
AIDS and the City

Gay and bisexual San Franciscans entered the 1980s with an optimism inspired by the public visibility of homosexual cultures and the proliferation of spaces for socializing, sex, and consumption. These cultures marked gay and lesbian territories that included the Castro, the Mission, the Tenderloin, Polk Gulch, and Folsom, not only on gay tourist maps printed at the time but also through alterations of the urban physical landscape through everyday habitation.¹ Within that landscape, gay bathhouses and sex clubs were sites of sexual experimentation and became some of the most publicly recognizable urban representations of homosexuality, especially the urban hypermasculine gay cultures of the 1970s. They dotted the entire gay urban landscape, with a larger concentration in the area around Folsom Street, known for “leather” and BDSM sexual cultures. Cumulatively, the availability of resources, and expansion of knowledge regimes and of the horizon of possibilities for gender and sexually nonconforming people by 1982, resonated far beyond the city itself. But this was about to change, as the AIDS epidemic began to devastate gay social circles.

The public perception of AIDS as a gay disease and the medicalization of the gay male body along with its physical and discursive spaces dominated early debates that were epitomized in San Francisco by controversies around gay bathhouse closures in 1983–84. For gay men, AIDS posed more than a health threat; it also signified an identity crisis.² Throughout the 1970s, many gay and bisexual San Francisco residents expressed their sexual identities through open participation in sexual activities in and out of the city’s bars and clubs with the safeguard of free and readily available treatment of sexually transmitted diseases.³ Debates about gay bathhouse closures that took place in the local press and among gay and lesbian organizations and government agencies shaped public discourse about

gay sexual practices. After protracted legal battles, all of San Francisco's gay bathhouses closed by the end of 1987. However, the changes in San Francisco's gay erotic landscape that occurred during this period have less to do with the absence of sex or the lack of discourse on gay sexual practices. Instead, they draw attention to the systematic assimilation of gay culture and political discourses within dominant thinking about late-capitalist urbanity. The devastating toll of AIDS, especially, but not exclusively, among gay and bisexual men changed existing political, social, and cultural dynamics in the city where the size of the politically active, self-organized homosexual population was a significant force in local electoral calculations since 1970.⁴ That population suddenly began to shrink. Coupled with the loss of many community leaders, political organizations such as the Harvey Milk Democratic Club began to present homosexual people as an at-risk constituency seeking political support to overcome the disease.

Meanwhile, Reaganite institutional reforms since 1981 began to change public debates about social welfare. They reversed earlier reformist attempts that had shaped transgender recognition in the Tenderloin in the 1960s and set back insurgent political demands for the recognition of gays and lesbians in the 1970s as a distinct minority with unique needs. Applying neoliberal ideas in society and the national economy led to the professionalization of nonprofit organizations that had to hire finance teams and communicate their work in terms that appealed to mainstream society to fundraise.⁵ Mayor Dianne Feinstein was at the helm of pro-development administrations from 1978 to 1988 that transformed downtown San Francisco.⁶ The mayoral political machine prioritized the construction of a new convention center and spaces of commerce and leisure close to the downtown.⁷ Feinstein's support for neighborhood regeneration projects sought to "tame" non-mainstream and politically radical urban expressions of sexual, class, and racial differences and violently uprooted minority groups from the spaces that they historically inhabited.⁸ Moscone Center opened in the Yerba Buena area, south of Market Street in 1981, and a decade later, the Embarcadero elevated freeway that ran along the waterfront (and harbored a storied cruising landscape) was demolished. Plans were already underway to redevelop the area between Fifth and Twelfth Streets, where most gay sex clubs were located.⁹

The focus on urban entrepreneurialism and the neoliberal economic reforms espoused by City Hall contributed to a crisis in affordability that came to a head in the following decades. It also contributed to the dispossession of working- and middle-class homosexual residents from the spaces they had appropriated and renovated in the 1970s.¹⁰ The urban landscape's broader desexualization, then, coincided with the deracination of economically vulnerable San Franciscans, with each phenomenon feeding into the other. Quality-of-life campaigns and community policing reinforced white middle-class social and political priorities, as they were expressed by city planners and especially the San Francisco Bay Area Planning and Urban Research Association (SPUR).¹¹ Some of these campaigns were supported by gay and lesbian groups, and broadly speaking, public gay cultures were moving from

their countercultural origins to better integrate into the mainstream urban landscape.¹² By 1983, for example, the Golden Gate Business Association had established the Gay Tourism and Visitor's Bureau, which was aligned with downtown business interests in promoting gay tourism as an economic driver for the entire city.¹³

Within this changing landscape the ravages of AIDS were also changing how people understood medical care and what activists were prioritizing. The consolidation of a new framework for urban representations of homosexuality in popular culture focused on homosexual and heterosexual residents' shared humanity rather than divergent sexuality. This new focus informed much gay and lesbian activism in metropolitan environments.¹⁴ One such example was the development of the "San Francisco model of care," spearheaded by doctors, nurses, and volunteers at San Francisco General Hospital and based on empathetic care provision with the participation of multiple nongovernmental organizations. The "San Francisco model" gained considerable national and international media attention and began to shift the popular narrative that AIDS patients fell victim to their "debaucherous" lifestyles.¹⁵ It put human faces on their struggles. Moreover, in the aftermath of public debates about bathhouse closures and the development of new empathetic types of treatment, another type of affective activism centered around public spaces in the city. The ARC/AIDS Vigil, an occupation of a plaza in downtown San Francisco between 1985 and 1990, demonstrates the kind of emplaced empathy associated with this activism. Through their information campaigns and the encampment's thoughtfully organized physical components, Vigil activists emphasized the shared humanity between homosexual and heterosexual urban residents represented by the familiar iconographies of domesticity and death.

During this period of devastating loss in gay social circles, insurgent queer citizenship changed from fighting for the right to inhabit specific neighborhoods and buildings to the right of coproducing the urban public realm on equal terms with heterosexual citizens. The human rights framework that some activists employed to secure this right often led to the cultural assimilation of gay life within mainstream American society, even if that was not their explicit goal. Government recognitions of gay and lesbian citizens' rights was an essential step in the development of new medication, effective treatment, and welfare support as they navigated the uncharted waters of the disease. In this context sex, whether in bathhouses or cruising in the Castro, became less central to homosexual cultural identities. Instead, it became more heavily controlled and mediated.

BATHHOUSES AND GAY IDENTITY

Public baths have always been homosocial environments by virtue of the separation of men and women and the cultures of male and female bonding, respectively, that they facilitated.¹⁶ At the beginning of the twentieth century, bathhouses in the United States were used for sanitation mainly by urban dwellers who did not have adequate facilities in their homes. Urban reformers in the mid-1890s had linked

the construction of bathhouses to public health and the development of “clean” citizenry—corporally and ethically.¹⁷ Besides baths for the urban poor, which were rudimentary facilities that did not encourage lingering, two other types of baths completed the landscape of public bathing in urban environments. Some were associated with religious rituals, such as Jewish baths, and others were more upscale, operating as private clubs oriented toward leisure.¹⁸ Those featured swimming pools, comfortable changing rooms, and other social areas. The latter began adapting to the needs of gay patrons already around 1900.¹⁹

The emergence of exclusively gay baths as private social clubs in cities in the United States was also a modern development. In San Francisco, in particular, accounts of sexual activities in public baths before 1960 reveal the coexistence of the more traditional functions of bathing and relaxation with the facilitation of homosexual encounters that could take place in the sauna or steam room and other semiprivate locations.²⁰ Those encounters were aided by the anonymity afforded by the dimly lit interiors and the temporary suspension of markers of social status in the absence of clothes.²¹ When the first gay bathhouses emerged in San Francisco in the 1920s and 1930s, they provided an unprecedented degree of security: rather than “servicing straight men” anonymously in public cruising areas such as Union Square and Golden Gate Park, homosexual men could meet each other and express their sexuality in semiprivate environments.²² Bathhouses gained popularity with male military service members stationed in San Francisco during World War II who sought sex with other men—and for whom gay bars, unlike baths, were “off limits” because they were too public. After the war, more baths opened specifically to attract gay and bisexual men.²³ In the 1960s, attempts by the city to close gay bathhouses on moral grounds, which ultimately failed, galvanized the increasingly politicized gay residents. Bathhouses had contributed to the formation of gay men as a distinct social group based on shared sexual practice, and by the 1970s, gay baths were celebrated as community institutions that demonstrated gay pride.²⁴

Renovations kept pace with the political gains and visibility of the gay and lesbian movement. As more and more gay men moved to the Castro, for example, one local bathhouse converted its massage rooms to private cubicles for sex (much to the dismay of old heterosexual residents, some of whom had been patronizing it and now stopped).²⁵ It was of a piece with other changes at bathhouses across the city, some of which included similar cubicles as well as “orgy rooms” for group sex. Some bathhouses created fantasy environments, such as prisons, public restrooms, or truck stops that functioned as elaborate stage sets for erotic role play. After the Consenting Adult Sex Bill went into effect in California in 1976, sex in bathhouses became legal. (The bill was spearheaded by State Representative Willie Brown, who later became San Francisco’s mayor.) Bathhouse owners capitalized on this by installing video rooms where patrons could masturbate solo or in groups. The bill also made sex



FIGURE 15. Advertisement for Club San Francisco, a gay bathhouse, on a public billboard, ca. 1980. Unknown photographer. Henri Leleu Papers 1997–13. © SF GLBT Historical Society.

clubs—previously clandestine spaces that functioned exclusively to facilitate sexual encounters—legal. Other innovations in bathhouses included the addition of stages for cabaret-style entertainment, dance floors, snack bars, cafes, and—when bodybuilding became popular at the turn of the 1980s—workout rooms.²⁶ Bathhouse dance floors were typically open to women, and during occasional coed events, men and women mixed in some of the public spaces such as hot tubs.²⁷

For many of their visitors, bathhouses and sex clubs were adult playgrounds where they celebrated not only sex but also the new possibilities that these environments offered for the development of gay and lesbian urban cultures based on the celebration of bodily physicality and eroticism. Representations of gay bathhouses in advertising in the 1970s and early 1980s—including ads on public billboards (fig. 15)—were a far cry from earlier understandings of them as dingy, dirty, and dangerous spaces on the fringes of gay male urban culture and subject to systematic police raids. Now, bathhouses and sex clubs were profitable businesses with loyal customers. The new and renovated buildings that housed them competed for the latest attractions in amenities, opulence, and “bathhouse entertainment.” They had become marketable.

The casual eroticism of gay bathhouses became a source of public fascination—both romantic and vilifying—in photographs, film, literature, and various forms of political speech. Right-wing critics and religious leaders, for example, cited gay

baths when castigating modern, sexually permissive ways of life.²⁸ That fascination led to more moderate, if controversial, discussions of their role in American society. *Saturday Night at the Baths* (David Buckley, 1975) was the first nationally distributed film to center its narrative on a gay bathhouse. At the beginning of the film, the male protagonist, who is in a romantic relationship with a woman, arrives in New York City from Montana and finds work as a pianist at Continental Baths, the most well-known gay bathhouse in the city. Gradually, he becomes engrossed in the bath's sexual environment and starts a sexual relationship with another male employee there. The film presents the dimly lit, maze-like interior of Continental Baths as the antithesis of the domestic space the protagonist shares with his girlfriend. The protagonist's first sexual experience with another man comes at the end of a hasty passage through the sexually charged interior spaces to a private outdoor balcony. The film's representation of the bathhouse environment as part of the route that led to the protagonist's first same-sex encounter reproduced the stereotype that bathhouses were environments of gay conversion. At the same time, the character's journey also fit the classic American narrative of personal reinvention on the path to self-actualization. Needless to say, the film was sensationalistic and reductive, but it did reflect an expanding cultural understanding of bathhouses as paradigmatic gay spaces, associated with the booming of metropolitan homosexual cultures.

That boom helped prompt the renovation of a Tenderloin bathhouse that had long been an important site for masculine gay sex culture from its operation as Club Turkish Baths from the early 1930s until 1979, when it was renamed Bulldog Baths, promoted as "the largest bath in the USA" and "the talk of gay America."²⁹ The building was located on 130–132 Turk Street, a stone's throw from Compton's Cafeteria, in a neighborhood that had been an important site for the convergence of gay underground socializing (from before World War II) and vibrant queer and trans street cultures (in the 1960s). The proximity among important sites for the gay, lesbian, and trans political consciousness-building in the Tenderloin facilitated interactions among queer groups and their cultures. The bathhouse had been at the center of socializing around sex not only in the neighborhood but also the city.

The building was purchased in 1979, and after a comprehensive renovation, a limited partnership operated it as Bulldog Baths until the mid-1980s. Past its entrance on Turk Street, visitors equipped with special metal badges entered a fantasy landscape akin to a sexual theme park, where people could perform elaborate sexual fantasies. Many stopped first at a full-size truck, taking up the bulk of the ground floor's footprint. Across the building's two stories (a delicatessen occupied the first floor), there were also a few prison cells, a "slave auction room," a model of public restrooms with glory holes—circular openings on the wall surface in different sizes for the insertion of one's sexual organ that were features of clandestine

gay meeting places for anonymous sex—an “orgy room,” and “douche room” for scatological sex acts. The more typical amenities of gay bathhouses were present, too: a sauna, steam room, and private cubicles.³⁰ The labyrinthine interiors’ best remembered feature, though, is a series of murals throughout the building painted by a young artist, Brooks Jones. In the orgy room, a mural depicted sexual scenes, many with larger-than-life figures engaged in different sexual acts among stylized depictions of semitrucks (a full-size semitruck installed on the second floor was another trademark interior feature).³¹ Some of the male bodies in the mural were bent and turned, their faces contorted in ecstasy and perhaps in associated pain. The figures floated in an abstract blue background, suggesting a transcendental dimension that resonated with the use of consciousness-altering recreational drugs like LSD that were part not only of the hippie but also the homosexual experience of Bay Area countercultures in the late 1960s.³² They reflect, in other words, a period of intense experimentation concerned with, among other things, corporeal sensation.³³

With its infrastructural and aesthetic innovations, Bulldog was also representative of a new profitable building and business typology in San Francisco’s commercial landscape, with gay owners reaping financial benefit. Bathhouse owners and patrons represented gay and bisexual men from different social classes with collective political influence. The bath and, to a lesser extent, sex club visibility and integration in San Francisco’s urban landscape ensured that they became a core part of the everyday lives of a significant part of the gay population. Moreover, local gay business associations promoted them as tourist attractions that brought revenue into the city, even if “official” channels promoted gay San Francisco by focusing on the Castro and gay resorts in Sonoma, right outside the city, rather than its explicitly erotic offerings. Although underground gay guides have existed since the 1950s, extensive new maps and guides have been professionally produced and updated regularly with special sections on bathhouses since the mid-1970s.³⁴

With the prominence of sex as an expression of local gay culture, accounts of friendships and intimate relationships formed during bathhouse visits abound. Gay men explored aspects of their sexuality by testing the limits of what constituted sexual experiences, expanding the repertory of gay intimacy. Bathhouse and sex club interiors offered opportunities to explore voyeurism, masturbation, and domination-submission with multiple partners as options in an expanded field of sexual techniques. Another aspect of this open sexual culture was the social use of recreational drugs such as marijuana and LSD as part of the sexual experience. The association of gay sex with drug use was a factor in subsequent efforts to regulate these environments at the beginning of the AIDS epidemic.

Until 1982 free medical care in municipal health clinics that treated sexually transmitted diseases also contributed to the flourishing of new sexual cultures. According to Cleve Jones, who was later a key community organizer in the

response to AIDS, a quick trip to the City Clinic was a monthly routine for sexually active gay men in the city:

The only diseases we had to worry about were easily treated with a shot or a handful of pills, and it was a point of pride for all of us to go down to the City Clinic at 4th and Mission to get tested every month . . . Everyone saved their City Clinic exam tickets, and you'd see them on refrigerators and bathroom mirrors, taped up as proof of responsible behavior and reminders for one's next visit.³⁵

Taking care of one's body—whether at the bathhouse, the gym, or the clinic—was central to everyday homosexual life in the city. Likewise, dedicated clinics that met gay men's healthcare needs were significant infrastructure components that supported their lives. But over the course of the 1980s, as the AIDS epidemic ravaged San Francisco's gay population, the significance of these spaces changed dramatically.

BATHHOUSE DEBATES

When the first reports of a rare form of “gay cancer” began to circulate in spring 1981, the social and spatial networks that gay men had built began to shake. Between 1981 and 1984, over a thousand people lost their lives to AIDS in San Francisco.³⁶ However, the viral nature of the disease was little understood, and the exact ways it spread were unknown. Medical professionals based their recommendations on available epidemiological data and emphasized precautionary measures that mainly considered sex practices.³⁷ The early epicenters for the disease were San Francisco, New York, and Los Angeles, where local efforts mainly driven by grassroots mobilizations raised awareness among the gay population and enlisted the help of sympathetic physicians. The national public opinion, however, downplayed it as a “gay disease.” During the first four years of the Reagan administration (1981–89), the president did not mention AIDS in any public speech or interview until September 1985, and it was only after his reelection that he commissioned the surgeon general to prepare a report on it.³⁸ In San Francisco, the dramatic increase of opportunistic infections—mainly Kaposi's sarcoma and rare forms of pneumonia that we now associate with HIV—and of deaths led to early discussions among medical professionals, gay activists, and the local government about how to best respond. City-wide efforts to halt the disease's spread included the San Francisco health department issuing its first brochure on AIDS in May 1983 and Feinstein declaring the first week in May as AIDS Awareness Week.³⁹ Around the same time calls for a more aggressive response that included the closure of bathhouses and sex clubs ignited a vigorous public debate. The “bathhouse debates,” as they came to be known, played out in the decisions of local officials, the pages of the *San Francisco Chronicle* (the city's newspaper of record), and in the gay press.⁴⁰

Mervyn Silverman, the director of public health for San Francisco, sought the consultation of gay and lesbian political leaders about regulating sex in bathhouses

already in 1983.⁴¹ He understood that because bathhouses were perceived as symbols of gay liberation, any decision to regulate them further or even close some of them would be a political one:

The pervasive argument that turned around even the strongest gay backers I had for closing the bathhouses was if government closes the bathhouses in San Francisco, which is seen as this bastion of gay liberation, what message does that send to less liberal states and communities? And then the next step is, well, obviously people get picked up in gay bars, so you close the gay bars. And then the sodomy laws would either be enforced or reinstated, depending on what the status was in any given state.⁴²

Just over a decade prior, bar patrons perceived as homosexual were routinely harassed and persecuted in San Francisco.⁴³ And after the rapid gains of the 1970s, emotions ran high due to fear of rollbacks on gay and lesbian civil rights. If Silverman did decide to close gay bathhouses, he knew he would have to prove that they were places where unsafe sex between men took place. In the meantime, prominent San Francisco gay activist and *Chronicle* reporter Randy Shilts and other gay politicians sided with bathhouse closures to slow the spread and demonstrate that the gay community was a responsible, well-organized constituency and therefore “deserving” of government support.⁴⁴

In the early summer of 1984, the openly gay journalists Michael Helquist and Rick Osmon had visited six gay bathhouses and published their own investigation, “Sex and the Baths,” in *Coming Up!*, a gay newspaper.⁴⁵ Helquist and Osmon interacted with bathhouse patrons to whom they routinely revealed that they were studying the baths and intended to publish their work. One of their objectives was to investigate the policies for safe sex that the owners had instituted in the baths to assess how effective existing policies were and how patrons perceived their responsibility to educate themselves and each other about AIDS. The famous fantasy environments for group sex, Helquist and Osmon wrote, were either closed or defunct, with at least one bathhouse removing mattresses to discourage sexual activities. These changes were partly in response to public health mandates, and partly the result of voluntary changes the owners instituted to help create a sense of safety among their patrons. All of the establishments provided free literature about safe sex distributed by the city and the San Francisco AIDS Foundation. Moreover, the public health department mandated the posting of signs describing safe-sex protocols and recommendations, which Helquist and Osmon observed prominently displayed in well-lit locations inside bathhouses.⁴⁶ In general, they observed, bathhouse interiors were brighter than they used to be, except for private rooms where individuals could control lighting. They found very few men engaging in group sex. Instead, they wrote, gay men had learned about safe sexual practices and were exploring how to communicate personal boundaries for intimacy.

Helquist and Osmon's community reports were published in the gay press, so they had limited reach to a heterosexual audience, but they provided ammunition for bathhouse advocates in public debates and helped to counter sensationalizing depictions in official reports and mainstream press coverage. The authors described periods of boredom walking through corridors, coupled with "a sense of wasting time, a frustration over lack of sexual contacts, and an uneasiness over compulsive feelings."⁴⁷ However, the authors also described several sexual encounters mostly taking place in open cubicles (most bathhouses had removed the locks and sometimes the doors of those cubicles to discourage noncompliant sexual activities based on public health recommendations). Helquist and Osmon explained that bathhouse visitors developed new languages of intimacy through one-on-one enactments of sexual fantasies that avoided riskier sex. In the authors' accounts, individuals negotiated the types of erotic activities they desired and their personal boundaries verbally and with their bodies.⁴⁸ This was a form of emplaced empathy that gay men developed in bathhouses during the period of their forced obsolescence, as they navigated and enacted their responsibilities toward one another.⁴⁹ However, unlike the previous decade, sexual environments such as bathhouses and sex clubs favored privacy. Sex often took place in semiprivate cubicles, thereby reducing opportunities for a more publicly shared experience. And although experimental sexual cultures never ceased to exist in San Francisco, they were no longer symbolic markers of homosexuality in the urban landscape.

Just a few months later, however, Silverman ordered a number of baths to close on the grounds of posing a threat to public health as sites of disease contagion. The police had previously sent in undercover investigators, a decision so controversial that Mayor Feinstein blocked the publication from being made public. However, the findings of a set of four reports conducted in October 1984 by private investigators contracted by the public health department factored heavily in Silverman's decision.⁵⁰ The reports' critics pointed out that many conclusions relied on presuming what activities could be taking place behind closed doors and asserting the circulation of drugs based on overheard discussions rather than firsthand observations.⁵¹ But their conclusions were enough to prompt Silverman to take action. Fourteen bathhouses and sex clubs were ordered to close out of thirty businesses that were investigated.⁵² The remaining had to follow the ban on sex in bathhouses that the board had adopted in April 1984 strictly.⁵³

But the epilogue to the "sex palaces of yesteryear," as queer theorist and anthropologist Gayle Rubin has called them, was not written by the health department's decision to close some of them based on public health violations. Many bathhouse owners fought those and won some concessions, such as operating albeit with modified amenities. But they could not fight diminishing attendance and increased operating costs.⁵⁴ Owners had to comply with new building and sanitation codes that were often hard to implement and enforce. And as thousands of gay men died of AIDS, fewer and fewer went to the baths. The last gay bathhouse

of this period to operate in the city, Twenty-First Street Baths, closed in 1987.⁵⁵ Its owner had been cited with public health violations that could further the transmission of HIV, but attendance was already diminished. Twenty-First Street Baths closed unceremoniously, settling with the city's attorney general to avoid further persecution for violations recorded by undercover city inspectors.

Nevertheless, even before AIDS prompted heightened scrutiny of gay sexual practices, the period of sexual experimentation in the city's baths and sex clubs was already vulnerable to growing gentrification in the area below Market Street, where most were concentrated.⁵⁶ Spaces around Folsom Street, which supported light industrial uses during the day and vibrant sexual cultures at night, had to compete with chain stores, loft conversions, and the encroachment of the new museum district that had already displaced low-income residents from the area immediately to the east. The mainstream urban entrepreneurialism championed by City Hall, as well as gentrification in San Francisco more broadly, led to a kind of urban desexualization—the assimilation of gay culture in mainstream urban life. And the ravages of AIDS on gay bodies helped shape a new public discourse of empathy, highlighting everyday suffering in hospital wards, apartments, and even public spaces.

NEW FORMS OF PUBLIC HEALTH ACTIVISM

In July 1983 the first inpatient AIDS unit in the country opened in San Francisco General under the supervision of Clifford Morrison. A resident nurse, Morrison saw the need for a dedicated space for AIDS patients in the hospital, advocated for it, and helped create it. Those patients were predominantly gay, and many had lost their social networks of support. Ward 5B was often in the media spotlight, attention that Morrison used to counter the fear of AIDS patients by encouraging nurses to be filmed by television crews providing care.⁵⁷ Human touch especially communicated the message of acceptance. The ward had twelve beds, and its spatial organization emphasized casual interactions between medical personnel and patients, who often discussed treatment methods over morning coffee and donuts in the hallway rather than in the clinical setting of offices associated with medical exams. Curtains were preferred over hard partitions that tended to magnify feelings of isolation. As a journalist who toured the ward put it, walls were painted a “cheerful orange,” and the ward was filled with plants and flowers donated by local businesses and organizations.⁵⁸

Nurses in Ward 5B created an environment not only of physical but also of psychological support. Despite official policy prohibiting visits by anyone other than biological family and spouses, the nurses allowed visits from patients' friends and partners—and even, in some cases, pets. Singers and drag performers also visited, organizing impromptu performances that broke everyday medical routines and—amidst the fluorescent lights and medical equipment—brought

back memories of gay dance venues.⁵⁹ Still, the devastation was massive. Diane Jones, a resident nurse at Ward 5B, reminded those who toured the AIDS inpatient unit at San Francisco General in the 1990s: “We’ve cared for 5,000 men and women who died of AIDS. That’s [only] the beginning of the epidemic at San Francisco General.”⁶⁰

In the sociopolitical context of the early 1980s, existing organizations in San Francisco mobilized available resources at the municipal level and the knowledge from grassroots politics of the previous decade. They mounted a fast and systematic response with the support of doctors, nurses, and volunteers that made vital contributions to the fight against AIDS. This response reverberated nationally and internationally and is now known as the “San Francisco model of care.” A dedicated group of medical practitioners at San Francisco General spearheaded it. It was based on demonstrating empathy during all stages of treatment by understanding the specific needs and concerns of gay patients. It also involved local governmental and nonprofit organizations in the care of patients from the beginning.⁶¹

During diagnosis, medical doctors took the lead, followed by nurses who handled inpatient care. Social workers were engaged when the need for practical advice and psychological support became most acute. Community-based organizations helped navigate housing and living with HIV. Visiting nurses were engaged when homecare was required, and hospices assisted during the final stages of a patient’s life.⁶² The widespread hysteria about AIDS, fueled by media reports that systematically stigmatized AIDS patients, redoubled the commitment of the people and organizations that cooperated in setting up the “San Francisco model” to counter stigma by emphasizing the patients’ humanity and right to respectful treatment.⁶³

It is hard to overestimate the degree of devastation that AIDS brought to the San Francisco metropolitan area. Between 1982 and 1990, more than 26,900 people, most of them gay and bisexual men, died of AIDS in the Bay Area (notably, within the same period, over 400,000 people died cumulatively in the United States).⁶⁴ AIDS patients were not solely gay men, but at least in the first decade of the pandemic, this social group represented most of the deaths. The social networks that they had in many cases spent years building traced the spread of the disease in real-time as friends and lovers died. This led many patients to conceal their diagnosis, or to be actively neglected by friends, family, and society at large. Others were with one another to the end.

As the number of patients kept rising, groups of people were differentially affected by the disease along racial and gender lines. During 1984–87 there was growing discontent among black and Latinx gay and lesbian activists and organizations with what they perceived as white-centered response at the level of the city, including the “San Francisco model.” Participants in a 1989 meeting of members from fifty Bay Area community AIDS organizations characterized the model as having emerged from “the gay white male community” and was “supported by contributions from relatively affluent individuals, and well-networked

through personal networks to obtain needed professional resources.”⁶⁵ They considered “the monolithic nature of the model (that is unresponsive to ethnic, socioeconomic, and cultural diversity)” as its “greatest source of weakness.” This criticism cannot be seen outside broader critiques of racism within the gay and lesbian movement and in gay social life in the 1970s and 1980s.⁶⁶ This eventually led to the establishment of new groups and organizations with roots within those communities, such as the National Coalition of Black Lesbians and Gays, the gay Latinx agency CURAS, and Mission-based Proyecto ContraSIDA por Vida, among others, that could better respond to their culturally specific needs. These mobilizations led to government agencies taking the concerns of marginalized persons with AIDS (PWAs) seriously—albeit with tragic delays—as government and nonprofit funding specifically for nonwhite PWAs as well as homeless and intravenous drug users increased in the 1990s. Another outcome of those early critiques were deliberate attempts among new AIDS advocacy organizations to include racial and gender diversity in their membership and programming (with varying success).⁶⁷

During the prolonged battle with AIDS, the fragmentation of activist priorities can be described as falling within two main camps. On the one hand, grassroots organizers sought to coerce the federal government and pharmaceutical companies to develop effective medication for the disease by mobilizing civil rights discourse. On the other, some groups retreated from civil society.⁶⁸ They rejected the logic of assimilating the characteristics of their sexual cultures within mainstream society by pursuing rights at the national level. In the second group, many espoused anarchist ideologies, and some sought to create intentional communities of self-care, most of which were in rural environments.⁶⁹

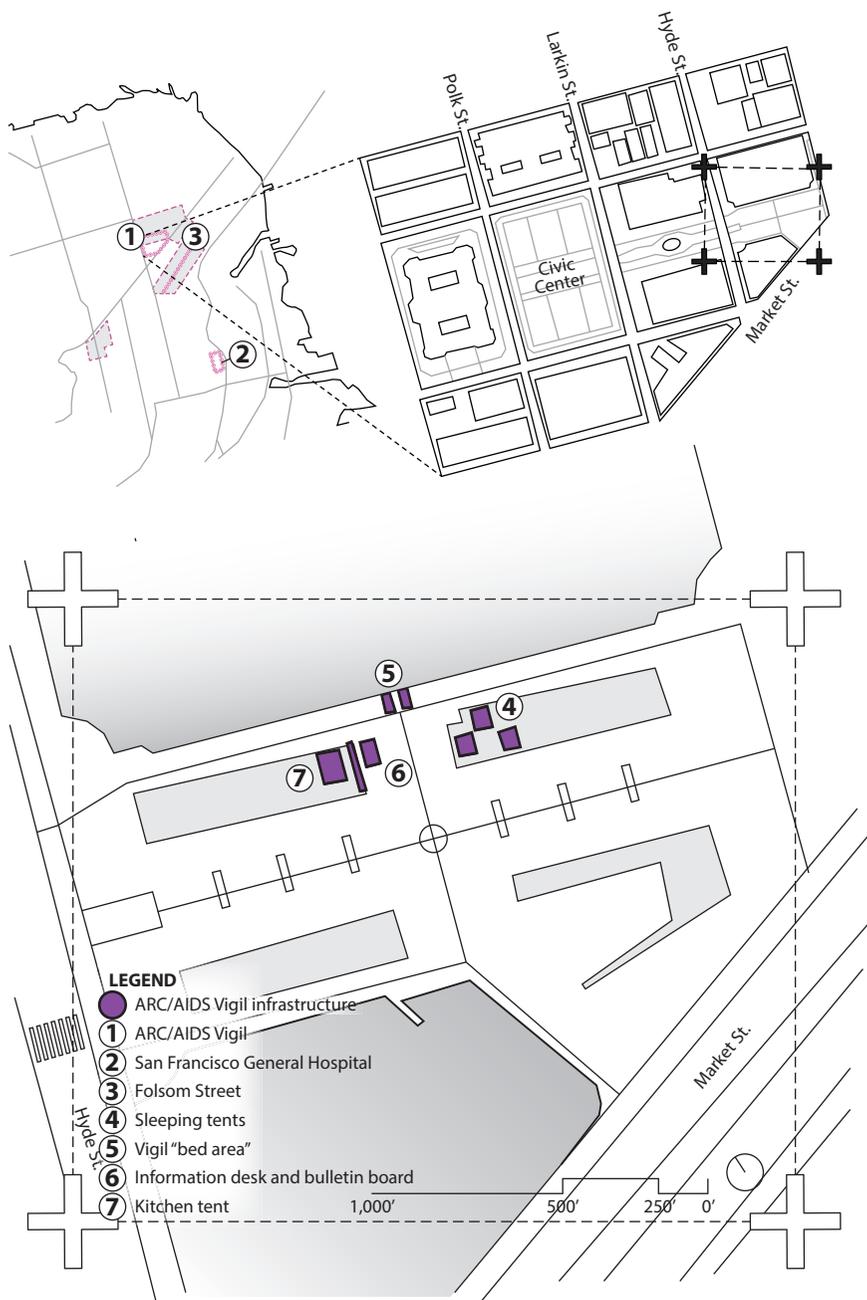
The “San Francisco model,” which focused on innovative treatment protocols and referral services since 1983, and the proliferation of community-based AIDS organizations reflect a grassroots focus on empathetic treatments, disease awareness, and prevention. By 1985 it was clear that there was also a need for more public-facing actions addressing the stigma associated with the disease. AIDS was a global medical emergency and could not be addressed solely locally. As a result, raising public awareness of the physical and mental toll from AIDS became a political goal as essential support from the federal government depended on public pressure on elected officials, bureaucrats, and private companies.⁷⁰ Public protests included rallies, demonstrations, and candle-lit marches. These were eventually epitomized by direct actions and media campaigns organized by the AIDS Coalition to Unleash Power (ACT UP) that was established in New York in 1987 with loosely organized chapters in many cities worldwide (there were two ACT UP chapters in San Francisco, due to disagreements among activists about their tactics).⁷¹ One of ACT UP’s defining characteristics and perhaps its biggest strength was how it helped build coalitions through direct action. These coalitions did not transcend class and racial differences but enabled people to connect their struggles to larger social groups and political goals, such as pharmaceutical reform.⁷²

EMPLACED EMPATHY AT THE ARC/AIDS VIGIL

In 1985, two years before the founding of ACT UP, a spontaneous protest took place in front of a building that housed federal offices in San Francisco's Civic Center.⁷³ It developed into a ten-year occupation on part of the adjacent public plaza.⁷⁴ The occupation began on October 27, 1985, when a small number of AIDS activists came to United Nations Plaza, off Market Street, to support two HIV-positive gay men arrested for chaining themselves to one of the entrances of a building housing federal government offices. Steve Russell and Frank Bert had been protesting the lack of funding for AIDS research and the inaction of the Reagan administration. Activists brought beds, which they lay in front of the building's side entrance as a form of protest, drawing attention to AIDS patients who died neglected in hospital beds. Other activists set up tents on the site to support the protesters in the beds, keeping watch by their sides overnight in what they called the ARC/AIDS Vigil (map 3). (ARC stands for AIDS-Related Conditions, a term no longer used, that referred to opportunistic infections that were not debilitating and thereby often did not qualify for AIDS support but nonetheless took a toll on patients' everyday lives.)

The encampment had begun spontaneously, as an act of civil disobedience. However, the initial group of activists, numbering no more than ten to fifteen core participants, laid the foundations of a robust organizational structure that endured a host of challenges from early negative press, hostile passersby, and dissenting voices among the participants. Over the first five years, its symbolic and material contributions to fighting AIDS changed along with the priorities of the rotating cast of volunteer organizers and the organization's entanglements with municipal and state agencies. In 1990 the name changed to HIV Vigil, and organizational priorities shifted somewhat, but activists continuously occupied the site until 1995.

Vigil activists used the language of service provision to legitimize their protest, employing domestic iconography to highlight the shared humanity between homosexual and heterosexual residents and to foster emplaced empathy. Emplaced empathy was also strategically employed to raise awareness of the need for public acknowledgment of the disease, grassroots support, and government funds in the fight against AIDS. The name of the vigil site—United Nations Plaza—was in tune with activists' framing of healthcare as a human right, and of the government's neglect as a criminal persecution of a minority population. As soon as the tents went up, the Vigil issued four "moral appeals" that centered on demanding federal funds for healthcare.⁷⁵ Activists also worked to shift the public conversation around homosexuality from a focus on gay sexual practice to a focus on empathy for those suffering in isolated hospital wards and private bedrooms. They fought the stigma associated with both AIDS and homosexuality, fostering empathy in a way that resembled the practitioners of the "San Francisco model." In fact, some participants of the early meetings also volunteered for Shanti, an organization that was part of



MAP 3. Map of the sites discussed in this chapter. The bottom callout shows how physical elements were arranged at the ARC/AIDS Vigil site, ca. 1986. © Gabriel Gonzalez & Stathis G. Yeros.

the “San Francisco model” as a provider of counseling and referrals. This indicates that besides overlapping demands, there was some knowledge transfer between the work coordinated by San Francisco General and Vigil activists. Vigil organizers, without rejecting the role of hospitals and medical practitioners in the fight against AIDS, extended the model of community care to the scale of the city.

Vigil members recognized the importance of citizen interventions in political processes, an idea that extended to their broader political activities. For example, a flier distributed on the Vigil site in 1986 announced “a series of group discussions on the workings of the California Legislature” to “discuss several pieces of legislation” that were then in Senate and Assembly committees.⁷⁶ It concluded: “This legislation affects your future. Come and join us!” Moreover, organizers set up an information booth, which became the Vigil’s headquarters and the main area for interactions with the public (fig. 16). The logo was a somber composition of classical elements: a torch flanked by two pieces of fabric, hanging from chains attached to a pair of eyes, referencing the peoples’ omniscience and moral fortitude, presented in such a way that it resembles the memorial bas-relief of Roman funerary iconography.⁷⁷ Though not explicitly stated, these choices reveal that the organizers saw themselves as inheritors of a moderate republican tradition. This republicanism was based on safeguarding the legitimacy of the political institutions of representative democracy and formal deliberation processes. They did not see themselves as provocateurs.

Another concern of early organizers was the lack of housing for persons with AIDS (PWAs). Over the first five years, housing became more and more central to Vigil activism. This focus emerged organically from debates about PWA needs during meetings and the Vigil’s de facto establishment of an encampment where tents housed protesters and occasionally served as emergency housing for PWAs. The site’s proximity to the Tenderloin, which was only one block to the north, may also have contributed to the shift of the organization’s focus. (Other organizations took up this cause too, including the pioneering AIDS hospice that Hank Wilson ran in the nearby Ambassador Hotel, a Tenderloin SRO, after 1987.) Tenderloin residents in Single Room Occupancy (SRO) hotels—some of whom were gay and PWAs—faced housing precarity, and by 1990 homelessness was becoming more visible.⁷⁸ The Vigil’s founding organizers recognized housing issues as a central concern for PWAs. However, they also strategically sought to control the image of the encampment as an orderly, clean, and safe site to cultivate the public perception of urban occupation as a legitimate form of protest. They set up strict rules for engagement with the public and for the use of tents very early on to make their appeals effective.

That included clearly articulated responsibilities for members, who had to complete a specific number of “service hours” per week to participate in the Vigil. There were also rules governing a person’s expulsion from the site. For example, the night shift volunteer who had to be there from midnight to eight o’clock in the morning had to “walk around the site frequently,” and “if people [were] sleeping near tents [to] ask them politely to move ten feet [away].”⁷⁹ This marked territory

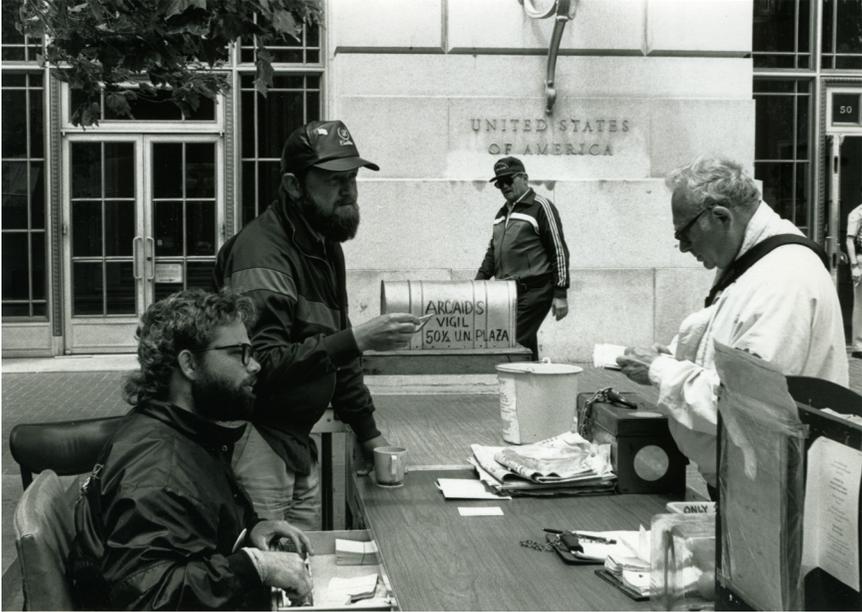


FIGURE 16. ARC/AIDS Vigil's information desk with a mailbox displaying its symbolic address, 50½ UN Plaza, ca. 1986–88. Photograph by Sheila Tully. AIDS/ARC Vigil Records 1991–05. © SF GLBT Historical Society.

for the encampment that they communicated visually and verbally, but without requiring a physical barrier. Security was another critical concern, especially because of the overnight operations. Initially, a green tent was designated for the needs of those responsible for security. Eventually, Vigil members developed a system of alternating shifts and used whistles to get attention during emergencies. The security question was not a theoretical one, as meeting minutes described frequent homophobic attacks due to the site's centrality and public visibility.⁸⁰ Four months after its establishment, ARC/AIDS Vigil adopted bylaws that paint a complete picture of the robust organizational structure which allowed the site to remain active for years, despite the loss of many of its early members to AIDS.⁸¹

The adoption of bylaws also marked the beginning of a period of rapid professionalization. The main decision-making body was known as the Vigil Family. It set general guidelines, discussed subcommittees' recommendations, and resolved conflicts. Individuals had to follow specific steps that included training and twenty hours of service within two weeks to join the Family. Moreover, they had to be voted as a member of the Family by the majority during a Family meeting. Those who had demonstrated their commitment to the Vigil's mission and operations could join the Service Committee, which consisted of twelve elected members who oversaw operations, addressed interpersonal issues through

conflict resolution, and provided recommendations to the Family about decisions on proposed actions that they had to make collectively. The bylaws also formalized the participants' code of conduct and use of the physical site. For example, the document stipulated that only three chairs were allowed at the information table at any time, and no eating or playing cards or games were permitted from seven o'clock in the morning to ten o'clock in the evening in order to dedicate the volunteers' attention to the public. Moreover, alcohol was prohibited, a decision that was the subject of an early controversy about the extent to which strict rules established too narrow terms for what constituted "respectable" behavior and, as a result, perpetuated cultures of rejection and stigma. The prevailing view was that activists had to establish the Vigil's legitimacy by going above and beyond the expectations of what constituted an orderly encampment.

Sala Burton, who represented San Francisco in Congress, expressly referred to the Vigil as an organization raising awareness about ARC in a letter to the director of the Centers for Disease Control and Prevention seeking public support for patients diagnosed with the condition.⁸² After Burton's death in 1987, Nancy Pelosi, who eventually became Speaker of the US House of Representatives, ran for the vacated congressional seat with an agenda that included the Vigil's "four moral appeals." Pelosi sometimes held events at the site with a megaphone in hand, which Vigil organizers announced as "Breakfast[s] with Nancy."⁸³ In an overwhelmingly Democratic city, criticism of Reagan's and later George Bush Sr.'s governments was essential for any local political campaign. At the Vigil site, politicians' and AIDS activists' goals aligned.

The Vigil's symbolic core were the two beds that remained on-site in front of the federal building's doors. They symbolized not only the urgency of the protesters' demands for healthcare but also the everyday hardships of living with the disease for thousands of people who suffered in private. This gave the beds affective qualities that were particularly evident during the holiday season when the site was decorated to resemble a family living room (fig. 17). By alluding to a domestic setting, family celebrations, and the exchange of presents, that iconography expanded the traditional meaning of family to include gays and lesbians. It was a curated image of gay domesticity derived from the beds' performative dimension.

Though not inherently political, affective associations make abject bodies—in this case, by and large, homosexual men with AIDS—familiar and relatable. This was a very different display of the physicality of dying than, for example, hunger strikes: Death due to AIDS was involuntary, not defiant. Its performance on the UN Plaza as a symbolic reenactment was intended to elicit empathy, as the Vigil's motto adopted in 1985 made clear: "We rely on love."⁸⁴ To rely on love is different from asking to be loved. Asking for love presupposes that one can manage without it, but relying on it does not offer the possibility of existing without it. Many patients' age and youthful appearance created a stark contrast with their physical incapacitation (fig. 18). The virility that was synonymous with public gay



FIGURE 17. The bed area at the ARC/AIDS Vigil site during the holiday season, ca. 1986–88. Unknown photographer. AIDS/ARC Vigil Records 1991–05. © SF GLBT Historical Society.



FIGURE 18. Responding to a medical emergency at the ARC/AIDS Vigil site, ca. 1986–88. Unknown photographer. AIDS/ARC Vigil Records 1991–05. © SF GLBT Historical Society.

sexual cultures during the previous decade was replaced by infirmity that made the homosexual body not only an object of medical observation but also of intervention and surveillance. The Vigil site became a living memorial for AIDS deaths and helped shape the ongoing narrative about the disease as a human and not an exclusively gay experience. A book, meant never to be removed from the site, recorded the names of every Vigil member who died of AIDS.

Besides Vigil members, people who passed by the site going about their everyday lives had to engage, even if subconsciously, with this quasi-domestic scene. The unfolding dramas of the slow and painful deaths due to AIDS were communicated in associative terms. Passersby could imagine themselves in bed on Christmas morning, decorating a fireplace, and receiving presents from family. These associations “domesticated” homosexuality and made gay men familiar because of their suffering, which was both tragic and unremarkable in the banality of the Vigil’s iconography. Inviting public scrutiny of gay domestic environments blurred the line between privacy and publicity. However, this publicity concealed sex itself and paradoxically led to the increasingly prominent arguments for institutional recognition of gay intimacy and gay marriage in the following two decades based on the right of American citizens to privacy. In less than a decade, affective activism in the face of AIDS transformed the politics of LGBTQ+ visibility. The aesthetics of emplaced empathy at the Vigil site, for example, were dramatically different from affective activism around bathhouse closures at the beginning of the decade, which focused on building intimacy within sexual environments. While empathy in the context of bathhouses sought to disrupt heterosexual constructions of intimacy, at the Vigil it was predicated on highlighting familiar structures of nonsexual kinship and domesticity.⁸⁵

Although the Vigil initially had widespread support from City Hall and San Francisco, that support began to wane by the end of the decade.⁸⁶ In 1989 the encampment managed to survive an attempt by the police to clear the site and, following that, in 1990, a group of Vigil organizers sought to formalize its non-profit status further. That led to a disagreement among organizers, who split into two groups, with those who remained in the plaza changing the encampment’s name to HIV Vigil. In March of that year, HIV Vigil formally contracted with the city, which issued a revocable use agreement for the use of the site for “essential public services.”⁸⁷ These included informing the public about AIDS and providing emergency housing “during those hours that proper housing referrals [could not] be made.” The residential component thus became part of the site’s official designation. In addition, the agreement specified that five four-person tents were allowed on the plaza as sleeping compartments, and their location was precisely designated in relation to the adjacent building.

Harvey Maurer, a Vigil founder, explained that Vigil members gradually “developed an outreach program to the people within the plaza and . . . a reputation within the community as a place where a person could come to talk about

AIDS or ARC issues in a non-judgmental and unstructured environment.”⁸⁸ An undated pamphlet printed around the turn of the 1990s states that the Vigil redirected its focus from political activism to “meeting the educational needs of the community and providing free bleach [for syringe disinfection], condoms and dental dams on a twenty-four-hour basis.”⁸⁹ Moreover, its outdoor location “[gave] the client receiving services a feeling of trust.” Finally, the language of client services to describe the Vigil’s contribution to the fight against AIDS is a striking example of how by 1990, the civil disobedience action had adapted its language to the managerial tone of professionalized nonprofit reports and acquired institutional characteristics.

In 1990 two leading Vigil organizers, John Belskus and Maurer, died of AIDS.⁹⁰ The following year, the HIV Vigil attempted to revive its earlier focus on advocacy by issuing a new set of moral appeals to the federal government that coincided with the celebration of World AIDS Day, but in 1992 activist fatigue settled in, and few programs were still active.⁹¹ During the following three years, only a handful of dedicated Vigil members maintained three tents and an information booth on the site, having to fend off frequent attempts by the city to end the encampment. The Vigil’s symbolism drove those members to remind the public that AIDS was far from being over, criticizing the lack of sustained media attention. However, by 1995 the institutional landscape of AIDS care had changed with the introduction of more effective treatments and broader public discourse about AIDS that met some of the protesters’ early demands. Then, in December 1995, a heavy storm destroyed the three remaining tents and all but erased the memory of the Vigil on UN Plaza.⁹² Jim McAfee, one of the three Vigil members who maintained the encampment until the end, explained that the storm was “godsent” as they were trying to find a way to “gracefully close out a chapter in San Francisco activism.”⁹³

Over the course of a decade, the Vigil’s political meaning changed, as did the aesthetics of empathy that the protesters embodied and enacted at the protest site. They shifted the kind of empathetic discourse that I described vis-à-vis bathhouse closures by focusing on family, domesticity, and death as so-called universal human conditions. This aesthetics paved the way for the transformation of the Vigil from direct-action protest to caretaking. The new form of emplaced empathy both reflected and contributed to the phenomenon of urban desexualization. However, it is important to emphasize that discussion of sexual practices and depictions of sex in gay magazines and advertising campaigns did not disappear: For example, the San Francisco AIDS Foundation launched a controversial campaign to promote the use of condoms with sexually explicit photographs. Still, from 1983 to 1990—during a period when Reaganite institutional reforms accelerated public disinvestment from social welfare, and when applying neoliberal ideas in society and the national economy led to the professionalization of nonprofit organizations that had to adapt to survive—the discourse was changing. This was

reflected in the way some activists assumed nonpolitical positions and employed medical terminology to discuss sex between men.⁹⁴

At the beginning of the decade, sexually charged environments and their iconography had been profitable and publicly visible in San Francisco's urban landscape. The prominence of bathhouses and sex clubs that had become symbols of the consolidation of a modern gay identity with cultural and political dimensions best represents that visibility. Debates about their closure between 1983 and 1985 raised essential questions about the city's public health response to AIDS that had killed over a thousand residents—predominantly gay men—by the middle of the decade. As a result, bathhouse supporters developed a discourse of empathy based on turning them into laboratories of new forms of intimacy, such as mutual masturbation and verbal stimulation.

Meanwhile, in 1983 and 1984 doctors and nurses at San Francisco General Hospital developed protocols for AIDS treatment that shaped subsequent discourse about the disease at the level of the medical and government establishments. The "San Francisco model of healthcare" shifted the focus of AIDS activism toward caretaking, and activists began to frame gay rights as human rights. To be sure, multiple forms of AIDS activism coexisted in San Francisco. ARC/AIDS Vigil, which started as an activist encampment active from 1985 to 1990 and institutionalized as a site mainly focused on caretaking between 1990 and 1993, shows how spaces of advocacy changed because of pressures to formalize their organizational structure, de-emphasize erotics, and privilege shared humanity. The Vigil's spatial, organizational, and aesthetic characteristics are paradigmatic of the broader operations leading to the desexualization of San Francisco's landscape. These include representations, performances, and material articulations of homosexuality in the built environment between 1983 and 1990. Sex became less central to gay culture and politics; it became more heavily controlled and was no longer an organizing logic of gay public life.

The period of AIDS activism during its height, approximately from 1984 to 1995, centered on US metropolitan environments, especially in San Francisco, Los Angeles, and New York, three cities where gays and lesbians had developed broad cultural presence and territorial enclaves by the end of the 1970s. This was a time of political realignment for the national LGBTQ+ movement, which professionalized and shifted its focus from gays' and lesbians' local claims to neighborhoods and specific buildings to arguments calling on government institutions to safeguard homosexual citizens' rights to adequate healthcare and to respect individual choices with regard to sex and social life. The corollary of this queer citizenship formulation was its emphasis on "proper" queer embodiments, and the surveillance of queer bodies and public life that excluded those who diverged or did not conform to its narrow contours.

By 1990, in the old dominion of bathhouses and sex clubs, there were shops, museums, an extensive convention center, and a Costco Wholesale market.⁹⁵

Businesses that catered to affluent gay residents and tourists realigned their goals and directed their customers toward shopping trips downtown and excursions to the wine country.⁹⁶ Sex clubs with strict members-only policies never entirely disappeared, but they were marginalized and faced legal challenges frequently.⁹⁷ Even Folsom Street Fair, a yearly celebration of the area's leather and BDSM cultures that started as a neighborhood fair supporting local businesses in 1984, was affected by the changing tide. As a single-day event, the fair became more of a nostalgic throwback to the publicness of nonmainstream sexual cultures of the 1970s, a museum exhibition of sorts. It no longer sustained the subversive potential of non-normative sexual expression to reimagine urban life and erotic cultures.⁹⁸ Meanwhile, the rapid transformation of the urban landscape extended beyond leisure and entertainment landscapes. Changes in the city fractured some of the already fragile 1970s coalitions around incremental civil rights pursuits by participating in established political processes (such as Harvey Milk's famous pursuit of a "seat at the political table"). This fracturing gave rise to new nonprofit organizations emphasizing human rights discourse that developed in parallel to the work of activist political groups.