so the main concern was never based on human or medical needs.

At the center of this "plan," was City Health Commissioner Dr. David Sencer. Sencer came to New York City after tenure as the director of the CDC and this experience influenced his AIDS policies in New York. In 1976, Sencer warned President Gerald Ford that an epidemic of swine flu might break out. Ford implemented a highly publicized one – hundred and thirty – five million dollar inoculation program. The epidemic never happened and Sencer was fired as director of the CDC. Bad luck followed Sencer when he came to his position in New York in 1982, just as it was becoming clear that AIDS was epidemic.⁵⁵ Since his swine flu mishap, Sencer became a more conservative public health official and was reluctant to make any rash decisions. But this does not discount that he was responsible for coordinating a plan. Sencer said, given the unique and dramatic circumstances of AIDS in New York, it was difficult to map out an effective strategy. Sencer was, however, passionate about civil rights during the epidemic, and this was what prevented him from determining how much money the city spent on AIDS, as he said, "We would resist trying to find out that information because of confidentiality. There's enough discrimination against people

⁵³ Randy Shilts, "Horror Stories and Excuses: How New York City Is Dealing With AIDS," *Native*, March 25 – April 7, 1985.

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

with AIDS that we don't need another way to go into their records and pull out individual files. It's one more way to find out who has AIDS.”⁵⁶

The city's inadequate response combined with the virus's sociopolitical repercussions, initiated a response from different sects of New York's community. Historian Susan Chambre argues in her book, *Fighting for Our Lives*, that three qualities of the epidemic shaped the development of the AIDS community: “uncertainty, stigma, and the disaster – like impact.”⁵⁷ The development of New York's AIDS community was a result of anger and frustration many people felt due to the government's inadequate responses, the proliferating discrimination, the stagnant stigma, and patient's need for interaction due to social isolation. People directly affected by the virus felt something had to be done. The AIDS community emerged early, especially given how uncertain the epidemic was during its beginnings and the size of the affected populations.⁵⁸ It was a conglomerate of different organizations in the city that designed HIV/AIDS policies and promoted and advocated civil rights. Some of the organizations were more specialized than others. For example, the Coalition for Sexual Responsibility focused on educating the importance of safe – sex practices, whereas the Gay Men's Health Crisis or the AIDS Coalition to Unleash Power (ACT – UP) promoted all encompassing objectives concerning HIV/AIDS.

In August 1981, Larry Kramer, Lawrence Mass and two other men met at Kramer's apartment to discuss fundraising initiatives for the new deadly disease. This was the first meeting of what would be called the Gay Men's Health Crisis (GMHC), the first AIDS organization in the world. Throughout the epidemic's early years in New York, GMHC was at the forefront of transmitting knowledge, promoting preventive practices, and thinking of ways to care for the sick who were neglected by the city's health care system.⁵⁹ GMHC printed a weekly section in the *Native* and, by 1982, distributed newsletters. Its first newsletter entitled “A.I.D.” (the name of the disease at the time) published in July 1982 included questions and answers on AID, updated information and knowledge, gay writings on the epidemic, a list of physicians willing to treat patients and general information on GMHC and other organizations. An article within the newsletter

⁵⁶ Randy Shilts, “Horror Stories and Excuses: How New York City Is Dealing With AIDS,” *Native*, March 25 – April 7, 1985.

⁵⁷ Susan Chambre, *Fighting for Our Lives: New York's AIDS Community and the Politics of Disease*, 7.

⁵⁸ *Ibid.*, 5.

⁵⁹ Susan Chambre, *Fighting for Our Lives: New York's AIDS Community and the Politics of Disease*, 13.

entitled “Who We Are and What This Is,” described the new organization, “We are Gay Men’s Health Crisis. We are volunteers concerned about a growing threat of diseases in our community. Some of these diseases have killed nearly 200 Americans. Medical investigators do not know why. More than a year had passed since they began trying to tell us why.”⁶⁰ Its’ hotline was one of the most distinctive features of GMHC; it offered anonymity for people to call and inquire about AIDS information and services. Some patients called when they were in a crisis, many times because they faced eviction or had a difficult time acquiring medical services at hospitals or doctors offices.⁶¹ The hotline ran an advertisement in the *Native* often, and it stated “If you need information or help, you may telephone us at (212) 807 – 6655 at any time, day or night, seven days a week. Trained sympathetic counselors are available...”⁶² GMHC was a very successful organization during the beginning of the epidemic. But soon Larry Kramer would leave claiming that it was not doing enough to help patients. In 1987, Kramer founded ACT – UP (AIDS Coalition to Unleash Power), a radically based organization focused on garnering human rights for AIDS patients primarily by protesting for easier access to new drug treatment trials.

Soon after the establishment of GMHC, other AIDS organization formed in New York. In April 1985, Michael Callen and several other PWAs (People with AIDS) founded the PWA Coalition. It was established in reaction to GMHC, PWA Coalition founders believed GMHC was not focused enough on empowerment, and PWA Coalition also aimed to improve services for patients.⁶³ In March 1982, the New York Chapter of the Physicians for Human Rights (NYPHR) was founded. It was “established to promote the health and well – being of persons with a homosexual orientation or affectional preference.”⁶⁴ NYPHR was primarily founded in response to the epidemic in the city and the problems patients had receiving proper care and treatment at hospitals.⁶⁵ Callen also founded the Coalition for Sexual Responsibility, along with others including Joseph Sonnabend, Richard Berkowitz and Lawrence Mass in late 1984.⁶⁶ The Coalition’s main objective was to promote and educate safe sex practices. Due to this, the organization became heavily

⁶⁰ “Who We Are and What This Is,” *GMHC Newsletter*, no. 1, July 1982, 1.

⁶¹ Susan Chambre, *Fighting for Our Lives: New York’s AIDS Community and the Politics of Disease*, 20.

⁶² GMHC Hotline advertisement, *Native*, February 11 – February 24, 1985, 13.

⁶³ Susan Chambre, *Fighting for Our Lives: New York’s AIDS Community and the Politics of Disease*, 36.

⁶⁴ “New York Physicians Organize At Last,” *Native*, March 29 – April 11, 1982.

⁶⁵ *Ibid.*

⁶⁶ Susan Chambre, *Fighting For Our Lives: New York’s AIDS Community and the Politics of Disease*, 55.

intertwined with the rapidly developing bathhouse controversy in 1984 and 1985. Actually, these AIDS organization, along with many others that were formed during the epidemics early years, became involved in the bathhouse controversy because it posed implications for many dimensions of issues brought about by the epidemic. Like the controversy, these organizations addressed issues involved with patients, the gay community, sexuality, prevention policies and New York politics. Therefore, the complexity of the bathhouse debate was highlighted as many AIDS organizations with varying objectives became involved in the controversy.

Kramer, Sonnabend, Mass, and Callen were all leaders of different AIDS organizations who became leaders of the Safe Sex Movement and proponents, either for or against, bathhouse closure. The implications of the epidemic from early on set the stage for the development of a unique and varied New York AIDS community. HIV was able to exploit weaknesses in societal and political processes. These implications and the rapidly developing AIDS community played a profound role in the safe sex movement and the debates concerning sexuality and bathhouse closure.

Chapter 4: Sexuality Conflicts

From the onset of the American epidemic, connections between gay men and sexual lifestyles were drawn. In a *Native* article published May 1981, Dr. Lawrence Mass asked “What is it about male homosexuals – or a subgroup of male homosexuals – that distinguishes their susceptibility to this disease?”¹ He reviewed different theories posed at the time, including ones which involved distinctive sexual practices such as, immune system suppression from repeated sexually transmitted diseases, and the use of “poppers.” The common thread between theories was sexual “promiscuity” as Mass concluded “many feel that sexual frequency with a multiplicity of partners – what some would call promiscuity – is the single overriding risk factor for developing infectious diseases and KS.”²

By 1983, as epidemiology showed high rates among urban gay populations, knowledge concerning the disease developed rapidly. The *MMWR* released in March of 1983, discussed the current epidemiological trends of AIDS and provided prevention recommendations. First it identified the four main at – risk populations including IV drug users, Haitians, hemophiliacs and homosexual men. IV drug users like gay men faced repercussions from society due to their attachment to the disease and their controversial lifestyles, and this knowledge unleashed complex politics on race and class in urban environments. The bathhouse controversy happened against other HIV/AIDS politicized issues, such as IV drug use and needle exchange programs. Therefore, the disease politicized a whole range of relationships and issues, but for the average gay man this issue was sex and sexuality. The report also discussed a national case – control

¹ Dr. Lawrence Mass, “Disease Rumors Are Largely Unfounded,” *Native*, May 18 – 31, 1981.

² *Ibid.*

study conducted by the CDC among homosexual men in California. The results of the study concluded, "...that AIDS may be sexually transmitted among homosexual or bisexual men."³ The Public Health Service also recommended "Sexual contact should be avoided with persons known or suspected to have AIDS. Members of high risk groups should be aware that multiple sexual partners increase the probability of developing AIDS."⁴ Although other modes of transmission were suggested and other at-risk groups were labeled, the public focused on the sexual transmissibility of AIDS.

A venereal disease in gay populations was not a total surprise to many gay men and the general population since the incidence of sexually transmitted diseases steadily increased throughout the 1970s.⁵ But there was one significant difference: these other diseases did not pose a major threat because they could be treated with antibiotics, whereas AIDS was fatal and caused debilitating illness and social isolation.⁶ Therefore, as discussed in the previous chapter, this affected the general public's perceptions of AIDS and the gay community. Public sex and "promiscuity" was no longer the larger issue as it was during the height of the sexual revolution; rather, "promiscuity" became thought of as dangerous and possibly fatal. The issues concerning sex and AIDS prevention during the epidemics initial years took place in a highly politicized environment and tapped into the heart of gay identity. Doctors, public health officials, activists and other leaders in the city's AIDS community presented guidelines about how gay men could protect themselves. But these guidelines also provoked discussion and raised questions about sexual lifestyles and in particular, the bathhouses. Significant numbers of gay individuals adopted new sexual practices. AIDS created implications for not just for gay men's sexual

³ "Current Trends Prevention of Acquired Immune Deficiency Syndrome (AIDS): Report of Inter-Agency Recommendations," *MMWR* (4 March 1983): 101 – 103.

⁴ *Ibid.*

⁵ Nathaniel Sheppard Jr., "V.D. Found Rising in Homosexuals," *New York Times*, July 26, 1976.

⁶ Susan Chambre, *Fighting For Our Lives: New York's AIDS Community and the Politics of Disease*, 44.

behavior, but also on the importance of what were now considered safe sexual practices. These issues lay at the heart of the bathhouse controversy.

The Safe Sex Movement

Soon after the first reports on AIDS, gay doctors began telling their patients to limit their sexual activity and their number of contacts.⁷ However, this advice initially met resistance from gay men. For many, a casual sexual lifestyle, including a multiplicity of partners and sexual abandon, was part of their newly won freedom. Therefore, to be told to change or alter this behavior was not simply a matter of wearing a condom. Rather gay men saw this as an attack on identity and liberation. One AIDS doctor during the time said, "...this was a group of people who for many years had been repressed in terms of their sexuality. And for the first time,...,with the dawning of the gay revolution, people really felt the ability to express themselves sexually, like they couldn't do before."⁸ Another doctor, Larry Drew, met resistance from a group of gay patients,

"[I said] that it was transmissible; that the bathhouse lifestyle was liable to be very important in the transmission...You would have hoped that the reaction was, "Well, gee, thanks for coming and helping us understand this," but the reaction [was], "You're just trying to take away the one recreational activity that we have. You guys all have your golf clubs and tennis clubs, and what have you, and we have the bathhouses. It's just a plot by the straights to screw us again."⁹

These recommendations hit a raw nerve. Although doctors' initial recommendations met early resistance for these reasons, new perspectives on safer sexual practices would arise with more concrete knowledge and the development of a more cohesive AIDS activism within the gay population to fight the disease.

⁷ Susan Chambre, *Fighting For Our Lives: New York's AIDS Community and the Politics of Disease*, 45.

⁸ Bayer and Oppenheimer, *AIDS Doctors: Voices from the Epidemic*, 23.

⁹ *Ibid.*, 24 – 25.

Some responded more quickly to the CDC's and doctors recommendations. Larry Kramer, Founder of Gay Men's Health Crisis (GMHC) and later, ACT – UP NY, took these suggestions seriously. He was concerned with gay men's sexual activity before the onset of AIDS, as expressed in his novel *Faggots*. In his *Native* article published in March 1983 entitled "1,112 and Counting," he urged readers to change their behavior and said "I am sick of guys who moan that giving up careless sex until this blows over is worse than death...Come with me guys, while I visit a few of our friends in Intensive Care at NYU. Notice the looks in their eyes, guys. They'd give up sex forever if you could promise them life."¹⁰ There was opposition to Kramer's point of view, especially from the board and President of GMHC, who believed in preaching abstinence.¹¹ Even though GMHC did not essentially agree with Kramer, the organization became one of the most important AIDS organizations in terms of promoting prevention practices.

As the evidence supporting sexual transmission grew, the debate of whether and what to tell gay men escalated. Michael Callen and Richard Berkowitz, of the Coalition for Sexual Responsibility, and Dr. Joseph Sonnabend founded the safe – sex movement and were at the forefront of initiating widespread prevention efforts and policies in the city. Sonnabend wrote a *Native* article entitled "Promiscuity Is Bad for Your Health," in 1982, where he reasoned with the inconclusive statistics and knowledge of the time, and said that regardless "The one outstanding risk is multiple anonymous sex, and by not vigorously warning out patients of the hazards of such activity we have to some extent contributed to the genesis of the AID syndrome...Promiscuity is a considerable health hazard; this is not a moralistic judgment, but a

¹⁰ Larry Kramer, "1,112 and Counting," *Native*, March, 1983.

¹¹ Susan Chambré, *Fighting For Our Lives: New York's AIDS Community and the Politics of Disease*, 46.

clear statement of the devastating effect of repeated infections.”¹² Callen and Berkowitz, two men with AIDS, also confronted the issue in a *Native* article in November 1982 called “We Know Who We Are: Gay Men Declare War on Promiscuity.” They wrote:

“Those of us who have lived a life of excessive promiscuity on the urban gay circuit...know who we are. We could continue to deny overwhelming evidence that the present health crisis is a direct result of the unprecedented promiscuity that has occurred since Stonewall, but such denial is killing us. Denial will continue to kill us until we begin the difficult task of changing the ways in which we have sex...Few people have been willing to say it so clearly, but the single greatest risk factor for contracting AIDS is a history of multiple sexual contacts with partners who are having multiple sexual contacts – that is, sex on the circuit...What has been missing so far in the investigation of the health crisis has been the informed opinions of those of us who created it ...Our lifestyle has created the present epidemic of AIDS among gay men...As a community, we must initiate and control this process ourselves. Be assured that if we aren’t willing to conduct it, others will do it for us.”¹³

Their opinions were soon echoed by such organizations as the New York Physicians for Human Rights and the Gay Men’s Health Crisis. Within time, the influence of Callen and Berkowitz would prove vital to prevention policies.

Callen and Berkowitz co – authored and published a pamphlet called “How to Have Sex in an Epidemic,” in May 1983. They worked with Sonnabend to outline what they termed “medically safe sex.” The brochure discussed the term *promiscuity* and it’s implications, but, “In the end, how you have sex is a matter of personal choice. But in the age of AIDS, it is important to realize that each one of us is now betting on his life on what changes we do or do not make...To stay healthy, we must realize that the issue isn’t gayness or sex; the issue is simply disease.”¹⁴ The pamphlet included suggestions on how to practice safe sex including, using a condom, and limiting partners. But if one was to continue in risky sexual behavior, they should

¹² Dr. Joseph Sonnabend, “Promiscuity IS Bad for Your Health,” *Native*, September 13 – 26, 1987.

¹³ Michael Callen and Richard Berkowitz, “We Know Who We Are: Two Men Declare War on Promiscuity,” *Native*, November 8 – 21, 1982.

¹⁴ Richard Berkowitz and Michael Callen, “*How to Have Sex in an Epidemic: One Approach* (New York: News from the front Publications, 1983), 36.

ask partners about their sexual activity and look for physical signs of illness.¹⁵ Their ideas became popular among the AIDS community and were promoted by organizations, and eventually even within the bathhouses. Later epidemiological evidence also indicated that gay individuals implemented these proposals by the mid – 1980s. Callen, Berkowitz and Sonnabend revolutionized sexual practices and coined the term ‘safe sex,’ and this only could have happened in the context of the epidemic.

AIDS organizations such as Gay Men’s Health Crisis, New York Physicians for Human Rights and the Coalition for Sexual Responsibility publicized these ideas, produced pamphlets, reached – out to the community and developed workshops. GMHC placed advertisements in the *Native* for their hotline in 1983 with slogans that read “Prevent the spread of AIDS by practicing safer sex,”¹⁶ and in a 1983 *Native* announcement GMHC said, “It’s important that New Yorkers understand that this isn’t a gay plague; gay New Yorkers need to know that sex can be healthy and fun.” This slogan shows that these promotions were also a way of mediating the political threat of AIDS to gay politicized sexuality. A main effort put forth by GMHC was to ensure that they provided accurate information and encouraged safe sex while they remained positive about their sexuality. They needed to eroticize safe sex in order for it to successfully adapted by gay individuals. A promotion of the workshops led by GMHC with this goal read “800 MEN: 800 needed to help us learn about and celebrate healthy sex.”¹⁷

Despite the movement’s growing popularity throughout New York society, many gay individuals felt internally conflicted. They struggled with the concept of changing their gay identity. Meanwhile, they were constantly surrounded by immense human suffering and were afraid, whether it resulted from their own fears of the virus and death or got beat down by

¹⁵ Susan Chambré, *Fighting For Our Lives: New York’s AIDS Community and the Politics of Disease*, 52.

¹⁶ Gay Men’s Health Crisis advertisement, *Native*, December 20, 1982 – January 2, 1983, pg. 13.

¹⁷ Gay Men’s Health Crisis advertisement, *Native*, July 1 – 14, 1985, pg. 24.

society's condemnation. A short story written by queer author Andrew Holleran entitled "My Little Trojan" reflects this struggle. The story was originally published in 1989, as part of a collection of essays issued in the New York magazine *Christopher Street*, which was popular in the gay community. The story is written from the perspective of a queer man in New York who contemplates buying and using condoms. He identifies three different kinds of homosexual men: "the abstinent, the sex junkie, and the worried sick," and he recognizes himself as one of the "worried" ones. He walks into a convenience store, with the intention of purchasing other items, but instead asks for condoms at the counter and "Armed with six Trojans, he has found a way around the sexual block which has turned New York into a nightmare."¹⁸ But his hopes of reentering the gay sexual world come to a halt as he discovers why none of the "sex junkies" want to use them,

"The reason is simple: In the midst of pleasure, the rubber recalls disease, danger, death, his own friends' illness. Its use is prudent, rational, sensible. But sex is a surrender to what is not prudent, rational, sensible...When he is rational enough to use it, he is rational enough to resist sex; and when he is so horny he does not care, he can resist nothing. The blue Trojan can be used only in between these states, but not between these poles (of abstinence and debauch, fear and recklessness) he no longer exists."¹⁹

Condoms contradicted their sexual world and culture. A condoms restraint did not adhere to freedom. For some, such a drastic change was inconceivable, almost impossible. To use a condom would admit defeat to those who blamed gay men for AIDS, that their sexuality was wrong.

Charles Jurrst wrote "In Defense of Promiscuity," in response to Callen and Berkowitz's *Native* article "Two gay Men Declare War on Promiscuity." Jurrst interpreted their article as an attack on the gay community, especially their lifestyles. Jurrst clarified that "I do not in any

¹⁸ Andrew Holleran, "My Little Trojan," in *Chronicle of a Plague, Revisited: AIDS and its Aftermath* (New York, NY: Da Capo Press, 2008), 157.

¹⁹ *Ibid.*, 158.

way mean to suggest that we as a community ought not to be gravely concerned about AIDS...But that effort will not be helped by the unleashing of hysteria within our community.”

²⁰ He criticized Callen and Berkowitz’s definition of “promiscuity” and their suggestions to gay men to limit their sexual activity as “They seem to saying that anything other than monogamy or sex restricted to two or three ongoing, tightly controlled relationships constitutes promiscuity and ought to be avoided.” ²¹ He closed his argument by defending his “promiscuous” behavior: “If my wishes came true, I would be living in another monogamous or near – monogamous relationship right now – not in order to safeguard my health, but because at this point in my life, I find that to be the most satisfying way to live,” and Jurrist continued his defense and said, “So, not having a husband or steady beau, I trick. I engage in casual sex on the lookout for non – casual sex...I will continue to be “promiscuous”...Nor will I consider my behavior in any way as self – destructive.” ²² Therefore, gay men responded differently in reaction to the invention of safe – sex. The “sex junkie” who continued the same sexual routines. The “abstinent” who were so afraid that he refrained from sex entirely. The men who were strongly affected by varying factors of the virus, including the safe – sex movement, who either responded in anger as they perceived it as an attack on their community or struggled to alter their behavior due to internal conflicts. Some felt trapped into choosing celibacy, while others felt defiant and simply refused to practice safe sex and felt there was no sense in having sex if they could not do what they wanted. ²³

A major scientific breakthrough concerning the disease in 1984 legitimized what Callen, Sonnabend and others promoted. Dr. Robert Gallo, discovered in April 1984 that HIV was the

²⁰ Charles Jurrist, “In Defense of Promiscuity,” *Native*, December 6 – 19, 1982.

²¹ Charles Jurrist, “In Defense of Promiscuity,” *Native*, December 6 – 19, 1982.

²² *Ibid.*

²³ Susan Chambre, *Fighting For Our Lives: New York’s AIDS Community and the Politics of Disease*, 63.

virus that caused AIDS, a theory that was heavily disputed. This discovery had implications for gay sexual life. If a virus was making people sick, and not the act of sex, then people could have sex as long as the virus was not transmissible.²⁴ Condoms offered this form of protection. However, as shown by Holleran's story "My Little Trojan," many gay men experienced internal conflict concerning the use of condoms. As a solution, some men found ways to eroticize latex, such as Christopher Wittke who said, "I've actually managed to fetishize rubbers to the point of not seeing them as an intrusion. I like to suck lots of cock and I like to feel the shaft pulsing against my tongue as the cock spills its seed into the rubber. The safes seem like a great way to have a no – worry no – mess explosively sexual time in an otherwise worry – filled and messy era."²⁵ This breakthrough, combined with the efforts of AIDS organizations safe – sex education, coincided with the fear and panic that the virus caused. Although many gay men continued to have sex without condoms, this combination did have an effect on sexual practices.

Despite diversity of response to safe – sex promotions, epidemiological data released a few years later indicated there was an overall shift towards practicing safe sex. Public Health researcher John L. Martin confirmed this observance with epidemiological data in his article "The Impact of AIDS on Gay Male Sexual Behavior Patterns in New York City," published in 1987. By the time the study was conducted, knowledge of modes of transmission and preventative practices were not merely known, but promoted to the public by AIDS organizations, doctors and public health officials. In the study, Martin interviewed seven – hundred and forty – five gay men, ages twenty to sixty – five, to determine the impact the AIDS epidemic had on the at-risk community. Overall, the results indicated that major changes to all aspects of sexual behavior occurred since men became aware of the AIDS epidemic; frequency

²⁴ Sadownik, *Sex Between Men: An Intimate History of the Sex Lives of Gay Men Postwar to Present*, 169.

²⁵ Sadownik, *Sex Between Men: An Intimate History of the Sex Lives of Gay Men Postwar to Present*, 172.

of sexual episodes decreased by seventy percent, and an increase in condom use from one and a half to twenty percent. Additionally, men decreased their number of sexual partners by seventy – eight percent.²⁶ Based on these results, Martin concluded, “To the extent that HIV infection rates parallel those of other STDs, we would expect the spread of HIV to be slowed by changes in sexual behavior as we have described here.”²⁷

However, some speculated well before the publication of this research that because AIDS had such a profound effect on the lives of homosexual men that, in fact, more than just sexual behavior changed. AIDS pervasively effected homosexual lifestyles, relationships, sexual practices and self – image, and this effect was unique to the queer community because “It’s [was] a personal disease for any gay man.”²⁸ When focused upon modifications in sexual activity, public health officials and doctors took notice of change by 1985. Dr. Emery S. Hatrick argued there was a trend toward long – term relationships, queer men were limiting their amount of partners, practicing ‘safe sex,’ and overall, “the level of casual or ‘promiscuous’ sex ha[d] declined.”²⁹

These observations parallel writings by gay men living in New York at the time. Marty Levine wrote a story for the GMHC newsletter in 1982 which offered insight to the new perceptions about sexuality from the community. “The panic also reaches very deeply into the marrow of our sexuality. We now regard cruising and tricking as fraught with danger... “When I saw a man I liked at the Eagle, I’d go for him straight away. Sometimes I’d pick him up and get him out of the bar in less than five minutes,” said a much – desired top. “Now I find myself

²⁶ John L. Martin, “The Impact of AIDS on Gay Male Sexual Behavior Patterns in New York City,” *American Journal of Public Health* 77 – 5 (May 1987): 581.

²⁷ John L. Martin, “The Impact of AIDS on Gay Male Sexual Behavior Patterns in New York City,” *American Journal of Public Health* 77 – 5 (May 1987): 581.

²⁸ Glenn Collins, “Impact of AIDS: Patterns of Homosexual Life Changing,” *Native*, July 22, 1985.

²⁹ *Ibid.*

hesitating. I see a man I like, but I think about gay cancer and turn myself off.”³⁰ In a *Native* article published in December 1985, at the height of the bathhouse controversy, Edisol Dotson iterated how AIDS impacted their sexual lives, “Isn’t it funny how something so tiny it can’t be seen with the naked eye can have such a drastic impact on our lives? Something so destructive that it forces us to totally change our habits? The sex I took for granted for so many years is so unobtainable now it brings a tear to my eye.”³¹

Significant changes in sexual behavior occurred among gay men in New York. But, if doctors, public health officials and the community were all well aware of the efforts and changes made by homosexual men, to the point where it was published in the *New York Times*, why was it necessary for the city to close the baths?

Sex at the Bathhouses during the Epidemic

The New York sexuality debate was a different dilemma in the unique environment of the city’s bathhouses. The issue was not as cut and dry at the baths because they were businesses which specifically existed for sexual encounters. The baths were known for the often risky and experimental sexual practices that occurred in them, so if changes were exhibited, that would prove to be significant to the success of the safe sex movement. The AIDS community and government officials recognized the significance of both sexual practices and the possibility of altering of behavior in them.

Before the bathhouse controversy, there were earlier educational and prevention efforts conducted by the AIDS community targeted specifically at the baths. A conglomerate of AIDS organizations, including GMHC, the Safer Sex Committee of New York and the City’s Office of Gay and Lesbian Health Concerns, who worked together and aimed at convincing establishments

³⁰ Marty Levine, “Fearing Fear Itself,” *GMHC Newsletter*, no. 1, July 1982, 15.

³¹ Edisol W. Dotson, “Where Has All the Good Sex Gone,” *Native*, December 23 – 29, 1985.

that allowed or promoted sexual acts to provide educational materials to its' patrons. By late 1983, they contacted thirty-six establishments – bathhouses, backroom bars, movie theatres and bookstores – and distributed appropriate materials to them.³² Additionally, in 1984, the Coalition for Sexual Responsibility, who initiated the original bathhouse guidelines enacted by the city, targeted bathhouse owners' to convince them to make necessary changes to their establishments including better lighting and hygiene, and possible city inspections to ensure owners were following through with new policy. The AIDS community used the bathhouses as places to promote their educational materials to gay individuals, and these efforts, as seen in varying evidence, were successful.

Bathhouse owners' began to promote safe – sex ideology when the city initiated new guidelines in 1985 which required bathhouses to distribute educational literature on AIDS prevention. Bruce Mailman, owner of the New St. Mark's Baths, said that in addition to distributing safe – sex information and condoms, employees would notify patrons of the new restrictions. Patrons were required to sign a pledge, which stated they read the safe – sex literature, and would comply with the new guidelines. Although bathhouse owners' were not necessarily in favor of the guidelines, abiding to them was a better option than possible closure. These specific efforts within the baths, in addition to overarching education and promotion in the city, had an effect on the sexual behaviors practiced by men in the baths.

Decreasing attendance at the bathhouses was part of a broader set of changes in gay men's sexual behavior. Before the bathhouse controversy peaked in 1985, five of the city's fifteen baths closed, mostly due to a lack of attendance.³³ Martin's public health study, that was earlier discussed, confirmed the general trend toward safe – sex practices could also be applied to

³² Susan Chambre, *Fighting For Our Lives: New York's AIDS Community and the Politics of Disease*, 55.

³³ Susan Chambre, *Fighting For Our Lives: New York's AIDS Community and the Politics of Disease*, 54.

sex in the baths. Most important to the context of the bathhouse controversy, according to his study sexual activity in homes and extra – domestic places declined by seventy – eight percent, where the largest decline occurred in the use of baths by thirty – four percent. Before learning of the disease, forty of the study’s one – hundred men frequented bathhouses, with an average of thirty – two partners a year in such locations. Within 1984 – 85, sixteen of the interviewed men visited the baths and averaged seven partners. Men decreased their number of sexual partners by seventy – eight percent, in addition to the other statistics evidenced by Martin.³⁴

In addition to epidemiological evidence, interviews and first – hand accounts of experiences in the baths, during the safe – sex movement, provide greater insight to how people incorporated safe practices into their sexual lives. In 1984, two gay reporters Michael Helquist and Rick Osmon went to the baths to explore how sexual behavior changed at the baths. They compiled their research into an article entitled “Sex and the Baths: A Not – So – Secret Report.” One of their encounters, with a man named Eric, exhibited safe – sex practices:

“...Then he initiated a short discussion on the importance of safe sex. Both of us felt relaxed and comfortable. It seemed much easier to rub and touch each other after our pleasant getting – acquainted session. His concerns for safety made him all the more attractive to me. The mood grew increasingly erotic while we took turns giving massage, chewing or nibbling on ears, necks and fingers.

“I want to fuck that ass of yours,” he whispered in my ear.

“Oh yeah?” I said.

“Yeah, but let’s clean up together in the shower and find a condom. I want us to feel good about this.”

“Even with a condom on, I’d rather you not come inside me. Is that OK with you?” I asked. “That’s fine. Now let’s go wash.”³⁵

Awareness of risk reduction guidelines and of HIV/AIDS was high among bathhouse patrons.

For men who still frequented the baths, some did not change their sexual practices. It is

³⁴ John L. Martin, “The Impact of AIDS on Gay Male Sexual Behavior Patterns in New York City,” *American Journal of Public Health* 77 – 5 (May 1987): 579.

³⁵ Michael Helquist and Rick Osmon, “Sex and the Baths, A Not – So – Secret Report,” In *Gay Bathhouses and Public Health Policy*, (Binghamton, NY: Harrington Park Press, 2003), 160.

impossible to control someone else's sexuality. Therefore, considering all the efforts put forth by those in the AIDS community, it was successful given the evidence that proved the changes articulated and practiced within the community, including at the baths. There is also an obvious change in behavior as compared to bathhouse literature from the 1970s. Bathhouse behaviors of the 1970s were marked by anonymity and physicality, there were often sexual encounters where men would not even exchange a word with one another, and this type of behavior permeated through public sexual life. This encounter, however, exhibited how there was a new register of sexual behavior where men had different types of interactions and shared an ethos of caring.

By altering sexual behaviors through employing the ideas promoted by Callen and company of 'medically safe sex,' gay men began fighting for their lives, both in a physical and metaphorical sense. Physically by reducing AIDS transmission rates, and metaphorically by doing so without having to compromise the rights and liberties associated with their identity. Although the issue of safe sex was more than a matter of putting on a condom or closing the baths, these issues were complex because gay men had to figure out how to protect themselves while maintaining features of their identity and culture. However, this sheds light on the bathhouse closures of 1985 as well. The controversy itself evolved out of this early debate in the city concerning sexuality and behavioral modifications, in addition to the virus's various implications. If the main argument promoted by the city and state for bathhouse closure claimed the sexual activities that occurred in baths promoted the spread of AIDS, then how could those enforcing and implementing the bath guidelines and closures ignore such evidence of sexual modification. Additionally, if the AIDS community argued that the baths were vital to AIDS prevention by providing educational material on safe sex, how could the government dispute this

argument when epidemiology at the time showed reduction in rates of STD's and in un – safe sexual practices?

Conclusion

The AIDS epidemic provided the context, and unique circumstances which ignited the New York City bathhouse debate. The epidemics early uncertain years, nationally and locally, showed that from the very beginning the disease was politicized. While the gay community claimed the disease and used it as a forum for activism, the Reagan and Koch administrations slow and indifferent responses proved how social issues can influence government public policy. The unknown scientific and medical knowledge, or HIVs immediate and overplayed association with gay populations, played to arguments posed by different sects of society who blamed gay men for the disease because it offered epidemiological evidence and moral vindication for their sexual lifestyles. Additionally, the different fears and confusion felt by those directly affected by the disease and those who were afraid of it “spreading into their population,” amplified discrimination against queer men and aided to the development of different opinions addressing the gay men’s sexual lifestyles. These unique social and political results the epidemic produced allowed the development of a sexuality debate and safe sex movement in New York. The varying arguments of this debate, whether people thought gay men should make alterations to their sexual lifestyles, was another component of the societal complications the virus produced in New York City.

These unique and dynamic complexities of the AIDS epidemic were both an influence of and were reflected by the bathhouse controversy. The different arguments claimed by different sects and communities in New York City including: public health officials, politicians, the gay community, physicians, AIDS and civil right activists and religious figures. There was often a split of opinion within each faction on whether or not the baths should be closed, therefore demonstrating the enormous amount of complications the baths posed for the city at the time and complexities of the interests of the different factions.

“AIDS is more than an epidemic disease, it is an epidemic of meanings,” writes Treichler in her book *How to Have Theory in an Epidemic*.¹ The controversy was enveloped within questions that posed implications for the personal identity of queer men, the meaning and importance of sex to the gay community, public policy and the continuing public versus private debate, the power of state and local governments and the dynamics of human suffering. During the sexual revolution, queer men claimed bathhouses as their space as a place where men could have sex with men, but also as a symbol of sexual freedom and personal liberation. Therefore, closing the bathhouses threatened to take away what gay communities fought for during the 1970s. The questions raised about the sexual lifestyles provoked inner conflicts within many gay men as to whether to alter their sexual behaviors. The sexual revolution placed important meaning and significance of sex within the identity of gay men, and the sexuality debate and bathhouse controversy jeopardized this central aspect of the gay community. This thesis also posed more broad implications of society as a whole. The indifferent and ineffective national and local government responses from the Reagan and Koch administrations to the epidemic will

¹ Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, 1.

hopefully provide a lesson to future issues presented to American society. The administrations focused on satisfying their political constituents and thus, failed to recognize the human aspects of the epidemic, that real human suffering was occurring as a result of this disease. If they had responded faster and more effectively, the epidemic may not have proliferated so quickly throughout American populations. Additionally, the administrations failed to help stop and speak against discrimination against gay individuals that was promoted by certain religious institutions and became a widespread belief across American society.

The bathhouse controversy, acted as a case study of these implications the AIDS epidemic posed to American society and of the incredible complexities it created in New York City. The AIDS epidemic, was and still is an *epidemic of signification* and of important meaning.

Bibliography

Secondary Material

- Adam, Barry D. and Alan Sears. *Experiencing HIV: Personal, Family, and Work Relationships*. New York, NY: Columbia University Press, 1996.
- Altman, Dennis. *Homosexual Oppression and Liberation*. New York, NY: New York University Press, 1971.
- Bailey, Beth. *Sex in the Heartland*. Cambridge, MA: Harvard University Press, 1999.
- Bayer, Ronald. *Homosexuality and American Psychiatry: The Politics of Diagnosis*. Princeton, NJ: Princeton University Press, 1987.
- Bayer, Ronald and Gerald M. Oppenheimer. *AIDS Doctors: Voices from the Epidemic*. New York, NY: Oxford University Press, 2000.
- Behrman, Greg. *The Invisible People: how the U.S. has slept through the global AIDS Epidemic, the greatest humanitarian catastrophe of our time*. New York; London: Free Press, 2004.
- Brier, Jennifer. *Infectious Ideas: U.S. Political Responses to the AIDS Crisis*. United States of America: The University of North Carolina Press, 2009.
- Brier, Jennifer, “‘Save Our Kids, Keep AIDS Out:’ Anti-AIDS Activism and the Legacy of Community Control in Queens, New York,” In *Journal of Social History*, Summer 2006: 965-987.
- Burris, Scott. “Legal Aspects of Regulating Bathhouses: Cases from 1984 to 1995.” In *Gay Bathhouses and Public Health Policy*. Binghamton, NY: Harrington Park Press, 2003.
- Chambre, Susan. *Fighting For Our Lives: New York’s AIDS Community and the Politics of Disease*. New Brunswick, NJ: Rutgers University Press, 2006.
- Chauncey, George. *Gay New York: Gender, Urban Culture, and the Making of the Gay Male World 1890 – 1940*. New York, NY: Basic Books, 1994.
- Cohen, Cathy J. *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. Chicago: University of Chicago Press, 1999.
- Couture, Joseph. *Peek: Inside the Private World of Public Sex*. New York, NY: The Haworth Press, 2008.

- Coxon, Anthony P.M. *Between the Sheets: Sexual Diaries and Gay Men's Sex in the Era of AIDS*. Great Britain: 1996.
- Dornette, William H.L., ed. *AIDS and the Law*. New York: Wiley, 1987.
- Duberman, Martin. *Stonewall*. New York, NY: Penguin Books, 1993.
- Epstein, Steven. *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Berkeley and Los Angeles, CA: Berkeley University Press, 1996.
- Feldman, Douglas A. and Julia Wang Miller, Eds. *The AIDS Crisis: A Documentary History*. Westport, CT: Greenwood Press, 1998.
- Hall, Stuart. "Cultural Studies and Its Theoretical Legacies," In *Cultural Studies*, ed. Lawrence Grossberg, Cary Nelson, and Paula A Treichler, New York, NY: Routledge, 1992.
- Helquist, Michael and Rick Osmon. "Sex and the Baths: A Not – So – Secret Report." In *Gay Bathhouses and Public Health Policy*. Binghamton, NY: Harrington Park Press, 2003.
- Hunter, Susan. *AIDS in America*. New York: Palgrave Macmillan, 2006.
- Jeffreys, Sheila. *Unpacking Queer Politics: A Lesbian Feminist Perspective*. Malden, MA: Blackwell Publishers Inc., 2003.
- Jorstad, Erling. *The Politics of Moralism: The New Christian Right in American Life*. Minneapolis: Augsburg Publishing House, 1981.
- Kissack, Terrence. "Freaking Fag Revolutionaries: New York's Gay Liberation Front, 1969 – 1971." *Radical History Review* 62 (1995): 104 – 134.
- Long, Thomas L. *AIDS and American Apocalypticism: The Cultural Semiotics of an Epidemic*. Albany: State University of New York Press, 2005.
- Martin, Emily. *Flexible Bodies*. Boston: Beacon Press, 1994.
- Martin, John L., Garcia, Marc A., and Sara T. Beatrice. "Sexual Behavior Changes and HIV Antibody in a Cohort of New York City Men." *American Journal of Public Health* 79 – 4 (1989): 501 – 503.
- Martin, John L. "The Impact of AIDS on Gay Male Sexual Behavior Patterns in New York City." *American Journal of Public Health* 77 – 5 (1987): 578 – 581.
- Mollenkopf, John Hull. *A Phoenix in the Ashes*. Princeton, NJ: Princeton University Press, 1992.

- MSN Encarta Online. "Gay Rights Movement in the United States."
http://encarta.msn.com/encyclopedia_701843822_2/gay_rights_movement_in_the_united_states.html (accessed November 28, 2008).
- Mullan, Fitzburgh. *Plagues and Politics: The Story of the United States Public Health Service*. New York: Basic Books, 1983.
- Padgug, Robert and Gerald Oppenheimer, "Riding the Tiger: AIDS and the Gay Community," in *AIDS: the Making of a Chronic Disease*, Fee and Fox, eds. Berkeley, CA: U. Of California Press, 1992.
- PBS. "The Age of AIDS." PBS Frontline Web site. <http://www.pbs.org/wgbh/pages/frontline/Video/flv/generic.html?s=frol02p6b&continuous=1> (accessed November 29, 2008).
- Retter, Yolanda and Walter L. Williams, eds., *Gay and Lesbian Rights in the United States: A Documentary History*. Westport, CT: Greenwood Press, 2003.
- Rosenberg, Charles, "What is an Epidemic? AIDS in Historical Perspective," and "Explaining Epidemics." In *Explaining Epidemics and Other Studies in the History of Medicine*. England: Cambridge U. Press, 1992: pp.293-304.
- Sadownick, Douglas. *Sex Between Men: An Intimate History of the Sex Lives of Gay Men Postwar to Present*. San Francisco: Harper Collins, 1996.
- Shilts, Randy. *And The Band Played On*. New York, NY: Penguin Books, 1987.
- Siplon, Patricia D. *AIDS and the Policy Struggle in the United States*. Washington D.C.: Georgetown University Press, 2002.
- Sontag, Susan. *AIDS and Its Metaphors*. New York, NY: Farrar, Straus and Giroux, 1989.
- Teal, Donn. *The Gay Militants*. New York, NY: Stein & Day, 1971.
- Treichler, Paula A. *How To Have Theory In An Epidemic: Cultural Chronicles Of AIDS*. Durham, NC and London: Duke University Press, 1999.
- Weinberg, Martin S. and Colin J. Williams. "Gay Baths and the Social Organization of Impersonal Sex." *Social Problems* 23 – 124 (1975): 124 – 136.
- Woods, William J. and Diane Binson, Eds. "A Theoretical Approach to Bathhouse Environments." In *Gay Bathhouses and Public Health Policy*. Binghamton, NY: Harrington Park Press, 2003.
- Woods, William J. and Diane Binson, Eds. "Public Health Policy and Gay Bathhouses." In *Gay Bathhouses and Public Health Policy*. Binghamton, NY: Harrington Park Press, 2003.

Primary Material

- Bronski, Michael. "How Sweet (And Sticky) It Was," In *Flesh and the Word 2*. Ed. John Preston. New York, NY: Plume, 1993.
- Centers for Disease Control, "Current Trends Prevention of Acquired Immune Deficiency Syndrome (AIDS): Report of Inter – Agency Recommendations," *MMWR*, March 4, 1983, 101 – 103.
- Centers for Disease Control, "*Pneumocystis* Pneumonia – Los Angeles," *MMWR*, June 5, 1981, 1 – 3.
- Dreuilhe, Emmanuel. *Mortal Embrace: Living with AIDS*. Translated by Linda Coverdale. Toronto, Canada: Collins Publishers, 1987.
- Francis, Donald. Donald Francis to Walter R. Dowdle, April 12, 1983.
<http://www.pbs.org/wgbh/pages/frontline/aids/docs/francisplea.html> (accessed November 28, 2008).
- Fund-raising letter from the "Old-Time Gospel Hour," (1981) in *Gay and Lesbian Rights in the United States: A Documentary History*, edited by Yolanda Retter and Walter Williams, 162. Westport, CT: Greenwood Press, 2003.
- Goodwin, Ronald S. "AIDS: A Moral and Political Time Bomb," *Moral Majority Report in The AIDS Crisis: A Documentary History*, ed. Douglas Feldman and Julia Wang Miller, 24 – 25. Westport, CT: Greenwood Press, 1998.
- Holleran, Andrew. *Chronicle of a Plague, Revisited: AIDS and its Aftermath*. New York, NY: Da Capo Press, 2008.
- Holleran, Andrew. "My Little Trojan." In *Chronicle of a Plague, Revisited: AIDS and its Aftermath*, 155 – 160. New York: Da Capo Press, 2008.
- Kramer, Larry. *Faggots*. New York, NY: Grove Press, 1978.
- Marty Levine, "Fearing Fear Itself," *GMHC Newsletter*, no. 1, July 1982, 15.
- Office of the Press Secretary. "Press Briefing by Larry Speakes," The White House, October 15, 1982.
- Office of the Press Secretary. "Press Briefing by Larry Speakes," The White House, December 11, 1984.
- Rumaker, Michael. *A Day and a Night at the Baths*. Bolinas, CA: Grey Fox Press, 1979.

Schulman, Sarah. *My American History: Lesbian and Gay Life During the Reagan/Bush Years*. New York, NY: Routledge, 1994.

“Who We Are and What This Is,” *GMHC Newsletter*, no. 1, July 1982, 1.

Primary Archival Material

Newspapers

New York Times [1969 – 1986]

New York Native [1981 – 1986]

Manuscript Collection

Mass, Lawrence Papers (Box 14), The New York Public Library Rare Books and Manuscripts Division, New York City.

GMHC Newsletters

Interview with Dr. Alvin Friedman

Interview with anonymous patient